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INITIAL STAGES OF THE PSYCHOTHERAPY PROCESS

Abstarct. *This scientific article includes the concepts of the correct assessment and diagnosis of mental disorders in clients and patients, the use of the research method as an object of psychosomatic disorders, as well as the concepts of a professional approach in working with the individual in the process of psychotherapy.*

Key words: *Psychodiagnostics, psychotherapy, process, attitude, behavior, psychosomatics, research.*

PSIXOTERAPIYA JARAYONING DASTLABKI BOSQICHLARI

Annotasiya. *Ushbu ilmiy maqolada mijozlar va bemorlarda ruhiy kasalliklarni to'g'ri baholash va diagnostika qilish, psixosomatik kasalliklar obyekt sifatida tadqiqot usulidan foydalanish, shuningdek, mijoz bilan ishlashda professional yondashuv va psixoterapiya jarayoniga oid ma'lumotlar mavjud.*

Kalit so'zlar: *Psixodiagnostika, psixoterapiya jarayoni, baholash, xulq, psixosomatika, tadqiqot usuli.*

НАЧАЛЬНЫЕ ЭТАПЫ ПСИХОТЕРАПЕВТИЧЕСКОГО ПРОЦЕССА

Аннотация. *Данная научная статья содержит информацию о правильной оценке и диагностике психических расстройств у клиентов и пациентов, использовании метода исследования как объекта психосоматических заболеваний, а также профессиональном подходе к работе с клиентом и процессом психотерапии.*

Ключевые слова: *Психодиагностика, психотерапевтический процесс, оценка, поведение, психосоматика, метод исследования.*

Introduction. It is natural that any mental state arises under the influence of processes in the external and internal world of a person. We must never forget that man is not only a spiritual but also a biopsychosocial being. If a person's biological being includes the needs of breathing, eating, sleeping, and sex, then as a psychological being, the hormonal adequacy of the mental state is understood. That is, this state is an example of all mental (cognitive) and emotional-emotional processes. Of course, the socio-social characteristic is the process of socialization (behavioral) work with people based on his inner world, temperament and character, and the concept that needs to be felt and satisfied at a certain level. If the needs of each of them are not met, the living organism, that is, the human life, cannot continue harmoniously, because each conceptual unit alone is necessary for human life and activity, but not enough. If one of these three conceptions remains insufficient or unsatisfactory, then a situation occurs in which compensation (taking on the task) activity is calculated in the organism. Only this situation can last temporarily. As an example, let's take a pair of kidneys in our body. The kidneys have several functions in the body, the most important of which is to filter the blood and remove harmful waste products, such as urea and creatinine, from the body through urine. However, with one kidney, a person's blood and metabolic exchange power falls on one kidney, and the condition of the organism may occur (if the doctor's instructions are not followed).

As an example, the biopsychosocial concept works in parallel in every person. In this article, emphasis is placed on current issues, psychodiagnostics and therapeutic processes of this association in the psychosocial-spiritual part.

In the framework of psychotherapy, it is customary to consider the so-called optimal contacts. Explaining what psychotherapy is, scientists propose to interpret it as the science of building such an interaction. For the success of the procedure, it is necessary to approach each patient individually, to form a special direction of behavior based on the experience gained by the individual. It is important to remember the unique characteristics of a person in need. A specialist must take into account the conditions of a person's social environment and the reality in which a person exists. [1 E.S. Shamsiyev, L.A. Tursunkhodjayeva]. It is known from the literature of psychotherapy that many scientists have given instructions to the process of psychotherapy through their theories and techniques. Psychotherapy is a two-way (patient and psychotherapist) verbal and non-verbal communication process. No matter what the mental and emotional state of the patient is during the practice, the therapist must understand and diagnose this state, carry out the therapy program and

technique, and act reliably with the appropriate tone of voice. In this case, the patient trusts the therapist more and increases the probability of positive results of the therapy.

At first, the client's discomfort is important to the degree to which he is ready and open to therapy. The theoretical problems of the psychological foundations of psychotherapy are of particular importance. On the one hand, due to the wide distribution of the importance of the theory, the widely used psychotherapy methods do not always have an appropriate theoretical basis in practice. On the other hand, even if the method is justified by a certain theoretical concept, the latter is not always fully understood by professional psychotherapists. However, it is theoretical concepts that reveal the content of the concepts of "norm" and "deviation" ("defect", "pathology"), which determine the nature and specificity of psychotherapeutic effects and allow them to be consciously implemented [2 B.D. Karvasarsky].

The main part. The initial stages of the psychotherapy process are strictly related to its psychological foundations. In order to eliminate psychological disorders, it is necessary to have an idea about the general principles of operation of any mechanism. In medicine, there is a clear correspondence between the ideas of normality, pathology and the system of effects (treatment). However, this situation is not always appropriate in psychotherapeutic practice. If this process is not only about symptomatic treatment, but also about psychotherapy, personal needs, then the theory of psychotherapy is applied in practice. Psychotherapy is based on the achievements of this field of the human psyche, that is, it studies the role of the psyche in the emergence and progression of diseases. This field is called medical psychology and includes the following problems:

- psychological laws related to the development and dynamics of diseases;
- everything is a study of the psychological effects of therapeutic methods and means (medicines, procedures, operations) are appropriate;
- organization of a clinic;
- therapeutic environment (hospital, sanatorium, polyclinic) relations of patients with relatives, employees, friends;
- psychological influence of the doctor during the diagnostic process and treatment-preventive works;
- rational building of relationships between all participants in the healing process;
- prevention of iatrogenicity.

The most important for psychotherapy are the following cases of medicine and clinical psychology:

The doctrine of spiritual and somatic unity. First of all, the internal connection between mental, emotional and somatic processes is carried out through the autonomic nervous system. This creates the main opportunity to influence the functions of all internal organs and systems of the body using psychotherapeutic methods. For example, with the help of hypnotic suggestions, you can cause burns on the skin as a result of wrapping, or by relaxing muscles, you can induce calmness and cause anxiety to disappear.

The doctrine of personality (personology). When this definition is propagated in a simplified form, a person is a character, mind, level of activity and abilities, a system of motives - interests, beliefs, ideals, human needs, which have their own individual characteristics of each person. shows itself. It is also a system of ideas about oneself that is formed as a result of activity and communication.

If the factors that determine personality development and behavior are considered to be unconscious mental processes, and personality disorders are understood as the result of a conflict between the unconscious and the conscious mind, then psychotherapy is aimed at becoming aware of this conflict. The psychoanalytic method is subject to this task. Awareness is achieved through analysis of free associations and symbolic representations of the unconscious. The psychoanalytic procedure is structured in such a way that it itself helps to identify them. The main theory of psychoanalysis is to accept or not, to share or not to see. However, it is impossible not to see the correctness of these theories, every step of the psychoanalyst with certain theoretical views.

Representatives of the behavioral school focus on behavior as the only psychological reality that can be directly observed. Normal adaptive behavior, that is, it corresponds to the requirements of the environment. Neurotic symptoms or personality disorders are seen as abnormal patterns of behavior formed as a result of faulty learning. The goal of psychotherapeutic influence is learning, that is, replacing incorrect forms of behavior with adaptive (standard, normative, correct). Without a clear understanding of the scientific and psychological basis of a particular method of behavioral psychotherapy, it is impossible to apply it effectively. Within this approach, the psychotherapist's behavior is strictly determined by the theoretical concept. [3 Melibayeva, R.]

The humanistic direction comes from the recognition of the uniqueness of the human personality and considers the need for self-realization as a basic need. Neurosis is the result of insufficient self-awareness and self-acceptance, a lack of self-awareness associated with insufficient integrity of the "I", and the blocking of this need. In this case, the goal of the psychotherapeutic effect is to create possible conditions for a person to

experience a new emotional experience that contributes to self-awareness and acceptance and personal integration. The need to create such conditions is necessary for the psychotherapist to determine the specific characteristics of the client's behavior, his role, position, direction and style. According to this, only a set of clear ideas about personality helps a psychotherapist master the basic methods and skills of practical work.

Modern psychotherapy is based on the following concepts: Personality as a system of human relationships. One of the founders of medical psychology A.F. This concept, which appeared in the works of Lazursky, in connection with the theory and practice of psychotherapy, V.N. Developed by Myasishev. The main thing that characterizes a person is his relationship system. All communication systems are formed in the process of ontogenesis. It is a socio-historical, economic and living condition, which is expressed in the importance of the individual's actions, reactions and experience. Relationships describe the level of interest, the strength of feelings, desires or needs, and therefore act as the driving force of the individual.

V.N. Myasishchev defined three groups of relations: relation to oneself, relation to other people and relation to the world of objects and events. Each attitude is characterized by three components: cognitive, emotional and behavioral. The cognitive component contains information about the object of the relationship, the level of emotional attractiveness, desirability or unpleasantness, the undesirability of this object, the behavioral component, and the methods of interaction with the object of the relationship. These individuals, connected in a certain way, form a system of hierarchical relations for each individual. All relationships that are part of the system have different significance for a person, which is related to the history of the development of his personality. The system of relations determines certain ways of behavior and plays a leading role in the overall behavior of a person. [4 Karimovna, New York, Khasanboy, A., Iltifotkhan, A., Khabiba, N.Adiba, M.]

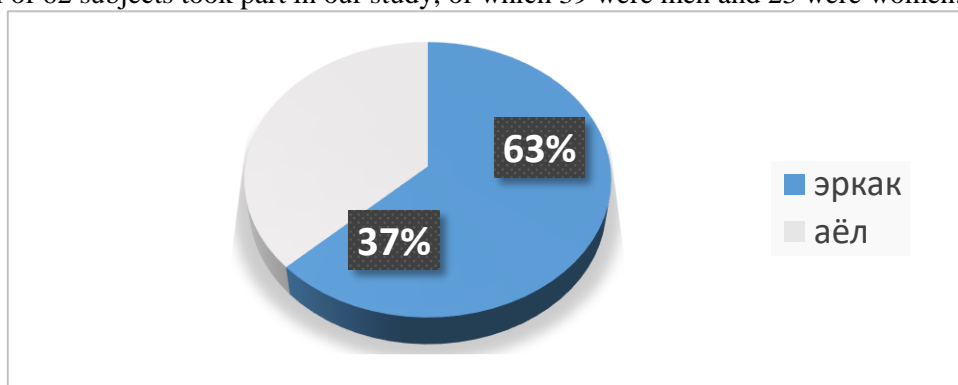
The first meeting between the doctor and the patient (stages of the diagnostic process). The psychological side of the relationship between the doctor and the patient is important at all stages of the diagnostic and therapeutic processes, but it is especially important at the first meeting, when establishing a psychological connection before diagnosis and therapy. Optimal psychological communication, according to the literature, provides 40% of the success and effectiveness of interpersonal interaction. At certain moments of the communication, the doctor may "distract", but he will return to the communication to establish a psychological connection with the patient, feeling the process of reflection with the patient.

Impact stage of communication. This is the first stage of professional communication between the doctor and the patient. In the contact phase, the doctor gets to know his patient, a psychological connection is established between them, a first impression of each other is formed, and the necessary conditions for further interpersonal interaction are formed. The patient's first impression of the doctor largely determines how the patient builds a relationship with the attending physician, accepts his prescriptions, follows a diet, regimen, etc. [5 Dursunov, A. M., Saydiakhmatkhanov, S. S., Dursunov, S. A., & Ruzikulov, O. Sh.]. The focus is on recovery prospects. At the initial stage, standing in front of the doctor makes the desired impression on the patient. The patient should have an idea that the doctor's empathic speech and the resulting help can help. The first is based on the empathic ability of the doctor, and the second is based on his trustworthy demeanor. Non-verbal communication is the most important function of positive impact on the patient. Non-verbal behavior - gestures, facial expressions, the way of sitting and these actions are used in the process of active listening. Compared to the results of the first session, more positive results were observed in the patient compared to verbal communication. The sense of psychological connection provides an important element of nonverbal interaction, as does eye contact (gaze). Therefore, in the first seconds of professional communication, the doctor should look the patient in the eyes, clearly show that he is ready to listen to him carefully. After convincing the patient of the reliability and strength of the psychological connection with his gaze, the doctor asks about the reasons for the visit. From this moment, the second stage of communication begins - the orientation stage.

Parameters of nonverbal behavior used in psychodiagnostics. In the doctor's work, the ability to "read" a non-verbal message from the patient's posture, facial expressions and gestures can identify a number of specific diagnostic situations of professional importance, which allows for a more accurate diagnosis. [6 Dursunov, S.]. Studying the emotional characteristics of individuals, determining the relationship between them based on their illnesses and mental state. The analysis of the problem, as well as the analysis of the statistical results obtained on the basis of subjective and objective methods conducted on the testers, and the development of the necessary recommendations. The following methods were used to diagnose the mental state of patients/subjects participating in the study:

- * Clinical interview (anamnesis collection; vita, morbi)
- * Questionnaire (social status)
- * MMPI Abbreviated Multifactorial Personality Inventory (SMOL)

* Questionnaire of satisfaction with family life (V.V. Stolin, T.L. Romanova, G.P. Butenko)
 * Blitz consists of questionnaire (Spilberger-khanina and Zunk depression diagnosis) methods.
 A total of 62 subjects took part in our study, of which 39 were men and 23 were women.



(Figure 1) erkak= men, ayol= woman Chart analysis by gender (%)

Subjects aged between 30 and 60 were selected according to the age characteristics of the research subjects.

Correlation analysis of the conducted methods Family satisfaction(Fig.2), ($D=0.671$ $p>0.758$) is calculated on the parametric scale because it does not conform to the normal distribution criterion. According to the Kolmogorov-Smirnov criterion, according to the L scale of the MMPI methodology, which corresponds to the law of normal distribution ($D=1.871$ $p<0.002$), K scale b. ($D=0.906$ $p<0.385$), Hs scale b. ($D=0.987$ $P<0.284$), D scale b. ($D=1.142$ $P>0.147$). Hy- scale b. ($D=1.383$ $P>0.044$), Pd scale b ($D=0.825$ $P>0.504$), Pa scale b ($D=1.064$ $p>0.207$), Pt scale b ($D=1.069$ $p>0.203$), Se scale b (0.908 $p>0.309$), Mf scale b ($D=0.908$ $p>0.382$), Blitz survey scale b. ($D=1.126$ $p>0.158$) non-parametric results were obtained. The results of our study are compared using the Student T-test in order to determine the relationship between genders.

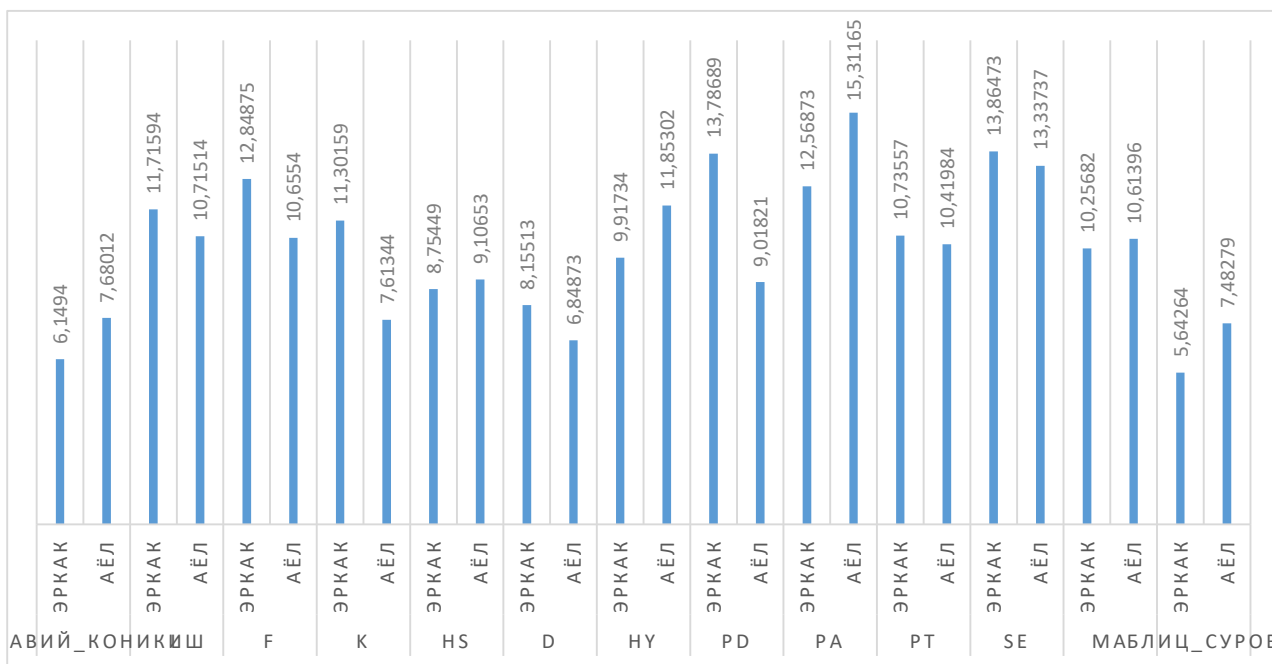


Figure 2 Correlation analysis of the conducted methods of Family

According to the results of the research, the results of the "Student T" analysis of the difference between the somatic diseases of the examinees and the conducted methods are as follows (Fig. 2);

Satisfaction with family life according to the Student T criterion ($T=1.759$ $p>0.19$), according to the L scale of the MMPI methodology ($T=0.264$ $p>0.609$), according to the F scale ($T=0.441$ $p>0.509$), according to the K scale ($T=1.756$ $P>0.19$), according to Hs scale ($T=0.008$ $p>0.928$), according to D scale ($T=1.052$ $p>0.309$), according to Hy scale ($T=0.72$ $p>0.4$), Pd scale by ($T=2.579$ $p>0.114$), by Pa scale ($T=1.189$ $p>0.28$), by Pt scale ($T=0.067$ $P>0.796$), by Se scale ($T=0.25$ $P>0.875$), According to Mf scale (0.266 $P>0.608$) and according to Blitz survey scale ($T=3.076$ $P>0.085$).

Gender differences and correlations were not found. The results can be considered non-parametric. According to the results of the research, the results of the "Student T" analysis of the difference between the subjects' somatic diseases and the methods used are as follows: According to the method of satisfaction with family life $D=0.77$ $p>0.468$, L scale $D=3.333$ $p>0.043$, F scale $D=0.024$ $p>0.976$ K scale $D=3.335$ $p>0.042$ H scale $D= 2.027$ $p>0.141$ $D=1.615$ $p>0.0208$ H=2.73 $p>0073$ Pd scale $D=3.421$ $p>0.039$ Pa scale $D=0.209$ $p>0.812$ Pt scale $D=2.709$ $p>0.075$ Se scale $D= 3.534$ $p>0.036$ on the Ma scale $D=0.458$ $p>0.635$ on the Blitz questionnaire scale $D=0.36$ $p>0.699$, and according to the level of reliability, there is no agreement on any scale.

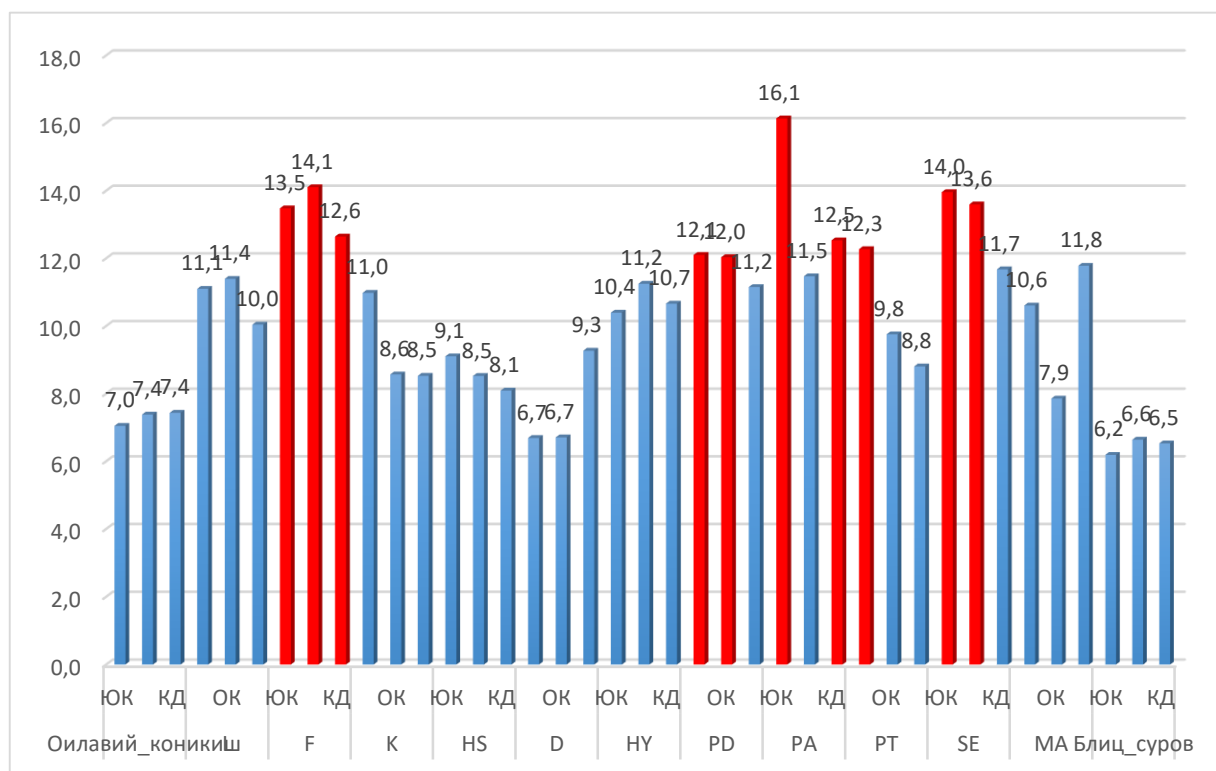


Figure 3. Correlations between MMPI scales of somatic illness.

The interdependence of the methods with the results of the correlation coefficient of the methods has the following indicators. According to him, F scale has 99%, PA scale 99%, PT scale has 95% reliability with family life satisfaction scale. Therefore, the high scale of answers given by the test takers of satisfaction with family life represents the random nature of the test.

That is, you can conclude that family relationships were not taken into account when evaluating the results of the MMPI or were not considered important by the test taker. The scale of paranoia is also correlated with satisfaction with family life, so it can be a factor in the emergence of certain somatic diseases due to the observation of situations such as mutual suspicion and trust in the system of family relations. There is a 95% reliability correlation between satisfaction with family life and psychosthenia, which means that the family environment can be considered as a factor in the emergence of symptoms such as obsessive-compulsive stress and panic attacks in the family. MMPI's L scale has a 99% reliability correlation with the K scale, and the L scale has a 95% reliability correlation with the HY scale. Hence, the test takers' open responses to the test represent the idea that they are aimed at revealing that their negative character traits are hidden or downplayed. There is a 95% correlation between F scale and K scale and between F scale and Pa scale with 99% confidence. That is, it is believed that the validity scale is aimed at highlighting the fact that the negative character traits of a person are hidden or reduced by the random determination of the test. This indicates that he did not express himself sincerely enough. The Pa scale has a 95% confidence interval correlation with K. That is, concealing negative character traits or recognizing the true personality, it means high level of self-doubt in the person, slowness of thinking, low concentration, holding grudges and idolatry. So, here it is emphasized once again that the place of the above evidence in the etiology of psychosomatic diseases is not in vain. The Hs and Pd scales have a 99% confidence interval. That is, the level of health status of the respondents indicates that they are not able to overcome emotional stress in their behavior and adapt to a temporary or constant social environment. He concludes that high excitability, conflict proneness, weak emotional control, and inattention to social norms also represent. The Hs and Pt scales are correlated with 99% confidence. That is, the hypochondriac scale and the psychosthenia scale express a strong correlation. So, it means the conclusion that

it represents restlessness, suspicion, lack of confidence, difficulty in making decisions in one's health and mental processes. Hs and Se scales have a 99% confidence interval. This shows a strong connection with the schizoid state of a person with a high hypochondriac type. So, it means that there are difficulties in expressing individuality in thinking and emotions. Hy has a 99% correlation with the D scale, 95% with the Pa scale, and 95% with the blitz questionnaire. That is, the state of depression represents the existing relationship with individuals with Hysteria and Paranoia traits, and in the blitz questionnaire - reactive and personal anxiety. So, we can conclude from here that patients with depression have high emotional volatility and self-doubt, slowness of thinking, low concentration, holding grudges and idolatry. With the Hy scale, Pa has a reliability correlation of 99%, Se 95%, and a blitz questionnaire of 99%. That is, the relationship between hysterical personality and paranoid, schizoid and blitz (reactive + personal anxiety) scales in the questionnaire, characteristics of the examinees is significant. So, the presence of emotional variability and high doubt in the person, slowness of thinking, low attentional mobility, difficulties in expressing emotions and the strong correspondence of these indicators with the "blitz questionnaire" is once again a clear manifestation of the features in the somatic and emotional process. Pt has 99%, Se 99%, Ma 95% reliability correlation with Pd scale. That is, the inability of individuals to adapt to a constant social environment, the presence of difficulties in expressing emotions with their restless-suspicious qualities, and at the same time a medium level of dependence. It can be concluded that the person has a characteristic of mania/hypomania accompanied by optimism, activity or denial of difficulties. The Pt scale has a 99% confidence correlation with Se. That is, we can repeatedly see in the correlational analysis (Table 1) that there are difficulties in expressing emotions with anxious-suspicion traits. It is noteworthy that there is a strong connection here. Se scale Ma has a 99% confidence interval. That is, this indicator suggests a strong link between schizoid traits and hypomanic or manic individuals. Therefore, we can express and draw a conclusion that there are difficulties in expressing emotions and that they are not consistent.

Conclusion. It is extremely important that a person goes through a number of theoretical, practical and empirical processes before applying to psychotherapy. The initial stage of psychotherapy consists of a subjective, objective and projective examination and diagnosis procedure of the patient or client's personal characteristics. The content of this scientific article requires not only preparation for the psychotherapy process, but also a careful and professional approach to the patient. What is important for every psychotherapist to know and be able to do is that multi- and combinative methods in the application of theoretical laws in practice can be the basis for effective treatment from the patient's point of view.

The objects taken into the research process in our article are cases that are common in psychosomatic medicine. This is not for nothing, because many neurotic conditions are caused by psychogenic disorders and psychosomatic diseases. In the recent period, the attention and awareness of psychosomatic medicine is becoming an urgent issue not only for psychotherapists and other doctors, but also for the general public. Therefore, we considered it important to evaluate and diagnose what kind of personality disorders are caused by the influence of stimuli and objects around a person and his surroundings. As a conclusion, the level of competence of a psychotherapist in the field of the importance of his qualifications and experience was studied in the literature analysis.

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