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## **METHODS OF PSYCHOTHERAPY OF ANXIETY-PHOBIC DISORDERS**

**Abstract:** According to ICD-10, anxiety-phobic disorder is a whole group of disorders, neurotic forms of diseases accompanied by unjustified, irrational fear and causeless anxiety. Such behavioral, physical and cognitive experiences occur in a person in certain situations or during contact with an object, as well as "in anticipation" of these moments.

A psychiatrist, psychologist or psychotherapist, diagnoses an anxiety disorder with the help of a conversation with the patient and special questionnaires. He also needs to exclude the presence of diseases that are not related to the state of the psyche (cardiovascular, neurological, etc.). If they are available, then other specialists will already deal with them.

The mechanism of the occurrence of fears is currently fully studied. Therefore, the treatment of anxiety-phobic disorders, of course, in the case of timely treatment to qualified specialists, has an excellent positive result. For this purpose, there are pharmacological and psychotherapeutic methods.

**Key words:** psychotherapy, phobia, anxiety, treatment.

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## **МЕТОДЫ ПСИХОТЕРАПИИ ТРЕВОЖНО-ФОБИЧЕСКИХ РАССТРОЙСТВ**

**Аннотация:** Согласно МКБ-10, тревожно-фобическое расстройство – это целая группа нарушений, невротические формы заболеваний, сопровождающихся необоснованным, иррациональным страхом и

беспричинной тревогой. Такие поведенческие, физические и когнитивные переживания возникают у человека в определенных ситуациях или во время контакта с каким-либо объектом, а также «в предвкушении» этих моментов.

Врач – психиатр, психолог или психотерапевт, диагностирует тревожное расстройство с помощью беседы с пациентом и специальных опросников. Ему также необходимо исключить наличие заболеваний, не связанных с состоянием психики (сердечно-сосудистых, неврологических и т. д.). Если они в наличие, то ими уже будут заниматься другие специалисты.

Механизм возникновения страхов на данный момент изучен в полной мере. Поэтому лечение тревожно-фобических расстройств, конечно же, в случае своевременного обращения к квалифицированным специалистам, имеет прекрасный положительный результат. Для этого существуют фармакологические и психотерапевтические методы.

**Ключевые слова:** психотерапия, фобия, тревога, лечения.

**Introduction.** Psychological information is designed to give the patient maximum information about his disease, about the mechanisms of certain psychological processes in the brain, about ways to control his consciousness and psychological state[2,6]. Thanks to such information from reliable sources, the individual begins to better understand the nature of his fears, it is easier for him to identify the causes of their development.

Counseling is aimed at giving the patient practical knowledge that he can use in a critical situation or for the treatment of a disease. During consultations, patients learn the correct behavior at the time of a crisis (panic attack, intense anxiety in the presence of an irritant), in atypical, unforeseen situations, work on self-esteem, master techniques for managing their fear. That is, the doctor gives the patient recommendations that he can apply in practice to correct anxiety[3,5].

Psychological assistance implies both situational impact on the client, and methodical step-by-step work with him. Situational, "shock" therapy is used in a psychological crisis. And long-term work is aimed at establishing contacts with others, social adaptation, analyzing one's condition and behavior, developing psychological flexibility in certain situations[8].

Hypnotic therapy is one of the most mysterious methods of treatment that cause controversy and doubt. A specialist who owns hypnotics is perceived by many both as a doctor and as a healer using methods of alternative medicine[1]. However, official medicine recognizes it as an effective and effective method of psychotherapy, which gives high results and a long-term positive effect[3,7]. With the help of hypnosis, it is possible to achieve successful and rapid treatment of phobias, although this method of treatment is resorted to less often than traditional ones[4].

**The purpose of the study.** The aim of the work was to develop principles and algorithms for psychotherapeutic treatment of anxiety-phobic disorders of the neurotic level (anxiety-phobic, panic and generalized anxiety disorders) based on evidence-based studies.

**Materials and methods of research.** The study was conducted in 115 patients who were divided into 3 groups. Group I – 27 patients with panic disorder (PR) (episodic paroxysmal anxiety (f41. 0). Group II – 21 patients with generalized anxiety disorder (GTR) (f41. 1). Group III – 67 patients with mixed anxiety-depressive disorder (STD) (f41.2).

This method of psychotherapy is based on the symbiosis of the patient and the attending physician: during the session, they interact, exchange information, pronounce experiences, simulate situations and work through them. Conditionally, psychological assistance can be classified as follows:

Psychological information.

Consultation of a specialist.

Correction (behavior, perception, response intensity, etc.).

The methods of psychotherapy are aimed at identifying the causes of phobic disorder, their elimination, rehabilitation, reducing anxiety, correcting inappropriate behavioral reactions, mastering relaxation techniques. For the treatment of phobias and fears, such methods as:

Psychotherapeutic help.

A rational method of psychotherapy.

Treatment of phobia by NLP (neuro-linguistic programming).

Cognitive-behavioral method.

Treatment of phobias with hypnosis (including the Erickson method).

**The results of the study.** These examinations became the basis for the development of a conceptual approach and the construction of a pathogenetically based system of psychotherapy for patients with anxiety-phobic disorders of the neurotic register, taking into account emotional and personality-typological features. The principles of psychotherapy were:

1. Partnership of a psychotherapist and a patient.
2. The stages of the effects and the complexity of the methods used.
3. Appeal to positive personality traits.
4. The use of cognitive behavioral therapy (CBT) as a basic one.
5. Training in the skills of autoregulation of emotions of the negative spectrum: anxiety, depression.
6. Correction of social attitudes.
7. Training in rational coping strategies. The main method of psychotherapeutic correction of emotional disorders in the form of phobic-depressive and anxiety-depressive disorders was cognitive-behavioral therapy according to A. Beck.

Group psychotherapy was used to form social attitudes and rational coping strategies. It was combined with elements of rational, suggestive and family psychotherapy. The system of psychotherapy was implemented in 4 stages.

The first stage "Assessment of the psychoemotional state" - began from the moment the patient was admitted to the hospital and was aimed at determining the state of the emotional sphere and the targets of psychocorrection (1 session).

Stage II "Formation of compliance" - included measures for the formation of compliance, the initial establishment of psychological contact and the formation of positive motivation for treatment (2 sessions).

Stage III "Psychotherapy and psychocorrection" - included individual and group psychotherapy aimed at forming an active life strategy, changing self-perception by realizing the meaning of life and its quality, having an important strategic goal (10 sessions).

Stage IV "Supportive psychological support" - included 4 sessions of individual psychotherapy with elements of family psychocorrection.

The evaluation of the effectiveness of the conducted system showed the following. Positive clinical dynamics occurred in patients of all 3 groups. Subjective experiences of the anxiety spectrum and somatovegetative symptoms decreased.

According to the data of the pathopsychological study, the most positive dynamics was achieved in terms of reactive anxiety in all 3 groups of patients. In general, a significant improvement was achieved in 72% of patients of group I, in 68% of patients of group I and in 78% of patients of group III.

**Conclusion.** The essence of this method is that the patient, with the help of a psychotherapist, determines which attitudes are destructive, negative and cause anxiety. Having subjected them to a critical analysis, the patient asks himself compromising questions about these attitudes: "why did I decide that it would always be like this?", " who inspired me with the idea that everything that is happening is negative and there is no way out?", etc. Analyzing his answers, working through various options, the patient rebuilds his thinking in an optimistic way, tries to look for advantages in everything. Critical analysis

allows you to either see the advantages in your attitudes, or replace them with other, positive and creative ones.

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