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FEATURES OF THE STUDY OF THE INTERNAL PICTURE OF THE DISEASE IN PATIENTS WITH TUBERCULOSIS

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ABSTRACT

*This paper examines the treatment of disease and provides an experimental analysis of the treatment of patients diagnosed with tuberculosis. The study of attitudes towards the disease in patients treated with tuberculosis is important in the formation of loyalty to treatment and in measures aimed at improving mood. The study involved patients diagnosed with tuberculosis treated at the Khorezm Regional Center for Tuberculosis and Pulmonology. Developed by A.E.Lichko and N.Y.Ivanov on the classification of types of disease response in patients PQBI (*Personality Questionnaire of the Bekhterev Institute) *methodology was used. The study found that participants had increased self-esteem, risk of separation from the social environment, changes in family relationships, depression, long-term treatment, increased susceptibility to depression due to separation from family relationships, experiencing economic hardships is reflected in the impact on their position in the family and society.*

KEYWORDS: *Psyche, Inner Picture Of The Disease, Emotional State, Attitude To The Disease, Tuberculosis, Mental Experiences, Neurosis, Guilt, Emotion.*

INTRODUCTION

According to the World Health Organization's 2017 Sustainable Development Goals monitoring, TB in African countries ranges from 9.5 to 834 per 10,000 population on average. however, it ranged from 3.2 to 194 per 100,000 population in America and from 2.4 to 152 per 100,000 population in European countries. In 2015, the incidence rate in Uzbekistan was 79 per 100,000 population.

In the global health system, psychotherapeutic interventions are recognized as one of the methods of treatment. The importance of the human psyche in treatment was reflected in research conducted in the second half of the twentieth century. It should be noted that when there are changes in the psyche of a person with the disease, the internal psychological manifestations of various diseases are specific, there are neuroses, depression, depression, internal anxiety in tuberculosis. This indicates the need for psychological support for this category of patients.

MATERIALS AND METHODS

The classification developed by A.E. Lichko and N.Y.Ivanov on the classification of types of diseases is widespread. The PQBI (Personality Questionnaire of the Bekhterev Institute) method developed by them has a high level of reliability.According to the survey, a study was conducted in patients with tuberculosis treated at the Khorezm Regional Medical Center for Tuberculosis and Pulmonology. The aim of the study was to identify and improve the direction of psychotherapy in patients with tuberculosis based on their attitude to and assessment of their disease.

The scientific and methodological basis of the research was the ideas of the internal picture of the disease (R.A. Luria) and the theory of relationships.

One of the most pressing issues in the study of TB patients is their psychoemotional state. Tuberculosis, like other serious illnesses, causes chronic psychological stress in many patients. In particular, in the second century CE, the famous Roman physician Galen wrote in his manuscripts that tuberculosis was a painful condition.The reflection of the disease in human experiences is usually determined by the concept of the internal landscape of the disease. This concept was introduced by the Russian therapist R.A. Luria and is now being interpreted in its own way in medical psychology. According to the scientist, this concept is "a large inner world of the patient, consisting of a combination of all the complex perceptions and feelings, emotions, affectes, conflicts, mental experiences and injuries." [1]

The inner appearance of the disease is determined not by the nosological unit, but by the personality of the person, which is as individual and dynamic as the inner world of each of us.

V.D. Mendelevich is based on the idea that the type of response to a particular disease is determined by two characteristics: the objective severity of the disease (determined by the criterion of lethality and the probability of disability) and the subjective severity of the disease (assessment of the patient's condition). [2]

Lethality- (derived from Latin, letalis mortality rate is an indicator of medical statistics, if death from a particular disease or health error is recorded, for a certain period of time is equal to the ratio of the total number of people with different diagnoses.

There is a typology of ways in which a patient responds to an illness. Knowing the patient's type of relationship will help him or her and his or her family to choose an adequate strategy of interaction, use appropriate communication methods, and motivate treatment. A.E.Lichko and N.YA. The Ivanovs commented on the relationship between the type of disease and the type of response to the disease, and identified the neurasthenic, egocentric, and paranoid type in the bronchial asthma clinic. (A.E.Lichko, N.Y.Ivanov, 1980).

In his Psychological Research, N.N. Lange explores the concept of "state" extensively. He calls states emotions, influences, affect, and volitional acts, "psychological manifestations are conditional elements of non-high physiological influence of perceptions, such as the internal organs of the body, just as the muscles, joints in the cavities of the internal organs of the body , stakes, like blood vessels ". He later expands the field of psychological states, saying that "it is possible to insert any mental state into the mind of the hypnotized subject, to exclude others." [3]

A.F. Lazursky did not distinguish psychological states as a special psychological category, but analyzed the term as a temporary eposodic term and used the definition of psyche as a whole. Lazursky rarely uses the term psychological states in the analysis of experiences. He states that states can be apathetic or calm [6,228]. The fallen person does not notice the "comprehensive feelings" after the emotions have stopped. There are also cases of strong agitation, which some people can discuss through self-observation and objective evaluation, while in others there are pathological emotional states — hysterical, obsessive states (involuntarily arising). in the form of ideas, memories, thoughts, doubts, fears, actions, etc.) is found not only in the mentally ill, but also in ordinary people.

It leads to denial of the severity of the disease (hypognosia and anosognosia), loss of interest in examination and treatment, disregard for therapeutic recommendations. Despite the severity of the disease, patients remain calm and courteous. (e.g., myocardial infarction, tuberculosis). This is often the case when the patient feels guilty and thus seeks to satisfy his or her need for punishment. The experience of guilt occurs in situations where a person waives the personal responsibility he or she needs. To be guilty, according to M. Heidegger, means to be "responsible for".[8] TB patients have an increased sense of responsibility for their behavior, and often do not complain to a doctor or nurse about their condition, even in life-threatening situations (such as "Don't bother them unnecessarily").

In such a situation, it is important to address the individual through psychotherapeutic interventions. At the same time it is necessary to help the patient to form and understand the right behavior. It has been pointed out that this sign is an accentuation sign in the origin and course of the disease. According to different accentuation definitions (up to K. Leongard), AV, Kvasenko, and YG Zubarev (1980) describe a group of 4 different types: excitable, braked, unstable, and rigid. Pathological variants of the disease are divided into depressive, phobic, hysterical, hypochondriac and anosognosia. [4]

The term psychological rigidity (Latin - rigiditas - inflexible, rigid) comes from physics / Lewin, 1935: Cattell, 1949 /, refers to the properties of resistance to change. Rigidity is measured by its opposition to the term "flexibility". Many authors consider rigidity as a relative concept, a "change in one's psychological appearance" in the case of insecurity of personality, inability to adapt to objective situations [5].

V.D.Mendelevich (1999) evaluates the assessment of personality in any disease and its psychological response to it on the basis of the following factors:

1. Probability of fatal outcome

2. Probability of disability and chronization.

3. Painful features of the disease

4. The need for radical or palliative treatment.

5. The effect of the disease on the ability to maintain the previous level of communication.

6. The social significance of the disease and the traditional microsocial attitude towards patients.

7. The impact of the disease on family relationships and the sexual sphere.

8. The impact of illness on habits and interests. [7]

Regardless of whether the expression of emotions is strong or weak, it always causes physiological changes in the body, which leads to serious changes, even if they are not significant. Of course, somatic changes with smooth, unquenchable emotions are not so noticeable, they are not visible until they reach the threshold of consciousness. Somatic reactions are not strongly expressed in moderate emotions, and if the violent reactions are continuous, the emotional experiences will last longer. The effect we call "mood" is usually caused by such emotions. Long-term negative emotions, even moderate intensity, are very dangerous and can eventually lead to physical or mental illness. Recent research in the field of neurophysiology shows that emotions and moods even affect the immune system, reducing its resistance to disease. [8]

Therefore, building a trusting relationship with patients diagnosed with TB can lead to a positive change in attitudes towards oneself, others, and the social environment. This, in turn, leads to positive results in the patient's personal emotional sphere.

The methodology is divided into 13 types of treatment. In this methodology, patients ’attitudes toward the disease participate as part of the “internal picture of the disease” and as an important aspect of the psychotherapeutic effect.

RESULTS AND DISCUSSION

The results of the study are presented below. Women and men were compared for each type of relationship.

№	PQBIIndicators	Participants		In percentage terms	
		Men	Woman	Men	Woman
1	Harmonic	-	-	0 %	0 %
2	Worrying	21	21	18 %	22 %
3	Melancholy	-	-	0 %	0 %
4	Apathetic	8	6	6 %	10 %
5	Neurasthenic	24	21	20 %	22 %
6	Obsessive phobia	2	6	1,7 %	6,4 %
7	Sensitive	16	13	13,7 %	13,9 %

8	Egocentric	16	5	13,7 %	5,3 %
9	Euphoric	6	1	5,1 %	1,07 %
10	Anosognosic	3	-	2,5 %	0 %
11	Ergopathic	3	1	2,5 %	1,07 %
12	Paranoid	13	6	11,2 %	6,4 %
13	Hypochondriac	5	13	4,3 %	13,9 %

According to the results, 21 men, or 18% of the participants, and 21 women, or 22%, were of the anxious type, 6% of the apathetic type in men, 10% of the female type, 20% of the neurasthenic type in men, and 22% of the female type. Obsessive-compulsive phobia type 1.7% in men, 6.4% in women, sensitive type men 13.7%, women 13.9%, egocentric type men 13.7%, women 5.3%, euphoric type men 5, 1%, 1.07% in women, 2.5% in men of anosognosic type, 2.5% in men with ergopathic type, 1.07% in women, 11.2% in men of paranoid type, 6.4% in women, hypochondriac type 4.3% in men and 13.9% in women.

This means that patients with tuberculosis have a higher rate of anxiety and neuroasthenic type in men and women. The anxious type is explained by the constant anxiety and skepticism about the course of the disease in both women and men, as well as the high risk of complications, ineffectiveness, and even the risk of treatment.

Women and men belonging to the neuroasthenic type are characterized by inability to tolerate pain, unpleasant sensations, thoughts of treatment failure, hypersensitivity, and this behavior can lead to a loss of commitment to treatment. Sensitive-type women and men are characterized by a strong fear and guilt that they are alienated from others because of their illness, and this figure is also high. The egocentric type, that is, the exaggeration of one's own experiences and worries in order to fully capture the attention of others and one's loved ones, is explained by the fact that in conversations with others it is focused only on oneself. high prevalence of real disease and experiences in the hypochondriac type, exaggeration of the side effects of drugs is predominant in women, this type is also characterized by egocentrism. The paranoid type, on the other hand, has a mystical worldview in understanding the origin and content of the disease, and this type occurs on the basis of personal characteristics, which is the average percentage in men.

CONCLUSION

Thus, according to the results of the study, anxiety, low self-esteem, reasons for isolation from society, as well as the formation of negative attitudes to treatment in patients with tuberculosis are highly expressed in each person, both sexes. Feelings of inadequacy, self-blame, increased vulnerability, and economic hardship were evident in the conversation.

In conclusion, the content of the internal picture of the disease reflects not only life situations, but also the characteristics of the patient's personality before the disease. The right choice of psychotherapy with TB patients should focus on the patient's attitude to the disease and its social status, self-confidence and confidence in the future.

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