



## The Psychological Services Role in the Psychodiagnostics and Psychocorrection of Psychosomatic Patients in the Psychoemotional Situation

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### **Abstract**

The article discusses the emotional state disorders that occur in patients with psychosomatic illnesses, their role in the severity of the disease and its negative consequences. It is noted that various somatic diseases such as cardiovascular disease, diabetes mellitus, gastrointestinal diseases are often manifested by emotional state disorders and conversely, in these diseases emotional sphere disorders prevent complete recovery from the disease. These cases require the organization of psychological care in the clinic of psychosomatic diseases and the implementation of all psychoprophylactic and corrective measures.

**Keywords:** *Psychological Services; Psycho-Emotional Characteristics; Depression; Psychodiagnostics; Psychocorrection; Psychosomatics*

### **Introduction**

The health is avowed as one of the important key factors in providing human peace and security in the world. Global Plan for the Prevention and Control of Non-infectious Diseases in 2013-2020 period of the WHO, European Action Plan for Strengthening Public Health System Capacity and Services (2012), "Health Systems for Health and Well-being" Tallinn Charter (2015) emphasized that it is needed for the population to have access, achievements of medical and psychological sciences according to achieve a high level of health [World Health Organization. Basic documents].<sup>1,2,3</sup> The improving population health is very important in the world and to solve these problems through the organization of psychological services in the health care system is remained.

In particular, scientific research on the theoretical, methodological and practical bases of the organization of psychological services in the field of health care in the world, as well as the modern model development is studied. In the study, the patients' attitude to their disease, psychological characteristics, social environment, interactions with other people are recognized as factors determining effectiveness of the treatment.<sup>4</sup> Simultaneously, firstly, the low number of psychologists specializing in medicine, secondly, the less of necessary information and skills to have seen professional medical and

psychological assistance, main problems are the systematic organization of medical - psychological services, even experts have been providing stronger in pandemics status.

In our country, comprehensive measures are being taken to organize the health care system, such as in last years to raise the cultural - medical services in qualitatively new stage, to improve the health of the population also including mental health. The Action Strategy for the five priority development areas of the Republic of Uzbekistan 2017-2021 period that “health sector, further reform of its primary link, the system of emergency and urgent care” are shown.<sup>5,6,7,8</sup> In carrying out these tasks, the clinical effectiveness and psychological research on the psychological changes occur in chronic somatic diseases of patients is to have significant.<sup>9,10,11,12</sup>

### ***Aim of the Research***

Our scientific research aim is to study patients’ emotional characteristics and attitudes toward their sickness have influenced the course of the disease and the effectiveness of the treatment process.

### ***Materials and Methods***

Luscher's color method, the patients’ response to their illness (TOBOL), Spielberg-Hanin's method of determining anxiety, Zunge's method of determining the degree of depression, L.A. Rabinovich's “Four-item emotional questionnaire”, E.P. Ilin and E.K. Feshchenko's “Questionnaire for assessing one's own patience” and the socio-psychological questionnaire developed by the author, mathematical statistical methods (Spearman's criterion, Kruskal-Wallis criterion, Kolmogorov-Smirnov Z-criterion, Mann-Whitney U-criterion) in the statistical analysis of quantitative indicators were used.<sup>13</sup>

The relationship between patients’ emotional characteristics and types of attitudes toward their illness. Total 447 patients participated in the experimental study, 131 were male and 316 were female of them. We have observed the following: 51 patients to have oncological disease, 238 outpatients visited to polyclinic, 51 patients to have cardiological disease, 68 patients to have endocrine disease, 10 patients to have gastrointestinal disease and 29 control group. An analysis of the correlations and patterns between the emotional characteristics of the patients involved in the study and the types of attitudes toward their disease may help to gain valuable scientific material in the research of the personality of patients with various diseases.

### ***Results and Discussion***

Achieved data are presented in table 1, there was a positive correlation between situational and personal anxiety scales ( $r = 0.131$ ;  $p < 0.01$ ). Videlicet, an increase in situational anxiety leads to increasing in personal anxiety as well. There was also a positive correlation between the level of depression, situational anxiety ( $r = 0.657$ ;  $p < 0.01$ ) and personal anxiety at the level of statistical confidence ( $r = 0.102$ ;  $p < 0.05$ ). These results suggest that person's level of anxiety, especially the anxiety caused by various specific situational factors, it plays an important role in the development of depression.

**Table 1**  
Correlation attitudes of obtained results in the study (N=447)

Indexes	Situational anxiety	Personal anxiety	Depression	Patience
<b>Situational anxiety</b>		0.131(**)	0.657(**)	-0.151
<b>Personal anxiety</b>	0.131(**)		0.102(*)	0.098
<b>Depression</b>	0.657(**)	0.102(*)		-0.411(**)
<b>Patience</b>	-0.151	0.098	-0.411(**)	

There was a negative correlation between the level of depression of Zunge scale and E.P.Ilin and E.K.Feshchenko's scale "Self-Assessment Questionnaire" ( $r = -0.411$ ;  $p < 0.01$ ). In other words, if human has more patience is to become less depressed.

The Spirman criterion was used to study whether the types of patients' attitudes toward their illness depended on their level of anxiety and depression. The correlation coefficients between the Spielberger-Hanin anxiety level scale, Zunge depression level scale and E.P. Ilin and E.K. Feshchenko's scales "Self-Assessment Questionnaire" and "Determination of type of illness" are presented in table 2.

According to data in table 2, high level of confidence-negative correlation was found between the indicators of the situational anxiety scale and the harmonic, ergopathic, and anosognosic types of attitudes toward their disease.

**Table 2**  
Correlation attitudes of obtained results in the study (N = 447)

Indexes	Situational anxiety	Personal anxiety	Depression	Patience
<b>Harmonic</b>	-0.233(**)	-0.065	-0.194(**)	0.132
<b>Ergopathic</b>	-0.159(**)	-0.055	-0.180(**)	0.448(**)
<b>Anosognosic</b>	-0.243(**)	0.113(*)	-0.217(**)	-0.009
<b>Worrying</b>	0.426(**)	0.097(*)	0.355(**)	-0.093
<b>Hypochondriac</b>	0.346(**)	0.121(*)	0.282(**)	-0.210
<b>Neurasthenic</b>	0.407(**)	0.100(*)	0.337(**)	-0.210
<b>Melancholic</b>	0.327(**)	0.145(**)	0.328(**)	-0.412(**)
<b>Apatic</b>	0.307(**)	0.126(**)	0.317(**)	-0.465(**)
<b>Sensitive</b>	0.168(**)	0.064	0.093(*)	0.225
<b>Egocentric</b>	0.330(**)	0.151(**)	0.249(**)	-0.120
<b>Paranoid</b>	0.299(**)	0.122(**)	0.271(**)	-0.228
<b>Dysphoric</b>	0.352(**)	0.126(**)	0.324(**)	-0.307(*)

These numbers show to assess correctly of patients condition at their low levels of situational anxiety. It can be help for patients evaluating without exaggerating and without reducing, tendency seriously try to restore their health during treatment, to distract themselves from their illnesses, try to back into work, as well as, actively deny their illness or try not to think about its consequences even if they ensure it.

The positive correlation attitudes were showed in situational anxiety scale between anxious, hypochondriac, dysphoric, melancholic, apathetic, sensitive, egocentric, paranoid, and neurasthenic types of attitudes toward their illness (Table 2). Probably, these numbers are due to constant anxiety over the course of the disease in patients with high levels of situational anxiety, fear of complications, ineffective and even dangerous treatment, excessive attention to illness, uncomfortable feelings and conditions, pain, discomfort, anger at deteriorating health in general, the emergence of negative emotions such as bitterness, resentment, insecurity about treatment and doubts about the effectiveness of treatment, hypersensitivity to their fate, the consequences of the disease, the results of treatment, and sometimes hypersensitivity, tenderness, sensitivity, predominance of their disease The pursuit of "benefit" may be characterized by the perception of the disease as a complication of some external cause, and the belief that the disease was deliberately shaped by someone to influence it.

Table 2 shows that a correlation between the levels of personal anxiety and depression and the types of attitudes toward their illness is also largely similar to the above. However, in contrast to the above results, a positive statistical correlation was found between the personal anxiety scale and the scale representing the type of anosognosic response to one's own disease ( $r = 0.113$ ;  $p < 0.05$ ). That is, high levels of personal anxiety lead to an increased tendency in patients to actively deny their illness or try not to think about its consequences even if they admit their illness, and to engage in self-medication without a doctor's examination, hoping for self-healing. Perhaps this result suggests that people with high levels of personal anxiety tend to deny their illness because they take a responsible approach to different areas of activity, usually striving for success in all areas of life.

It is advisable to use psychocorrectional models when working with patients, appropriate for the type of disease in them. Any psychocorrectional model will need to take into account the patient's attitude to the disease, anxiety and predisposition to depression, depending on the type of disease.

Comparing the pre-experimental and post-experimental results under TOBOL methodology, positive changes were noted in a number of indicators.

According to the results of the correction program, a positive change in the harmonic scale was observed ( $t = 10,369$ ;  $p < 0.001$ ), the humans developed the ability to analyze their disease without panic or exaggeration. Their attitude towards treatment has changed and there has been a desire to help medical staff in period of treating disease. Increased resistance to disease.

On the ergopathicity scale, a positive shift can also be observed ( $t = 3,096$ ;  $p < 0.001$ ). This scale indicates to escape from disease and coming back to work. We observed that in most patients focus on the disease decreased after the patient became ill. After the correctional exercises, it was found that they have an increased tendency to re-indulge in work.

There were no differences in the level of confidence in the anosognosic index, which means that the scale denies the disease, does not recognize its consequences. In our patients, this scale remained unchanged. Most of the test takers were almost reluctant to retake the exam. Patients who has endocrine diseases almost did not follow the agenda set by doctors, neglected their health and had a tendency to focus on labor in their activities.

**Table 3**  
**Comparing obtained data before and after the experiment under method of TOBOL, N = 30**

Indexes	Тест натижалари				Student's t-test	Confidence level (r)
	Before the experiment		After the experiment			
	M	$\sigma$	M	$\sigma$		
<b>Harmonic</b>	1.18	7.38	7,53	3,421	-10,369	0,000
<b>Ergopathic</b>	9.74	11.93	13,70	2,452	-3,096	0,000
<b>Anosognosic</b>	3.58	9.11	4,41	8,22	1,324	0,174
<b>Worrying</b>	11.12	8.76	10,54	7,125	1,212	0,170
<b>Hypochondriac</b>	11.82	8.13	9,60	5,192	3,909	0,000
<b>Neurasthenic</b>	11.29	7.44	6,70	4,120	-5,420	0,000
<b>Melancholic</b>	10.31	8.11	11,14	8,211	1,541	0,121
<b>Apathic</b>	9.58	7.23	8,14	7,98	1,017	0,189
<b>Sensitive</b>	15.36	8.25	5,80	,714	-10,938	0,000
<b>Egocentric</b>	11.79	7.09	7,80	1,126	-8,840	0,000
<b>Paranoid</b>	10.05	7.07	11,21	7,45	1,036	0,182
<b>Dysphoric</b>	8.90	7.58	9,14	7,65	1,001	0,197

There were also no differences in confidence levels on the anxiety type scale. It was not possible to reduce this trait in the patients because it was considered very important for patients to pay special attention aspects related to the negative course of the disease. It can be concluded that the patients' desire to know the consequences of their illness is not completely extinguished. They tend to look for new methods of treatment and tend to change doctors frequently. Such kind of patients tend to study the objective causes of the disease on the one hand, on the other hand, every any kind of information in this area leads to increase in their level of anxiety.

A difference in confidence levels was observed after correction exercises on the hypochondriac type scale ( $t = 3,909$ ;  $p < 0.001$ ). It can be observed that the increase in patients thoughts in relation to unpleasant feelings decreased after therapeutic exercises. There has been decreasing in informing others about their illnesses and decreasing in exaggerating pain and suffering. Patients had increased confidence in treatment period.

Neurasthenic type scale, changes in statistical confidence levels also occurred after correction exercises ( $t = 5,420$ ;  $p < 0.001$ ). In this sphere patients incidence of saying that treatment measures were not affected when they felt pain decreased. They have less grief and impatience with their loved ones. The ability to realistically assess their own situation was formed. They began to actively assist doctors during the treatment process. As the table, no changes were recorded in the melancholic and apathetic types.

Changes in the level of statistical confidence were observed in the indicators of the sensitive type scale ( $t = 10.938$ ;  $p < 0.001$ ). Hypersensitivity prevents patients from accepting the disease, those around them are afraid to feel sorry for them, it is these qualities, those around them are less likely to be aware of the patient's illness and fear of grief. Fear of dependence on loved ones has also been significantly reduced.

Positive changes were observed on the egocentric type scale ( $t = 8,840$ ;  $p < 0.001$ ). Acceptance of the disease only for its own benefit has decreased. The tendency to show other people how much patients suffering have almost disappeared. The tendency to be selfish towards one's loved ones has also been found to have disappeared considerably.

Outcomes in patients on paranoid and dysphoric type scales showed almost no changes after correctional exercise.

Based on the results obtained, it can be concluded that certain traits in humans contribute to the formation of their ability to fight disease. They have shown that certain negative emotional experiences can reduce the level of mental and emotional stress in them by exacerbating the disease as a result of experiencing long-term stresses associated with work or, conversely, by forming positive emotional experiences and an adequate attitude towards their illness.

As a result of psychological analysis performed in the emotional sphere after the formative experiment, normalization of the affective background, an increase in the ability of emotional self-management was observed. Emotional calmness created cognitive adequacy.

The results obtained in terms of attitudes towards the disease showed that there were positive changes in their attitudes towards their illness. Hence, it has been proven that positive results can be obtained through formative experimentation.

## **Conclusion**

1. Due to the nature of chronic somatic diseases, the main focus is on emotional disorders, in particular, timely detection and treatment of masked depression leads to the prevention of complications, increasing the effectiveness of treatment, shortening the duration of hospitalization and ensuring socio-psychological adaptation of the patient.

2. The choice of adequate psycho-diagnostic and psycho-correctional methods in accordance with the nosology of diseases in the organization of psychological services in the health system, the implementation of psychological intervention leads to the successful conduct of treatment and rehabilitation processes.

3. Promotion of psychological knowledge among the population is one of the important elements of the organization of psychological services in the health care system, provides a basis for timely access to psychological services and allows them to identify and treat a number of adverse psychological conditions.

Based on the results of the study, the following practical recommendations can be made:

- a) It is advisable to have special training for a psychologist-specialist working in the health care system to work with patients. Patients are required to have such qualities as tolerance, empathy, communicative ability from a psychologist-specialist. This can be achieved through the introduction of advanced training and retraining courses in medical institutions and universities that train psychologists.

b) In our opinion, the promotion of medical and psychological knowledge among the population is also one of the components of the establishment of psychological services in the field of medicine. The fact that patients with this or that disease have information about the characteristics of changes in the psychological state of the disease ensures that they consult a psychologist in a timely manner.

c) It is recommended that health professionals, psychologists and all specialists working with the patient pay special attention not only to the medical but also to the socio-psychological characteristics of the patient (family situation, social status, values, system of interpersonal relationships).

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