

PSYCHOCORRECTIVE METHODS FOR IMPROVING EMOTIONAL-MENTAL STATES IN PATIENTS WITH DISEASES**Rashidova Xadicha Abdugofir kizi**Master's student at International Innovation University,
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Abstract: This article deals with the provision of psychological services in the field of health care and psychological assistance to improve the emotional and mental conditions of patients with various diseases using psychocorrective methods.

Factors influencing the mental state of patients and options for choosing psychocorrective methods are also described.

Key words: Health care, patient, practicing psychologist, psychological service, psychological help, mental state, medical service, chronic somatic disease, anxiety, psychocorrection, psychoprophylaxis.

Health is recognized worldwide as one of the main factors ensuring human peace and security. Important documents such as the World Health Organization's "Global Plan for the Prevention and Control of Noncommunicable Diseases 2019-2025" and the "European Action Plan for Strengthening Public Health Systems and Services" (2019) emphasize that the ability of the population to use the achievements of medical and psychological sciences is necessary to achieve a high level of health (World Health Organization. Basic documents). Today, improving the health of the population is considered an important need on a global scale, and solving these problems by organizing psychological services in the health system remains relevant.

In studies conducted in the field of health around the world, the patient's attitude to his illness, psychological characteristics, the social environment in which he lives, and his relationships with other people are recognized as factors determining the effectiveness of treatment. At the same time, firstly, the number of psychologists specializing in the field of medicine is small, secondly, the population does not have relevant information and the skills of applying for professional medical-psychological help are not formed, and the main thing is the systematic organization of medical-psychological services.

When working with patients, it is advisable to use psychocorrectional models that are appropriate for the type of disease they have. Any psychocorrectional model must take into account the patient's attitude to the disease, the level of anxiety and depression, depending on the type of disease. In recent years, experts believe that the behavior of patients is largely determined not by objective circumstances, but by the characteristics of their perception of the disease and its acceptance [1].

As shown by the conducted studies, the mental state of patients is directly related to the following factors:

- Acceptance of the disease: formation of behavioral and personal characteristics related to the acceptance of the disease through reflection.
- Improving emotional states: assessing one's life as positively as possible, forming positive relationships with others, forming the ability of patients to think healthily about their disease;

• Prevention of stress: understanding the meaning of life, a sense of purpose in life, the ability to skillfully manage the environmental conditions surrounding a person, the ability to manage one's own life, the ability to resist social stereotypes.

Based on the above goals, we have set ourselves the following tasks:

1. To develop a psychocorrectional program aimed at improving the emotional and mental state of patients and to conduct a formative experiment on its basis.
2. To determine the differences between the emotional states of patients before and after the formative experiment.
3. To determine whether there have been changes in attitudes towards the disease.
4. To analyze the changes that have occurred after the formative experiment carried out on the basis of the correctional program in patients with various types of diseases [2].

The presented formative experiment is based on the methodological foundations of the psychocorrectional program and is reflected in the following organizational processes:

- Based on the analysis of problem situations, several special psychocorrectional programs were developed. Taking into account the low level of social adaptation of most of our subjects, a separate set of exercises was developed for each type of disease. That is, it was assumed that through these exercises it would be possible to increase the level of social adaptation in them. In addition, a special correction program has been developed for patients whose personal qualities have changed negatively due to the disease or whose internal harmony has been disrupted. It should be noted that such negative changes can occur under the influence of various subjective or objective factors.
 - Depending on the orientation of the character, a causal model of correction was selected, which is aimed at studying three main areas: cognitive, emotional and behavioral.
 - The psychocorrectional program included the following personal components: affective-volitional sphere, behavioral sphere and interpersonal relations sphere.
 - A mixed model was used according to the form of work (individual and group). The reason for using this model is to teach a person to rely on his own experience in influencing his mental activity. In group exercises, it is important to provide support, feel that he is not alone, adapt to a new situation and exchange experiences.
 - The system of main elements that make up the psychocorrectional program was developed on the basis of a standard approach.
 - Due to the nature of the psychocorrectional impact, we used not a management method, but a method that allows a person's personal qualities to be freely and clearly expressed. Duration: the formative experiment was conducted for two months. In general, a specially developed program within the formative experiment was conducted based on the following scientific-methodological bases and fundamental principles of providing psychological assistance [3].
1. The principle of the integrity of diagnostics and correction. This principle was reflected in the works of D.B. Elkonin, I.V. Dubrovin and others on practical assistance to psychological activity, that is, 90% of correctional results depend on the joint implementation of diagnostic activities.
 2. The principle of normativity, that is, regardless of the degree to which the conditions of healthy and unhealthy subjects are normal, as well as regardless of whether changes in them occur under the influence of disease or physiological processes, psychocorrectional effects are aimed at developing the leading activity of a person.
 3. The principle of activity of correction. In the process of psychocorrectional exercises, the possibility of generalizing various information and ideas put forward by participants and

applying them to other types of activity is assumed. After all, the correctional program should be analyzed as a generalized method, method of activity.

4. The principle of “from simple to complex”. This principle implies the possibility of acquiring existing psychological abilities, qualities, that is, the ability to achieve higher and higher levels of mental development, the formation and improvement of new knowledge, skills and abilities on the basis of previously existing life experiences.

5. The principle of systematization. This principle indicates that psychocorrection exercises take into account both preventive and developmental tasks. A systematic approach takes into account the multifaceted nature of the individual, his different opportunities for development and acceptance of the disease.

6. The principle of subjectivity. It represents the selection of different approaches in experimental activity and the implementation of only those exercises that are specific to the subject. There is a possibility of choice, which includes the following: a) the position of activity - focusing on positive qualities, paying attention not to their disabilities, but to their capabilities; b) the position of adaptation - increasing the number of situations aimed at finding solutions to problems by activating and affirming one's abilities; c) the position of independence - obtaining situations of control over one's own life. According to B.D. Karvasarsky, psychotherapeutic assistance should be aimed at activating and restoring bodily functions, mental and social functions.

In selecting psychocorrectional methods at the first stage (individual), the cognitive-behavioral and existential approaches were used. Because, firstly, the obtained results are recorded through the experiment, secondly, there is a possibility of influence in the chosen direction, and thirdly, crisis intervention is taken into account [4]. On the one hand, the reserve of cognitive-behavioral methods includes a set of exercises to eliminate irrational thoughts, pessimistic outlook, "one's need for help". On the other hand, since the existential approach is a positive psychotherapy, it creates an opportunity for the realization and manifestation of human abilities. Art therapy methods, together with body-oriented exercises, are included as the second (group) stage of the psychocorrectional program as an analytical basis. The following are taken into account: firstly, the organized non-traditional groups create the opportunity for spontaneous division into groups, and positive relationships are formed here. Secondly, the high level of adaptability of these methods creates the opportunity to eliminate reactions characteristic of anxiety and phobias, as well as states of incompatibility; thirdly, they create the opportunity to develop creative potential in sick people based on various interests. Thus, the process of forming a subjective style in a person, which includes the participants' perception of theoretical knowledge, awareness of the possibilities of influencing it, made it possible for them to adapt more easily to these situations. In the final analysis, it was found that the following positive changes were observed in our subjects. It was observed how the level of anxiety in the subjects changed after the corrective exercises. In the analysis of the obtained results, a positive trend was observed after corrective exercises. We can observe that they have reduced results on levels of personal anxiety and reactive anxiety.

References / Список литературы

1. Ибодуллаев З.Р. Асаб ва руҳият. Т. "Замин" 2019.- 312 б.
2. Конечный., Боухал М. Психология в медицине. Прага, 2005., Б. 198- 199.
3. Нишонова З.Т. Консультатив психология. Т. 2014. – 264 б.