

FEATURES OF ART THERAPY IN PATIENTS WITH PARANOID SCHIZOPHRENIA

Ibragimova Muazam Holdorovna

Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State Medical University, Samarkand, Republic of Uzbekistan

Shamshiyeva Zohida Saloxiddin qizi

Samarkand State Medical University Faculty of medicine №1,
516-Group student, Samarkand, Republic of Uzbekistan.

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Abstract. *There is very little in the literature of scientific work dedicated to digestive disorders in patients with a schizophrenia profile, and mainly they study the clinical manifestations of this phenomenon, without focusing on gender differences and the specificity of clinical differences in syndromic aspects. The effectiveness of conducting psychotherapeutic intervention in patients with Paranoid schizophrenia with eating disorders remains a controversial issue in practical psychiatry.*

Key words: *psychiatry, Art therapy, paranoid schizophrenia, psychotherapy.*

ОСОБЕННОСТИ АРТ-ТЕРАПИИ У БОЛЬНЫХ ПАРАНОИДНОЙ ШИЗОФРЕНИЕЙ

Аннотация. *В литературе научных работ, посвященных расстройствам пищеварения у больных шизофренического профиля, очень мало, и в основном изучают клинические проявления этого явления, не акцентируя внимание на гендерных различиях и специфике клинических различий в синдромальном аспекте. Эффективность проведения психотерапевтического вмешательства у больных параноидной шизофренией с расстройствами пищевого поведения остается спорным вопросом в практической психиатрии.*

Ключевые слова: *психиатрия, Арт-терапия, параноидальная шизофрения, психотерапия.*

Introduction. The relevance of the problem of studying eating disorders in patients with Paranoid schizophrenia is one of the most important tasks of practical health care. Art therapy is an important tool in the treatment of patients with paranoid schizophrenia. The features of Art therapy for this disease help patients find inner harmony and improve the quality of life [1-4].

I am now engaged in Art therapy, and I can say with confidence that creativity can be cured of many diseases, including very useful for schizophrenia. I can offer one exercise: draw a silhouette of a person (yourself) and try to determine in which part of your body your disease is a "hive" [5-9].

Art therapy helps patients to express their feelings through the creative process, to realize their thoughts and experiences. This will help reduce anxiety, improve self-awareness and the general condition of the patient [10].

Art therapy uses a variety of techniques such as painting, sculpture, collages, musical instruments, and other forms of creativity. It is important to approach each patient individually, taking into account its needs and characteristics [11-14].

Art therapy is an important tool in the treatment of patients with paranoid schizophrenia. Let's consider the features of Art therapy when working with patients of this category [15].

Establishing a reliable connection: Art therapy helps to establish a reliable connection with the patient, an important aspect of working with people with paranoid schizophrenia [16-20].

Expression of feelings and emotions: through creativity, patients can express their feelings and emotions, which can be difficult to express in words. This will help them relieve internal tension and aggression [21-23].

Analysis and self-reflection: working with artistic materials allows patients to analyze their work and reflect on their experiences. It helps to reflect on oneself [24-27].

Some foreign psychiatrists place a leading role in psychotherapy in the treatment of schizophrenia. In this regard, there were attempts to use individual analytical psychotherapy (psychoanalysis). But its labor intensity, duration, high cost and sufficient efficiency did not popularize this method. Group forms of psychotherapy are more commonly used in this disease-group psychoanalysis, psychodrama, non-directive, behavioral, rational emotional psychotherapy, among others [28-33].

Solving problems of the first level (stimulation of emotionality, social activation and communication) is carried out using groups of creative activity (Art therapy, music therapy, projective painting, etc.), stimulation of psychomotorism, pantomime, simple forms of communicative activating therapy (literary repetition, free improvisation of dialogues and their discussion). To solve secondary problems (developing adequate forms of behavior, teaching communication and increasing self-confidence), along with the above, methods of teaching functional behavior are used. When solving tertiary problems (achieving the correct idea of disease and behavior disorders, correcting attitudes and attitudes and optimizing communication), more complex options for communicative psychotherapy and conducting problematic discussions are required [34-39].

Finally, the fourth level of tasks (revealing meaningful aspects of conflicting experiences, reconstructing the relational system, and finding adequate forms of psychological compensation) is more in line with the methodology of free oral debate. Various forms of group psychotherapy can be applied sequentially, simultaneously, or selectively, defined by a whole set of Clinical, Psychological, and social ideas about the patient and his / her illness [40-44].

The main tasks of psychotherapy in schizophrenia are the Prevention of autism and the isolation of patients in society; social activation and mitigation of patient reactions in response to situations related to illness and treatment; the formation of a critical attitude to the disease and the neutralization of psychotic experiences; strengthening the antipsychotic effect of biological treatments; preparing patients for discharge and preventing hospital hospitalization phenomena [45-49].

In psychotherapeutic work (in particular, Art therapy) with patients took into account not his individual characteristics, but a holistic approach to human nature. As one of the main tasks, the humanization of psychiatry, including the rehabilitation of people with mental disorders, the direction of therapeutic and psychotherapeutic measures to restore the patient's personality stood out. To help the patient, the psychotherapist and psychiatrist must understand what the symptoms of a particular disease mean for the patient's personality, what protective role they play, the features

of the formation of the personality and at what stage of development the patient develops internal conflicts, possibly leading to illness [50-57].

Great importance is attached to the cooperation of the psychiatrist with the closest relatives of the patient in all periods of the disease, especially in the first two stages of the named. In addition to drug therapy, great importance is attached to auxiliary methods: conversations, labor therapy, ergo and physiotherapy, and later involvement in various types of creative activities [58-60].

At the heart of all psychotherapeutic actions when working with a patient with schizophrenia, it is necessary to stimulate the healthy components of his "I", which are always present, but in a psychotic state are often deeply hidden. Psychotherapeutic treatment creates a soft space where it is possible to "give" to a psychotherapist something that is very difficult to talk about outside this protected space [61-65].

It is very important for the patient to feel and understand himself again, that is, to independently understand his problems, desires, feelings, fears. At the same time, this becomes a necessary condition for him to fight with himself and start communicating with others [66-69].

A psychotherapist is a companion within the educational framework of a patient with knowledge of psychological connections. Psychotherapy can take the form of individual or group conversations that use conversational, creative and practical elements. At the same time, there are methods that put social problems in the discussion center and ensure the special training of patients. Special training programs are designed to stimulate the patient's ability to perceive and concentrate in his daily life, such as cognitive therapy. It is also important to determine how relatives are involved in treatment [70-74]. The possibility of creating a "favorable climate", which is very important for a patient with schizophrenia, depends on this. It is this climate that allows you to put real support in the family into the spotlight, and not mutual accusations [75].

Since psychotherapeutic treatment of patients can take many years, you need to worry about creating a comfortable relationship with the patient and his loved ones, as well as creating a comfortable environment in everyday life and society. Only in this way, it is possible to form a truly "protected" space in which it is possible to throw away the load, arrange experiences and thoughts. Psychotherapeutic treatment should be adapted to the individual needs of the patient. Therefore, it is important for each patient to determine what he is waiting for, wants or fears. In particular, the following should be taken into account: how often training takes place, how much is the duration of one session, what to do if the patient's condition worsens, etc [70].

The benefits of psychotherapeutic treatment are primarily determined by the location of the person, the real connection between the parties. Psychotherapy should be aimed at rehabilitation, helping to return to the previously psychologically comfortable living conditions, helping to return to work, returning to the family. During rehabilitation measures, it is important that the patient, on the one hand, feels autonomy and responsibility, and, on the other hand, believes in the help of family, doctors and social services in cases of difficulties or exacerbation of the disease. The result of this work is, ideally, the development of the patient's lifestyle, which is as close as possible to a completely healthy lifestyle with family, work, social circles, hobbies. It helps to maintain a self destroyed by illness due to stimuli that are fueled by a person's stimulating expectation of the environment and the desire to understand, recognize and self-esteem of their responsibility.

There are no mental disorders in the family and among relatives. She is born from the first pregnancy, on time, without peculiarities, breastfeeding for up to 9 months of the mother, before development is timely, material conditions in the family are moderate, housing conditions are good (each has its own room) [69].

The patient was brought up at the same time by his parents and their grandmother, who lived with them. He went to school from the age of 7, studied well, had few friends, could not control himself, spoke little. Schizoid-type premorbid features (isolation, sensitivity, suspicion), predisposition to neurosis-like diseases, sleep disorders and a predisposition to specific hobbies (which presented cartoon characters in the form of friends) have been observed. In adolescence, short-lived episodes with the ideas of "alien parents" appeared, accompanied by fear, confusion, depersonalization [70].

Later, it was noted the gradual development of the disease process, characterized by bipolar cyclothym-like fluctuations in mood, autistic fantasy, extremely expensive pathological ideas of relationships (the absence of love from loved ones for him). He graduated from school as "good" and "good". At the age of 16-17, these disorders were accompanied by the deepening of pathological ideas to the level of relational delirium, the strengthening of Affective Disorders, the growth of negative changes characteristic of schizophrenia in the form of disorganization and ineffective thinking and emotional-volitional disorders (cruelty, coldness, aggression) [71].

finish got a job as a landscape painter. After the hospital, the plot was observed by psychiatrists and sent to undergo psychotherapy. The problem presented by the patient was declared as a decrease in self-esteem, difficulties in communicative activity, poor memory, diffuse attention. Psychodiagnostics was performed, during which the following were found: infantilism, emotional lability characteristics appeared in the composition of the patient's personality; conformity, suggestion (underrepresented), as a result of which the patient was less dependent on the environment. Since the patient needed to "receive", supportive psychotherapy was performed in the first phase [72-74].

He communicates with difficulty, turning to the side during the conversation. She talks about his problems; at the same time, she blushes and lowers her eyes. Thinking is sticky, there is an emotional decline. After Anamnesis, the type of personality of the patient is determined.

In a calm, gentle, friendly form with the patient, some psychological aspects of schizophrenia were treated as a disease.

Relationship problems with parents were identified (coldness of relationships, rejection). The patient was included in individual psychotherapy, which was carried out for five years. Individual autogenic training aimed at reducing internal stress and increasing self-esteem, Art therapy training (painting), bibliotherapy were carried out, as well as work with relatives. During Art therapy, the patient independently learned the technique of batik painting, embroidered pillows, wrote poems, wrote a diary. Against the background of stabilization of well-being, the patient entered the Institute of culture, the library faculty and successfully graduated from it [76-81].

He currently works in his specialty. He has several friends, no comments at work, friendly with colleagues, communication with relatives. During illness, against the background of taking psychotropic drugs, there is constant remission, without hospitalization for 10 years.

Currently, psychotherapy sessions are assigned and supported as needed.

Art therapy sessions are aimed at solving the following tasks:

- 1) establish compliance;
- 2) increase self-esteem;
- 3) restoration of positive interpersonal interaction skills (initially with the immediate environment, and later with the distant environment);
- 4) stimulate the expression of emotions (including negative);
- 5) prevention of the manifestation of autism;
- 6) development of creative skills, etc.

Art-therapeutic training was carried out regularly (1-2 times a week, at the same time), which allowed the patient to plan and structure his activities.

It was proposed to use the following materials: sketchbooks, simple and colored pencils, watercolor paints, gouache, pastel, colored pencils, plasticine. The free choice of material is an important factor in the Art therapy process, as the materials themselves encourage the patient to see and touch. Artistic materials are part of reality and encourage the patient to interact dynamically with reality. The role of the psychotherapist in the Art-therapeutic process (in this case) is to help the patient return to reality through compassion and understanding through visual activity. "Focusing on self – expression, illustrating with an open mind and putting the artist at the center of the whole process gives the relationship objectivity, confidence, security and warmth" [82-85].

In the process of Art therapy, the artist expresses the personal feelings and feelings of the patient, which is reflected in the pictures below. With the help of a small number of drawings, positive dynamics in the patient's condition can be observed. Development of creativity: Art therapy stimulates the creativity of patients, which helps them communicate, manifest themselves and solve problems [86-89].

Increasing self-esteem: advances in creativity can improve patients' self-esteem, which is important for their overall condition. Support for the main course of treatment: Art therapy does not replace other methods of treatment, but can complement them by alleviating the condition of patients [90-92].

It should be noted that Art therapy should be carried out under the guidance of a specialist who is familiar with the peculiarities of working with patients with paranoid schizophrenia [93]. If you are engaged in Art therapy or are interested in this topic, I recommend studying more detailed materials on this topic.

Thus, Art therapy can be a valuable addition to the complex treatment of patients with paranoid schizophrenia [94].

The purpose of the study: to study the effectiveness of the use of art therapy in patients with digestive disorders found in the clinical picture of paranoid schizophrenia to improve medical and psychological support for this contingent of patients.

Research materials and methods: the study included 37 patients with paranoid schizophrenia who were receiving inpatient treatment in a psychiatric hospital. Among them were 19 female patients and 18 men with eating disorders. During the study, clinopsychopathological and catamnestic research methods were used. Psychometric methods used the Calgary scale,

PANSS scale, nutrition ratio test (EAT-40). Psychocorrectional work on all patients under examination Art therapy was carried out in the form of group sessions (painting of stencils with watercolor paints, application with rice, buckwheat, mash, beans, lentils grains) in combination with rational psychotherapy and music therapy.

Results of the study: 65% of the 37 patients examined were diagnosed with paranoid schizophrenia, a continuous type of F-20.00 course, while 35% of those examined were diagnosed with paranoid schizophrenia, an episodic type of F - 20.01 course. A test on the Calgary scale found that almost all of the investigated contingent had depressive disorders. 55% of patients were reported to have moderate depression. Thirty-six percent of those tested suffered from mild depression, and only 10 percent of patients were diagnosed with severe depression on the Calgary scale. The gender characteristics of digestive disorders in women were manifested mainly by the tendency to overeating, the formation of metabolic syndrome. Eating disorders in men have found significant differences in women often manifested by refusal to eat, the consumption of biologically active food supplements that help to lose weight, which led to a decrease in the complement and a relapse of the endogenous process. The main method of psychotherapeutic intervention was Art therapy using the anti-stress colors of "food"stencils. The severity of depressive symptoms was found in all patients prior to Art therapy. Art therapy sessions were conducted by clinical and medical psychologists in the closed wards of the city Clinical Hospital in Samarkand, three times a week, during a three-month follow-up of patients, lasting 45-60 minutes.

Most male patients were happy to perform the duties of a psychotherapist, mainly using bright warm colors during Art Therapy. In most cases, male patients preferred to paint meat products, fast food stencils, and in men, the use of natural, natural colors of the palette of watercolor and gouache paints was observed. Unlike female patients, men rarely used mosaics, appliqués, decorating pattern templates with beads during Art therapy sessions. Women gladly painted stencils that reflect confectionery products-cakes, cakes, candies, pizza, baked goods. The longer participation of women in group therapy sessions with creativity is explained by their perseverance, tendency to perform regular monotonous work, more patience and flattening of the emotional sphere. Using methods of application, arttherapy helped to develop subtle locomotorism and stabilize the psycho-emotional sphere of women. Unlike men, female faces chose cold colors of the color palette to paint food pictures, which explained their choice by their aversion to food and lack of appetite. In most cases, patients combined painting templates with watercolor paints with mosaic design, applique, pasting grains of rice, buckwheat, beans into pictures. The combined use of Art Therapy Methods was explained by the more effective effect of the relaxation component of women's psychocorrectional intervention. After group Art therapy sessions, there was a significant decrease in the severity of depressive pathology and a decrease in eating disorders. These studies make it possible to optimize the integrated approach to the treatment of digestive disorders in patients with paranoid schizophrenia, reduce hospitalization, prolong remission time and prevent possible somatic complications.

Conclusions. Thus, the results of the study, together with psychotherapy, help to improve the planning of pharmacotherapy. Integrated psychotherapy techniques used to account for gender differences in psychiatric hospitals for patients with Paranoid schizophrenia help optimize

rehabilitation of patients with eating disorders, reduce hospitalization, and maximize remission duration.

In the process of psychotherapeutic corrective measures, Art therapy training helps to improve the quality of life of patients not only in the field of physical, but also in the field of social activity, increases self-esteem, helps to open new creative abilities, return to work, helps to overcome apathy and initiative, forms an active life position, helps to restore positive interpersonal interaction skills.

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