E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

SOCIAL ASSISTANCE IN PATIENTS WITH PHOBIC ANXIETY DISORDERS

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Abstract: In the process of social adaptation, It is very important to consider the process of forming ideas about fears and phobias in a set of socio-political and fears in the context of studying the psychological aspects of phenomena such as fears and phobias.
Key words: Social adaptation, fear, phobia.

Introduction: Relevance of the study. In recent years, researchers have a high interest in anxiety-phobic disorders, which is due to their high prevalence among people of working age (14,5% to 27,5%), as well as difficulties in diagnosis. and treatment, a significant economic impact on society [1-13]. Panic disorder and agoraphobia (1,6-5,2% of the population) are considered to be the most severe, which creates a pronounced social adaptation, significantly reduces the quality of life and often leads to hospitalization [14-29]. The modern approach to the study of mental disorders involves the analysis of the relationship of biological, psychological and social components [30-44]. Despite the importance of the problem and the psychogenic nature of anxiety-phobic disorders, the role of social factors in the formation of these conditions is still not sufficiently studied [45-72].

Research objective. To study the level of social frustration and social support in patients with phobic anxiety disorders.

Materials and methods. We examined 125 patients who received inpatient treatment in the Department of non-psychotic mental disorders in the period from 2019 to 2022, their condition was determined by the presence of anxiety-phobic symptoms. Criteria for inclusion in the study are: confirmed diagnosis of neurotic, stress-related and somatoform diseases (F40 and F41), ages 18 to 65, absence of severe somatic and neurological pathology, or stage of decompensation. Clinical-psychopathological and experimental-psychological research methods have been used. Level of social frustration L.I.determined by the method of. Wasserman (V.Modified by Boiko) and the level of perception of social support using the mspss multidimensional scale (D. Zimet; V.M. Yaltonsky, N.A. Adapted by Sirota). Data processing was carried out using the STATISTICA 8 application package. The mean values of the quantitative symbols are in the text M Std.Dev. given as, where M is the mean, Std.Dev. - standard deviation. The distribution in the group is different from normal. The differences between the groups were determined using the ch2 test and comparison of the specific gravity in the groups. The statistical significance of the research results is $p = 0$. The results were considered statistically significant at $p < 0,05$.

Results. Data from the analysis of the main social characteristics of the research group allows you to create a conditional portrait of a patient with anxiety-phobic disorder. With a slight advantage, this is a citizen who works in the city, has a secondary special education, lives in a family with a satisfactory financial situation. At the same time, it should be noted the high proportion of patients with children (95 – 76,0%, $p = 0,000$) and married (93 – 74,4%). Equal shares were held by individuals who were divorced (16 – 12,8%) and never married (16 – 12,8%). Many patients ($p = 0,000$) needed the constant presence of relatives due to fear and fear – 66,4% (83 people), which led to helplessness and complete dependence on family members

E-ISSN : 2181-4341
https://wordlyknowledge.uz
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and explains the fact that in 40 there is an disproportionate type of relationship in the family. % of those examined (50 people).

Women (102; 81,6%) make up the vast majority of the research group. The average age of patients is 38,3-11,1 (m Std.Dev.). Reliable significant differences are achieved by the number of first - time hospitalizations-76 (60,8%) patients (p=0,0006); several times, respectively-22 (17,6%) people and 27 (21,6%) with three or more hospitalizations.

According to the type of anxiety-phobic disorders, patients are divided into two groups: agoraphobia and panic disorder and agoraphobia - free panic disorder (101 – 80,8% and 24-19,2%, p = 0,000, respectively). The duration of the disease (from debut to inclusion in the study) ranges from 0 (hospitalized in the first months of the disease) to 14 years. The average duration of the disease is 2,6-3,2 years (m Std.Dev.). The number of patients with a disease duration of 1 year is 48,0% (n=60), from 1 to 3 years 20.0% (n=25), from 3 to 5 years 17.6% (n=22), older than 5 years. years-14,4% (n=18).

Most patients (p=0,000) had psychotraumatic situations before anxiety-phobic disorders began (104 – 83,2%). Semke W.According to the Ya (2003) classification, they are divided by nature into Family (34 – 32,7%), social (9 – 8,6%), industrial (3 – 2,9%), health problems (10 – 9,6%).) and losses (11 – 10,6%), combinations of different psychogenies were also recorded (37 – 35,6%). Family problems dominate significantly (p=0,029), including in combination with others (60-57,7%).

A study of levels of social frustration showed: "very high" levels of social frustration were found in only one person (0,8%), "increased" in three people (2,4%), and "average" levels in 10 people. (8,0%),” uncertain “32 (25,6%),” reduced “39 (31,2%),” very low " 37 (29,6%), and 3 people reported a complete absence of social depression (2,4%). Overall, most patients had levels of social frustration ranging from "unspecified" to "very low". Analysis of individual areas of vital activity made it possible to distinguish two important groups. The first is expressed by the conditions of life (financial situation, state situation, medical care; the possibility of spending free time and vacations, choosing a place of work; lifestyle in general). At the same time, the level of frustration in this group remained in the "ambiguous" range. With a "very low" indicator of the degree of resentment, a second group of important areas is formed, which mainly include family and kinship relations, professional relations, housing conditions and their position in society.

Data from psychodiagnostic study of social support for patients using the multidimensional social support perception scale (MSPSS) shows its high level (the research team had an average score of 9,7-2,3 (M Std.Dev.)), with an almost equivalent distribution. on the scales (family support - 3,6 0,9; friends - 2,5 1,6; "important others" - 3,6 0,8).

Conclusion. A constant study of the inpatient cohort of patients with anxiety-phobic disorders made it possible to determine the socio-demographic portrait of the group: middle-aged women living in the city, with a secondary special education, family, spouses, children, satisfactory financial situation. Most cases are characterized by primary hospitalization due to panic disorder and agoraphobia, the average duration of the disease does not exceed three years. Often, family problems caused the development of anxiety-phobic disorders. The inconsistency of the severity of the clinical and dynamic characteristics of the disease, the subjective assessment of the level of social adaptation and social Depression of patients (low-level dominance) indicate the presence of mechanisms of internal conflict and destructive protection. it should become a psychotherapy goal, both for patients and for the reference environment, since the support of loved ones, on the one hand, is a resource for overcoming the disease, on the other hand, it can support the helplessness of patients and increase the secondary benefit of the disease.

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