

THE ROLE OF PSYCHOLOGICAL DIAGNOSIS IN CLINICAL PRACTICE

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Rezyume: The article discusses the importance, goals and objectives of medical psychological diagnostics in the field of psychiatry, as well as the study of emotional disorders, in particular schizophrenia, its impact on the motivational sphere of the individual.

Keywords: psychological diagnosis, schizophrenia, stress, depression, endogenous, psychogenic

One of the areas of interaction between medicine and psychology is psychiatry. Therefore, the definition of psychological diagnostic tasks in a psychiatric clinic serves to ensure the effectiveness of medical treatment measures in the field. For this reason, attention is paid to the features of the introduction of medical psychodiagnostics based on the experience of the practice of world psychology. The introduction of psychological diagnostics in medical clinics, on the one hand, helps to determine the pathogenesis of patients with mental illness and, on the other hand, somatic diseases, and on the other hand, determines the treatment measures. Psychological diagnostics is formed in the field of psychiatry as a system of activities of medical psychologists aimed at identifying, sorting and scientific analysis of mental activity and personality traits of mental patients using specific psychological (clinical and experimental) research methods.

The traditional functions of psychological diagnostics in a psychiatric clinic are well known to practical psychologists and are detailed in the literature. In the classical pathopsychological context, the main purpose of psychological diagnostics is to compare the data of clinical examination with the formation and development of normal mental processes in the form of disturbances of mental activity.

Psychological study of patients with schizophrenia reveals significant changes in their mental activity, cognitive activity, and affective-personality traits. The appearance of patients with mental pathology cannot be linked to one of the areas of mental activity [1]. Nevertheless, experimental psychological research is aimed at identifying a set of disorders of cognitive activity: disorders of the generalization process, specific disorders of purposefulness and mental activity, changes in the motivational component of mental activity.

Emotional disorders are one of the most important manifestations of the nature of schizophrenia. The findings of psychodiagnostics in a number of studies have addressed the issue of decreased motivation directly related to schizophrenia [1, 2, 3]. V. M. Bleicher hypothesized a decrease in motivation levels in patients with schizophrenia due to the functioning of a single amotivation mechanism in their emotions and thinking from a general clinical and psychological perspective [1]. S. N. According to Bokov (1994), the identification of such amotivational mechanisms allows them to be used as a sign of differential diagnosis of neurosis-like symptoms and neurosis-induced schizophrenia [2]. A clear confirmation of this conclusion is M. V. Zotov's study found that impairment of the ability to arbitrarily regulate mental activity and maintain voluntary movements in the process of performing cognitive functions is considered a central impairment of cognitive activity in patients with schizophrenia with varying degrees of severity [3].

Thus, in the modern psychoanalytic literature, certain features of the family environment and their combination are considered as the causes of the development of schizophrenia. This approach highlights the need to include clinical psychodiagnostics as one of the research objectives in the field of family relationships. A number of authors have emphasized the role of family relationships in psychiatry and the causes of schizophrenia even before the psychodynamic approach was recognized. To this end, the modern theory of schizophrenia is diathesis, a theory of stress developed in psychiatry within the biopsychosocial paradigm ([4]). This theory mainly helps to overcome the contradictions between existing genetic and psychodynamic theories.

The stress-diathesis model was first developed by J. Zubin. In this model, psychosocial factors are recognized as stressors because they are macro- and micro-events of daily life that do not significantly affect healthy people but play a non-specific stressor role for "vulnerable" individuals. In addition, discrete psychological factors and long-term (permanent) negative psychological factors are considered, among which special attention is paid to the family.

There are also factors of weakness in the individual - schizotypal personality traits, "autonomous hyperactivity to aversive stimuli", decreased ability to function, etc. [4]. In contrast to these factors, there are individual protective factors (coping and psychological protection) and protective environmental factors (supportive psychological intervention, family problem solving). The interaction of these factors affects the state of adaptive systems.

Thus, within the diathesis-stress model of schizophrenia, special attention is paid to the adaptive-compensatory mechanisms of the individual and the problem of psychological adaptation, which is understood as a set of coping and psychological defense mechanisms, as well as an internal picture of the disease [4]. However, the psychological component of mental adaptation is one of the criteria for differential diagnosis among schizophrenia and other mental illnesses with similar clinical manifestations (e.g., between neurosis and neurosis-like schizophrenia). It has been noted that this diathesis-stress model of schizophrenia expands the range of psycho diagnostic functions of the disease, and that this condition also expands the traditional psycho diagnostic functions in the differential diagnosis of depressive states. Psychological studies have identified the genesis of low self-esteem and the socio-psychological factors that influence the self-esteem of patients with endogenous depression. Such factors include traumatic life events that contribute to decreased self-esteem and weakened personality; professional activities; personality traits (self-doubt, social dependence, anxiety, lethargy, isolation); attitude (primarily social rejection); family relationships (sexual misconduct due to protest, feelings of guilt and resentment towards the spouse); features of family upbringing (symbiotic family structure, loss of motherhood, lack of love, indifference and a high degree of authoritarianism in relations with the child). An equally important psychological indicator of a depressive state is patients' attitudes over time - their attitudes toward the present, past, and future. According to clinical insights, patients with depression tend to be negative about their current life situation and future, but prone to idealizing the past. In M. Teyverlaur's study, using the "semantic time differential" technique, it was found that the more accurate the endogenous factor in the pathogenesis of depression in patients, the more negative the representative indicators of all time prognoses (past, present, future). Against the background of the treatment of patients with endogenous depression and patients with neurotic depression, there are different trends in changing attitudes towards the future. Thus, the approach to the point of view of time can be based on differential diagnostic features in distinguishing endogenous and psychogenic depression in psychological research.

Based on the above analytical materials, the following conclusions can be drawn about the application of psych diagnostics in clinical practice:

- The determining factor in a psychological diagnosis in a psychiatric clinic is the clinical task associated with making that diagnosis. Such a task is created by the clinician and psychologist in the process of discussing the diagnostic and therapeutic work program with the patient. In a single psychodiagnostic study, such a task functions as a system-determining factor that determines the specific characteristics of the research, as well as the nature of the description of its results in the psychodiagnostic conclusion;

- The study of cognitive activity, the characteristics of the emotional-personal and motivational sphere, the structure and level of psycho diagnostics, methods and other tasks help to solve a number of specific tasks of psycho diagnostics.

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