

STUDY OF THE EFFICACY LEVELS OF COGNITIVE BEHAVIORAL THERAPY
FOR BIPOLAR AFFECTIVE DISORDER

¹Dustmurodova Madina Ulug'bek qizi

²Egamberdiyev Boburjon Olimboyevich

³Sharapova Difuza Nematillayevna

¹⁻²Student of group 509 of the medical faculty of Samarkand State Medical University,
Samarkand, Republic of Uzbekistan.

³Course of Psychiatry, Clinical ordenator, Samarkand State Medical University, Samarkand,
Republic of Uzbekistan.

<https://doi.org/10.5281/zenodo.14749631>

Abstract. Bipolar affective disorder is a disorder of biochemical processes in the brain and, with psychotherapy, working with emotions in these patients can affect this "chemistry" and successfully control the "change" of mood. Long-term remission in bipolar disorder is possible, first of all, with adequate drug selection due to dysfunction of the brain's bar neurotransmitters, dopamine, norepinephrine and serotonin systems. Cognitive behavioral therapy is important in the treatment of this disorder, helping patients identify irrational thoughts, judgments, emotions and successfully deal with them. Psychotherapy changes the work of the brain, affects changes in its biochemistry.

Keywords: Bipolar affective disorder, psychotherapy, neurotransmitters, behavioral therapy.

Introduction. Famous British psychoanalyst M. Balint introduced the concept of "primary defect "to define the primary", verbal, and prenatal "level of damage to the psyche as a result of the breakdown of the first" object" – a diadic relationship with the mother. He described this defect as "a certain disorder in the mental apparatus, a deficiency that needs to be filled, the absence of something at the moment or in almost the entire life of the patient" and argued that "if the missing ingredients are found, the underlying defect can be cured" [1-3]. Apparently, he actually included in his psychoanalytic model the idea of the endogeneity of the nature of schizophrenia, the importance of the developmental effects of the environment in the early stages of a child's life, and did this long before the appearance of the stressful model of diathesis-schizophrenia. If we talk about the consequences of the "main defect", then we again return to Ego deficiency. Let's take a closer look at them [4-7].

Disadvantages involved in the main function of the ego (Z. Freud and A. According to Freud) – to ensure the "principle of truth". Later, the range of Ego functions was expanded and concretized, as a result of which the following functions were defined:

- formation of an attitude towards reality (adaptation to reality, testing reality, experience or feeling reality);
- regulation and control of impulses and impulses (ability to delay the satisfaction of desires, tolerance to despair, anxiety, depression);
- building an objective relationship (the ability to build a stable relationship with another person, while simultaneously coping with individual negative emotions, hostile manifestations and maintaining this connection in the future);
- the ability to carry out the thought process, that is, to perceive, understand, classify the environment, give it a certain meaning using a symbolic form (that is, speech), analyze, think, draw conclusions, as well as Remember, learn new things, plan, that is, carry out all kinds of mental or intellectual activity;
- autonomic functions (primary autonomic innate abilities for perception, action, memorization, and secondary stable behaviors formed on their basis);
- synthetic functions (combining all multilevel and heterogeneous manifestations into a single experience of the individual for its target behavior);
- psychological defense mechanisms [8-12].

The last point has become a particularly popular area of development. The importance of this aspect is determined by the following points. First, the deficit mechanisms of psychological protection-preverbal, "primary" (for example, primitive isolation (including – autistic fantasy), rejection, powerful control, primitive idealization-devaluation, primitive forms of projection and introjection, projective identification, division and detachment) are very important for diagnosing ego disorders in serious personality pathology, including "psychotic personality". Secondly, they provide an understanding of the direction of psychoanalytic treatment of patients, since improving the mechanisms of psychological protection, equipping the ego with new methods of combating unsatisfactory reality is the most important way of psychotic psychotherapy [13-15].

The second direction of research on psychosis psychotherapy was determined by theorists among the creators of the theory of "object relations". Analysts of the "British school" "tried to systematically characterize the child's experience of early, verbal relationships with other people," transfer " to ordinary language (in the case of psychosis – unsatisfactory, nervous relationships).

Later, only psychoanalytic data was added to observations, results from experimental studies, data from ethological reports, and later neuroscience [17-19]. To date, there is no doubt that the initial experience that the child receives from the interaction of people nearby, primarily the mother, is very important for the formation of basic trust in the world, the ability to regulate influences and socially influence. It is this experience of arousal, attachment, support and sometimes moderate, portable and therefore hopeless development that is necessary to achieve good functioning of object relationships, develop cognitive abilities, cope with stress and achieve self-control skills. Therefore, the mother, as the first "object", acquires special importance in the early period of the child's development and is the main person in the genesis of the child's psychopathology [20-23].

U. Bion introduced heuristic concepts of "container and containerized", laying the groundwork for understanding primary relationships with the mother (a small, pre-speech baby) as communicative processes, in which the mother's ability to "accept" the content of the child's experiences. and then returning to him this content in a modified and radically translated form is in many ways mental well-being and the development of the child. To understand schizophrenia from an analytical point of view, it is important that the mother has emotional support, the child's failure to accept his emotions and perform the tasks of containerization, since this leads to the fact that basic hatred, envy, fear literally destroy his mental apparatus, have the ability to integrate, have a holistic experience. Note that for analytically oriented authors, the role of the mother in the genesis of psychopathology at the psychotic level is universally recognized and the story of a future patient with severe personality disorders and prone to psychotic states is "the story of a person who does not have a normal relationship with the mother" [24-27].

The above conceptualization is important because they practically justify specific psychotherapeutic interventions that are suitable for working with patients suffering from psychotic, psychotic or bipolar affective disorder. When working with such patients, emotional support, "Feeding", empathic acceptance, refusal of criticism, "educational communication", etc. are of particular importance. such therapeutic interventions can be described based on what was introduced by him. The bionome of the ideas of A-and b-processes, a step-by - step transition from B-processes to figuratively existing A-processes, reflecting emotional impressions in a pure form, not available for mastering the experience, with a real study of symbolism, as a result of a series of containers; and this description is also suitable for conducting an ontogenetic development process [28-30].

Mastering all of the above, as well as many other ideas and models, modern psychoanalysis has developed its own perspective on schizophrenia and schizophrenia psychotherapy. The author of one of the famous monographs believes that "schizophrenia is an organized state of mind, a psychologically unsuccessful defense against structurally complex but disruptive behavior", and that the patient's experiences contain strong aggressive and libidous elements, as well as protection that "protects the object from the release of volcanic aggression (narcissistic anger), but leads to destruction. or risk of destruction) spiritual apparatus [31-33]. The secondary consequences of this defense are the destruction of the object field of the psyche and the breakdown of the ego."It is important that the desire of analysts to interpret the first year of life as the key to the formation of response models that lead to future psychotic disorders does not exclude the possible sound of other factors, in particular constitutional, organic ones, since they can be the main reason for the violation of interaction with the mother.fatal for the development of the child's mental apparatus.

And here the psychoanalytic model successfully combines with other concepts, in particular, the diathesis-stress model, which tries to connect biological, social, psychological factors [34].

The controversy over the adequacy and validity of psychoanalytic theories and methods in the treatment of schizophrenia in the pages of the " International Journal of psychoanalysis " has led to the recognition of the need to continue the systematic psychoanalytically oriented research currently taking place. Including, the unsuccessful attempts of researchers to combine the psychoanalytic format with other traditions, such as experimental-Psychological, have been noted.

A psychoanalytic model of identity disorder has been investigated in patients with schizophrenia. The author uses the concept of " identification level " to justify distinguishing five possible levels of performance (degree of confusion, division and fragmentation, degree of pseudointegration, holistic level, and integral level), and demonstrates gross identity disorder in patients with paranoid schizophrenia using projective psychodiagnostic procedures [22-27]. As diagnostic criteria for the level of identification integration, the qualifications of leading concerns, concerns and psychological defense mechanisms were used. The specificity of patients with Paranoid schizophrenia is characterized by instability, fragmentation, cleavage, and the specificity of self-description, which has been assessed as a confusing level of identification involving phenomena at the level of cleavage, fragmentation, and sometimes reaching the level of pseudointegration [28-35]. An important component of this state is the images (or object-representation) of other people. The identifiers of patients diagnosed with schizoaffective disorder are closer to Optimals due to greater dynamism and plasticity.

These and similar studies help not only to more accurately understand personality disorders in schizophrenia, but also to set, justify psychotherapeutic goals when working with such patients, to reflect psychotherapeutic in the process of their management [36-41].

As noted above, the psychodynamic theory of bipolar affective disorder and the practice of psychotherapy have remained unclear and underdeveloped for a long time. The first significant attempt to identify the possibilities and problems of therapeutic work with patients with manic-depressive psychosis belongs to Frida Fromm-Reichman, the publication of which dates back to 1949. The American psychoanalyst tried to explain the small number of studies on psychodynamic psychotherapy that manic-depressive psychosis and his colleagues did not want to take such patients to therapy. He identified patients with bipolar affective disorder as unreliable, superficial, and manipulative individuals who do not have stable and satisfactory interpersonal relationships and therefore easily form therapist dependence [42-49]. At the same time, patients developed a strong sense of hatred and, being more reserved and self-confident than patients with schizophrenia, they openly showed negative feelings towards the therapist and found his weaknesses. Related to the above considerations are F. Fromm-Reichman considered psychoanalytic therapy more acceptable than schizophrenic patients with manic-depressive psychosis.

Conclusions. Later, attempts to treat patients were made by manic-depressive psychosis psychoanalysts, but the effectiveness of psychoanalytic therapy was never confirmed by studies.

Currently, for patients with bipolar affective disorder, the use of a special type of therapeutic relationship (rather supportive) from a rich arsenal of modern psychodynamic therapy tools and the use of technology for the development of emotional regulation based on the perception of hidden emotions rejected by patients is considered optimal.

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