



## PSYCHOLOGICAL ASPECTS OF STUDYING PATIENTS WITH SKIN AND VENEREAL DISEASES

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<b>Received:</b> July 6 <sup>th</sup> 2022	This paper examines the psychological state of venereal patients in relation to their disease, as well as the differences in the manifestation of mental states in women and men of different age categories
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**INTRODUCTION:** The study of the psychological state of a dermatoveneric patient is an urgent problem today. Many diseases are closely related to the psychological state of the patient. For example, switching to another job or moving to a new apartment, illness and death of loved ones or divorce, fear of an exam or fear of unwanted pregnancy form the basis of such symptoms, developing for the first time or, more often, relapsing after a more or less prolonged (sometimes long-term) remission. The layering of psychosomatic symptoms of emotional stress on the most seemingly frivolous skin changes (juvenile acne, seborrhea) dramatically changes, strengthens and turns the clinical picture into a chronic form. The hyperbolized sense of physical and social inferiority inherent in patients with skin diseases, and the heightened susceptibility to the reactions of others (with their sometimes humiliating pity or neglect, undisguised disgust and fear of infection) aggravate the emotional tension of these patients, their suspicion and alertness, push them on the path of negativism and social isolation.

**THE PURPOSE OF THE STUDY:** to study the mental states of patients with skin and venereal diseases and their relationship to the disease.

**Materials and methods:** We used: analysis and generalization of literature sources on the topic, study and analysis of medical documentation, a questionnaire was created that makes it possible to determine the mental state of the patient in relation to this disease, and qualitative and quantitative data analysis was also performed. I would like to mention that when creating the questionnaire, we used the methodology for diagnosing mental states according to Eysenck and personality questionnaire of the Bekhterev Institute (PQBI). Statistical processing was reproduced using the MS Excel 2010 application program. The questionnaire was

completed by 60 patients. 30 with skin, 30 with venereal diseases.

### RESULTS AND THEIR DISCUSSION:

When statistically processing the data obtained, the results were as follows:

The age of the patients ranged from 16 to 60 years, marital status included 3 categories: married, divorced and single.

The study also showed that the majority of respondents start their sex life quite early. The approximate age is 16-18 years [11].

At the time of the study, it was found that about 14% of women and 20% of men had venereal diseases. It is interesting that after a week of treatment, they again began to enter an active sexual life, even before they were fully cured.

We also investigated anxiety, aggression, frustration and rigidity in patients with skin and venereal diseases. To begin with, let's define these concepts:

Frustration (from Lat. frustratio — deception, futile expectation) is a mental state caused by failure to satisfy a need, desire. This condition occurs in situations when the satisfaction of a need encounters insurmountable or difficult to overcome obstacles [5].

Aggression is any form of behavior aimed at insulting or harming another living being. It is important to distinguish between the concepts of "aggression" and "aggressiveness". Aggression is behavior aimed at causing physical or psychological harm. Aggressiveness is a stable personality trait characterized by a willingness to aggression and a tendency to perceive the behavior of another as hostile [5.6].

Anxiety is a psychological condition, with a tendency to show anxiety for something [5.7].

Rigidity (from Latin rigidus — "hard, numb") — hardness, unyieldiness. In physiology — lack of response to stimuli or resistance to them, for example,



due to a sharp increase in the tone of anatomical structures [5].

The research was carried out using the following methods: the Eysenck scale and the personal questionnaire of the Bekhterev Institute (PQBI) and the asthenic state scale. It is interesting that the indicators of differences in the above psychological properties were revealed in patients with skin and venereal diseases, depending on gender, in different percentages. For example, it was determined that men with sexually transmitted diseases are more prone to aggression than patients with skin diseases. Anxiety was revealed more in patients with skin diseases, as they exaggerated their illness more and were afraid of medical procedures, although they wanted to be completely cured [1.2.3.].

Indicators of rigidity and frustration showed average indicators in both cases.

**CONCLUSION:** Thus, it can be concluded that men from women have differences in such indicators as asthenic state, anxiety and frustration. There are differences in the psychological state of patients with skin and venereal diseases in the manifestation of aggression and anxiety.

The obtained results of the study can be used for psychological assistance to patients with skin and venereal diseases.

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