

ЛД-21_АНГЛ

**Federal State Budgetary Educational Institution
Higher education
"NORTH OSSETIAN STATE MEDICAL ACADEMY"
Ministry of Health of the Russian Federation**

Department of Health Care Organization with Psychology and Pedagogy

FACULTY OF MEDICINE

METHODICAL RECOMMENDATIONS FOR INDEPENDENT WORK OF STUDENTS ON THE DISCIPLINE

PSYCHOLOGY AND PEDAGOGY

the main professional educational program of higher education - a program of
specialization inspecialty with specialty 31.05.01 General Medicine,
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ASSIGNMENTS FOR INDEPENDENT WORK OF STUDENTS

LESSON No1.

Topic of the lesson: The subject of clinical psychology, its tasks and methods. Universality of the provisions of health psychology. Mental health criteria.

1. Questions for checking the initial (basic) level of knowledge

1. the concept of "psychology", "health", "disease"
2. the relationship of clinical psychology with related branches of medical science
3. the main characteristics of a mature personality
4. mental health indicators

2. Objectives:

The student should know:

1. Subject Universality of the provisions of health psychology.
2. Mental health criteria.
3. Methodological and organizational aspects of health
4. Classification of methods of personality development
5. Qualities of a mature personality
6. Psychological health of children

Main literature:

- Anan'ev V.A. Fundamentals of Health Psychology. SPb-2006
- Lakosina N.A., Sergeev I.I., Pankova F.D. Clinical psychology: Uchebn. dlya stud. med. Universities.-2005
- Sidorov P.I., Parnyakov A.V. Clinical psychology. Educational. for universities. M.-2008g.

The student must be able to:

1. Characterize personality from a mental health perspective
2. Determine the degree of maturity of the individual
3. Investigate personality by mental health criteria.

Further reading:

- Karvasarsky B.D. Clinical psychology. SPb.:Piter,2002
- Mendelevich V.D. Clinical and medical psychology. M., 2005.
- Tyulpin Yu.G. Medical psychology. M.: Meditsina, 2004g.
- Isaev D.N. Children's medical psychology. SPb._2004

3. Tasks for independent work on the topic under study.

1. List the main stages of the development of psychology.
2. The systemic property of highly organized matter, which allows the subject to actively reflect the objective world, is called ...
3. List the criteria for mental health (WHO).
4. What laws are essential for a conclusive diagnosis of psychopathological symptoms?
5. List and describe the parameters of a harmonious nature.
6. List the tasks of health psychology.
7. Describe the levels of "psychological health" of children.

Test task.

1. In the depths of what science psychology originated:
 - 1) political science
 - 2) biology
 - 3) philosophy
 - 4) sociology
2. Which philosopher of antiquity combined in his idea of the soul two opposite philosophical trends - materialism and idealism:
 - 1) Plato
 - 2) Aristotle
 - 3) Democritus
 - 4) Socrates
3. Based on the subject of study, psychology is a science
 - 1) Accurate
 - 2) Natural
 - 3) Pedagogical
 - 4) Medical
 - 5) Humanitarian
4. The concept of "nozoz" in contrast to "patos" includes all but one:
 - 1) stable psychopathological conditions
 - 2) psychopathological mental processes

- 3) psychopathological with symptoms and syndromes with internal regularity of symptom formation
 - 4) psychopathological disorders having etiopathogenetic mechanisms
 - 5) mental illness
5. Research methods in clinical psychology include all but one:
- 1) pathopsychological examination
 - 2) clinical interviewing
 - 3) neuropsychological examination
 - 4) testing of individual psychological characteristics
 - 5) amital-caffeine disorientation
6. The concept of a harmonious personality includes all of the following, with the exception of:
- 1) Kindness
 - 2) Responsibility
 - 3) Independence
 - 4) Morality
 - 5) Autonomy
7. The harmonious parameters include all of the following, with the exception of:
1. maturity
 2. sanity
 3. autonomy
 4. flexibility of self-esteem
 5. morality
8. For a convincing diagnosis of psychopathological symptoms, the following laws are of fundamental importance:
1. Physical
 2. Biological
 3. Physiological
 4. Astrological
 5. Logical

No.	Answer	No.	Answer
1	3	6	1
2	2	7	4
3	5	8	5
4	2		
5	5		

LESSON No2.

Theme: Sensation. Perception. Disorders of sensations and perceptions.

Methodology: The leading sensory system of a person.

1. Questions for checking the initial (basic) level of knowledge

1. What do you mean by the terms "sensation" and "perception"?
2. What is the difference between the process of sensation and the process of perception?
3. What do you think is the role of these psychological processes in human life?
4. Development of the processes of sensation and perception in ontogeny?
5. As a result of what factors can these mental processes be disrupted?

2. Objectives:

The student should know:

1. Definitions of sensation and perception.
2. The origin of sensations.
3. Types of sensations and classification of sensations.
4. Properties of sensations
5. Measuring and changing sensations.
6. Violation of sensations.
7. Difference between perception and sensation.
8. The main properties of the images of perception: objectivity, constancy, integrity, categorical.
9. Illusions of visual perception. Perception of space, time and motion.
10. Mechanisms of perception of the shape of objects and their size, perception of time.
11. Perception disorders in the clinic.
12. Classification of perceptual disorders (agnosia, illusions, hallucinations and pseudohallucinations, psychosensory disorders)

Recommended reading:

Main literature:

- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., revised and added. – M.: GEOTAR-Media, 2008. – 880 p.: ill.
- Clinical psychology: A textbook / Ed. by B.D. Karvasarsky. – SPb: Piter, 2002.
- Mendelevich V.D. Clinical and medical psychology. – M.: MED-press, 1998.

The student must be able to:

1. To investigate violations of the processes of oshreceptualization and perception in patients.
2. Determine the human sensory system using special techniques.

Further reading:

- Anastazi A. Psikhologicheskheshe testing: Per. s eng. – M., 1982.
- Shapar V.B. Rabochaya kniga practicalheskaya psikhologia / Viktor Shapar, Aleksandr Timchenko, Valeriy Shvydchenko.– M.: AST., Kharkov: Torsing, 2005.

3. Tasks for independent work on the topic under study.

1. Define sensations and indicate which components of the nervous system are involved in the sensory information space?
2. What are the main characteristics of sensations?
3. What are the main groups of sensation disorders. What are the main mechanisms for their occurrence?
4. What are the main characteristics that distinguish perception from sensation?
5. How does the study of various illusions determine the understanding of the mechanisms of perception?
6. Discuss the main groups of perceptual disorders. what are the main mechanisms of their occurrence?
7. How is visual information processed by a person and what are the mechanisms of occurrence of visual agnosia?
8. How are sound stimuli translated into sensory signals and what are the mechanisms by which auditory agnosia occurs?
9. What is kinesthetic sensitivity and what are the mechanisms of tactile agnosia?
10. How is charming, taste and static sensitivity in humans investigated?

Test task.

1. The direct impact of an object or phenomenon on receptors is an indispensable feature of such cognitive processes as:
 - 1) sensation
 - 2) perception
 - 3) thought
 - 4) imagination
 - 5) attention
2. The integral result of the direct impact on a person of any stimuli (color, sound, chemical, etc.) is called:
 - 1) perception;
 - 2) perception;
 - 3) Feeling
3. Reflection of individual properties of objects and phenomena of the surrounding world, it is:

- 1) perception;
 - 2) emotion;
 - 3) sensation;
 - 4) attention.
4. The main properties of sensations are indicated, except:
- 1) modalities;
 - 2) constancy;
 - 3) intensity;
 - 4) Duration.
5. The minimum difference between stimuli that causes a difference in sensation is:
- 1) absolute lower threshold of sensations;
 - 2) differential threshold;
 - 3) absolute upper threshold;
 - 4) spatial threshold.
6. Change in the sensitivity of the sense organs under the influence of an active stimulus is:
- 1) sensitization;
 - 2) adaptation;
 - 3) synesthesia;
 - 4) apperception.
7. The properties of perception include the following, except:
- 1) integrity;
 - 2) structurality;
 - 3) reminiscence;
 - 4) apperception.
8. Incorrect distorted perception of an object or phenomenon that is currently acting on the sense organs is:
- 1) hallucination;
 - 2) illusion;
 - 3) reminiscence;
 - 4) adaptation
9. When a person wears hard contact lenses, they get in the way, but over time they stop noticing them. What's the reason for that?
- 1) adaptation;
 - 2) sensitization;
 - 3) reminiscence;
 - 4) illusion.
10. The minimum value of the stimulus that causes a barely noticeable sensation is called:
- 1) absolute upper threshold of sensations

- 2) absolutely lower threshold of sensations (threshold of sensitivity)
- 3) pain threshold
- 4) differential threshold of sensations
- 5) operational threshold of sensations

11. Sensations associated with signals arising from irritation of receptors located in muscles, tendons, joints are called:

- 1) exteroceptive
- 2) interoreceptive
- 3) proprioceptive
- 4) introceptive

12. Disorders of various types of sensations are called:

- 1) agnosia
- 2) Hallucinations
- 3) sensory disorders
- 4) Illusions

13. Sensations that have receptors located in the internal organs and reflect the state of the internal environment of the body are called:

- 1) Interoreceptive
- 2) proprioceptive
- 3) Contact
- 4) Distant

14. Sensations that reflect the properties of objects and phenomena of the external environment and have receptors on the surface of the body are called:

- 1) Interoreceptive
- 2) Contact
- 3) Distant
- 4) proprioceptive

15. Restore the sequence.

Formation of sensations:

- 1) razdrazhatel
- 2) aboutthe rgana of the senses
- 3) nervy conductive pathways
- 4) withthe appropriate center of the brain
- 5) feeling

16. Sensations, the receptors of which are located in the ligaments, joints, and give information about the movement and position of the body in space, is called:

- 1) exteroceptive
- 2) interoreceptive
- 3) proprioceptive
- 4) Contact

17. Reduced sensitivity to real stimuli and an increased lower absolute threshold are:

- 1) hyperesthesia
 - 2) hypesthesia
 - 3) anesthesia
 - 4) paraesthesia
18. An increased lower absolute threshold of sensations leads to:
1. increased sensitivity
 2. complete loss of sensitivity
 3. decreased sensitivity
 4. qualitative changes in sensitivity
19. The phenomenon in which the analyzer is completely unable to respond to irritation is called:
- 1) hyperesthesia
 - 2) hypesthesia
 - 3) anesthesia
 - 4) paraesthesia
20. Qualitative changes (perversions) of information coming from the receptor to the cerebral cortex are:
- 1) hyperesthesia
 - 2) hypesthesia
 - 3) Hallucinations
 - 4) paraesthesia
21. The mental process of reflection of an object or phenomenon as a whole, in the totality of its properties and parts, is called:
- 1) Emotions
 - 2) sensation
 - 3) perception
 - 4) thought
22. The mental process of reflection of single properties of objects and phenomena with their direct impact on the sense organs is:
- 1) sensation
 - 2) perception
 - 3) thought
 - 4) installation
23. The phenomenon of highlighting the "figure from the background" characterizes what property of attention?
- 1) Integrity
 - 2) Selectivity
 - 3) constancy
 - 4) Meaningfulness
24. Situation: The patient looks at the picture of glasses and argues: "What is it? ... a circle and another circle... and the crossbar is probably a bicycle." What is disturbed in the perception of this patient?

- 1) integrity of perception
- 2) selectivity of perception
- 3) constancy of perception
- 4) apperception

25. The property of perception, which provides relative constancy in shape, color, size, and other parameters of the objects we perceive, is:

- 1) apperception
- 2) constancy
- 3) Objectivity
- 4) Meaningfulness

26. The connection of perception with the personality, his past experience, is called

- 1) constancy
- 2) sensitivity
- 3) apperception
- 4) Meaningfulness

27. Distorted perception of a real object or phenomenon, called

- 1) Hallucinations
- 2) derealization
- 3) Illusion
- 4) delirium

28. Perceptual disorders, when a person sees, hears, feels something that does not exist in real reality:

- 1) Hallucinations
- 2) derealization
- 3) Illusion
- 4) delirium

29. Violation of sensory synthesis of information that comes from the outside world and leads to distortion of perception is called:

- 1) Hallucinations
- 2) derealization
- 3) Illusion
- 4) delirium

30. The preferred channel of perception of information (visual, auditory, kinesthetic), which is of great importance in determining individual methods and means of presenting information in the process of communication, learning, joint activity, etc., is called:

- 1) perception apperception
- 2) Sensitivity range
- 3) rational form of cognition
- 4) leading sensor system

No.	Answer	No.	Answer	No.	Answer	No.	Answer
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1	1,2	9	1	17	2	25	2
2	1	10	2	18	3	26	3
3	3	11	3	19	3	27	3
4	2	12	3	20	4	28	1
5	2	13	1	21	3	29	2
6	2	14	2,3	22	1	30	4
7	3	15	3,2,1,5,4	23	2		
8	2	16	3	24	1		

LESSON No3.

Theme: Attention and memory. Disorders of attention and memory.
Methodology: Munsterberg.

1. Questions for checking the initial (basic) level of knowledge

1. Define attention and memory.
2. What kinds of attention and memory do you know?
3. How are attention and memory related to other mental processes?
4. What causes can lead to disruption of the processes of attention and memory?
5. What attention and memory impairments do you know?

2. Targets:

The student should know:

1. Definition and function of attention and memory.
2. Forms and levels of attention.
3. Properties of attention and memory.
4. Development of attention in children.
5. Neurophysiological mechanisms of attention.
6. Attention disorders.
7. Types and types of memory.
8. Formation and development of memory.
9. Memory impairment.

Recommended reading:

Main references:

1. Sidorov P.I.,Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.
2. Clinical psychology: Textbook / Ed. by B.D. Karvasarsky. – SPb: Piter, 2002.

3. Mendelevich V.D. Clinical and medical psychology. – M.:MED-press,1998.
4. Mendelevich V.D. Clinical and medical psychology: Practical guide. — M.: MED - press, 2001. — 592 p.
5. Zeigarnik B. V. Pathopsikhologiya. – M., 1976.
6. Psychology. Slovar. /Pod obshch. red. A. V. Petrovskogo, M. G. Yaroshevskogo. – M., 1990.

The student must be able to:

1. Differentiate modal-non-specific and modal-specific disorders of attention and memory.
2. Use the Munsterberg method.

Additional references:

- Anastazi A. Psikhologicheskoe testing: Per. s eng. – M., 1982.
- Shapar V.B. Rabochaya kniga prakticheskaya psikhologika / Viktor Shapar,Aleksandr Timchenko, Valeriy Shvydchenko.– M.: AST., Kharkov: Torsing, 2005.

3. Tasks for independent work on the topic under study.

1. Give a detailed memory definition. What is the significance of memory in a person's life?
2. What role do representations and representation associations play in memory mechanisms?
3. What are mental memory processes and how many are there?
4. What are the grounds for classifying types and types of memory?
5. What is the difference between procedural memory and declarative memory?
6. What is the relationship and interaction of short-term and long-term memory?
7. What is iconic and echoic memory?
8. What is the role of imprinting in shaping anomalies in social behavior?
9. What is the role of emotions in the origin of a number of memory disorders?
- 10.What is the "law of memory reversal"? Ribeau?
- 11.What types of amnesia can occur after a head injury with loss of consciousness in a person?
- 12.In what local brain lesions do modal-nonspecific memory disorders occur?
- 13.How is a person's short-term and long-term memory investigated?
- 14.How does the semantic organization of the material affect memorization?
- 15.Formulate a definition of attention. List its main functions.
- 16.What parameters describe the qualitative characteristics (properties) of attention?

17. What are the features of normal attention in children and how are attention disorders manifested in childhood?
18. What medical terms describe the main groups of quantitative and qualitative attention disorders?
19. In what local brain lesions do modal-specific attention disorders occur?

Test task.

1. Apperception is the dependence of perception ON:
 - 1) past life experiences
 - 2) lighting conditions of the subject
 - 3) diseases of the senses
 - 4) angle of view of the subject
2. Attracting involuntary attention contribute to such properties of the object as
 - 1) novelty
 - 2) familiarity
 - 3) mobility
 - 4) static
 - 5) remoteness
3. The average amount of attention of an adult allows you to keep the following number of objects in the field of clear perception:
 - 1) 1
 - 2) 2-3
 - 3) 5-9
 - 4) 10-15
 - 5) 18-22
4. The night before the exam, a student sits over a boring textbook. The attention that is involved is called:
 - 1) Involuntary
 - 2) Arbitrary
 - 3) subdred
 - 4) hypervoil
 - 5) apperceptive
5. The process of organizing and preserving past experiences is called _____
 - 1) sensation
 - 2) perception
 - 3) thought
 - 4) memory
 - 5) imagination
6. The main physiological mechanism of long-term memory is the change in ____
 - 1) properties of synapses
 - 2) genetic code
 - 3) number of neurons

- 4) stem cell structures
- 5) intracranial pressure
- 7. More firmly remembered information that causes ...
 - 1) intense emotions
 - 2) low-intensity emotions
 - 3) complete indifference
 - 4) only negative emotions
 - 5) associations with the already known
 - 6) complete absence of associations
- 8. A memory that retains the trace (imprint) of external influence without changes for 0.3-1 s, and has the number of storages equal to the number of sensor outputs of human analyzer systems, is called:
 - 1) Short
 - 2) Long term
 - 3) Emotional
 - 4) Operational
 - 5) Instant
- 9. For the occurrence of involuntary attention, the following is necessary, except:
 - 1) unusualness of the stimulus;
 - 2) novelty;
 - 3) awareness of the duty and responsibilities of the activities performed;
 - 4) inconsistency of the stimulus with the expected (relative novelty of the stimulus).
- 10. Memory can be characterized by all these types, except:
 - 1) Operational
 - 2) Cognitive
 - 3) Short term
 - 4) Lagged
- 11. The essential characteristics of attention are all of these, except:
 - 1) stability
 - 2) Diversity
 - 3) Switchability
 - 4) concentration.
- 12. The mental process of memory, which ensures the retention of information for a more or less long time:
 - 1) conservation
 - 2) recognition
 - 3) memorization
 - 4) Forgetting
- 13. The memory process consisting in the inability to reproduce the previously fixed in memory:
 - 1) conservation

- 2) reproduction
 - 3) memorization
 - 4) Forgetting
- 14.The mental process of extracting the necessary material from the memory reserves into the conscious field:
- 1) conservation
 - 2) reproduction
 - 3) memorization
 - 4) Forgetting
- 15.What type of memory stores information at the receptor level?
- 1) short-term memory
 - 2) long-term memory
 - 3) instant (touch) memory
 - 4) Ram
- 16.Situation: In class, the teacher asks the student to repeat the sentence just dictated. What type of memory is the case in this situation?
- 1) buffer memory
 - 2) short-term memory
 - 3) long-term memory
 - 4) instant (touch) memory
- 17.A type of memory directly involved in the regulation of activities using both short-terming long-term memory.
- 1) Ram
 - 2) short-term memory
 - 3) long-term memory
 - 4) instant (touch) memory
- 18.A type of memory that provides for several hours is an intermediate link in the way of transferring information from short-term memory to long-term memory.
- 1) Ram
 - 2) short-term memory
 - 3) long-term memory
 - 4) buffer (intermediate) memory
- 19.A type of memory consisting in the simultaneous establishment of a very stable connection of a person or animal with a specific object of the external environment:
- 1) emotional memory
 - 2) image memory
 - 3) motor memory
 - 4) imprinting
- 20.A type of memory for figurative material, including the following subspecies: visual, auditory, tactile, olfactory, taste.
- 1) emotional memory
 - 2) image memory

- 3) motor memory
 - 4) symbolic memory
21. Memory for abstract, abstract material, manifested in memorizing the meaning of the text and its processing in generalized concepts.
- 1) emotional memory
 - 2) image memory
 - 3) symbolic memory
 - 4) imprinting
22. A mental process that ensures the orientation and concentration of the psyche on certain objects and phenomena of the external world, images, thoughts and feelings of the person himself.
- 1) thought
 - 2) perception
 - 3) attention
 - 4) memory
23. The mental process of reflection, which consists in imprinting and preserving, followed by the reproduction and recognition of traces of past experience, making it reusable in activity.
- 1) Emotions
 - 2) sensation
 - 3) attention
 - 4) memory
24. Situation: Students in the classroom are writing independent work, suddenly the door opens to the classroom with a noise. All attention is riveted to the door. What kind of attention is there in this situation?
- 1) arbitrary attention
 - 2) primary involuntary attention
 - 3) secondary involuntary attention
 - 4) post-voluntary attention
25. What kind of attention is the innate and natural manifestation of the unconditional orienting reflex?
- 1) arbitrary attention
 - 2) primary involuntary attention
 - 3) secondary involuntary attention
 - 4) post-voluntary attention
26. A type of attention that does not require volitional effort is not attracted by the brightness or unusualness of the object, but by its certain content, which meets the orientation and interests of a person.
- 1) arbitrary attention
 - 2) primary involuntary attention
 - 3) secondary involuntary attention
 - 4) post-voluntary attention

27. Situation: While switching television channels, the surgeon at the surgical department became interested in the BBC film Body Parts. What kind of attention is there in this situation?

- 1) arbitrary attention
- 2) primary involuntary attention
- 3) secondary involuntary attention
- 4) post-voluntary attention

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1	1	8	5	15	3	22	3
2	1,3	9	3	16	2	23	4
3	3	10	2	17	1	24	2
4	2	11	2	18	4	25	2
5	4	12	3	19	4	26	3
6	1	13	4	20	2	27	3
7	1,5	14	2	21	3		

LESSON No4.

Theme: Thinking and speech. Disorders of thinking and speech.
Methods: Alekseeva, Gromov.

1. Questions for checking the initial (basic) level of knowledge

1. Define thinking, imagining, and speaking.
2. How is thinking related to other mental processes?
3. How does thinking affect imagination and speech?
4. What influence do you think emotions have on thinking?
5. What causes can lead to disruption of the processes of thinking, imagination and speech?
6. What disorders of the functions of thinking, imagination and speech do you know?
7. What do you think, how do the underdevelopment of the visual, auditory and speech apparatus affect the formation and development of thinking, imagination and speech?

2. Targets:

The student should know:

1. Definition of the concepts of "thinking", "imagination", "speech".

2. Types, forms, methods, operations, individual features of thinking.
3. Development of thinking in ontogeny. Laws of logic and thinking.
4. Disorders of thinking. Pathopsychological and clinical classification of thinking disorders.
5. Types of imagination. Iatrogenic.
6. Pathological forms of imagination.
7. Types and functions of speech. The ratio of thinking and speech.
8. Speech disorders.

Recommended reading:

Main references:

- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.
- Clinical psychology: A textbook / Ed. by B.D. Karvasarsky. – SPb: Piter, 2002.
- Mendelevich V.D. Clinical and medical psychology. – M.: MED-press, 1998.
- Mendelevich V.D. Clinical and medical psychology: Practical guide. – M.: MED - press, 2001. – 592 p.
- Zeigarnik B. V. Pathopsikhologiya. – M., 1976.
- Psychology. Dictionary. /Pod obshch. red. A. V. Petrovskogo, M. G. Yaroshevskogo. – M., 1990.

The student must be able to:

1. Explore thinking. Be able to differentiate between normal and pathological thinking. Diagnose disorders of thinking and imagination.
2. Investigate speech disorders.
3. To conduct the method of A. Alekseeva, L. Gromova to determine individual styles of thinking.

Additional references:

- Lakosina N.D. Clinical psychology. Ucheb. For students of medical universities – M.: MED press-inform. 2003.
- Lakosina N.R., Ushakov G.K. Textbook on medical psychology - L, 1976.
- Medical Psychology: The Newest Handbook of a Practical Psychologist / Comp. S.L. Solovyova. M.: 2006.
- Rubinstein S.L. Basics of General Psychology.: in 2t-T.1-M 1989
- Nemov « Psychology»: M 2002.

3. Tasks for independent work on the topic under study.

1. Define thinking. Types of thinking and forms of thinking?

2. Why the most significant features of thinking are considered to be its productive nature and close connection with speech.
3. What integral characteristics describe the individual characteristics of thinking?
4. Why do patients with neuroses have a way of thinking, which is usually referred to as catathymic?
5. How, in the course of the conversation, to identify the safety of the mental operation of generalization or abstraction in a patient with suspected oligophrenia?
6. Why do dreams refer to forms of passive imagination? Can dreams be intentionally caused by man?
7. What is the difference between productive imagination and reproductive imagination?
8. What are iatrogenic diseases? How is iatrogenics prevented?
9. How are the features of the human imagination used for the purposes of psychodiagnostics?
10. How do psychotic phantasms differ from non-psychotic phantasms?
11. Define speech. How do speech and language relate to each other?
12. What is inner speech? How is it formed in ontogenesis, what functions does it perform?
13. What is the difference between tracing speech and colloquial sign language of deaf-mute people?
14. The disappearance of the need for communication is the main sign of autism. What is "autism in reverse" and what are the signs?
15. What are the causes of dyslexia and dysgraphia? How are they detected in patients?
16. What do the concepts of left-hemissar and right-hemispherical thinking mean?
17. How is the pathology of children's mendacity assessed?
18. What individual phenomena of children's fantasizing should be alarming in terms of the possibility of a child having a mental illness?
19. What is reflected speech and how is it examined in the patient?

Test task.

1. Thinking includes the following operations, except:
 - 1) analysis;
 - 2) abstractions;
 - 3) separation;
 - 4) Generalization.
2. Features that impede creative thinking are the following, except:
 - 1) a tendency to conformism;
 - 2) the ability to see an object from a new angle;
 - 3) rigidity of thinking;

- 4) internal censorship.
3. Thinking is most closely related to the following mental processes:
 - 1) Emotions
 - 2) imagination
 - 3) will
 - 4) speech
 - 5) attention
4. Operations of thinking include:
 - 1) analysis
 - 2) retention (conservation)
 - 3) generalization
 - 4) reproduction
 - 5) abstraction
 - 6) Specification
5. The operation of the thinking process, which requires the ability to identify the essential features of objects:
 - 1) Generalization
 - 2) Abstraction
 - 3) Classification
 - 4) Deduction
6. Impaired mobility of thinking includes:
 - 1) Accelerated thinking
 - 2) Thorough thinking
 - 3) Viscous thinking
 - 4) Slow thinking
 - 5) Detailed thinking
7. Paralogical thinking is:
 - 1) Complete absence of logical connection between associations
 - 2) Violation of the formation of logical connections between associations
 - 3) The purpose of reasoning "eludes" the patient, which leads to "reasoning" on an insignificant reason, empty words
8. A type of thinking that is characterized by reliance on representations, i.e. secondary images of objects and phenomena of reality, and also operates with visual images of objects:
 - 1) Visually effective
 - 2) Visual-figurative
 - 3) Abstract-logical
9. Reliance in thinking on latent signs, revealed during the "pictogram" technique, indicates the presence of:
 - 1) schizophrenic symptom complex
 - 2) neurotic symptom complex

- 3) psychopathic symptom complex
- 4) organic symptom complex
- 5) oligophrenic symptom complex

10. A prolonged and irreversible impairment of any mental function, the general development of mental abilities or the characteristic way of thinking, feeling and behavior that constitutes an individual personality is called:

- insanity
- oligophrenia
- Defect
- Dementia
- degradation of the individual

11. Fruitless, aimless, thoughtless wisdom is called:

- (a) Demagoguery
- b) red-wearing
- c) ambivalence
- d) autistic thinking
- e) reasoning

12. With introversion, unlike autism, as a rule, it is noted:

- a) criticality to one's own isolation
- b) less pronounced closure
- c) absence of hallucinations
- d) absence of delusional ideas
- e) uncritically to one's own isolation

13. Inference refers to:

- (a) Mental operations
- b) thought processes
- c) thinking factors
- d) mental views
- e) thought mechanisms

14. Reducing the level of generalizations and distorting the generalization process refer to:

- a) disturbances in the dynamics of thought processes
- b) violations of the operational side of thinking
- c) violations of the personal component of thinking
- d) violations of the process of external mediation of cognitive activity
- e) violations of the process of self-regulation of cognitive activity

15. A disorder of thinking in which it is significantly (maximum) difficult to form new associations due to the prolonged dominance of one thought, representation is called:

- (a) Inertia
- b) resonance
- c) perseveration
- d) slippage
- e) diversity

16. Logophobia occurs when:

- (a) Schizophrenia
- b) diabetes mellitus
- c) stuttering
- d) hyperkinetic syndrome
- e) autism

17. Emotional-volitional disorders, violations of the structure and hierarchy of motives, inadequacy of self-esteem and the level of claims, impaired thinking in the form of "relative affective dementia", impaired forecasting and reliance on past experience are included in the structure:

- a) schizophrenic symptom complex
- b) neurotic symptom complex
- c) psychopathic symptom complex
- d) organic symptom complex
- e) oligophrenic symptom complex

18. Carcinophobia is:

- a) obsessive fear of getting cancer
- b) obsessive fear of getting sick with any oncological disease
- c) super valuable idea that a person has a cancerous tumor
- d) the delusional idea that a person has a cancerous tumor
- e) the dominant idea that a person has a cancerous tumor

19. Placebo effect associated with:

- a) parameters of the medicinal substance
- b) psychological attitude
- c) the duration of the presentation of the stimulus
- d) drug addiction
- e) surprise factor

20. Iatrogenic diseases are called diseases:

- (a) Caused by pathological forms of imagination
- b) arising under the influence of a careless word of the doctor
- c) arising from underdevelopment of the speech system

d) arising from violations of the dynamics of mental activity

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1	3	6	2,3,5	11	5	16	3
2	2	7	2	12	1	17	3
3	2,4	8	2	13	2	18	1
4	1,3,5,6	9	1	14	2	19	2
5	3	10	3	15	3	20	2

Answers to test tasks:

1)b4)a,v,d,e7)b10)b13)b16)b19)b

2)b5)v8)b 11)d14)b17)b20)b

3)b,g6)b,b,c,d9)a12)a15)b18)a

LESSON No5.

Subject: Emotions. Volitional processes. Violation of emotions.

Methodology: Assessment of emotional well-being.

1. Questions to check the initial (basic) level of knowledge.

- 1.What does the science of psychology study?
- 2.What is the subject and object of psychology?
- 3.The main forms of mental phenomena?
4. What mental processes and personality states do you know?
5. What are your senses?

2.Targets:

The student should know:

- 1.Definition of emotion
- 2.Classifications of emotions
- 3.Functions of emotions
- 4.Manifestations of emotional properties
- 5.Pathology of the emotional sphere

Main literature:

- P.I.Sidorov., A.V.Parnyakov. B.D. Clinical Psychology 2008.
- Bleikher V. M. Klinicheskaya patopsikholgiya. – Tashkent, 1976.
- Psychology. Dictionary. /Pod obshch. red. A. V. Petrovskogo, M. G.

Yaroshevskogo. – M., 1990.

- Izard K.E. Psikhologiya emotsikh. - S-Pb.: Piter, 1999.
- Psychology of emotions. Texts / Ed. by V. Viliunas. - M.: Izd-vo MGU, 1984

The student must be able to:

1. Classify emotional states.
2. Own ways to reduce emotional tension.
3. To classify the individual psychological features of the manifestations of emotions and feelings.
4. Should be able to conduct a metodika, an indicative assessment of emotional well-being, designed to determine the level of emotional well-being.

Further reading:

- Karvasarsky B.D. Clinical Psychology 2002.
- Lakosina N.R., Ushakov G.K. Textbook on medical psychology - L, 1976.
- Medical Psychology: The Latest Handbook of the Practical Psychologist / Comp.S.L. Solovyova. M.: 2006.
- Lakosina N.D. Clinical psychology. Ucheb. For students of medical universities – M.: MED press-inform.2003.

3. Tasks for independent work on the topic under study.

1. Give the main characteristic of emotions.
2. What are the main theories of emotions.
3. What causes emotions to arise in the James-Lange peripheral theory?
4. What are the differences in the theories of emotion of James-Lange and Cannon-Bard?
5. What functions do you know of emotions?
6. What is the regulatory function of emotions?
7. List the main components of emotions.
8. Which refers to the internal manifestations of emotions.
9. Authors of classifications of emotions.
10. What are the three main variables in the classification developed by Simonov?
11. What is the difference between emotional state and emotional reaction?
12. Types of feelings?
13. What manifestations of emotional properties are you familiar with?
14. Define "empathy"? What is her role in the work of a medical professional?
15. What ways to relieve emotional stress are you familiar with?

Test task.

1. Empathy is:
 - (a) Stress response
 - b) guilt

- c) empathy
 - d) emotional response
2. Fear, anger, joy refer to:
- (a) Installations
 - b) emotions
 - c) feelings
 - d) abilities
3. Experiences of relations to objects and phenomena are:
- (a) Emotions
 - b) Installation
 - c) actions
 - d) complexes
 - e) accentuation
4. Emotional response always includes:
- (a) Verbal reactions
 - b) subjective experiences
 - c) value orientations
 - d) physiological changes
 - e) contact with others
5. The impact on the emotional, unconscious sphere of the psyche of students is often in addition to, and sometimes against their will, persuasion:
- (a) Suggestion
 - b) encouragement
 - c) praise
 - d) emphasis on merits
6. Especially pronounced emotional states of a person, accompanied by significant changes in behavior, are called:
- (a) Stress
 - b) frustration
 - c) feelings
 - d) affects
 - e) mental trauma
7. The expressive component of an emotion is its:
- (a) Intrapersonal experience
 - b) external expression
 - c) physiological correlate
 - d) hormonal background
 - e) subjective interpretation
8. Author of the information theory of emotions:
- (a) Rejkowski;
 - b) Izard;
 - c) Simonov;

- d) Schlosberg.
9. The properties of emotions include the following, except:
- (a) Polarities;
 - b) reactivity;
 - c) energy saturation;
 - d) integrality.
10. The author of the peripheral theory of emotions is:
- (a) James
 - b) Freud
 - c) Lange
 - d) Hardy
11. Muscle relaxation is called:
- (a) Empathy
 - b) Relaxation
 - c) Stress
 - d) Emotion
12. Symptoms of emotional disorders include the following types:
- (a) Catathymic
 - b) Hyperthymic
 - c) Holotimny
 - d) Mixed
13. Emotional disorders include:
- (a) Hypothymia
 - b) Hypertension
 - c) Hyperthymia
 - d) Hypotension
14. By intensity, duration, as well as by the degree of awareness of the causes of their appearance, emotions are called:
- (a) Mood
 - b) Fear
 - c) Anger
 - d) Affect
15. Moral feelings include:
- (a) Partnership
 - b) Friendship
 - c) Love
 - d) Feeling beautiful
16. The first attempt to classify emotions belongs to:
- (a) Descartes
 - b) Pavlov
 - c) Lange
 - d) Hardy

17. Emotions are a complex mental process that includes three components:
- (a) Physiological
 - b) Creative
 - c) Behavioral
 - d) Psychological
18. The author of the biological theory of emotions is:
- (a) Halperin
 - b) Anokhin
 - c) Ivanov
 - d) Izard
19. The functions of emotions include:
- (a) Expressive
 - b) Organic
 - c) Inducing
 - d) Compensatory
20. Indicators of emotional state can be:
- 1) mood
 - 2) fear
 - 3) psychophysiological changes
 - 4) needs

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1	3	6	4	11	2	16	1
2	2	7	2	12	1,3	17	1,3,4
3	1	8	3	13	1,3	18	2
4	2	9		14	1	19	3
5	1	10	1,3	15	1,2	20	3

LESSON No6

Theme: Personality and its structure. Accentuations of character.
Methods: Leonhard, Schmisek.

1. Questions to check the initial (basic) level of knowledge.

1. How would you describe the concept of "personality"?
2. What components do you think form personality?
3. What do you think is the difference between the concepts of personality and individuality?
4. How is the character of the personality formed?
5. How does the type of temperament affect the formation of character?

2.Targets:

The student should know:

1. Definition of "personality".
2. The structure of personality (according to K.K. Platonov, V.N. Myasishchev).
3. Motivational sphere of personality. Orientation of the personality.
4. "I" - the concept and motivation of the individual.
5. Intellectual abilities of the individual.
6. Temperament and character of the individual.
7. Accentuation of character.

Main literature:

- P.I Sidorov, A.V.Parnyakov. Clinical Psychology, Moscow, 2008.
- Mendelevich V.D. Clinical and medical psychology. M., 2005.
- V.N. Anan'ev. Psikhologiya zdorovye. SPb., 2006g.
- L.Hjell, D.Ziegler. Theories of Personality. Peter 2005.
- G. S. Abramova. Practical psychology. M., 1997, 368 p.
- A. A. Aleksandrov. Modern psychotherapy. Moscow, 1998, 335 p.
- B.D. Karvasarsky. Psychotherapy. M., 1985, 304 p.

The student must be able to:

1. Identify intellectual disabilities.
2. Determine the temperament of the individual.
3. To identify accentuations of character using the method of K. Leonhard, H. Schmisek.

Further reading:

- V.T. Kondratenko, D.I. Donskoy. General psychotherapy. Minsk, 1997, 464 p.
- V.D. Mendelevia, D.A. Avdeev, S.V. Kiselev. Psychotherapy "by common sense", Cheboksary, 1992, 76 p.
- N. Peseshkian. Psychotherapy of Everyday Life. M., 1995, 336 p.
- Y. S. Shevchenko. Psychocorrection: theory and practice. M., 1995, 224 p.
- E.G. Eidemiller, V.V. Josttski. Family psychotherapy. Leningrad, 1990, 192

3. Tasks for independent work on the topic under study.

1. Define the concepts of individual, personality and individuality.
2. What are the concepts of personality structure and dynamics?
3. How do the substructures of character and abilities correlate with the rest of the structures in platonov's structural-dynamic model of personality?
4. Define the need, motive, and purpose. How do they relate to each other?
5. Aptitudes are a prerequisite for the development of abilities. Do inclinations always coincide with the presence of corresponding abilities?
6. Define the orientation of the personality as a personal structure.

7. Define the self as a concept. How do the self-concept relate to self-esteem? What are the main functions of the "I"?
8. What classes of needs are described in the "pyramid of need" by A. Maslow? How do primary and secondary needs relate here?
9. What is intelligence? How is intelligence related to a person's psychophysiological ability to process information?
10. What are the main types of persistent weakening of the intellect? In which diseases are they more common?
11. How are the gradations of the severity of intellectual disabilities qualified?
12. Define temperament. What is the type of temperament?
13. How do temperament, activities, and communication interact? What is the ratio of temperament and personality?
14. Define character. How do character and temperament interact?
15. What is the relationship between personality and character? What is included in the character structure? What is a harmonious character?
16. What are the typologies of characters?
17. What are accentual character theories? What personality-characterological typologies are proposed within their framework?

Test task.

1. The "pyramid of needs" of A. Maslow consists of "floors", arranged- ascending in the following order:
 1. Physiological needs
 2. The need for security
 3. Need for belonging
 4. Needs for love, recognition
 5. The need for self-actualization
2. Motivation to achieve success is most clearly manifested in the following case:
 1. an athlete trains, wanting to win an Olympic medal
 2. the student prepares for the session without wanting to be expelled
 3. a student of ice skating is cautious, afraid of injury
 4. soldier flees the battlefield, wanting to survive
3. Fast, emotional, impetuous, rather irascible and easily excitable person by temperament type:
 1. Choleric
 2. Phlegmatic
 3. Sanguine
 4. melancholic
4. The character of a person is a set of individual psychological characteristics, manifested in:

1. inclinations and abilities
2. sensory organization of personality
3. how to typically respond
4. strategies for solving mental problems
5. The predominant orientation of the personality is described by a couple of concepts:
 1. introversion-extroversion
 2. temperament-character
 3. psychoanalysis-psychoanalysis
 4. accentuation-psychopathy
 5. analyticity-syntheticism
6. Conscious, purposeful activity of a person is called:
 1. activity
 2. individuality
 3. interaction
 4. Designation
7. The property of the psyche that characterizes the dynamics of the course of nervous processes - _____
 1. ability
 2. temperament
 3. character
 4. Creativity
8. Active, sociable, emotionally balanced person by temperament type:
 1. Choleric
 2. Phlegmatic
 3. Sanguine
 4. melancholic
9. Calm, unhurried, loving measuredness and thoroughness of a person according to the type of temperament:
 1. Choleric
 2. Phlegmatic
 3. Sanguine
 4. melancholic
10. A strong, unbalanced type of higher nervous activity is characteristic of:
 1. Choleric
 2. phlegmatics
 3. Sanguine
 4. Melancholic
11. The character of a person is a set of individual - psychological features, manifested in:
 1. inclinations and abilities

2. sensory organization of personality
 3. how to typically respond
 4. strategies for solving mental problems
12. Disharmony of character, excessive severity of its individual features is called:
1. accentuation
 2. polarization
 3. interaction
 4. attraction
 5. sensitization
13. Accentuation, the owners of which are characterized by increased anxiety about possible failures, is-
1. exalted
 2. pedantic
 3. cyclothymic
 4. Disturbing
14. Increased impressionability, violent reaction to what is happening is a sign of such accentuations of character:
1. systemic
 2. pedantic
 3. cyclothymic
 4. exalted
15. The concept of "personality" is used when they want to emphasize
1. biologically determined properties of man
 2. socially determined qualities of a person
 3. manifestations of the intelligence of higher animals
 4. psychophysiological differences between people
 5. interspecific communication of higher animals
16. The system of stable ideas of the individual about himself is called:
1. rationalization
 2. i-concept
 3. projection
 4. attribution
 5. metacognition
17. Activity related to the achievement of private activity goals is called:
1. motivation
 2. operation
 3. adaptation
 4. operand
 5. action
18. The properties of the individual are indicated, except:
1. lap
 2. Temperament

3. value orientations
 4. Deposits
19. Personality properties are indicated, except:
1. Responsibility
 2. position and status
 3. Focus
 4. Constitution
20. The properties of temperament are indicated, except:
1. Activity
 2. Emotion
 3. pace of activity
 4. Accuracy
21. Determine the type of accentuation of the character, if the main features are indecision and anxious suspiciousness; indecision manifests itself especially when it is necessary to make an independent choice; fictional signs and rituals serve as protection from constant anxiety:
1. sensitive
 2. labile
 3. psychasthenic
 4. hyperthymic
22. Excessive severity of individual character traits and their combinations, which represents the extreme variants of the norm
1. psychopathy
 2. asthenia
 3. accentuation
 4. individuality
23. Determine the type of accentuation of the character, if the main feature of which is a tendency to states of evil and dreary mood with constantly growing irritation and the search for an object on which evil could be thwarted; it is characterized by petty accuracy, scrupulousness, pedantry:
1. schizoid
 2. epileptoid
 3. astheny – non-luetic
 4. conformal
24. The structure of individuality includes all of the following components with the exception of:
1. individual properties of the organism;
 2. individual psychophysiological properties;
 3. individual genetic qualities;
 4. individual mental properties;
 5. individual socio-psychological properties.

25. The clinical parameters of temperament include all of the following with the exception of:
1. aesthetics;
 2. emotionality;
 3. speed of thinking;
 4. speed of motor acts;
 5. communication skills
26. The parameters of a harmonious character include all of the following- the following with the exception of:
1. maturity;
 2. sanity;
 3. autonomy;
 4. flexibility of self-esteem;
 5. Morality.
27. The tendency to increased accuracy is included in the structure:
1. hysterical character traits;
 2. schizoid character traits;
 3. psychasthenic character traits;
 4. paranoid character traits;
 5. epileptoid character traits.
28. Schizoid character traits include all of the following except:
1. alexithymia;
 2. isolation;
 3. anhedonia;
 4. parathymia;
 5. eccentricity of behavior.
29. Increased suspicion combined with a tendency to form super-valuable ideas is included in the structure:
1. hysterical character traits;
 2. schizoid character traits;
 3. psychasthenic character traits;
 4. paranoid character traits;
 5. epileptoid character traits.
30. Determine the type of accentuation of character according to Lichko, the main features are indecision and anxious suspiciousness; indecision is manifested especially when it is necessary to make an independent choice; fictional signs and rituals serve as protection from constant anxiety:
1. sensitive
 2. labile
 3. psychasthenic
 4. hyperthymic

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1		9	2	17	5	25	1
2	1	10	1	18	3	26	5
3	1	11	3	19	4	27	5
4	3	12	1	20	4	28	1
5	1	13	4	21	3	29	4
6	1	14	4	22	3	30	3
7	2	15	2	23	2		
8	3	16	2	24	3		

LESSON No7.

Theme: Consciousness. Self-awareness. Unconscious. Methodology: SMIL

1. Questions for checking the initial (basic) level of knowledge

1. Philosophical approach to understanding the concepts of "soul" and "matter".
2. What is the psyche? What is included in the structure of the psyche?
3. What are the main functions of the psyche?
4. The difference between the animal psyche and the human psyche.
5. The ratio of the concepts of "individual", "person", "personality".
6. What is included in the structure of the personality?

2.Targets:

The student should know:

1. Basic concepts on the topic "Consciousness. Self-awareness. Unconscious..
2. Sources and functions of consciousness.
3. Stages of development of consciousness and self-awareness.
4. Characteristics of the basic states of consciousness (states of sleep and wakefulness).
5. The structure of consciousness and the unconscious.
6. Mechanisms of psychological protection.

7. States of impaired consciousness.

Main literature:

- Gamezo M.V., Domashenko I.A. Atlas on psychology: Inform.-method. manual on the course "Human Psychology". – M.: Pedagogical Society of Russia, 2004. – 276 p.
- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.
- Psychology of Consciousness/Comp. and the general edition of L.V. Kulikov. – SPb.: Piter, 2001. – 480p.: ill. – (Series "Reader in Psychology").
- Psychology of Self-Awareness. Reader. – Samara: Publishing House «BAKHRAKH-M», 2000.-672p.

The student must be able to:

1. Possess theoretical material on this topic.
2. Characterize the basic states of consciousness.
3. Be able to identify from a state of impaired consciousness.
4. Use the acquired knowledge to determine the degree of clarity of consciousness in everyday medical practice.
5. Use the following methods: SMIL (Standardized Multifactorial Method of Personality Research), Lüscher Color Test, Strelau Method (on Machiavelli manipulations).

Further reading:

- Bassin F.V. On the power of the Self and psychological protection // Voprosy filosofii.-1969.No2.- p.118-126.
- Unconscious. Festschrift. Volume I. Agency of SAGUNA, Novocherkassk, 1994.
- Bloom F., Leiserson A., Hofstadter L. Brain, mind, behavior: Per S eng.- M.: Mir, 1988.-248 p.
- Snezhnevsky A.V. General psychopathology. Valdai.: 1970g.
- Tugarinov V.P. Filosofiya sobestveniya. – M.: 1971g.
- Shapar V.B. Dictionary of Practical Psychologist / V.B. Shapar. – M.: OOO «Izdatelstvo AST»; Kharkiv: «Torsing», 2004. – 734 p.
- Shiryayev I., Shiryayeva L. <http://www.uspeshnie-mozgi.ru>

3. Tasks for independent work on the topic under study.

1. What is consciousness, self-awareness, unconscious.
2. What sources of consciousness do you know?
3. What is the decisive factor in the formation of consciousness?
4. What are the main functions of consciousness?

5. List and characterize the forms of self-awareness. What components are included in the structure of consciousness?
6. What periods does consciousness go through in ontogeny? At what age does a child begin to develop self-awareness?
7. What period marks the final formation of consciousness and self-awareness?
8. What are the main states of consciousness?
9. What characteristics of consciousness should be taken into account in everyday medical practice?
10. Stages of wakefulness.
11. Characterize your sleep state. What types of sleep do you know? Is the sleep state uniform?
12. Name and describe the phases of sleep.
13. Distinctive features of conscious human activity.
14. What levels are distinguished in the psyche?
15. How does the interaction of the conscious and unconscious take place?
16. What is included in the structure of the unconscious?
17. What components are distinguished in the structure of individual consciousness?
18. The structure of the unconscious according to Freud, Jung, Fromm.
19. What are psychological defense mechanisms?
20. Who introduced the concept of "psychological defense mechanisms"?
21. What causes lead to the activation of psychological defense mechanisms?
22. What are the consequences of psychological defenses if the psychological problem is not addressed?
23. List and give a brief description of the defense mechanisms of the psyche.
24. Signs of syndromes of impaired consciousness according to K. Jaspers.
25. What are the states of impaired consciousness?

Test task.

1. A relatively stable set of all human ideas about himself, associated with self-esteem, is called in psychology:
 1. personality
 2. consciousness
 3. "I-concept"
 4. structure of self-awareness
2. A dream-like disturbance of consciousness, accompanied by states of enchantment or euphoria, is called:
 1. oneiroid
 2. delirium
 3. amentiem
 4. Stupor

5. twilight disorder of consciousness
3. Oneiroid confusion of consciousness is:
 1. paroxysmal clouding of consciousness
 2. illusory-hallucinatory confusion of consciousness
 3. twilight clouding of consciousness
 4. dream-fantastical clouding of consciousness
4. CHOOSE THE CORRECT ANSWER
4. A special form of mental reflection in a person, integrating all other processes into itself, ensuring their interaction, i.e. consistency, continuity and purposefulness of their course.
 1. thought
 2. unconscious
 3. consciousness
 4. Feelings
5. In philosophy, the concepts of "consciousness" and "soul" are considered as two main varieties of being. Within the framework of which philosophical direction the soul is an essence, the beginning of any object of living, and sometimes not living nature, is considered as the cause of life, breathing, cognition.
 1. materialism
 2. idealism
 3. dualism
 4. Stoicism
6. What philosophical current recognized the existence of not one, but two principles: the material and the ideal, which are independent, eternal, not reducible and not derived from each other – develop according to their own laws, although they interact.
 1. materialism
 2. idealism
 3. dualism
 4. Stoicism
7. What factors have become decisive for the formation of consciousness.
 1. the emergence of a state society
 2. manufacture of tools
 3. adverse natural conditions
 4. appearance of language and speech
8. The Main Components of Consciousness
 1. object consciousness is a set of human knowledge about the surrounding world
 2. self-awareness
 3. adequate emotional assessments and experiences in relationships with the outside world
 4. goal-setting

9. The component of consciousness that promotes cognitive activity is __
10. What stage of wakefulness is not associated with creativity and is not colored by special emotions?
1. normal wakefulness
 2. intense wakefulness
 3. relaxed wakefulness
11. At what stage does the transition to sleep occur against the background of inner contemplation?
1. normal wakefulness
 2. intense wakefulness
 3. relaxed wakefulness
12. Periodic functional mental state with specific behavioral manifestations in the vegetative and motor spheres, characterized by significant immobility and disconnection from the sensory effects of the external world.
1. apathy
 2. relaxed wakefulness
 3. coma
 4. dream
13. The type of sleep, accompanied by rapid low-amplitude oscillations on the encephalogram, atony of antigravity muscles, the activity of the neck muscles will fall, physical phenomena appear in the form of rapid eye movements, twitching of the muscles of the face, limbs, the regularity of the rhythm of breathing and cardiac activity is disturbed, blood pressure rises.
1. narcotic sleep
 2. paradoxical dream
 3. pathological sleep
 4. slow-wave sleep
14. In the phase of this dream, tonic(persistent) changes in vegetative and motor indicators are observed, muscle tone decreases, the activity of breathing, cardiac, digestive and excretory systems slows down, pupils narrow, and the skin turns pink.
1. narcotic sleep
 2. paradoxical dream
 3. pathological sleep
 4. slow-wave sleep
15. Synchronized sleep, without dreams, with a decrease in vegetative tone, the phase of which lasts approximately 70 minutes. During this dream, somnambulism, dreaming, nightmares in children that are not remembered after waking up may appear.
1. narcotic sleep
 2. pathological sleep
 3. slow-wave sleep

4. paradoxical dream
16. The type of sleep, accompanied by physical phenomena in the form of rapid eye movements, twitching of the muscles of the face, limbs, the regularity of the rhythm of breathing and cardiac activity is disturbed, blood pressure rises.
 1. pathological sleep
 2. hypnotic sleep
 3. slow-wave sleep
 4. fast-wave sleep
17. This dream occurs under the influence of verbal influence, focusing on monotonous stimuli.
 1. fast-wave sleep
 2. pathological sleep
 3. hypnotic sleep
 4. slow-wave sleep
18. A type of sleep in which wakefulness and sleep are timed to coincide with the diurnal change of day and night.
 1. monophasic
 2. polyphasic
 3. phase
19. What is not included in the structure of the unconscious?
 1. subsensory sensations
 2. automatisms
 3. involuntary attention
 4. dream
 5. affect
 6. fantasies and dreams
20. A set of mental processes, acts and states caused by the phenomena of reality, in the influence of which the subject is not aware.
 1. self-awareness
 2. consciousness
 3. unconscious
 4. preconsciousness
21. The theory of personality, personality structure of development, dynamics and changes of personality, created by Sigmund Freud.
 1. humanistic psychology
 2. Analytical Psychology
 3. psychoanalysis
22. The founder of psychoanalytic theory, he argued that behavior is more subject to the influence of subconscious forces (drives).
 1. A. Adler
 2. M. Wertheimer
 3. S. Freud

4. E. Bern

23. Situation: the patient lies with his eyes closed and it is impossible to wake him up - he does not react to any stimuli, even severe pain. Muscle apathy is pronounced, all reflexes gradually fade away. What state of impaired consciousness is described?

1. soporous state
2. stunnedness
3. coma
4. obnubilation

24. In what condition the patient has a complete shutdown of consciousness, but defensive and other unconditioned reflexes are preserved.

1. soporous state
2. stunnedness
3. coma
4. isolation syndrome

25. A state of turned off consciousness, in which the patient manages to "disinhibit" and he comes to consciousness for a while. In the absence of strong stimuli from the outside, the patient again plunges into hibernation.

1. soporous state
2. stunnedness
3. coma
4. obnubilation

26. Quantitative disturbances of consciousness, characterized by violations of activation processes leading to a decrease in the level of wakefulness with a kind of "shutdown" of consciousness, include all of the following states, with the exception of:

1. sopor
2. somnolence
3. delirium
4. coma
5. amentia
6. stunnedness

27. Qualitative disorders of consciousness are caused by a disorder of consciousness and its filling from the inside with pathological content. Qualitative disorders of consciousness include all of these states, with the exception of:

1. stunnedness
2. delirium
3. amentia
4. soporous state
5. oneiroid
6. coma

28. A state of clouded consciousness, characterized by the predominance of vivid scene-like true visual hallucinations in patients.

1. amentia
2. oneiroid
3. delirium
4. twilight disorder of consciousness

29. A condition characterized by the predominance of patients with influxes of fantastic visual pseudo-hallucinatory experiences resembling dreams or dreams.

1. amentia
2. oneiroid
3. delirium
4. twilight disorder of consciousness

30. The state of confusion due to the acute loss of the ability to synthesize perceptions and the formation of cause-and-effect associations. Behavior is determined by absent-mindedness with the effect of bewilderment, all types of orientation are disturbed, and speech consists of fragments of memories.

1. amentia
2. oneiroid
3. delirium
4. twilight disorder of consciousness

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1	3	9	vigil	17	3	25	2
2	1	10	1	18	3	26	3,5
3	4	11	3	19	3,6	27	1,4,6
4	3	12	4	20	3	28	3
5	2	13	2	21	3	29	2
6	3	14	4	22	3	30	1
7	2,4	15	3	23	3		
8	1,2,3,4	16	4	24	1		

LESSON No8.

Theme: Internal picture of the disease (V.K.B.). Method: Tobol.

1. Questions for checking the initial (basic) level of knowledge

1. Define "health"?
2. What effect does the somatic state have on the human psyche?
3. What types of patient response to the disease do you know?
4. How do long-term or chronic diseases affect the mental state of the patient?
5. Do you think the age of the patient affects his attitude to the disease?

2. Targets:

The student should know:

1. Levels of the internal picture of the disease.
2. The scale of the experience of the disease.
3. Types of reaction to the disease.
4. Types of attitude to the disease (Lichko E.A., Ivanov N.Ya.)
5. Psychosocial reactions to the disease.
6. Experiencing illness in time.
7. Age-related features of the morning picture of the disease.

Main literature:

- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.
- Clinical psychology: A textbook / Ed. by B.D. Karvasarsky. – SPb: Piter, 2002.
- Mendelevich V.D. Clinical and medical psychology. – M.: MED-press, 1998.
- Further reading:
- Abramova G.S. Yudchits Yu.A. Psikhologiya v medicine. – M.: Povesta-M, 1998.

The student must be able to:

1. During a conversation with the patient in practical exercises, determine the type of his attitude to the disease.
2. To identify the type of patient's attitude to the disease using the TOBOL technique.

Further reading:

- Anastazi A. Psikhologicheskoye testirovaniye: Per. s ang. – M., 1982.
- Shapar V.B. Rabochaya kniga prakticheskoy psikhologii / Viktor Shapar, Aleksandr Timchenko, Valeriy Shvydchenko. – M.: AST., Kharkov: Torsing, 2005.
- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.

3. Tasks for independent work on the topic under study.

1. What are the types of pathogenic effect on the human psyche of somatic disease? What is the difference between the concepts of "somatogenic" and "psychogenic"?
2. How does the degree of awareness of the patient of his disease change with some focal brain lesions?
3. How are the types of personality response to the disease classified? What is the concept of "ambivalence of attitude to the disease" of the patient?
4. What phases in the experiences and attitude of a person to his illness can be distinguished in the dynamics of chronic diseases?
5. What are the features of the internal picture of the disease in children and in old age?

Test task.

1. Restore the sequence

Stages of experiencing a person's illness in time.

1. Premedical phase
 2. Phase of breaking the life stereotype
 3. Phase of adaptation to the disease
 4. The phase of "surrender" - reconciliation with the disease
 5. Phase of formation of compensatory mechanisms
2. Determine the type of response: patients correctly assess their condition and prospects, their assessment coincides with the doctor's assessment
1. Normonoagnosia
 2. Hyponoagnosia
 3. anosognosia
 4. hypernoagnosia
3. Patients who tend to overestimate the significance of individual symptoms of the disease, this type of response to the disease is called:
1. Normonoagnosia
 2. hypernoagnosia
 3. anosognosia
 4. dysnoagnosia
4. A type of disease response in which the patient underestimates his condition and the severity of the disease:
1. Normonoagnosia
 2. Hyponoagnosia
 3. anosognosia
 4. hypernoagnosia
5. Complete denial of the disease as such, active discarding thoughts about the disease, this is
1. Normonoagnosia
 2. hypernoagnosia
 3. anosognosia
 4. dysnoagnosia
6. What type of response is characteristic of the hypernoagnosic type of response to the disease?
1. panic
 2. adequate response
 3. denial of the disease
 4. distortion of perception for the purpose of dissimulation
7. What type of response is characteristic of the hyponoagnosic type of response to the disease?
1. panic
 2. adequate response
 3. denial of the disease
 4. distortion of perception for the purpose of dissimulation

8. What type of response is characteristic of the normonosognosic type of response to the disease?

1. panic
2. adequate response
3. denial of the disease
4. distortion of perception for the purpose of dissimulation

9. Situation: the patient at the doctor's appointment hardly comes into contact, showing suspicion and distrust. Subsequently, he does not attach serious importance to his instructions and recommendations, complicating the interaction, which can lead to conflict with medical personnel. What type of personality response is described by the patient?

1. friendly reaction
2. panic reaction
3. negative reaction
4. unconscious reaction

10. Situation: After the injury, the athlete returns to enhanced training, ignoring the doctor's instructions to reduce the intensity of professional loads during the rehabilitation. What type of personality reaction is described in the patient?

1. calm reaction
2. destructive reaction
3. unconscious reaction
4. trace reaction

11. Situation: the patient is simultaneously treated in different medical institutions, after watching a TV show about her illness is in the grip of fear, on the advice of a neighbor turns to a medicine woman. What type of personality reaction is described in the patient?

1. friendly reaction
2. panic reaction
3. negative reaction
4. unconscious reaction

12. Situation: The patient always comes to the doctor's consultation on time, with attention and obedience to all recommendations and appointments. He infinitely trusts his attending physician and is grateful for his help. What type of personal reaction is described in the patient?

1. friendly reaction
2. calm reaction
3. negative reaction
4. unconscious reaction

13. Situation: a patient with stable emotional-volitional processes treats his disease very calmly, although he accurately performs therapeutic and recreational measures and always comes to the doctor on time for consultations. Often such a

patient is not aware of his illness. What type of personality response is described in a patient?

1. friendly reaction
2. calm reaction
3. negative reaction
4. unconscious reaction

14. Situation: The patient has successfully completed the course of treatment, but he is constantly in the grip of painful doubts in anticipation of a relapse of the disease. What type of personality reaction is described in the patient?

1. calm reaction
2. destructive reaction
3. unconscious reaction
4. trace reaction

15. Type of attitude to the disease (according to Lichko). Correct, sober assessment of the condition, unwillingness to burden others with the burdens of self-care.

1. dysphoric
2. paranoid
3. harmonic
4. ergopathic

16. Type of attitude to the disease (according to Lichko). Dominated by a gloomy-angry mood, envy and hatred for the healthy. Outbursts of anger with demands from loved ones for the please in everything.

1. apathetic
2. dysphoric
3. anisognosic
4. anxious

17. Type of attitude to the disease (according to Lichko). "Leaving" from the disease to work, the desire to maintain working capacity.

1. ergopathic
2. apathetic
3. hypochondriac
4. atrabilious

18. Type of attitude to the disease (according to Lichko). Confidence. That the disease is the result of someone's malicious intent, and complications in treatment are the result of negligence of medical personnel.

1. dysphoric
2. paranoid
3. harmonic
4. ergopathic

19. Type of attitude to the disease (according to Lichko). Active discarding the thought of the disease, ignoring all symptoms.

1. apathetic
2. dysphoric
3. anosognosic
4. anxious

20.Type of attitude to the disease (according to Lichko). "Going into illness" with exposing your suffering, demanding constant attention and special treatment.

1. apathetic
2. harmonic
3. paranoid
4. egocentric

21.Type of attitude to the disease (according to Lichko). Continuous anxiety and suspiciousness, belief in examples and rituals, search for new ways of treatment, thirst for additional information about the disease.

1. apathetic
2. dysphoric
3. anosognosic
4. anxious

22.Type of attitude to the disease (according to Lichko). Sensitive to interpersonal relationships, very vulnerable and impressionable, full of fears that those around him avoid because of the disease, fear of becoming a burden for loved ones.

1. sensitive
2. anosognosic
3. apathetic
4. hypochondriac

23.Type of attitude to the disease (according to Lichko). Exaggeration of real and looking for non-existent diseases and sufferings. The desire to constantly tell the doctor and everyone around you about your experiences.

1. ergopathic
2. apathetic
3. hypochondriac
4. atrabilious

24.Type of attitude to the disease (according to Lichko). Complete indifference to one's fate, passive submission to procedures and treatment, loss of interest in life.

1. apathetic
2. harmonic
3. paranoid
4. egocentric

25.Type of attitude to the disease (according to Lichko). Behavior according to the type of "irritable weakness". Impatience and outbursts of irritation at the first person you meet (especially with pain), then tears and remorse.

1. dysphoric

2. neurasthenic
3. harmonic
4. ergopathic

26. Type of attitude to the disease (according to Lichko). Disbelief in recovery, dejection with the disease, depressive mood (danger of suicide).

1. anosognosic
2. apathetic
3. hypochondriac
4. atrabilious

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1		8	2	15	3	22	1
2	1	9	3	16	2	23	3
3	2	10	2	17	1	24	1
4	2	11	2	18	2	25	2
5	3	12	1	19	3	26	4
6	1	13	2	20	4		
7	3	14	4	21	4		

LESSON No9.

Theme: Psychosomatics. Psychosomatic disorders. Methodology: The Toronto Alexithymic Scale.

1. Questions to check the initial (basic) level of knowledge

1. Definition of psychosomatic disorders.
2. Causes of psychosomatic disorders.
3. The difference between somatic diseases and psychosomatic ones.
4. Clinical picture of psychosomatic diseases.
5. Treatment and prevention of psychosomatic disorders.

2. Targets:

The student should know:

1. The concept of psychosomatics and psychosomatic disorders.
2. Classification of psychosomatic disorders.
3. Pathogenesis of psychosomatosis.
4. The concept of alexithymia and psychosomatic family.
5. Psychosomatic approach in medicine.
6. Psychological aspects of diagnosis and principles of therapy of psychosomatic diseases.

7. The mechanism of development of the main organic psychosomatic diseases (hypertension, coronary artery disease, bronchial asthma, peptic ulcer of the stomach and duodenum, hyperthyroidism, diabetes mellitus).

Main literature:

- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.
- Clinical psychology: A textbook / Ed. by B.D. Karvasarsky. – SPb: Piter, 2002.
- Mendelevich V.D. Clinical and medical psychology. – M.: MED-press, 1998.

The student must be able to:

1. To differentiate somatic diseases from psychosomatic disorders.
2. Use the method "Toronto alexithymic scale".

Further reading:

- Abramova G.S. Yudchits Yu.A. Psikhologiya v medicine. – M.: Povesta-M, 1998.
- Zeigarnik B.V. Pathopsychology. – M.: Izd-vo MGU, 1986.
- Lebedinsky M.S., Myasishchev V.N. Introduction to medical psychology. – L., 1966.
- Malkina-Pykha I.G. Psychosomatics. – M.: Eksmo, 2008.
- Nikolaeva V.V. The influence of chronic disease on the psyche. – M.: Izd-vo MGU, 1987.

3. Tasks for independent work on the topic under study.

1. Define psychosomatic disorders.
2. Name the four groups of disorders identified in classical psychosomatics.
3. This category of people is characterized by intrapersonal conflict between aggressive impulses, the desire to achieve high social goals, high standards of social life and the need to depend on significant persons. These people usually keep outwardly calm, but express many complaints and are often impulsive, do not openly express anger, and they potentially accumulate rage. Their behavior is generally described as excessively calm. adaptive, compliant, focused on social success with the desire to restrain both positive and negative affects. What kind of disease can develop in a given person.
4. The occurrence of this disease is also facilitated by unconscious fears, leading to a constant stress response with hyperglycemia, which is natural in the "flight-fight" reactions. The disease here can develop from initial hyperglycemia, since there is no real realization of psychological stress. The mental manifestations of this state are diverse - delirious type of consciousness, depersonalization and

derealization phenomena, hallucinatory-paranoid episodes, euphoria. Often there are various disorders of perception: faded or colorful perception (predominance of yellow and blue tones), disorders of the body scheme, from the change of the sense of time, etc.

5. People who are predisposed to the occurrence of this type of disease are characterized by haste in doing business, impatience, a feeling of constant lack of time and high responsibility for the task assigned. They have self-doubt, emotional lability, they are characterized by "going to work", since they simply do not have enough time for anything else.

6. In this category of people, the desires of dependence are very strong, but are rejected by them, they are devoid of peace and are focused on success. Their conscious attitude is as follows: I am successful, active, productive and independent. At the same time, in the unconscious - exactly the opposite attitude, there is an excessively strong need for love, dependence and help. The need for care and affection causes chronic unconscious hunger with hypersecretion of gastric juice, which is especially dangerous for persons genetically predisposed to this disease.

What disease can develop in this category of people.

Test task.

1. A personality characteristic in which the ability or difficulty in verbalizing emotional states is reduced is called ____

2. For the psychosomatic family are characteristic:

1. super-involvement of parents in the life and problems of the child
2. open expression of disagreement and discussion of the conflict
3. the father's personality acts as dominant
4. rigidity of family members
5. hypersensitivity of each member to the troubles of other family members

3. Somatized forms of neuroses "neuroses of organs", which are a non-specific consequence of the bodily (physiological) accompaniment of emotions and other mental states.

1. psychosomatic syndrome
2. psychosomatosis
3. conversion symptoms
4. psychosomatic disorders associated with the peculiarities of the emotional response and behavior of the individual

4. A symbolic expression of neurotic (psychological) conflict, manifested in hysterical paralysis, psychogenic blindness and deafness, etc.

1. psychosomatic syndrome
2. psychosomatosis
3. conversion symptoms

4. psychosomatic disorders associated with the peculiarities of the emotional response and behavior of the individual
5. The basis of this group of psychosomatic disorders is primarily a bodily reaction to a conflict experience associated with morphologically established pathological changes in organs.
 1. psychosomatic syndrome
 2. psychosomatosis
 3. conversion symptoms
 4. psychosomatic disorders associated with the peculiarities of the emotional response and behavior of the individual
6. Disorders caused by a certain attitude arising from the characteristics of the personality and its experiences, which leads to behavior, the result of which is a violation of health.
 1. psychosomatic syndrome
 2. psychosomatosis
 3. conversion symptoms
 4. psychosomatic disorders associated with the peculiarities of the emotional response and behavior of the individual
7. In classical psychosomatics, there are three groups of disorders, in addition to:
 1. conversion disorders
 2. "organ neuroses"
 3. psychosomatic diseases in the narrow sense of the word
 4. vegetoses
8. Alexithymia is called:
 1. inability to experience vivid experiences
 2. inability to empathize
 3. inability to focus on their feelings
 4. inability to be alone even for a short time
 5. inability to accurately describe their emotional state
9. The type of education, including excessive attention and control by adults, imposing one's opinion on any issue, dictating every step, guarding against dangers, cultivating caution, is indicated by:
 1. "the idol of the family";
 2. hyper-maintenance;
 3. hypo-maintenance;
 4. "cleat mittens";
 5. paradoxical communication
10. Violation of the functions of internal organs and systems, the emergence and development of which is mostly associated with neuropsychiatric factors, the experience of acute or chronic psychological trauma, specific features of the emotional response of the individual.
 1. neurotic disorders

2. stress
3. psychosis
4. psychosomatic disorders

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1	alexithymia	4	3	7	4	10	4
2	1,4,5	5	2	8	5		
3	1	6	4	9	2		

LESSON No. 10.

Topic: Stress. **Methodology:** a study of the stress resistance of Holmes, Rage.

1. Questions for checking the initial (basic) level of knowledge

1. What is the role of emotions in the formation of adaptive mechanisms?
2. What is the emotional regulation of behavior?
3. Individual - psychological features of manifestations of emotions and feelings.
4. Stressful states as a special type of emotional states.
5. What are the individual-typological features of the personality manifested?
6. How do temperament and character affect human behavior?

2. Objectives:

The student should know:

1. Basic concepts on the topic: "stress", "distress", "stress resistance", "adaptation".
2. Physiological mechanisms of adaptation to stress.
3. The three-phase nature of stress.
4. Types of stress.
5. The influence of stress on the development of psychosomatic diseases
6. Factors of stress resistance, allowing to increase the protective mechanisms of the body, stimulate educational and working activities, reduce the traumatic effect of stress.

Recommended reading:

Main literature:

- Sidorov P.I., Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.

- Selye G. Stress without distress. M.: Progress, 1970.
- Tigranyan R.A. Stress and its importance for the body. M.: 1988

The student must be able to:

1. Possess theoretical material on this topic.
2. Use the acquired knowledge to reduce the risk of distress and increase the positive effect of stress.
3. Use the Holmes method, Raga "Determination of stress resistance and social adaptation".

Further reading:

- Granovskaya R. Elements of practical psychology. 5th ed., ispr. i dop. – SPb.: Rech', 2003. – 655 p.
- Greenberg J. Stress management. - 7th ed. – SPb.: Piter, 2004.
- Lazarus R. Theories of Stress and Psychological Research // Emotional Stress. – L., 1970.
- Miteva I.Yu. Stress Management Course. – M.: ICC«MarT»; Rostov n/a: «MarT», 2004
- Kitaev-Smyk L.A. Psychology of stress. – M.: 1983
- Cherepanova E.M. Psychological stress. M.: 1996
- Shapar V.B. Dictionary of Practical Psychologist / V.B. Shapar. – M.: OOO «Izdatelstvo AST»; Kharkiv: «Torsing», 2004. – 734 p.

3. Tasks for independent work on the topic under study.

1. Definition of the concepts of "stress", "eustress", "distress", "stress resistance".
2. Who is the founder of the concept of stress?
3. What is a "stressor"? What are the stressors?
4. The triad of anxiety response? The physiological component of stress.
5. Non-specialized (universality) of stress.
6. Three-phase nature of stress (concept by G. Selye):
7. At what stage does adaptation and adaptation take place?
8. Types of adaptive energy.
9. Is the stage of exhaustion reversible?
10. Do our body's adaptive reserves have a limit?
11. Types of stress.
12. The concept of traumatic stress.
13. The influence of stress on the development of psychosomatic diseases.

14. Characteristics of the concept of "stress resistance".
15. The main factors of stress resistance.
16. Physiological prerequisites of stress resistance.
17. Individual and personal characteristics and resistance to stress.
18. How and in what way does stress manifest itself? Organs of the "target" of stress.
19. Methods of dealing with stress.
20. Drug intervention for stress.

Test task.

1. A set of protective physiological reactions occurring in the human or animal body in response to the effects of various adverse factors.
 - 1.frustration
 - 2.fear
 - 3.stress
 - 4.Red alert
2. Non-specific response of the organism to any demand presented to it.
 - 1.Red alert
 - 2.despair
 - 3.frustration
 - 4.stress
3. Adverse factors affecting the human body - cold, starvation, mental and physical injuries, blood loss, etc., are called ____
4. Stress arising in situations of information overload, when the subject does not cope with the task, does not have time to make the right decisions at the required pace - with high responsibility for the consequences of decisions.
 1. physiological stress
 2. information stress
 3. emotional stress
5. Stress in situations of threat, danger, resentment, leading to changes in the course of mental processes, emotional shifts, transformation of the motivational structure of activity, impaired motor and speech behavior.
 1. physiological stress
 2. information stress
 3. emotional stress
6. Adaptation of the structure and functions of the body, its organs and cells to environmental conditions, it is ____
7. Stress associated with the desired effect and leading to improved attention, increased interest, positive emotional coloring of the work process - ____

8. The negative effect of stress, leading to the oppression of the emotional states of a person, a decrease in working capacity, activity and general well-being - ____

9. The founder of the concept of stress:

1. S. Freud
2. G. Selye
3. E. Bern
4. A. Adler

10. Stress arising under the influence of adverse physical conditions (very high or low temperatures, acute chemical or mechanical effects), causing a violation of the integrity of the body and its functions.

1. physiological stress
2. information stress
3. emotional stress

11. An unfavorable factor that causes a state of stressful tension in the body of an animal or a person is ____

12. A special form of stress reaction, when the stressor overloads the psychological, physiological, adaptive capabilities of a person and destroys the defense.

1. physiological stress
2. information stress
3. traumatic stress

13. Stress, leading to the depletion of the body's immune reserves, slowing down the metabolic processes of the body.

1. Distress
2. information stress
3. eustress
4. emotional stress

14. A set of personality traits that determines a person's resistance to various types of stress - ____

15. Add the correct answer:

a) direct reaction of the body to the effects of the stressor, mobilization of the adaptive capabilities of the body. ____

b) the stressor is extremely strong or long-acting, as a result of which the body sends signals - calls for help that can only come from the outside. ____

c) almost complete disappearance of signs of anxiety reaction, the level of resistance of the body is much higher than usual, this stage of balanced expenditure of adaptive reserves ____

No.	Answer	No.	Answer	No.	Answer
1	3	6	adaptation	11	stressor
2	4	7	eustress	12	3
3	stressor	8	Distress	13	1

4	inform. stress	9	2	14	Stress
5	emotional stress	10	1	15	A-stage anxiety B- stage of exhaustion B-stage resistance

LESSON No11.

Theme: Neuroses. Methods: Aleksandrovich. Mendelevich.

1. Questions for checking the initial (basic) level of knowledge

1. What are the main criteria for mental health?
2. How do the individual psychological characteristics of the experiences of emotions and feelings affect the occurrence of neurotic disorders?
3. Define character accentuation. What types of accentuations do you know?
4. Do you think the presence of character accentuations affects the likelihood of neurosis?
5. What is the connection between neurotic disorders and psychosomatic diseases?
6. What factors can cause neuroses?
7. How can experiencing a stressful situation affect the occurrence of neuroses?
8. What factors do you think can affect the occurrence of neurotic disorders in students in the educational environment?
9. Are neuroses treatable?

2.Targets:

The student should know:

1. The concept of "neurosis".
2. The main factors and mechanisms of the formation of neuroses and neurosis-like conditions.
3. Criteria of neurosis according to K. Jaspers.
4. Factors determining the nature and nature of neurosis.
5. The main scientific directions of the problems of neuroses and neurosis-like conditions.
6. Classification of neuroses and neurosis-like conditions.

Recommended reading:

Main literature:

1. Sidorov P.I.,Parnyakov A.V. Clinical psychology: textbook. – 3rd ed., pererab. and add. – M.: GEOTAR-Media, 2008. – 880 p.: ill.

2. Clinical psychology: Textbook / Ed. by B.D. Karvasarsky. – SPb: Piter, 2002.

3. Mendelevich V.D. Clinical and medical psychology. – M.:MED-press,1998.

4. Marilov V.V. Chastnaya psychopathology: Ucheb. posobie for stud. higher. studies. Institutions. – M.: Izdatel'skii tsentr «Akademiya», 2004. – 400 p.

The student must be able to:

1. Determine the presence or absence of a neurotic disorder in a patient.
2. Use the methods: Symptomatic questionnaire of Alexandrovich; Clinical questionnaire for the identification and evaluation of neurotic conditions (K. K. Yakhin, D. M. Mendelevich).

Further reading:

1. Obukhov S.G. Psychiatry / Ed. by Yu.A. Aleksandrovsky – M.: GEOTAR-Media, 2007. – 352 p.
2. Myagkov I.F., Bokov S.N., Chaeva S.I. Medical psychology: propaedeutic course. Textbook for universities. Izd. vtore, pererab. and add. – M.: Logos, 2003. – 320 p.: ill.
3. Zharikov N.M., Tyulpin Yu.G. Psychiatry: Textbook. – M.: Meditsina, 2002. – 544 p.
4. Psychiatry. Pod. Red. R. Shader. Per. s eng. – M., Praktika, 1998. – 485 p.
5. Rustanovich A.V., Shamrey V.K. Clinical psychiatry in schemes, tables and drawings. Edition 3rd supplemented and revised. – SPb.: «ELBI-SPb», 2006. – 216 p.

3. Tasks for independent work on the topic under study.

1. Define the concept of "neurosis".
2. Name the main criteria for neuroses according to K. Jaspers.
3. Name the factors that determine the nature and form of neuroses.
4. What determines the etiology and pathogenesis of neurotic disorders?
5. Name the main scientific directions of the problems of neuroses and neurosis-like conditions.
6. Name the main types of mental trauma according to G.K. Ushakov.
7. List the main clinical forms of neuroses.
8. Functional, reversibleraces, manifested by a spectrum of the most diverse psychogenically conditioned symptoms, arising in the presence of a special personal structure, is called ____
9. Define the neurosis of obsessive states and name its main types.
10. What types of disorders exist in hysterical neurosis?
11. ____
12. The basis of this pathological condition is an extra-perceptiveandunrelated diffuse fear or severe unmotivated anxiety. What kind of disorder is meant?

13. In the clinical picture of this disease, the leading place of the disease is asthenic syndrome. Patients usually complain of general poor health, loss of physical strength, lack of vigor, weakness, intolerance to the usual for them physical and mental stress, a pronounced decrease in the ability to work. What disease are we talking about?

14. What types of neurasthenia exist?

Test task.

1. Psychogenic (usually conflictogenic) neuropsychiatric disorder, which arises as a result of a violation of particularly significant human life relations and manifests itself in specific clinical phenomena in the absence of psychopathological phenomena, is called:

1. character accentuation;
2. neurosis;
3. hyperesthesia;
4. psychosis.

2. The factors affecting the occurrence of neurosis include:

1. factors of biological nature;
2. factors of intellectual nature;
3. factors of a psychological nature;
4. factors of social nature.

3. Poor health, decline in physical strength, lack of vigor, weakness, weakness, intolerance to physical and mental stress, a pronounced decrease in working capacity - all these are manifestations:

1. hysterical neurosis;
2. professional dyscusia;
3. neurasthenia;
4. psychosomatic disorder.

4. One of the constant symptoms of neurasthenia is:

1. high blood pressure;
2. loss of vision;
3. headache (on the principle of "tightening hoop");
4. stunned.

5. There are two forms of neurasthenia:

1. asthenic;
2. Hypersthenia;
3. hyposthenia;
4. Monotonous.

6. Functional, reversible disorder, manifested by a spectrum of the most diverse psychogenically determined symptoms, which occurs in the presence of a special personal structure (greater suggestibility and self-suggestibility, increased

egocentrism, constant desire to be in the spotlight, emotional lability, affective immaturity with signs of mental infantilism), these are:

1. psychasthenia;
2. derealization;
3. hysterical neurosis;
4. neurasthenia.

7. Loss of taste, nausea, vomiting, complete lack of appetite (anorexia), gastralgia, shortness of breath, imaginary pregnancy, imaginary death, with hysterical neurosis, these symptoms relate to:

1. motor disorders;
2. vegetative disorders;
3. mental disorders;
4. sensory impairment.

8. A variety of paralysis, paresis, hyperkinesis, the phenomena of astasia - abasia, hysterical seizures, hysterical gait, with hysterical neurosis, these symptoms relate to:

1. motor disorders;
2. vegetative disorders;
3. mental disorders;
4. sensory impairment.

9. Sensitivity disorders in the form of anesthesia, hypoesthesia, hyperesthesia with pain in various parts of the body, with hysterical neurosis, these disorders relate to:

1. motor disorders;
2. vegetative disorders;
3. mental disorders;
4. sensory impairment.

10. Illusions, hallucinations, amnesia, up to total, with hysterical neurosis, these symptoms relate to:

1. motor disorders;
2. vegetative disorders;
3. mental disorders;
4. sensory impairment.

11. Such personal characteristics as increased anxiety, suspiciousness, indecision, self-doubt, a tendency to constant doubts about any trifle, low self-esteem are predisposing factors in the formation of:

1. hysterical neurosis;
2. neurasthenic neurosis;
3. neurosis of obsessive states;
4. psychosomatic disease.

12. Obsessive drives and obsessive actions characterize:

1. hysterical neurosis;

2. obsessive neurosis;
 3. phobic neurosis;
 4. compulsive neurosis.
13. A variety of obsessive thoughts, ideas and ideas characterize:
1. hysterical neurosis;
 2. obsessive neurosis;
 3. phobic neurosis;
 4. compulsive neurosis.
14. Painful focus on your health, with a tendency to attribute a disease to yourself for a minor reason, a manifestation of:
1. fear neurosis;
 2. neurasthenia;
 3. hypochondriac neurosis;
 4. neurosis of obsessive states.
15. Suddenly occurring and unrelated diffuse fear or severe unmotivated anxiety form the basis of:
1. neurosis of obsessive states;
 2. hysterical neurosis;
 3. hypochondriac neurosis;
 4. neurosis of fear.
16. All neuroses and neurosis-like conditions:
1. reversible;
 2. not treatable;
 3. are inherited;
 4. are an acute form of schizophrenia.
17. Obsessive states can be manifested by the following phenomena:
1. obsessive thoughts – obsessions
 2. obsessive dreams – somnophobia
 3. obsessive fears – phobias
 4. obsessive actions – compulsions

No.	Answer	No.	Answer	No.	Answer	No.	Answer
1	2	6	3	11	3	16	1
2	2	7	2	12	4	17	1,3,4
3	3	8	1	13	2		
4	3	9	4	14	3		
5	2,3	10	3	15	4		

LESSON No12.

Theme: Psychotherapy. Methodology: Conducting training.

1. Questions for checking the initial (basic) level of knowledge

1. Define psychotherapy.
2. What do you mean by psychological help?
3. What types of psychotherapy do you know?
4. Ways of influencing a psychotherapist on a person?
5. When and to whom can psychotherapy be applied?

2. Objectives:

The student should know:

1. Types of psychological assistance
2. Goals and methods of psychotherapy
3. Indications for psychotherapy
4. Personal approach in psychotherapy
5. Group psychotherapy
6. The main directions in psychotherapy
7. Modern directions of psychotherapy

Main references:

- P.I Sidorov, A.V.Parnyakov. Clinical Psychology, Moscow, 2008.
- Mendelevich V.D. Clinical and medical psychology. M., 2005.
- V.N. Anan'ev. Psikhologiya zdorovye. SPb., 2006g.
- L.Hjell, D.Ziegler. Theories of Personality. Peter 2005.
- G. S. Abramova. Practical psychology. M., 1997, 368 p.
- A. A. Aleksandrov. Modern psychotherapy. Moscow, 1998, 335 p.
- B.D. Karvasarsky. Psychotherapy. M., 1985, 304 p.

The student must be able to:

1. Distinguish types of psychological assistance in relation to the patient.
2. Keep records of personal characteristics when using any psychotherapeutic methods.
3. Choose methods of psychotherapy based on the patient's problem.

Additional references:

- V.T. Kondratenko, D.I. Donskoy. General psychotherapy. Minsk, 1997, 464 p.
- V.D. Mendelevia, D.A. Avdeev, S.V. Kiselev. Psychotherapy "by common sense", Cheboksary, 1992, 76 p.
- N. Peseshkian. Psychotherapy of Everyday Life. M., 1995, 336 p.
- Y. S. Shevchenko. Psychocorrection: theory and practice. M., 1995, 224 p.
- E.G. Eidemiller, V.V. Josttski. Family psychotherapy. Leningrad, 1990, 192

3. Tasks for independent work on the topic under study.

1. The methods of psychological assistance include all of the following with the exception of:
 - (a) Psychological counselling
 - b) psychological correction
 - c) psychological protection
 - d) psychotherapy in the narrow sense
 - e) psychotherapy in the broad sense
2. The method of psychological assistance, in which the formation of a "personal position" takes place, is called:
 - (a) Psychological counselling
 - b) psychological correction
 - c) psychological protection
 - d) psychotherapy in the narrow sense
 - e) psychotherapy in the broad sense
3. Within the framework of psychological correction, the formation of:
 - (a) Personal position
 - b) adaptive behavior skills
 - c) neurostiority
 - d) frustration tolerance
 - e) stress resistance
4. Psychotic psychopathological symptoms and syndromes require the use of:
 - (a) Psychological counselling
 - b) psychological correction
 - c) psychotherapy in the narrow sense
 - d) psychotherapy in the broad sense
 - e) none of the answers are incorrect
5. Changing the mental reality of a person in accordance with the goals and objectives of someone or something is called:
 - (a) Manipulation
 - b) management
 - c) impact
 - d) psych correction

e) formation

6. Informing the client is an essential method of psychological assistance for:

- (a) Psychological counselling
- b) psychological correction
- c) psychotherapy in the narrow sense
- d) psychotherapy in the broad sense
- e) none of the answers are incorrect

7. The transfer of one type of "energy" (for example, sexual) to another with the formation of substitute activities is called:

- (a) Displacement
- b) sublimation
- c) projection
- d) transfer
- e) sewerage

8. Logotherapy is:

- a) suggestive psychotherapy
- b) psychotherapy through the search for the lost meaning of existence
- c) method of treatment of stuttering
- d) speech correction method
- e) the method of deep psychoanalysis

No.	Answer	No.	Answer
1	3	6	5
2	1	7	4
3	5	8	4
4	2		
5	1		

LESSON No13.

Theme: Individual technologies in medicine. Project Method.

1. Questions for checking the initial (basic) level of knowledge

1. What is an "educational project"?
2. In what programs is the project created?

2. Objectives:

The student should know:

1. Basic requirements and parameters for project execution.
2. A way to achieve a didactic goal through a detailed development of the problem (execution technology)
3. Structuring the creative part of the project.

Recommended reading:

1. Sovremennayagnica ya: vzglyad teoretica i praktika. /Pod red. E.S.Polat - M., 2000.
2. New pedagogical and information technologies in the education system ed. E.S.Polat - M., 2000
3. Polat E.S. Method of projects in foreign language lessons / Foreign languages at school - No 2, 3 - 2000
4. Polat E.S. Typology of telecommunication projects. Science and School - No 4, 1997

The student must be able to:

1. To carry out the project in accordance with the STATE STANDARD, the subject of individual and group projects (including abstract works) performed by students during the curations in the discipline "Psychology" should contain the following components:
 - clinical (subject in accordance with the GOS) or
 - psychological (subject in accordance with the STATE)

The project can be designed in the form of:

A. Abstract made in printed form with a volume of at least 20 typewritten pages in MS WORD[®] format, printed in the font "12 TIMES NEW ROMAN" with a distance between lines in 1.5 intervals, in Russian language, including the following mandatory components:

- title page
- contents
- prelude
- main part
- conclusion
- list of references (including citation of Internet resources or other sources of information in electronic form, multimedia courses, dictionaries, training programs, etc.)
- author's material (data from the medical history in compliance with the requirements of confidentiality, medical secrecy, ethics and medical

deontology)

- graphs, tables, diagrams and other material, including examination and treatment data, taken from medical records in agreement with the attending physician, patient and heads of clinical departments of SOGMA, may be included in the annexes.

ATTENTION: the abstract must be accompanied by an electronic version recorded on a disc (CD-ROM or floppy disk).

B. In the form of a **presentation** made in the program MS POWERPOINT at least 25-30 slides with the addition of text to the presentation made in printed form with a volume of at least 12 typewritten pages in MS WORD format®, printed in the font "12 TIMES NEW ROMAN" with a distance between the lines in 1.5 intervals in the Russian language.

B. In the form of a web page in HTML format, prepared using the editors MS NOTE PADE®, MS FRONTE PAGE® or ADOBE DREAMWEAVER® etc.

As a project (abstract), almost any topic from the cultural and educational field corresponding to legal, moral and ethical, professional ethical and deontological norms, which does not contradict the profession and social status of a doctor, a student of a medical university, can be chosen in agreement with the teacher and the head of the department.

3. Tasks for independent work on the topic under study.

Complete and submit an educational project on the planned topic.