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PSYCHOLOGY AND PEDAGOGY

EDUCATIONAL-METHODICAL TRAINING MANUAL

for foreign students of medical specialties

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Content

The theme of the seminar № 1. Psychology as a science, facets of interaction psychology and medicine.

Purpose: to Acquaint with the subject of psychology, its place in the system of Sciences (psychology and philosophy, psychology and pedagogy, psychology and physiology, psychology and medicine). Modern psychological schools. Subject and methods of psychology. Ethics of psychological research.

Venue: audience.

The student has to know:

1. Psychology subject as scientific discipline

2. The place of psychology in the system of sciences.

3. Modern psychological schools.

4. Psychology methods: observation, experiment, testing.

5. Validity and reliability of methods of psychology.

6. Ethics of a psychological research.

The student has to be able:

1. To be able to use the research methods applied in psychology.

2. Competently and independently to analyze and assess a social situation to Russia and beyond its limits, to carry out the activity taking into account results of this analysis.

Subjects of projects, essay:

1. Main stages of formation of psychology as sciences.
2. Prescientific psychology.
3. Psychology and philosophy.
4. Psychology and pedagogics.
5. Psychology and physiology.
6. Psychology and medicine.
7. Research methods in psychology
8. Mentality and consciousnesses.
9. Development of mentality and behavior
10. Main stages of development of behavior and mentality; problem of an instinct, skill and intelligence

Initial control of level of knowledge:

1. What enters the concept "science"?

2. What is studied by psychology?

3. On the basis of what science did the psychology arise?

4. Whom can you call from founders of psychological science?

5. What methods are used in a psychological research?

6. With what sciences the psychology is most closely connected?

Main questions of a subject:

1. Subject of psychology, task, methods.

2. The place of psychology in the system of sciences.

3. Interrelation of psychology with other disciplines.

4. Psychology methods.

5. Ethical aspects of a psychological research.

Total control of level of knowledge:

1. What phenomena are studied by psychology?

2. What is a subject and an object of psychology?

3. Science as one of human activities, its purpose, methods.

4. Interrelation of psychology and philosophy?

5. Interrelation of psychology and physiology?

6. Interrelation of psychology and medicine?

7. Interrelation of psychology and cultural science?

8. Interrelation of psychology and pedagogics.

9. Psychology methods: observation?

10. Psychology methods: experiment, testing.

11. Psychology methods: testing?

12. Validity and reliability of methods of psychology?

13. Ethics of a psychological research?

Informative part

Psychology as scientific discipline, psychology subject

Human life is so many-sided that all attempts to explain its life by means of one universal theory inevitably suffer crash. For this reason, today's scientific vision of human reality breaks up to a set

of private images of different areas of knowledge. One of them belongs to psychology which investigates inner world and behavior of the person, treating them as fundamental.

The psychology does not ignore also the questions of applied character connected with the organization of training activities and education, vocational guidance and formation of professional skill with elimination of the conflicts and psychological discomfort in human communities, with a problem of a floor, family, mental health, etc. Psychological knowledge becomes more and more branched and differentiated. There are new industries of this rather young science. Here not the full list of the industries of modern psychology: social psychology, pedagogical psychology, legal psychology, medical psychology, pathological psychology, psychological diagnostics, genetic psychology, advertising psychology, psychology of management, etc.

Doing interior and its behavior by a studying subject, the psychology very closely connects itself with some other sciences and areas of knowledge: philosophy, history, sociology, cultural science, biology, physiology, pedagogics. Pulls together psychology with these disciplines emphasis of attention on anthropological problems.

Science — very difficult phenomenon. Today one of the most widespread approaches to interpretation of a phenomenon of science is the approach considering science as specific activity of people. Any activity if to try to analyze and spread out it to components, includes the purpose, the final product, methods of its receiving and the subject of activity — the person.

Obtaining new knowledge of the studied reality acts **as the strategic objective** defining scientific activity. **A product** of scientific activity is first of all the new knowledge characterizing patterns of existence of the studied objects. To get new knowledge of the nature of these or those objects, the science uses special receptions (**methods**) by means of which the object which is of interest to science is studied.

Concerning a main goal of activity, the psychology as science differs in nothing from other scientific disciplines. It as well as other sciences, it is designed to receive new knowledge. But this knowledge should describe and explain the nature and functioning of special objects of life. As a studying subject in psychology the interior and its behavior act.

The place of psychology in the system of sciences

The psychology as the scientific discipline studying interior and its behavior is on a joint of many sciences. It borders on public and humanitarian, natural and technical science. The psychology is concentrated on the person, his inner world and behavior, on the person who is a subject of the closest attention of many sciences. The course of researches of psychology though does not coincide with courses of other sciences, but all of them together lead to complete understanding of the person.

Consideration of differences of psychology from other sciences allows to understand better specifics and an originality of this to the mysterious and permanently attracting looks of people science.

Psychology and philosophy

Long time the psychology was a part of philosophy. The key difference of psychology from philosophy can be considered the fact that the psychology investigating inner world and behavior of the person seeks to describe, explain, understand them not only by means of speculation as philosophy, but also generally by means of observations and experiments.

The fact that it gives the chance to see the phenomenon completely acts as advantage of a look of philosophy, in interrelation with others, without being distracted by particulars. Advantage of psychology is that it allows to see particulars, the concrete parties of reality, getting thereby reliable and is skilled the checked material characterizing the phenomenon. Without having such material, it is essentially impossible to speak reasonably about regularities of subjective human life, its external manifestations in the world. At the same time it is necessary to recognize that without philosophical judgment, without understanding of the one who such person in a broad sense that made it such, but not other, the psychology is not able to develop the concrete ideas of regularities of interior, his behavior in space of joint life with other people.

Psychology and physiology

Today deep communication between psychology and physiology is called by nobody into question. The physiology provides to psychology the most valuable material about the physiological processes which are the cornerstone of functioning of an organism without which it is essentially impossible to argue on an originality of functioning of human mentality, its leading role in forming of a form of especially human behavior.

The data gained by physiology about age features developments of an organism, the central nervous system, higher nervous activity, physiological characteristics of autokinesis and motive automatism, various functional states, receptor and functions of the analyzer, etc., confirmed with numerous experiments are actively used by modern psychology.

The psychology of today not only should notice achievements of physiology, and on the contrary, is predisposed to commensurate the opening with results of researches of physiology which each research step is inconceivable without the thought-over experimental work.

But differences between physiology and psychology not a reason for their cultivation on different sides. Perhaps, most obviously communication between psychology and physiology was expressed in registration in the XX century by a peahen of scientific discipline - the psychophysiology focused on learning of mechanisms of mental processes and states. The psychophysiology historically grew from physiological psychology which was focused on a communication research between a brain and mentality.

Now began to understand science about physiological (neural) mechanisms of mental processes and states as psychophysiology. The psychophysiology as science uses as knowledge methods those which well proved in neurophysiology, biophysics, neurochemistry, genetics, psychology, etc. Use of these methods allowed psychophysiology to open a lot of new in mechanisms of emotions, memory, attention, thinking. These opening demonstrate the outlined elimination of barriers between physiology and psychology regarding their joint, complementary penetration into the mysteries of human existence.

Psychology and medicine

Communication of psychology and medicine traces the roots back to history depths. The medicine as the field of science and practical activities directed to preservation and promotion of health of people, prevention and treatment of diseases of a body, and the psychology which is engaged in studying and doctoring of soul always had an impact at each other, going to the solution of the tasks independently.

The established fact of a possibility of interferences of a body and soul or as today it is accepted to speak, somatopsychological and psychosomatic interferences makes related medicine and psychology, leaving behind everyone the space for research.

At all times it was clear that a disease, whatever part of a body it affected, there is always a disease of all organism, but not separate body and therefore it is necessary to treat not its, and the patient always having a unique, unique warehouse of soul. This understanding by through thread passes through all history of medicine, all history of medical psychology which precisely investigates psychology of the sick person and specifics of polysyllabic relationship of the doctor and patient. The medical psychology saved up the enormous volume of knowledge concerning how features of character, the type of the personality, temperament affect behavior of the sick person as motivation to recovery, desire to realize these or those vital purposes help people to cope with the illnesses as the people having mental diseases, psychological perceive the world and people around as they adapt to reality, properly to behave to the doctor not to put a psychological trauma to the patient.

The medical psychology investigates also how psychological factors influence the current and manifestation of somatopathies. It is considerably found already out what impact psychological factors have on emergence of such somatopathies as a peptic ulcer of a duodenum, ulcer colitis, bronchial asthma, an idiopathic hypertension, stenocardia, neurodermatitis, nonspecific chronic polyarthritis. Also, the fact that psychological factors play a significant role in appearance of migraine and endocrine frustration is established. According to these scientific data the medicine adjusts courses of treatment, including in them the actions allowing to eliminate negative influences of some psychological factors and to strengthen positive - others. The last aspect becomes more and more significant in the medical practice pursuing the aim not only to cure the patient, but also to create the steady psychological tone promoting increase in resilience of its organism.

Throughout a subject of interrelation of psychology and medicine it should be noted also that today there are several theories about origin of psychosomatic diseases. One of them explains their emergence is long the operating stresses, psychological injuries with which the person is not able to cope. It agrees another, lead the internal conflicts which are determined by existence at the person identical by intensity, but multidirectional motives to appearance of psychosomatic diseases. The third theory of origin of psychosomatic diseases explains their emergence not with the conflict of requirements, but the conflict of motivations. Collision of multidirectional motivations sometimes generates refusal of motive of achievement in favor of motive of preservation of status quo of the life that often involves the obvious or disguised depression pushing to a disease. All these theories emphasize the leading role of the neuropsychological reasons in the course of developing of psychosomatic diseases.

Today disease not only pathology of this or that body, and reflection of the general condition of an organism, so, and subjective reflection of physical, social and sincere trouble. The active movement of medicine to psychology already brought it a number of significant progress that allows to hope that the union with psychology will continue to stimulate medicine of development reasonably.

Psychology and cultural science

For several last decades the problem of cultural diversity of the world in which we live became one of dominating in science. The psychology in this regard is not an exception. Emergence of cross-cultural psychology became response to inclusion of a cultural perspective in the field of psychological researches. The psychological researches conducted with representatives of various cultures it is indisputable showed: that another can be inherent in representatives of one culture to unusual representatives.

To understand psychological state of the specific person, it is necessary to consider seriously a cultural context in which he lives. Culture imposes an indelible print on many parties of psychological life of the individual, his perception, knowledge, style of intellectual activity, emotional manifestations, verbal and nonverbal behavior, specifics of communications, features of the relations to physical "I", to health.

At the end of the 20th century there were results of psychological researches reflecting cognitive distinctions at the people representing the culture of the West and East. The assumption was made that dialectic approach to the solution of problem situations (search of opportunities for coordination of contradictory positions) while the choice of one of installations in quality correct is peculiar to the western culture when comparing opposite positions is characteristic of representatives of east culture. This assumption was based on accounting of features of cultures of the West and East. Researches confirmed that belonging to culture causes also a way of thinking. From this it is possible to draw a conclusion that the psychological system of the person shipped in culture, bearing on himself the stamp of this culture or directly, or is indirectly connected with his biology, and therefore the medicine should not ignore the factor of a cultural accessoryмwhich is actively influencing the organization of subjective life of the specific person.

Psychology and pedagogics

Without knowledge of how the interior as his behavior in social space is built is arranged, it is impossible to speak about constructive pedagogical process deliberately. This indisputable truth was realized very long time ago. In Ancient Greece thought of how to carry out a child driving (the pedagogics in translation from Greek means it is put - driving) how teachers-mentors have to bring up and train children. Antiquity, the Middle Ages, Renaissance, Modern times, the age of Enlightenment and the Latest time gave the answers to questions how to train and raise children, promoting that they became the full members of human community capable culturally and to develop. The call of a modern era drew the attention of scientists to a problem of formation of generations, knowing and responsible for the behavior, without the permission of which the fate of future mankind becomes illusive.

Substantial assistance to pedagogics in finding of ways of an exit from the most difficult situation is provided by psychology. It provides to pedagogics understanding of how there is a process of

psychological formation of the person as the drawing of his behavior is formed as its relationship with other people and with themselves is built up as his memory, thinking, intelligence, will, imagination as inclinations develop are arranged, abilities and talents as there is a formation of character, persons, etc. Pedagogics, using this material necessary for it, at first theoretically comprehends answers to the questions at issue: whom to teach what to teach to, who has to learn and as it has to learn, and then in practice builds the corresponding pedagogical process.

Today pedagogical psychology — the developed area of psychological knowledge which has the subject, research methods, ways of interpretation of the received results.

Psychology methods

The psychology has also special methods of knowledge of the internal world of the person and his behavior. Observation, an experiment, a quasiexperiment, testing are among these methods.

Observation. This widespread method in psychology allows to fix behavior of people in this or that concrete situation. There are several types of observation. There are several various bases for their classification. According to them observations are divided into observation under natural conditions and observation in simulated conditions, external (observation from outside) and internal (introspection), free and standardized.

Observation under natural conditions. The psychologist who is carrying out such procedure of observation does not interfere with the taking place events. Observation under natural conditions — one of widespread methods which use goes back to the beginnings of formation of psychology. According to this method the observer has to keep away from the observed phenomenon and not draw attention to himself. It has to notice and fix all events concerning the studied phenomenon. Fixing of events by the observer can be carried out including by means of various tools: cameras, tape recorder, Dictaphone, etc.

Many psychologists not without justification consider that the observation which is carried out under natural conditions has the indisputable advantage before other types of observation consisting that at its use natural succession of events is not broken so, and the data obtained during such observation characterize an object of research in itself. Observation is often called under natural conditions a field research for the reason that the researcher-psychologist in the same way as the researcher scientist, goes to "field" for data collection.

Observation in simulated conditions. Cardinal difference of a method of observation in simulated conditions from an observation method under natural conditions is that in this case studying of a psychological phenomenon is carried out in specially organized space. The equipped room for holding conversations, the game room or other specially created environment can become such space, for example. In such conditions process of observation can be concentrated on strictly certain aspects of the studied phenomenon. Data retrieved will allow to describe more precisely characteristics of the phenomenon which became an object of research.

For example, the aggression phenomenon became an observation subject in vitro repeatedly. A number of the ways allowing to obtain psychological data on an aggression entity, its various manifestations was developed for observation of aggression in laboratory conditions. In vitro it is possible to carry researches with "Bobo's doll" to classical examples of observation of aggression,

carried out by A. Bandura. Within this research children became witnesses of how other people beat a doll, knocked on her head the toy hammer, threw, accompanying it with verbal threats in relation to a doll. Then the children who became witnesses of this scene were invited to the room with toys. Behind behavior of children observation was established. All this became to answer a question: whether they will acquire an aggressive way of the address with a doll. During A. Bandura's observations found out that most of children copied aggressive behavior. Data retrieved allowed the scientist to deepen the existing ideas of social factors of forming of aggression of the person.

The free and standardized observation. Free observation is carried out without rigidly made program. The researcher who faced the phenomenon which interested him tries to record as much as possible data characteristic of this phenomenon. Usually the method of free observation is used by psychologists at the time of primary acquaintance to a phenomenon which will be subsequently in detail and to be studied systematically. The standardized observation is built on a planned basis with use of the regulated procedures of observation. It has the program containing an algorithm of carrying out observation. Observation as a method of a psychological research has a number of advantages and shortcomings in comparison with other types of a psychological research (an experiment, a quasiexperiment). These observations allow to describe the studied phenomenon to some the accuracy and reliability. Results of observations as dynamics of development of psychology shows, usually precede further profound studying of the phenomenon within carefully thought over experiment.

Experiment. The experiment is the most effective scientific method of a research of mental reality. The experiment unlike observation allows to reveal intrinsic characteristics of the studied phenomenon and relationships of cause and effect between the events defining life of this phenomenon. In it the cardinal difference of an experimental method from an observation method also consists: the experiment gives the chance to exercise exact control of the variables which became a subject of a psychological research.

Quasiexperiment. The quasiexperiment acts as one of the methods allowing to approach a solution of this or that phenomenon which riveted on itself attention of the scientist. The radical difference of a quasiexperiment from an experiment is that the first allows to reveal the correlation relations existing between variables, and the second gives the chance to define a dependence entity between independent and dependent variables. For example, during studying of aggression at children it became clear that aggressive children are more often than others watch movies with violence scenes and cruelty. Speaking to statistics language, there is a positive correlation communication between these phenomena.

The psychological researches relying on correlation analysis (quasiexperiment) are extremely widespread recently. Advantages of quasiexperiments are obvious. The quasiexperiment allows to obtain for a short time a large number of the data characterizing internal life and behavior of considerable number of examinees. In addition, the method can be used in some cases in which implementation of experimental work is impossible or accompanied by difficulties. One more positive side of a quasiexperiment is that it gives the chance to obtain information based on the most various selections of examinees unlike the experiments assuming presence of rigidly fixed experimental and control groups.

Validity and reliability of methods

Methods of scientific psychological research are those receptions and means by means of which scientists-psychologists get into the world of mental reality of the person. These methods have to be verified in the maximum degree. As criteria of such scientific educatedness and adequacy of methods serve the validity and reliability of methods of a research.

Validity (from English validity — full value) it is accepted to call "such quality of a method which is expressed in compliance to that, for studying and assessment of what it is intended". So, for example, the validity of an experiment means that by means of this real experiment it is possible to receive results which reliability is close to results of a "faultless", reference experiment. And the validity of the test means that "this test measures what it is intended for", i.e., for example, by test of intelligence it is possible to receive data on intelligence of the examinee, but not about his memory, reaction speed, etc.

Reliability of a method consider "the qualities of a method of a research allowing to receive the same results at repeated use of this method". In other words, reliability — a measure of coherence and reproducibility of the quantitative and quality indicators received by means of this method at its repeated use in the same conditions on the same or similar selection of examinees.

Ethics of psychological research

Psychological science is the science of the laws governing the structure and functioning of the inner world and the behavior of living, feeling, experiencing beings: man and animal. This fact imposes a special responsibility on the scientists-psychologists on the urgent need to strictly observe the physical and psychological safety of the subject. This responsibility in many countries is enshrined in special documents - the ethical standards of psychologists. Such documents are adopted by the American Psychological Association, similar organizations in Canada, the UK and other countries. They adhere to similar documents in Russia. The main principles of ethical attitude to the subjects are:

• **the principle of risk minimization** ("the risk in conducting research should not exceed the risk associated with ordinary daily life");

• **the principle of the subject's informed** consent to conduct research procedures with him and his right to withdraw from the study at any stage;

• **The principle of the subject's right to confidentiality.**

The broad interpretation of these basic principles makes it possible to draw up the following list of provisions, on the observance of which it is advisable to build an ethical and irreproachable research and practical work of a psychologist:

• **concern for the physical and psychological well-being of the subject during the research process;**

• **assuming responsibility, based on objectivity, honesty and maintaining high professional standards and their work;**

• **compliance with moral and legal norms that meet the moral requirements of society;**

• correctness and restraint in public statements;

• guaranteed preservation of confidentiality, information about the individual;

• building relationships with the subject on the basis of confidence, in-forming him about the purpose of the survey and the subsequent nature of the use of the results;

• non-disclosure of survey results;

• observance of restrictions in publication of results

• caution and delicacy in their interpretation.

The theme of the seminar№2. Pedagogy as a science, pedagogical components of the doctor's activities

The purpose of the lesson: to study the general foundations of pedagogy, to get acquainted with the main categories and concepts. To study the objectives, the content of training, to get acquainted with the methods of training, pedagogical situations in the work of the doctor. Barriers to communication. To introduce the conditions of effective communication. Conflicts in medicine.

Venue: audience.

The student should know:

1.The definition of "pedagogy**".**

2. Functions of pedagogical science in medical education. Innovative pedagogical technologies.

3. Main categories and concepts of pedagogy.

4. Goals of higher medical education.

5. Objectives and content of training. Models and teaching methods.

6. Methods of training in medical schools.

7. Forms of organization of the educational process.

8. Functions of pedagogical control.

9. Pedagogical communication in the work of a doctor.

10. Means of communication. Non-verbal communication components.

11. Conflicts in medicine. Species, strategies of behavior in the conflict.

The student should be able to:

1. Use the pedagogical process using the following aspects:

- Goals - why learn?

- content - what to learn;

-methods and tools - how to learn.

2. Use the methods and forms of education in the educational process.

3. To possess a certain minimum of information that becomes the basis for planning and implementing the correct treatment.

4. To possess the means of communication, non-verbal components necessary for a successful dialogue with the patient.

5. To own strategies of behavior in a conflict situation.

Subjects of projects, essay:

1. Formation and development of science "pedagogy".

2. Outstanding pedagogical figures in the Antique period.

3. Outstanding pedagogical figures in the Middle Ages.

4. Outstanding pedagogical figures in the Renaissance.

5. Outstanding pedagogical figures of the New time.

6. Functions of pedagogical science in medical education.

7. Innovative educational technology.

8. Goals of higher medical education.

9. Methods of training in medical schools.

10. Forms of organization of the educational process.

11. Functions of pedagogical control.

12. Pedagogical communication in the work of a doctor.

13. Means of communication. Verbal and non-verbal communication components.

14. Conflicts in medicine.

Test questions:

1. What are the main categories and concepts of pedagogy.

2. What are the goals of higher medical education at the present stage?

3. What do the terms “education”, “training”, “development” mean to you? How does your own understanding of these concepts correlate with their scientific interpretation?

4. Where do you find similarities and differences in the processes of learning and treatment as the oldest forms of humanitarian practice?

5. What types of educational environments do you feel to a greater degree? What is it manifested in?

6. Name the advantages and limitations of each of the considered learning models.

7. What training models are optimal at the preclinical and clinical stages of medical education?

8. What forms and methods of training can be most rationally used at different stages of training at a medical university and when training various categories of trainees (medical personnel, patients, their relatives)?

9. Indicate the similarities and differences in the forms and methods of control in different models of learning. Which of them contribute to the development of self-control in professional activities?

10. What ideas about personal and practice-oriented learning do you use to understand your own educational process?

11. Have you ever been aware of any life situation in medical practice as a pedagogical one?

12. When, under what conditions, in your opinion, can the treatment process be called healing? How should the communication between the doctor and the patient change in this case? What qualities should a doctor have?

13. Name and describe the possible circumstances of medical practice in which the need arises for the pedagogical actions of the doctor. Who is this action for? What tasks are solved with its help?

14. What means of building a meeting space and communication with the patient doctor? Which of them did you observe in action: when addressing you as a patient, in the work of doctors - teachers, in an artistic image (in books, movies)?

15. List additional materials that doctors can use in communicating with different categories of students (patients, their relatives, colleagues, students) to transmit special medical content.

16. What are the conditions for effective communication? What contributes, and what prevents the interlocutors to understand each other.

17. What are the individual characteristics of patients that need to be considered for the organization of therapeutic cooperation?

18. What traits and behaviors that contribute to the emergence of conflicts, psychologists distinguish?

19. Remember the last conflict in which you were. What strategy did you use to solve it and why? Was it effective?

20. What strategy do you most often resort to in resolving conflict situations? Why?

The content of the lesson.

Pedagogy as a science. The object and subject of pedagogy

Pedagogy is both theoretical and applied science. In medical education, she describes and explains the organization of the pedagogical process.

What is the science of pedagogy and what does it study?

In the most general form, pedagogy is defined as the sphere of human activity in which the development and theoretical systematization of knowledge about pedagogical reality takes place (V. V. Kraevsky). In this case, the task of pedagogy is reduced to the transfer of culture and social experience acquired in various spheres of human activity, including in the field of medicine.

The point of view, according to which it is proposed to consider education as a subject of pedagogy, including teaching, upbringing in a narrow pedagogical sense and development, was established at the end of the 20th century.

Pedagogy, like any other science, has not only an object of research (education), but also a subject. Its subject is the pedagogical (educational) process, from the point of view of which it studies and projects the education of a person. In this case, the pedagogical process is considered as a special kind of interaction of people, and pedagogy studies the essence, laws, principles, methods and forms of its organization.

It is customary to distinguish three basic meanings of the term “education”:

- education as a property of the individual;

- education as a process for the individual to acquire his wealth;

- education as a system, as a social tool that exists in order to help all citizens acquire such wealth.

The process of education can be viewed as a movement of personality in the cultural field of the human community. On the one hand, a person is active, he moves along the path of knowledge, he develops an individual system of the picture of the world; on the other hand, a person develops in a cultural environment, appropriating norms, customs, habits (sometimes undesirable, but characteristic of a given society), becoming its integral part.

Education is a value-semantic self-determination of a person in the space of culture (its meanings, meanings, images). In this way, the search is cultivated in a human person, his “second” birth.

In relation to a student, education is at the same time both a process and a result of education, upbringing, and its development.

In the content of education there are two aspects:

- external - educational environment, curricula, textbooks, methodological manuals and various means of visualization (in a medical university - the patient, the internal picture of the disease);

- internal - personal changes and increments that are unique for each student (knowledge, methods of activity, abilities, meaning and values).

Pedagogy in a medical university is the science of socially - personality-determined medical education, characterized by goal setting and guidance, the creation of conditions for students to master the basics of professional competence, spiritual and professional development.

The object of pedagogy is medical education, and the subject is pedagogical interaction between the participants in the educational process, ensuring students master the basics of professional competence. In clinical departments, such interaction is achieved in the triad “doctor — teacher –

student — future doctor – patient". The object of science is the area of reality that it explores; in our case, such a reality is higher medical education itself.

Medical education is carried out as an undergraduate, postgraduate (residency, postgraduate), additional.

Goals of higher medical education

The goals of higher medical education are related to the formation of the personality of a future physician, competent and responsible, able to provide assistance, a merciful and compassionate person. They reflect the two main components of medical practice: the first of them, value-semantic, is associated with the development of humanistic professional self-awareness, professional identity, the adoption of humanistic attitudes; the second is the technological mastery of the basics of professional culture and activity. Higher medical education is faced with the task of harmonizing these components, which determines the level of professional and personal development of a doctor.

Functions (tasks) of pedagogical science in medical education

Scientists identify three main functions (tasks) of pedagogy as a science:

analytical- theoretical study, description, synthesis, interpretation of pedagogical experience;

predictive- effective management of educational policy (state, university, department), the development of scientifically based recommendations of goal setting and learning strategies.

projective and constructive - the creation of new pedagogical technologies, systems, foundations of innovation, the introduction of the results of pedagogical research into practice.

One of the most important tasks is to *identify the objective laws of the educational process,* i.e. how a particular law manifests itself in reality. Analyzing the patterns, the researchers distract (abstract) from the goals and conditions of each educational situation, identify permanent, unchanged features of the process as a whole.

The pattern is revealed when the universality and repeatability of some conditions in the activities of students and teachers are established.

Pedagogical science also determines the general trends in the development of higher medical education, which, with the repeatability of positive outcomes found in the course of pedagogical research, may become regularities.

The fundamental tasks of pedagogical science in medical education include the justification and implementation of innovative learning technologies.

The basic concepts describing the educational process are "learning", "upbringing", "development".

The field of pedagogy that studies learning is called didactics. Higher education didactics is the theory and practice of teaching students and graduate students.

Learning, understood as the process of appropriation by a person of norms and methods of actions, of socially significant experience, is carried out through the student's independent activity *(teaching*) organized by the teacher. Therefore, it is always a two-way process.

Upbringing is characterized as an impact on the needs and values of a person, as a process of understanding external goals and turning them into internal ones. Education is determined by the focus on the individual, its interests and values.

Development acts as a process of the formation of the fundamental abilities of a person: thinking (ability to think); reflexive (the ability to act consciously); communicative (ability to communicate).

Thus, according to its purpose, the pedagogical process is a specially organized purposeful process of transferring to the next generations of social experience, which ensures the formation of fundamental human abilities. At the technological level, it can be considered using the following aspects:

- goals - *why study* (teach),

- content - *what to learn* (teach),

- methods and means - *how to learn* (teach).

Problems of upbringing and self-education

Upbringing is purposeful assistance in the development of character and positive personality traits, abilities and habits. Such qualities are determined primarily by the attitude of man to the Other, to society, to all the realities of the world, to science and the process of cognition. This relationship is fixed in the mind in the form of beliefs and in the subconscious mind - in habitual forms of behavior, a stable emotional and volitional position. But it is strengthened only if a person is stable in his preferences, and then they are embodied in personal qualities.

Education requires a special way of life and activity in the world of corresponding values, a special organization of the whole system of relations with the outside world, which, in turn, is connected with an understanding of the meaning of the problems of morality and spiritual culture.

Self-upbringing is a conscious, purposeful activity of the person himself, involving the cognition and development, the formation and improvement in oneself of positive personal qualities and the overcoming of negative, mastering the ability to harmonize one's inner world and relationships with others.

Of all the variety of educational approaches for higher medical education, the most significant are personality-oriented and philosophical-anthropological approaches.

To clarify their features, we compare a person-centered approach with a traditional one. The use in teaching of both of them implies taking into account the individual characteristics of students. With a personality-oriented approach, the main goal is to develop the personality of the student, while with the traditional one another goal is realized - the student gains social experience, certain knowledge and skills indicated in the standard programs and are required for learning.

The choice of the first approach is determined by the desire to promote the manifestation and development of the individual in a person, and the choice of the second one by socialization, relying on the typical without taking into account personal characteristics. This is the crucial difference between the two approaches.

Let us give some of the closest to our understanding of the definitions of the concept of "upbringing", which are given in the framework of the philosophical-anthropological approach.

Reproduction is a way of a person when he uses his own efforts, energy, needs for dialogue with culture (as a condition of being) self-existed, promoted, actualizes his natural inclinations.

Education is not just preparing students for life, but life itself in all its fullness and diversity.

Important descriptions of the pedagogical process, psychological concepts.

"Assimilation is the process of reproduction by a person of historically formed, socially-conditioned abilities, behaviors, knowledge, skills and abilities, the process of turning them into forms of individual subjective activity"

After mastering the objective information turns into subjective skills, knowledge, skills, beliefs.

Mastering is a synonym for the term "assimilation" when it comes to mastering the manipulative or activity elements of the objective experience of mankind - operations, actions, forms of activity. Guided learning is a targeted learning exercise, for example, by a student under the direct or indirect guidance of a teacher (group of teachers).

Pedagogy as a field of humanitarian practice

In traditional culture, educational problems are solved. Thus, the tradition was transmitted directly from the wearer to the wearer in rituals. Determining was the culture of skills - "Do as I do."

The next stage of the transformation of education is associated with the formation of a craft culture, in which the skill is alienated from the carrier. The culture of skills is replaced by a culture of knowledge. Selected samples and recipes for their recreation. The task of education was to save the recipes and transfer them. The word alarm - "Be like me." This led to the creation of universal workshops and workshop schools for students.

Professional culture (as an independent area of human activity) gave rise to the idea of forming a single picture of the world. The gradual transition from preservation and transfer of prescription knowledge to the development and transfer of theoretical knowledge. The culture of skills was replaced by a culture of knowledge. The transfer of the book and the dissemination of theoretical knowledge has become a book.

In a professionally organized society, science acquires the status of one of the most important institutions, since within its framework general theories and a single picture of the world are formed. At the same time, particular theories and corresponding professional subject areas arise. The task of education is the mastery of scientific knowledge.

System of Pedagogical Sciences

The system of pedagogical sciences more or less finally took shape relatively recently.

The dominant is the traditional understanding of the system of pedagogical sciences, which includes the following branches:

- General pedagogy, exploring the patterns of education;

- didactics, or learning theory;

- the history of pedagogy, which studies the development of pedagogical ideas in individual historical periods;

- comparative pedagogy, revealing the patterns of development of education in different countries;

- age pedagogy, considering the peculiarities of the formation of a person at various age stages (this includes the pedagogy of higher education, along with preschool and school pedagogy, as well as andragogic);

- special pedagogy that studies the specifics of the upbringing and education of people (children and adults) with disabilities in physical development;

- teaching methods of different academic disciplines, which reflect the experience of differentiation of various branches of knowledge (this includes professional medical training, in our case - doctors of different specialties, medical business, dentistry, pediatrics, etc., in line with which private teaching methods of teaching disciplines are developed medical school, providing for a certain chain of command);

- professional pedagogy, carrying out theoretical substantiation and development of scientific and methodological recommendations in the specific professional field of activity, for example in medicine.

Relationship of pedagogy with other sciences

Pedagogy is inseparable from the vast context of the human sciences in a very comprehensive system of human knowledge. The study of man engaged in such sciences as anatomy, physiology and pathology, psychology, logic; geography, statistics, political economy, history (including religions, philosophical systems, literature, arts) are directly related to man as a rational being living on earth and products of his activities.

Pedagogy is most closely associated with psychology, which explores the laws of the formation of the human psyche, while pedagogy develops a strategy for managing personal development through the processes of education, upbringing, and education. Pedagogy and psychology have much in common in research methods, for example, the effectiveness of a particular model of training or education (psychometry, psychological tests, questionnaires). Pedagogy as a scientific discipline uses psychological knowledge to identify, describe, explain, systematize pedagogical facts.

The educational process in a medical school.

Education meaningful to the individual physician.

Learning objectives and content

In order for students to consciously and effectively participate in the educational process, it is necessary to have knowledge of its most common models and principles, the conditions, goals and methods of shaping a doctor's actions, methods and forms of education, methods of pedagogical control and self-control. Own educational experience will serve as a basis for them to transition to the development of their professional activities and for further continuing education.

The educational process is aimed at achieving the objectives of training, which are formulated in the qualification characteristic of a specialist and consist in mastering the corresponding training content.

The logic of training a student at a medical school is dictated by the qualification characteristic of a graduate doctor, which sets out the requirements of society for this specialist. They become the ultimate goal of learning.

2.2. Models and principles of training

Information models of learning. Information models realize the idea that the main goal of training is to master the knowledge, skills and abilities in their subject content. Within the framework of this approach, regulatory requirements for their mastering and criteria for evaluating the activities of both the teacher and the student are developed. Moreover, the assimilation of curriculum content is usually understood to mean memorizing (memorizing) a certain amount of information. The general result of the exercise is the acquisition of knowledge - the "knowledge base".

The logic of learning requires the formation of the ability to apply knowledge, but this requirement is not implemented: training ends only with the acquisition of knowledge.

Cognitive activity of students is seen as a movement from ignorance to knowledge, from inability to ability. Her criteria for each student are taken from the orientation toward the "average student."

Operational models. Psychological research has led to the conclusion that it is necessary to teach not in order to give a sum of knowledge, but in order to teach how to act. Action is nothing more than the application of knowledge in practice. According to the information model of learning, it is formed after receiving knowledge, most often beyond the learning process itself, and in the method under consideration, the ability to act is formed not after, but in the process of acquiring knowledge, i.e. knowledge is acquired in the course of their practical application.

Personality oriented approach. The main goal of a personality-oriented approach in education is to contribute to the personal growth of a student while maintaining the full value of preparation for professional activities. The defining value of this approach is the personality and dignity of everyone, the impetus for creativity, the focus on the individuality of the processes of self-knowledge and self-expression, the moral aspects of education. The most important condition for successful learning in this approach is the meaningfulness and understanding of the significance for the students of the content and methods of activity.

Principles of organization of the pedagogical process.

The principle of dialogization reflects the idea of unlimited possibilities of a person on the way to self-improvement in the course of communication with other people. The pedagogical process

includes two activities: the student's activity — the teaching and the teacher's activity — the teaching. Their interaction in the modern university should be built as an equal cooperation. In a learning situation, a teacher is not only an intermediary between an array of culture, ethics, knowledge, and a student. Its most important role is to actualize and stimulate students' aspirations for general and professional development, to create conditions for their self-improvement.

The principle of problematization reveals the creative nature of the whole preparation of a medical university student, both its content and methods. In a medical school, the content of education is most often presented as the search for ways and means to solve problems, and the learning process is how to focus problems and acquire the skills to solve them. The more successfully the principle of problematization is implemented at the preclinical stage, the more clearly it is carried out in clinical departments, when all the content and teaching methods are aimed at finding ways and solutions to problems.

The principle of personalization provides for overcoming the shortcomings of the traditional role-playing pedagogical interaction, when the learning process is based on the relations of personalities, not role-playing participants. Due to this, their additional functions, resources and opportunities are revealed: personal experience is actualized, aspirations, actions and actions that take on an individual, and not just a normative character are taken into account.

The principle of individualization presupposes a focus on learning not only on the so-called "average" student, but also on the "strong" and "weak", taking into account all their diverse inclinations and possibilities. Its implementation is achieved as a result of pedagogical observations, psychodiagnostics, knowledge of abilities and aptitudes of students, as well as attitudes towards their development.

The principle of the deontological orientation of specialist training reflects the ethical component of the doctor's professional activity and provides for both a moral aspect - the application of moral principles in specific healing activities - and problems of interpersonal relations between doctors and those who are not specialists in the field of medicine and compliance with professional standards. elimination of possible difficulties in relations with patients and their relatives. The deontological education of medical students is a unique, extremely complex problem associated with the development of a person's spiritual culture.

Formation of professional actions of the doctor

(diagnosis and treatment)

Modern medical education is focused on the active activities of the student himself in solving professional problems (real or simulated). According to this approach, theoretical knowledge is acquired simultaneously with the practical development of professional norms and methods of activity, rather than separately and in advance. This theory provides for the practice of training a specialist on the basis of mastering specific professional actions (diagnostics, treatment, prevention, rehabilitation) and conceptual knowledge and skills (professional thinking, methods of communication, manual clinical skills). At the same time, conceptual knowledge becomes the "security", the condition and the key to the precise implementation of practical actions.

The task of the students is self-study in the presence of a teacher - mentor and consultant. First of all, this requires readiness in terms of motivation - an understanding of one's goals and values.

The main target setting for the student is a thoughtful, interested approach to all his actions, and not the desire to "know everything and be able to do everything".

Teaching methods

The teaching method is a method of joint activity of a doctor-teacher and a student, aimed at the realization of goals and values that predetermine the formation of the personality of the future doctor and mastering the basics of professional activity.

Training methods are one of the most important components of the pedagogical process along with its goals and objectives, content, organizational forms and results. So, the teaching method serves:

- for the exchange of information between teacher and student

(verbal, visual, practical);

- management of students' cognitive activity (direct, mediated, self-government);

- communication of teachers and students (frontal, group, individual);

- stimulation and motivation of teaching and deontological education;

- monitoring the effectiveness of educational activities.

In the practice of medical education, the term "active learning methods" has been established.

Among the active teaching methods in medical schools stand out:

- laboratory workshops (the study of material and materialized objects; drugs, models, instruments, models, phantoms);

- solving clinical problems, performing manual actions on models or patients (skills of palpation, percussion, auscultation, stopping of blood flow, artificial respiration, etc.);

- educational role and business games;

- educational research work of students and research work of students; reviewing and reviewing literature, the performance of term papers and dissertations, preparation of a training history of the disease.

Forms of organization of the educational process

University lecture. The following forms of education are most common in medical universities in Russia: lectures, practical classes, seminars, laboratory work and workshops, independent work of students under the supervision of a teacher, and work experience.

Clinical lectures occupy a special place in the medical university, which have long been used by clinical lecturers as a special form of developing clinical thinking, student participation in diagnosis, establishing an atmosphere of trust, partnership, adherence to the principles of ethics and deontology.

The lecture has always been considered the most effective form of emotional impact, aimed at the development of professional self-awareness and professional position, deontological education of the individual, the formation of a meaningful attitude to professional training.

Seminar lesson. The main differences between the seminars and other types of university studies are the discussion form of their conduct and the great autonomy of the students, the possibility of their manifestation of personal qualities and educational claims. According to the method and nature of the organization, the workshops are introductory, overview, self-organizing, held in the form of a "round table", called "brainstorming".

Practical lesson. In a medical school, a significant portion of time is devoted to this form of education, and it has its own characteristics.

After the organizational moments (the first stage of the lesson) the teacher, as usual, proceeds to check the initial level of knowledge (the second stage). Traditional survey is one of the possible, but ineffective forms of conducting this stage. You can answer both verbally and in writing, provided that the time spent on this does not exceed the target. The third stage of the seminaris the solution of situational problems (simulating clinical situations).

The fourth stage of the seminar consists in the independent work of students with patients, and most of the time is allocated to it. In some cases, for example, for topics on surgery within the stage “patient curation”, it is possible to single out individual components: work in the ward, participation in dressings, and presence in operations.

The fifth stage ends the seminar- control of the results of learning. It is built in the form of discussion of the course of supervision of patients, which is organized by assistants, either with each student individually or with the whole group.

Situational role-playing, or business, games. In recent years, situational role-playing or business games have become widespread in higher medical education. Their essence consists in the improvised creation of situations simulating a certain typical activity, the solution of problems arising in the course of this activity. The game involves several people performing different roles. The same situation can be played several times to enable all students to familiarize themselves with the functions of different actors.

The game "doctor-patient".

The game “Concilium” - the distribution of roles between students is made depending on the number of participants, however, several students can consistently act in each role.

Comprehensive games like “hospital department”, “polyclinic”, “in-patient department”, “sanitary-epidemiological station”, etc. Such games can be used in residency, at the departments of social hygiene and the organization of health care, general hygiene. They are closest to the widely used management games, but at the same time retain their medical specificity. The game participants are given the opportunity to play a role chosen from real life (for example, playing various psychological situations of a doctor’s communication with patients) without a strict scenario.

Educational diagnostics - pedagogical control and self-control

Diagnosis of learning outcomes is a mandatory component of the educational process, allowing both teachers and students to judge the achievement of learning goals, the degree of formation of learning activities and the assimilation of knowledge, the students' understanding of the meaning of learning activities, i.e. about the effectiveness of learning.

The analysis and assessment of the achievements are carried out with the help of the means of pedagogical control and self-control, which make it possible to accurately determine the level and quality of the knowledge and skills acquired by students, the degree the formation of educational activities, as well as "internal" increments associated with the individual characteristics of the student's understanding of the content of education and, under its influence, understanding of himself, his changes. In this complex process, the mark is only a reference symbol for the assessment and can be replaced with a rating score, a conclusion of readiness (or not readiness) for practical activities.

The functions of pedagogical control include:

motivational function - pedagogical control encourages the educational activities of students and stimulates its continuation;

diagnostic function - pedagogical control allows you to identify the level of training and establish the reasons for the success or failure of students;

teaching function - pedagogical control allows you to identify, systematize, clarify the knowledge and skills acquired;

educational function - forms the student's self-consciousness and his self-esteem in learning activities, the necessary attitude to the subject and profession, a responsible attitude to classes; encourages the development of their abilities, ie, personal and professional growth.

The basis for the implementation of a reliable control system is the comprehensive use of computers, technical audiovisual systems and modern forms of its implementation, reflecting the conditions of the doctor’s professional activities, namely, simulation business games, which can also be successfully implemented on the basis of computer equipment. A computer cannot replace a teacher, but it increases the level and degree of objectivity of assessments and conclusions, makes knowledge achievable for each student taking into account his personal characteristics, individual style of activity, and pace of learning.

Tasks and questions for the control of initial knowledge are used for self-preparation and self-control of students. Their content for classes of each type (introductory, concluding, propaedeutic, hospital) depends on the task that is set for students during self-training, on the complexity of the topic and on the goal set for the lesson.

The innovations of educational diagnostics include the successful use of modular training and rating control principles in some theoretical departments of medical universities.

The module is a logically completed part of the educational material, which is necessarily accompanied by the control of students' knowledge and skills. The basis for the formation of its content are the work programs of relevant disciplines. The number of modules depends on both the characteristics of the subject and the desired frequency of pedagogical control.

This form of education is associated with a rating control system: the larger or more important is the module in its content, the greater the number of points assigned to it.

Pedagogical situation in the work of a doctor.

Professional communication. Conflicts in medicine.

The following cases are recognized in the work of a doctor as pedagogical:

1. Training junior staff in individual techniques and skills.

2. Transfer of personal experience to colleagues.

3. Compilation of methods for taking drugs for patients.

4. Training of relatives in the care of seriously ill patients.

5. Formation of the patient's responsible attitude to treatment.

6. Explaining to him the values of procedures and medicines.

7. The conviction of the patient in the necessity of observing a certain lifestyle.

8. Participation in educational programs.

Having assumed the pedagogical task, the doctor should take care of the psychological comfort of the patient, which consists in being protected from stressful states, being able to find out everything necessary for him. Of particular importance in this case is the nature of the flow of conversation, which is led by a doctor.

Practical advice.

1. Make a greeting sign that will be a symbol that you are ready to accept the other person as a friend. See him in the face, indicate by hand and verbally where to sit.

2. Choose a convenient place for communication that will emphasize the equality of your positions in the dialogue. If there is an opportunity to sit down, then it is better to put a chair opposite, and not close by or turn to the patient. If this is not possible, then when you talk, you yourself have to get up.

2 After your greeting or first message, pause, allowing your partner to enter into dialogue.

3 Immediately explain how you see the course of this meeting, and when he will be able to ask you questions.

4 Be sure from time to time to clarify whether everything is clear to him and whether he is experiencing any difficulties.

5 When talking, try to look in the face of the interlocutor. If you need a visual reinforcement in the form of any source of information, then while reading, stretch your free hand towards the patient, emphasizing his involvement.

In most cases, the doctor must feel the professional need to maintain a business relationship with the patient, because The results of his work are directly dependent on their joint actions. In communicating the doctor with the patient, personal trust plays an important role, which can be established (in favorable cases) between the partners of the interaction.

There is a certain minimum of information that becomes the basis for planning and implementing treatment. According to B. Lone, in one form or another, the doctor must bring the answers to the following questions to the patient.

«1. Whether he clearly understands the nature of the symptoms and whether there is a way to treat them.

2. If the disease is not treatable, is it possible, nevertheless, to alleviate its manifestation?

3. If the disease is life threatening, how many years can a person live?

4. If it is not life threatening, can it stabilize or progress? If so, at what speed?

5. What complications are possible with this disease and how to avoid them? How will this affect lifestyle?

6. Can a change in lifestyle significantly affect the development of the disease. »

The transfer of knowledge to the patient is impossible without trusting full-fledged communication, partner position, without respect for his personality.

Barrier to establish trusting relationships and full communication between the doctor, patient and others can be:

1. **Personality traits, features of the characters of partners, which impede communication**. These include the following qualities: self-centeredness (the inability to take a position of another person), imperiousness, the desire to dominate, categorical (“there are two opinions on any issue - one is mine, and the other is wrong!”), Intolerance to shortcomings others, aggressiveness.

2. **Barrier of negative emotions.** A person engulfed in anger or full of resentment is not capable of normal interaction, he is not able to perceive the interlocutor adequately. Experiencing feelings of disgust, irritation, fear towards the patient, it is impossible to expect that he will be able to understand correctly. Arising negative feelings are not always realized.

3. **Barriers of perception**. The first moment of a person’s perception of a person largely determines the subsequent interaction, creates an appropriate attitude, which can be either positive or negative (in the latter case, you have to spend a lot of effort to change it in the future). Significant information about another person is carried by such elements as his appearance (general appearance, clothing, hairstyle, accessories), voice, and manner of behavior.

Practical advice.

Try to figure out the expectations of your patients about the appearance of the doctor (his office) and try not to shock them with a bright tattoo or extravagant hairstyle, etc. If you are very tall, or you are a left-handed dentist, or you are allergic to perfume smells, try to get patients prepared to come to you for the first time.

Non-verbal communication components.

In forming the impression of a person, non-verbal (that is, nonverbal, nonverbal) methods of communication, which are not always recognized by partners, but almost always have an influence, play a large role. It has been established that the transfer of information at the expense of words is achieved only by 7%, at the expense of sound means by 38%, and at the expense of non-verbal means by 55%.

Non-verbal (non-verbal) means of communication include: intonation, timbre of voice, pauses, speed of speech; mimicry and pantomime; distance in communication (distance between speakers); eye contact. Increased volume as a whole is characteristic of excited, tense communication. Speakers of loud speech are perceived by others as dominant, wishing to attract attention (however, one should not forget about the possibility of hearing impairment, in which a person's perception of his own speech is distorted).

In the creation of a trusting calm atmosphere in communication, the pantomimic plays an important role - postures and gestures of the interlocutor. They can be tight, closed. To create an atmosphere of cooperation, attentive hearing, in which the patient is usually not in a hurry, the doctor must sit in a comfortable, calm, stable posture.

An important factor in communication is the distance at which it is comfortable to talk with a person. The distance that we try to maintain when communicating with different people depends most of all on the nature of communication (intimate, personal, business, or public communication), as well as on the individual characteristics of the interlocutor, their social status, and national culture.

Channels of perception.

A person perceives the world around him with the help of all his organs of senses, but at the same time he unconsciously gives preference to one of them. There are three types of people on the leading channel of perception: "*visuals"* - the visual channel, "*kinesthetics"* - the sensory channel, "*audial"* - the auditory channel - and the fourth type of people who do not have a clear preference is "*digital"* (logic, as a rule, they are adults).

Conflicts in medicine. Types of behavior strategies.

It is impossible to avoid conflicts, but there is a way to eliminate their destructive influence on the interaction of people, to learn how to choose effective strategies for resolving conflict situations.

The causes of conflict situations can be a discrepancy between professional or personal values, religious and ideological views, as well as inconsistency of interaction.

Practical advice.

Most often, we are in conflict with others because of disregard for the rules of good form. Do not want disputes and disagreements - do not do very simple things.

1. A glance down no one has yet decorated. Even if you have every reason to be proud of yourself, and your track record is capable of embellishing any resume, you still should not publicly praise yourself — let others be better off for you. Do not also spread about the huge links that brought

you this place, exactly, as well as about authoritative friends and patrons. Thus, you not only do not make friends, but rather find yourself isolated.

Nor can it be unfriendly or ironic to discuss behind the eyes of your colleagues and teachers - it is possible that these words will reach them, and it is not known in what way. But if you speak well of others, emphasizing their advantages, as a rule, the situation in the team improves.

Do not impose on others your requirements and work schedule, even if they seem to you to be more effective.

You should not rush to help if they do not turn to you for it, and especially if they ask you not to interfere.

The dynamics of the conflict.

According to the degree of sharpness of the contradictions that arise, conflicts are divided:

1. *Discontent* - a feeling of dissatisfaction with something, or someone.

2. *Disagreement* is a discrepancy in opinions and views that has a personal meaning for subjects. If the parties cannot find a way to overcome the disagreement, after a while the next stage comes:

3. *Confrontation* - the subjects have already understood the contradiction, everyone knows what he wants and the desire to achieve the desired result is rapidly increasing. If a constructive solution to the problem is not found, arises:

4. *Confrontation* - constant disputes, quarrels, mutual justified or unjustified offenses, rupture of relations, scandals up to physical clashes. If such a situation is delayed and rejection is growing, the situation becomes extremely acute the nature of mutual hostility, which in a certain sense can be called a war and a person taking the opposite position is perceived as an enemy. This is a destructive way, since each side, defending its own interests, does not want to notice and take into account the interests of others. The situation that caused the conflict may never be resolved, because the relationship comes to a standstill. This can help either time or competent mediation.

The positive effect of a constructive solution to the conflict is that all actors enter a new higher level of relations, with respect for other interests.

Strategies for behavior in a conflict situation.

When a person finds himself in a conflict situation, he often unknowingly chooses one of the possible strategies of behavior: avoiding the problem or avoiding it, adaptation, rivalry or competition, compromise, cooperation.

The methodology provided below will determine which method of response in a conflict situation you prefer.

Practical advice

If you are in conflict, you can do the following:

- look at the conflict from the side, mentally provide the whole picture of the current situation, consider different ways of resolving it — a visualization technique (especially suitable for visuals);

- to carry out emotional unloading: apply auto-training, go in for sports, play tennis, football or any game that allows you to throw out aggression, take a pause (count to 10 and back or drink a cup of coffee), etc. (helps kinesthetics more);

-to try to retell each position of the conflict situation from the first person-technician “I am renaming” (it is better with audial)

- analyze the situation and choose the optimal strategy of behavior (effective for digital)

Theme of seminar №3. Psychology of cognitive processes.

The purpose of the seminars: To acquaint with the definitions and basic properties of cognitive mental processes: sensations, perception, memory, attention, thinking, imagination, speech and emotions. Ways to improve the cognitive processes. Their place in the training and professional activities of the doctor.

Venue: Audience

Section I. Sensation and perception.

Section II. Attention and memory.

Section III. Thinking. Imagination. Speech.

Section IV. Emotions.

Section I. Sensations and Perceptions.

The purpose of the lesson: To introduce the definitions and basic properties of sensation and perception.

The student should know:

1. Definitions of sensation and perception.

2. Types of sensations and classification of sensations. Properties of sensations.

3. Measurement and change of sensations.

4. The main properties of images of perception: objectivity, constancy, integrity, categorical.

5. Illusions of visual perception. The perception of space, time and movement. Mechanisms of perception of the shape of objects and their size, the perception of time.

The student should be able to:

1. To determine the leading sensory system of a person using special techniques.

Subjects of projects, essay:

1. The origin of sensations.

2. Approaches to the study of sensations and perceptions.

3. The physiological basis of the formation of sensations and perceptions.

4. Difference of perception from sensations.

5. The formation and development of sensations and perceptions in children.

6. The role of sensations in human life.

7. Mechanisms of perception of the shape of objects and their size, perception of time.

8. Classification of perception disorders (agnosia, illusions, hallucinations and pseudo-hallucinations, psychosensory disorders).

Initial knowledge level control:

1. What do you understand by the term's "sensation" and "perception"?

2. How does the process of sensation differ from the process of perception?

3. What do you think is the role of these psychological processes in a person's life?

4. In consequence of what factors can these mental processes be disturbed?

Main issues of the topic:

1. Definition of sensation and perception.

2. The origin of sensations.

3. Types of sensations and classification of sensations.

4. Properties of sensations

5. Measurement and change of sensations.

6. Difference of perception from sensations.

7. The main properties of images of perception: objectivity, constancy, integrity, categorical.

8. Illusions of visual perception. The perception of space, time and movement.

9. Mechanisms of perception of the shape of objects and their size, the perception of time.

Final control of the level of knowledge:

1. Define sensations and indicate which components of the nervous system are involved in the sensory information space?

2. List the main characteristics of sensations?

3. What are the main characteristics that distinguish perception from sensations?

4. How does the study of various illusions determine the understanding of the mechanisms of perception?

5. How does human processing of visual information and what are the mechanisms of occurrence of visual agnosia?

6. How are sound stimuli converted into sensory signals and what are the mechanisms for the occurrence of auditory agnosia?

7. What is skin-kinesthetic sensitivity and what are the mechanisms of tactile agnosia?

8. How is the charming, taste and static sensitivity of a person investigated?

Section 1. Sensations.

Sensations and perceptions, which are sensual images, constitute the initial, initial moment in the process of human knowledge of the world.

Sensations are of great importance in human life, as, firstly, they provide communication with the outside world, are a constant source of knowledge about the environment.

Sensation is the simplest mental process consisting in the reflection of individual properties, objects and phenomena of the external world, as well as the internal states of the body with

the direct influence of stimuli on the corresponding receptors. The physiological mechanism of sensations is the analyzer mechanism, while feedback is of great importance.

Sensation is a mental process of reflection of individual properties of objects and phenomena with their direct effect on the senses. Since the time of Aristotle, traditionally, there are five types of sensations that inform people about changes in the environment. These are touch, taste, smell, hearing and sight.

Basic properties:

1**Modality** is the main feature of this type of sensation, distinguishing it from other types. In the process of evolution, man formed the main eleven types of sensations, providing a holistic reflection of the world and optimal adaptation - these are visual, auditory, taste, olfactory, tactile, temperature, motor, or kinesthetic, vestibular, or balance, vibration, pain, organic, or interoceptive . In each modality, various qualities are reflected, for example, in the visual, such qualities as brightness, contrast, etc. are represented, in the auditory, the pitch, timbre, and loudness of the sound.

2 **The intensity of sensations** depends on the strength of the acting stimulus, on the functional state of the analyzer, and also on the individual characteristics of the person. The main characteristic of the analyzer is its sensitivity. Any impact that exceeds a certain limit causes pain and disrupts the activity of the analyzer.

The main characteristics of sensations

Range of sensitivity. An irritant can cause sensation only when it reaches a certain size or force.

The minimum magnitude of the stimulus that causes a barely perceptible sensation is called the **lower absolute threshold of sensitivity (i0)**. On the lower threshold judge the absolute sensitivity of the analyzer. The lower (i0), the higher the sensitivity of the analyzer to the stimulus.

Stimuli of lesser strength are called subthreshold, and signals about them are not transmitted to the cerebral cortex. Subthreshold sensations are not indifferent to the body. This is confirmed by numerous facts when it is weak subthreshold stimuli. coming from the external or internal environment, create a dominant focus in the cortex of the cerebral hemispheres and contribute to the emergence of "deceptions of feelings" of hallucinations.

The upper absolute threshold of sensation (i max) is the maximum magnitude of the stimulus that the analyzer is able to adequately perceive. Impacts exceeding (i max) cease to be felt or cause pain (i max) - significantly more variable in different people and at different ages. The interval between (i0) and (i max) - is called the range of sensitivity.

The time thresholds measured by the duration of exposure required for sensation to arise. The most elementary example of a spatial threshold is visual acuity. It is determined by the minimum distance between two points, at which the minimum sense of their separation is possible.

The duration of the sensation is determined by the duration of the action of the stimulus and its intensity. The period from the beginning of the stimulus to the onset of sensation is called**the latent period.**

One of the phenomena of sensitivity change is adaptation.

Adaptation of the senses is the change in the sensitivity of the analyzer under the influence of an active stimulus. Different analyzers have different adaptability. The fastest adaptation occurs in tactile, olfactory analyzers. Most slowly - in the visual. There is practically no adaptation of a person to the painful sensation, which is of great biological importance, since painful sensation is a signal of ill-being in the body.

The classification of sensations.

Over the past century, attempts have been made to categorize and streamline the whole variety of sensations. Currently, the classification of the Sherring tone, which is based on the principle of attribution of the receptor organ to the receptor field, is the most generally accepted, that is, the location of the receptor and the location of the source of irritation are taken into account. In accordance with this, all sensations are divided into 3 groups.

Exteroceptors - receptors of the environment. The activity of these receptors is aimed at recognizing the effects of the external world, which is of paramount importance for reflecting objective reality in human consciousness. This group includes vision, hearing, smell, taste, tactile, temperature, pain.

Proprioceptors include sensory organs reflecting the movement and position of the body in space, Musculo-articular, or kinesthetic, vibratory, vestibular (sensations of balance and acceleration).

Interreceptor - located in the internal organs. By the nature of stimulation, all receptors of the internal organs, regardless of their location, are divided into several types: chemoreceptors, thermoreceptors, pain receptors and mechanoreceptors, reflecting the change in pressure in the internal organs and the bloodstream. In addition, the nature of the sensitivity of almost all sensory organs is significantly affected by the internal state of the body.

An example of the interaction of analyzers is somesthesis, synesthesia.

COMESESTESIA is a complex formation that unites all types of skin reception, kinesthesia, interreceptor and visual sensations and forms the body pattern. It is the body pattern that is the "sensory source of personality" according to Sechenov. When studying such a psychological phenomenon as the human I, and when defining its structure, the primary level — the core of the "I" —drugs the feeling of existence of the body, including the complex of sensations and emotions. Thus, the connection between the sensory sphere and the subjective side of a person's life, with the development and development of his self-awareness, is obvious.

It is known, for example, that weak pain increases the sensitivity of almost all analyzers. Thus, by acting on some analyzers, you can purposefully change the sensitivity level of others. In this case, the general rule may be the following: strong effects on any analyzer reduce the sensitivity level of others, weak ones - even subliminal stimuli - increase.

Synesthesia is the occurrence, under the influence of irritation, of one sensory analyzer, characteristic of another analyzer. This phenomenon is particularly pronounced and is used in the effect of color music.

A huge impact on the change in sensitivity has a practical and cognitive activity of a person. In particular, in the process of professional activity, sensitization occurs, that is, an increase in the sensitivity of the sense organs under the influence of an exercise. In the process and under the influence of activity, first of all, the difference, differential sensitivity changes. Absolute sensitivity is less amenable to training.

Sensory organization of human. Sensory organization is one of the most important manifestations of the historical nature of man and the underlying phenomena of vital activity associated with the deeper layers of the structure of human development and personality. Defining for the formation of sensory organization are the habitat, lifestyle and way of life. The selection of the leading sense organs that make up the sensory axis in animals is determined by the species. In humans, individual characteristics, first of all, characteristics of sensitivity, as well as features of activity. In this regard, it is necessary to distinguish such a property of sensory organization as sensitivity - the sensitivity level of analyzers.

The level of sensitivity and leading analyzer systems determine the individual characteristics of a person. The structure of the human sensory organization is a condition for successful socialization. The formation of such qualities as impressionability, empathy, and observation is essentially associated with sensory organization. In addition, sensory organization underlies the formation of human abilities for various activities. Knowledge and accounting of the leading analyzer system is very important when communicating people, organizing training, since the discrepancy between the ways of presenting information and its reception greatly complicates people's interaction and understanding. In this sense, the tactile analyzer is universal. In numerous experiments, it was shown that touching, a short and light touch of the hand powerfully reduces discomfort, reduces or even removes the barrier between the psychotherapist and the client, increases the activity and self-disclosure of the latter.

Perception.

Perception is the mental process of the reflection of an object or phenomenon as a whole, in the aggregate of its properties and parts, based on sensations arising from them, but at the same time possessing certain features that cannot be reduced to individual sensations. The perception is formed on the basis of the joint activity of a number of analyzers united in a functional system. In this case, any of the analyzers plays a leading role in the formation of the image.

Properties of perception.

1. **Subject and integrity** - the ability to perceive the holistic image of the object. The perception of an object is possible only if the object is isolated from the environment (the background on which it is located). The background is usually unlimited and undefined. The figure is limited, relief, it has objectivity. Contribute to the selection of the subject from the background, the contrast of the object and the background, the unusual subject. For example, on a chest radiograph, a round shadow stands out much better against the background of a normal pulmonary pattern than against a disseminated process.

2. **Constancy** - ensuring consistency in form, color and other parameters of the objects we perceive. Perception preserves certain objects for their size, regardless of how far and at what angle we look at them.

3. **Selectivity** - clearly stands out in the phenomenon of the selection of figurines from the background. What is in the foreground and is perceived as concrete - is a figure, that everything else is a background. Perceived reality is always divided into two layers: the figure - the holistic image of the object and the background - the image of the surrounding space.

4. **Meaningfulness** - indicates the connection of perception with thinking, with an understanding of the essence of objects. The images of perceived objects always have definite, semantic meanings, and this is reflected not only in close connection with thinking, but also in the activity of perception.

5. **Apperception of perception** - indicates the connection of perception with a person, with all past experience of a person with his “I”.

The influence of attitudes on a person's perception is also manifested in phenomenon, demonstrated in a huge number of experiments, when one and the same person is perceived as evil and cruel, if the subjects were told beforehand that the person depicted in the photo is a criminal; as kind and courageous, if it is known in advance that this is a man of a humane profession who has committed a courageous act to save people's lives.

Thus, perception is an active process, the nature of which is influenced not only by the activity of the perceptual system, but also by the internal characteristics of the subject.

The complex forms of perception include the perception of space, the perception of time, the perception of movement.

In the perception of time, the perception of time duration and the perception of time sequence are distinguished. The perception of time depends on the installation: while waiting for unpleasant events, time flies quickly; but how painfully long the time creeps, if we are waiting for some pleasant event (meeting with a loved one, for example). The most important characteristic of time is its irreversibility**.** On the basis of sensation and perception, a more complex form of sensory reflection arises - *representation.*

Representation is a secondary sensual image of the object, which currently does not act on the senses, but has acted in the past (Lomov). **Representations can be viewed as a transitional link between the sensual image (*sensation, perception*) and abstract thinking. It is common to all representations that the subject or phenomenon no longer exists, and their reflection continues to evolve. The flow of ideas unfolds in the “inner space, never taken out. This is different from the idea of hallucinations, "when the inner image" is displayed outside. "**

Section II. Attention and memory.

It is a matter of fact.

The student should know:

1. The definition of memory and the definition of attention.

2. Types, types and properties of memory.

3. Methods for the study of memory.

4. Types, properties of attention and memory.

5. Methods of research attention.

The student should be able to:

1. To ensure that you're not in use.

2. It's not a problem.

3. Know the methods of psychodiagnostics of attention and memory.

Subjects of projects, essay:

1. The main mnemonic processes (views, laws of associations.

2. the main theories of memory: the neural and physical therapies of memory, the biochemical theories.

3. Modal non-specific and modal-specific memory disorders.

4. Additional methods of memory research.

5. Neurophysiological mechanisms of attention

6. The development of attention in children.

7. The development of memory in children.

8. Modal non-specific and modal-specific violations of attention.

9. Additional methods of research attention.

Initial knowledge level control:

1. What do you understand by the term's "attention"?

2. What does the term "memory" mean?

3. What should you know about?

4. What are the functions of memory?

5. What does the person think about?

6. What are the possible factors?

Main issues of the topic:

1. Definition of memory.

2. Types of memory.

3. Properties of memory.

4. Types of memory.

5. Methods for the study of memory.

6. Definition of attention.

7. Types of attention.

8. Properties of attention.

9. Methods of research attention.

Final control of the level of knowledge:

1. Give a detailed definition of memory. What does memory have in person?

2. What are the grounds for memory types?

3. What is the relationship between short term and long term memory?

4. How does the semantic organization of the material affect the memorization?

5. Formulate a definition of attention.

6. List its main functions of attention.

7. How is your attention classified?

8. What are the parameters of properties?

9. How does secondary post reference attention?

10. What distinguishes between absent-mindedness and narrowing of scope?

11. The German psychologist Munsterberg?

The content parts.

Memory.

Memory is a mental process of reflection, consisting in capturing and preserving with subsequent reproduction and recognition of traces of past experience, making it possible to reuse it in activity or return to the sphere of consciousness.

Memory processes

Memorization - (imprinting) is defined as a process that ensures the input of information and the retention of the recorded material in memory. Remembering is always selective: not all that affects our senses is remembered. For some people, the dependence of the quality and durability of memorization on which analyzers are more involved in the perception of the corresponding objects clearly appears.

Preservation (retention) is a mental process of memory that ensures the retention of information for a more or less long time. Preservation is carried out by the mechanisms of short-term, long-term and RAM. It is closely connected with forgetting. In fact, these are two sides of a single process: with incomplete preservation they speak of partial forgetting and vice versa. It is established that the conservation can be dynamic and static. Dynamic preservation is manifested in RAM, and static - in long-term.

Forgetting is the opposite of saving. It consists in the inability to play previously fixed in memory. Forgetting, like preservation and memorization, is also selective. The physiological basis of forgetting is the inhibition of temporary neural connections. First of all, it is forgotten that it does not have vital meaning for a person, it does not arouse interest. The selectivity of forgetting is also manifested in the fact that the details are forgotten rather, and the general provisions and conclusions usually remain in memory longer. Material that was learned mechanically, without sufficient understanding, is subject to more rapid forgetting.

Reproduction (recall, reproduction) is the mental process of extracting the necessary material from the memory reserves into the perceived field. Reproduction is closely related to the recognition of the previously learned and is non-arbitrary and arbitrary.

Recognition is a specific process of memory, which is manifested when the object is re-perceived or recalled. In recognition, a sense of familiarity should be emphasized; perceived and the assignment of this image to a particular place, time, situation.

Memory types

Sensory (instantaneous)memory provides storage of information at the receptor level. It has a very short “off-seal” storage time (0.3-1.0 s) of the acting object. Some of its forms received special names: the iconic (visual) and the echoic (auditory) sensory memory

Short-term memory is characterized by very short (about 20 sec.) Preservation after a single short perception and immediate reproduction. This type of memory is also called primary.

Secondary, long-term memory - long-term preservation of information (starts from 20 seconds and extends for hours, months, years) after repeated repetition and reproduction.

There is also operational memory - these are mnemic processes that serve human activity. It represents the synthesis of long-term and short-term memory. For example, in the course of a professional activity, a person operates with current information of the current moment in short-term memory and extracts information containing professional knowledge and experience from long-term memory. So, the doctor, examining the patient, compares the symptoms of his illness with similar cases from his practice, with what he read and knows about these symptoms.

The buffer (intermediate) memory ensures the preservation of information for several hours; it is an intermediate link in the way of transferring information from short-term memory to long-term memory. It is believed that during the night's sleep, the accumulated accumulation of the day and the cleaning of the buffer memory for receiving new information occur.

Allocate more so-called "eternal" or tertiary memory. Under it understand the ability to reproduce the once imprinted information throughout life.

Memory properties

The amount of memory - the amount of information that a person is able to remember for a certain time. The amount of human short-term memory is on average 7 + 2 blocks of information. The block size can be different, for example, a person can memorize and repeat 5-9 digits, 6-7 meaningless syllables, 5-9 words.

Speed - the time during which a person is able to remember a certain amount of information.

Strength - the duration of the preservation of information.

Accuracy - the correctness and completeness of information reproduction.

Readiness is the ability to timely recall what is required.

Types of memory

There are two main types of memory: **genetic (hereditary)** and **in vivo**. Hereditary memory stores information that not only determines the anatomical and physiological structure of the body in the process of development, but also the innate forms of species behavior (instincts).

Lifetime memory is a repository of information obtained from birth to death. The following types of it are distinguished: **imprinting** as well as **motor**, **emotional**, **figurative** and **symbolic** memory.

Imprinting is a type of memory that is observed only in the early period of development immediately after birth. Imprinting consists in the simultaneous establishment of a very stable specific connection between a person or an animal and a particular object of the external environment. This relationship persists for a long time, which is considered as an example of learning and long-term memorization from a single presentation.

Motor memory is a memory for movement. It forms the basis for mastering motor actions in any kind of human activity. Achieving full development before other forms, the motor memory of some people remains leading for life. It is especially important for ballet dancers, as well as in technically challenging sports.

Emotional memory is a memory for feelings. It determines the reproduction of a certain sensory state with repeated exposure to the tone of the situation in which this emotional state arose. Sensual memory is already present in a 6-month-old child and reaches its full development by 3-5 years. The mechanisms of emotional memory underlie the primary sense of recognition (familiar, alien), sympathy and antipathy, caution.

Figurative memory is a memory for figurative material. The following subspecies are distinguished: visual, auditory, tactile, olfactory, and gustatory. Visual and auditory memory is manifested most clearly in all people, and the development of other sub-species is associated with differences in professional activity (for example, taste memory among tasters). Imaginative memory is usually brighter in children and adolescents. In adults, the leading memory, as a rule, is not figurative, but logical.

Symbolic memory is a memory for abstract, abstract-symbolic material. It is divided into verbal and logical memory. Verbal memory is formed in ontogenesis after figurative memory and reaches its full development by 10-13 years. Unlike figurative memory, it is characterized by greater accuracy of reproduction.

Memory research methods

Among the methods of studying memory in clinical practice, two groups are widely used: the study of direct memory (10 words memorization technique, Benton's visual retention test) and indirect memorization (pictogram technique). Wexler's complex memory test, in which the final result is expressed in standard units of the set, includes seven independent subtests for a special study of individual cognitive functions.

Attention

Attention is a mental process that provides the focus and concentration of the psyche on certain objects and phenomena of the external world, images, thoughts and feelings of the person himself. The main function of attention is to select the effects that are significant for a person and to ignore (inhibit) non-essential, side effects. Another important function of attention is retention, retention in consciousness of a certain objective content until the goal is achieved. The third essential function of attention is the regulation and control of the course of activity.

Types of attention.

Involuntary attention is a reaction to a stimulus, it is not due to the volitional act of a person. Primary involuntary attention is innate and is a natural manifestation of the unconditional orienting reflex. In the manifestation of such attention, the strength of the stimulus and its unexpectedness play a role (loud noises, bright light, strong smell). Secondary involuntary attention also does not require a volitional effort; attention here is attracted not by the brightness or singularity of the object, but by its specific content, which is in the direction, the interests of the person, i.e. constant waiting for something.

Arbitrary attention, as well as secondary involuntary attention, is a socially mediated type of attention, but it is closely related to the will of the person, the consciously set goal. In this case, it is supposed to use special methods of concentration, organization of one's perception or thoughts.

Arbitrary attention in an adult is directed primarily by speech stimuli, i.e. it is closely related to the speech system.

Post voluntary attention arises after arbitrary. This means that a person first concentrates his consciousness on some object or activity (sometimes even with the help of considerable volitional efforts), and then the process causes increasing interest, and attention continues to be maintained without any volitional effort. Thus, post-spontaneous attention, appearing after arbitrary, cannot be reduced to it. It is also a variant of involuntary attention, since it is associated with a consciously set goal.

Attention Properties

Attention is characterized by various qualitative manifestations "properties. The main ones are volume, concentration, stability of switchability, distributability and distractibility.

The amount of attention is characterized by the number of ideas, objects and activities that can simultaneously hold and control the century. In other words, the amount of attention is associated with the number of objects simultaneously reflected in the consciousness. You can increase the amount of attention with the help of special exercises.

Concentration of attention is expressed in the degree of intensity (concentration) of attention on one object or a limited range of its ideas, experiences, thoughts. Only with difficulty can he be distracted from the thoughts or deeds in which he is immersed, he does not notice the noise and other distracting stimuli.

Attentional stability is determined by the duration of concentrated attention retention. The sustainability of attention depends on a number of reasons - the importance of the case, interest in it, skills, etc.

Switching attentions characterized by the speed of an arbitrary transition of attention to a new object or from one action to another while maintaining a high degree of concentration on it. There are significant individual differences in switching attention. Perhaps an increase in switching performance by special exercises.

Distribution of attention is determined by the ability to perform two or more actions simultaneously with the distribution of attention between them. It is more difficult to combine two types of mental activity and a more efficient distribution of attention while performing motor and mental activity.

Distractibility attention is associated with involuntary fluctuations of its level. Oscillations - easily traced when perceiving competing (dual) images.

Attention Research Methods

All methods for studying the scope of attention can be divided into direct and indirect. The direct method involves the presentation of material (for example, words, letters, images of objects) in short periods of time using a tachistoscope, followed by counting the observed subject.

Indirect methods for determining the amount of attention, as well as its other properties, are relatively simple in the procedure of conducting speed tests. The most commonly used method for finding numbers from Schulte's tables.

To study the selectivity of perception with attention, the method of the German psychologist Hugo Munsterberg is most often used. This is an alphabetic text, where you need as quickly as possible (standard - two minutes) to emphasize the 25 words hidden in it. Errors are also recorded - missing and incorrectly selected words.

Section III. Thinking. Imagination. Speech

Objective: To study the processes of thinking, imagination, speech. Disassemble the main types, types, forms and functions of thinking, imagination and speech. Learn to identify the typology of thinking.

The student should know:

1. Definition of the concepts of “thinking”, “imagination”, “speech”.

2. Types, forms, methods, operations, individual features of thinking.

3. The development of thinking in ontogenesis. The laws of logic and thinking.

4. Kinds of imagination. Iatrogenii.

5. Types and functions of speech.

6. The ratio of thinking and speech.

The student should be able to:

1. Investigate speech disorders.

2. To carry out the method of A. Alekseeva, L. Gromova on the definition of individual styles of thinking.

Subjects of projects, essay:

1. Theoretical and experimental approaches to the study of thinking research.

2. Features of violation of thinking in brain lesions.

3. The role of clinical thinking for medical professionals.

4. Violations of the development of thinking in children.

5. The influence of the doctor’s communication with the patient on the dynamics of treatment.

6. Using the peculiarities of human imagination in order to psychodiagnostics-sticks.

7. Speech Types of speech. Violation of speech formation.

8. Imagination. Types of imagination. Pathological forms of imagination.

9. Iatrogenii.

Initial knowledge level control:

1. Give the definition of thinking, imagination and speech.

2. What types and forms of thinking do you know?

3. How is thinking associated with other mental processes?

4. How does thinking affect imagination and speech?

5. What do you think, what influence do emotions have on thinking?

6. What reasons can lead to a violation of the processes of thinking, imagination and speech?

7. What do you think, how do the underdevelopments of the visual, acoustic and speech apparatus influence the formation and development of thinking, imagination and speech?

Main issues of the topic:

1. The definition of "thinking". Basic mental operations: analysis and synthesis, comparison (comparison and discrimination), abstraction (distraction), generalization, specification, systematization (classification).

2. Types of thinking: concrete-effective, visual-effective (practical), visual-figurative, abstract logical (sign-symbolic, word-logical), creative (creative) thinking.

3. The main forms of abstract thinking: the concept (category, definition of the concept), judgment, inference.

4. Methods of thinking: deduction, induction and analogy, and their corresponding conclusions.

mechanically associative and logically associative types of thinking.

5. Strategies of thinking: random, rational and systematic enumeration. Stages of preparation and incubation in thinking.

6. Individual characteristics of thinking: breadth and depth, consistency, flexibility, autonomy, critical thinking.

7. The development of thinking in ontogenesis, stages and age periodization, classification, the work of J. Piaget, LS Vygotsky, P.Y. Halperin and others

8. Methods of research thinking.

9. Imagination, normal and pathological forms, the role of imagination in the development of the psyche, active and passive imagination, fantasies, age sexual and social aspects.

10. Speech and thinking. Mimicry and pantomime in speech. Oral and written speech, stages of speech development.

Final control of the level of knowledge:

1. Give a definition of thinking. Types of thinking and forms of thinking?

2. What are the integrated characteristics describes the individual characteristics of thinking?

3. Why do dreams relate to forms of passive imagination? Can dreams be intentionally caused by man?

4. What is the difference between productive imagination and reproductive imagination?

5. What are iatrogenic diseases? How is iatrogenic prevention performed?

6. Give the definition of speech. How do speech and language relate to each other?

7. What is internal speech? How is it formed in ontogeny, what functions does it perform?

8. What is the difference between expressive and impressive speech?

9. What is the difference between calculating speech and spoken gestural speech of deaf-and-dumb people?

10. What is the main feature that distinguishes aphasia from alalia?

11. What is meant by the concepts of left-brain and right-brain thinking?

12. How is the assessment of the pathology of children's falsehood?

13. What separate phenomena of children's fantasy should be alarming in terms of the possibility of a child having a mental illness?

The content part.

Thinking

Thinking is the mental process of reflecting the most essential properties of objects and phenomena of reality, as well as the most essential connections and relations between them, which ultimately leads to obtaining new knowledge about the world.

Operations of the thinking process.

Mental activity arises and flows in the form of special mental operations (analysis, synthesis, comparison, abstraction, generalization, concretization and systematization) with the subsequent transition to the formation of concepts.

Analysis - mental dismemberment of the whole into parts. It is based on the desire to know the whole more deeply by studying each part of it. There are two types of analysis: analysis as the mental decomposition of the whole into parts and analysis as the mental selection of its individual features or sides as a whole.

Synthesis is a mental connection of the parts into a single whole. Just as in the analysis, there are two types of synthesis: synthesis as a mental combination of parts of the whole and synthesis as a mental combination of various signs, sides, properties of objects and phenomena of reality.

Comparison - the mental establishment of similarities and differences between objects and phenomena, their properties or qualitative features.

Abstraction (distraction) - mental selection of essential properties or signs while simultaneously distracting from non-essential properties; signs of objects and phenomena. To think abstractly is to be able to extract some moment, side, trait, or property of a knowable object and consider them without regard to other features of the same object.

Generalization - the mental union of objects or phenomena based on common and essential for them properties and characteristics, the process of reducing less common concepts to more general ones.

Concretization is a mental isolation from a particular property or attribute, otherwise it is a mental transition from generalized knowledge to a single, specific case.

Systematization (classification) - mental distribution of objects or phenomena into groups or subgroups depending on the similarities and differences (division of categories according to the essential attribute).

All mental operations (actions) proceed not in isolation, but in various combinations.

Types of thinking.

There are three main types of thinking that appear sequentially in the process of ontogenesis: **visual-effective, visual-figurative and verbal-logical.**

Visual-effective (practical) thinking is a type of thinking that relies on immediate sensory impressions of objects and phenomena of reality, i.e. their primary image (sensations and

perceptions). In this case, a real, practical transformation of the situation occurs in the process of concrete actions with specific objects. This kind of thinking can exist only in the conditions of direct perception of the field of manipulation.

Visual-figurative thinking is a type of thinking that is characterized by the support of ideas, i.e. secondary images of objects and phenomena of reality, and also operates with visual images of objects (drawing, diagram, plan).

Abstract-logical (abstract, verbal, theoretical) thinking is a type of thinking that relies on abstract concepts and logical actions with them. Abstract-logical thinking, by abstraction, allows you to create an abstract and generalized picture of the situation in the form of thoughts, i.e. concepts, judgments and conclusions, which are expressed in words.

These types of thinking develop in the process of ontogenesis consistently from the subject-effective to the conceptual.

The thinking of an adult includes signs of all three types: subject-effective, visual-figurative and conceptual. The ratio of these types of thinking is determined not only by age, but also by individual features and is associated with the dominance of one of the hemispheres. The predominance of effective and visual-figurative thinking is typical for people with the dominant activation of the right hemisphere, such people are more successful in technical activities, they are easier given geometry and drawing, they are prone to artistic activities. In persons with dominance of the left hemisphere, there is a higher success rate of theoretical, verbal - logical thinking, they are more successful in mathematics (algebra), and scientific activity. For developed practical thinking, it is characteristic “the ability to quickly sort out a difficult situation and almost instantly find the right solution,” that is, what is commonly called intuition.

Intuitive thinking is characterized by speed of flow, the absence of clearly defined stages, low awareness, in contrast to the discursive, step-by-step, unfolded, conscious thinking. The high speed of intuitive problem solving is due to the restructuring of the processes of logical and figurative thinking. It acquires a special significance in difficult situations of activity (complexity of the situation, lack of time, the need to take into account the opposing forces, high responsibility for each decision). It is these parameters that characterize the activity of the doctor. Therefore, in the practical activities of the doctor, all of these types of thinking appear in unity.

Creative and critical thinking. Creative thinking is thinking, the result of which is the discovery of a fundamentally new or improvement in the solution of a problem. Guilford, a famous researcher of creative thinking, identified four main factors of creativity.

1**. Originality characterizes** the originality of creative thinking, the unusual approach to the problem, the ability to give non-standard answers.

2. **Flexibility** - the ability for a variety of answers, for quick switching.

3. **Integration** as the ability to simultaneously take into account several opposite conditions, sub-principles or principles.

4. **Sensitivity** as the ability to notice subtle details, similarities or differences.

Studying creative thinking, Torrance found that the peak of creativity is noted in childhood (from 3.5 to 4.5 years), then it increases in the first three years of schooling and in the pre-puberty period. In the subsequent tendency to its decrease.

The obstacles of creative thinking, often unconscious, are conformism (the desire to be like everyone else, the fear of standing out.

Critical thinking - testing the proposed hypotheses to determine the scope of their possible application. It can be said that creative thinking creates new ideas, and a critical one reveals their shortcomings and defects.

Proceeding from all the above, when describing thinking, one can single out such qualities: **depth — superficiality; latitude — narrowness; speed — slowness; flexibility — rigidity; originality is trivial.**

The main forms of thinking.

Concepts, judgments and inferences are the main forms with which mental operations are performed with abstract thinking. A concept is a form of thinking that reflects the most common and essential signs, the properties of an object or phenomenon of the objective world, expressed by a word. The concepts are based on our knowledge of these objects or phenomena. It is customary to distinguish between common and isolated concepts.

Any general concepts arise only on the basis of single objects and phenomena. The way of forming concepts is a movement from the particular to the general, i.e. through generalization.

The basis of the formation of concepts is practice. Very often, when we lack practical experience, some of our concepts have a distorted look. They may be unreasonably narrowed or extended. It is necessary to distinguish between everyday concepts that are formed through personal practical experience. The predominant place in them is occupied by visual-shaped links. Scientific concepts that are formed with the leading participation of formal-logical operations, their definition is formed through generic differences.

The content of the concept is the set of the most essential features of the object, which is thought in this concept, and the set of objects, which is thought in the concept, is called the volume of the concept. An increase in the content of a concept leads to a decrease in its volume and vice versa.

Only comparable concepts can be in a logical relationship. Diagnostic errors of the doctor may be associated with a violation of the logic of thinking in terms of, for example, a specific disease, an excessively broad or too narrow understanding of the content and scope of the concept of it, the substitution of the definition of the disease by its description, listing individual symptoms.

Judgment - a form of thinking, which reflects the relationship between the activities, expressed in the form of affirmation or denial. If the concept reflects the set of essential features of objects, lists them, then the judgment reflects their connections and relationships.

Inference is a form of thinking by which a new judgment (conclusion) is derived from one or more judgments (premises). Inference is the highest form of thinking and is the formation of new judgments based on the transformation of existing ones. Inference as a form of thinking is based on concepts and judgments and is most often used in the processes of theoretical thinking.

Thinking methods

Inference is the most complex form and product of thinking. It is based on data from a number of judgments and is carried out by reasoning. There are three main methods (methods) for deriving reasoning in reasoning: deduction, induction and analogy.

Deductive reasoning - the course of reasoning when obtaining a conclusion goes from more general knowledge to particular (from general to individual), here the transition from general knowledge to particular is logically necessary.

Inductive reasoning - reasoning goes from private knowledge to general provisions. An empirical generalization takes place here, when, on the basis of the recurrence of a trait, it is concluded that it belongs to all the phenomena of this class.

Inference by analogy makes it possible, when reasoning, to make a logical transition from known knowledge about a separate subject to a new knowledge about another separate subject based on assimilation of one phenomenon to another (from single case to similar single cases or from partial to particular cases, bypassing the general).

Types of thinking

Mechanically associative type of thinking - associations are formed mainly according to the laws of contiguity, similarity or contrast. There is no clear goal of thinking, i.e. that particular regulator, which provides the selection of the necessary material and the formation of cause-effect associations. Such a “free” (chaotic-mechanical) association can be observed in a dream (this often explains the quirkiness of some dream images).

Logical and associative thinking is distinguished by purposefulness and value. For this, the regulator of associations is always necessary - the goal of thinking.

Our ordinary thinking consists of both logical-associative (apperceptive) and mechanical-associative thinking. The first we have with concentrated intellectual activity, the second with fatigue.

Individual features of thinking

The breadth of the mind manifests itself in a person’s horizons and is characterized by the diversity of knowledge, the ability to think creatively and to consider any question in the diversity of its relationships with other phenomena, the ability for broad generalizations.

The depth of the mind is expressed in the ability to penetrate the essence of the issue, the ability to see the problem, highlight the main thing in it and foresee the consequences of the decision. The quality, opposite to the depth of thinking, is the superficiality of judgments and conclusions when a person pays attention to trifles and does not see the main thing.

The sequence of thinking is expressed in the ability to establish a logical order in solving various issues. Quick thinking is the ability to quickly assess a situation, think quickly and make decisions, and easily switch to solving different tasks.

The flexibility of thinking is expressed in its freedom from the chilling influence of the prevailing stereotypes, the ability to find unconventional solutions based on changes in the situation.

Independence of thinking is expressed in the ability of a person to put forward new questions and tasks, to find new ways to solve them independently, without outside help. Such thinking is not amenable to inspiring extraneous influence.

Critical thinking is the ability of a person to objectively evaluate his own and others' opinions, the ability to abandon his untrue statements, to critically examine the suggestions and judgments of other people.

The development of thinking in ontogenesis.

For a long time, the Swiss psychologist Jean Piaget was engaged in the study of child psychology of thinking (Paige., 1966). He considered the development of thinking as a spontaneous, naturally occurring transition from external actions to internal mental operations. In the studies of J. Piaget and his psychological school, the qualitative originality of children's thinking, a special children's logic, different from an adult, is shown, and it is traced how thinking gradually changes its character as a child grows up.

Piaget identifies four stages of cognitive development of children:

1. **The stage of sensorimotor operations (sensorimotor intelligence)** - actions with a specific, sensually perceived material: objects, their images, lines, figures of various shapes, sizes and colors. This stage continues in children under 2 years of age and is free from using the language; no view. All behavior and intellectual acts of the child are focused on coordinating perceptions and movements (hence the name “sensorimotor”), the formation of “sensorimotor schemes” of objects is taking place, the first skills are formed and the constancy of perception is established.

2. **The stage of pre-operational intelligence (2–7 years)** is characterized by formed speech, ideas, interiorization of action into thought (action is replaced by a sign: word, image, symbol). If earlier the child produced various externally actions in order to achieve the goal, now he can already combine patterns of actions in the mind and suddenly come to the right decision.

This stage of development of the intellect is called representative intellect — thinking with the help of representations. At the stage of preoperative presented

All the features of the early (sub conceptual) form of thinking by J. Piaget explains the phenomenon of child egocentrism inherent in young children — the child’s view that everything around him is relevant, perceives the world as its continuation, meaningful only in terms of meeting needs.

J. Piaget distinguishes three main levels of egocentrism:

1) **the lack of distinction** between subject and object by a child up to 1.5 years;

2) **the lack of distinction** between their own and someone else’s point of view by a child under 7–8 years of age, which gives rise to such features of preschooler thinking as syncretism or animism;

3) **the adolescent's** faith in the limitless possibilities of his own thinking and ability to transform the world around him (11-14 years).

3. **The stage of concrete operations (8-11 years)**is characterized by the awareness of the reversibility and symmetry of relations by overcoming ego-centrism. The stage of concrete operations is connected with the ability to reason, prove, relate different points of view. Logical operations have not yet become generalized for the child.

4**. The stage of formal operations (12-15 years)** - a teenager is freed from concrete attachment to objects given in the field of perception, which characterizes the completion of the formation of logical thinking. A sprout acquires the ability to think in the same way as an adult, i.e. hypothetically, deductively. This stage is characterized by operating with logical relations, relative concepts, abstraction, and generalizations. The adolescent's entry into the stage of formal logical operations causes him to be hypertrophied to general theories, the desire to "theorize", which, according to Piaget, is an age feature of adolescents.

The study of thinking.

The pace and course of associations. From a physiological point of view, the study of associations is nothing more than the study of temporal connections formed in the past life experience. They are reproduced under the action of word-stimuli and are expressed in speech reactions. This technique is suitable for studying the rate of formation of associative connections (rate of thinking), the development of the processes of generalization and distraction, as well as other features of thinking and the personality as a whole.

In the most common classical variant of an associative experiment, the patient is asked to immediately reply to each word proposed by the experimenter with one of the first words that have come to mind.

A set of 20-60 words is usually suggested: the answer is recorded, as well as the time between the word of the researcher and the patient's response (the latency period is equal to a norm of 1.5-2 s).

Classification - the operation of the process of thinking, which requires the ability to highlight the essential features of objects.

The technique is directed primarily to the study of thinking (processes of generalization and abstraction, the sequence of inferences, etc.), but it also provides an opportunity to analyze the criticality and deliberation of the patient's actions, the volume and stability of his attention, personal reactions to their achievements and failures.

The technique is applicable to the study of children and adults of any educational level. The technique reveals a decrease in the process of generalization, which is typical for patients with oligophrenia and epilepsy.

The technique is very sensitive to the identification of specific disorders of thinking characteristic of patients with schizophrenia: distortion of the processes of generalization, updating of random associations, the diversity of thinking, and some others. The main thing that can be noted in these cases is that patients begin to fold one group extremely generalized, and others - in too much detail. Already this can only be regarded as an inconsistency of thinking, which most often happens with

schizophrenia. There are a number of modifications of the classification method: the classification of geometric shapes, special tasks for the exclusion of concepts, the allocation of essential features of objects.

The method "Exclusion of objects (concepts)" - estimated ability to distinguish between heterogeneous concepts. The subject must exclude from the group “extra” from four or five items (for example: “table, stupa, bed, floor, wardrobe”; “decrepit, old, worn, small, dilapidated”). Healthy subjects in such cases declare that the task is not feasible. **The technique “Isolation of Essential Characteristics of Objects (Concepts)”** allows to judge the quality of understanding of the main and secondary signs of objects and phenomena. Tasks are proposed, where the subject must identify the essential features of the key concept.

Understanding the figurative meaning of proverbs. To study the process of abstraction to the patient, you can offer tasks for understanding the transversal meaning of proverbs or understanding the content of plot pictures and short stories (including with absurdities). It is required to know how he motivates the erroneous decisions and how much the corrections are available.

Formation of artificial concepts (method of double stimulation). The subject is offered two rows of stimuli: one row plays the role of the object to which the behavior is directed, the other the role of the sign with which the behavior is organized. The subject of study in this experiment becomes not only the process of comparing and summarizing the figures, but also the influence on this process of the word (sign) denoting the desired combination of features.

The study of logical connections and relationships between concepts - the method of forming paired analogies is used in drawing and word-spring versions, where, in accordance with the sample (a couple of words), a new pair is selected, similar in sign to the sample. For example: school / education; hospital / (doctor, student, institution, treatment, patient).

The study of constructive thinking. For the study of constructive thinking, special colored cubes are used (Kos’s cubes, Link's cube), from which it is proposed to lay out patterns (patterns or complexity of a large cube of a given color).

Imagination.

Imagination (fantasy) is the cognitive mental process of creating a new image (representation) of an object or situation by restructuring (transforming) the ideas that a person has.

Imagination, as a peculiar form of reflection of reality, makes a mental departure from the limits of the directly perceived one, contributes to anticipating the future, “revives” what was previously.

Imagination is a creative process, and many mental processes take part in it, especially thinking, memory and perception. At the same time, the imagination itself “interferes” during a particular mental act, as if penetrating it and giving it its corresponding features.

Imagination is an analytical-synthetic activity that is carried out under the guiding influence of a consciously set goal, or of feelings and experiences that control a person at a given moment.

Most often, the imagination arises in a problem situation, when a quick search for a solution is required that is ahead of specific practical actions to solve it (anticipatory reflection), which is also characteristic of thinking.

Kinds of imagination

Imagination can be passive and active, and active, in turn, is divided into recreative (reproductive) and creative (productive imagination).

Passive imagination is characterized by involuntary arising, which is manifested in dreams and dreams. The person can also cause dreams intentionally, but even in this case the appearance of the very images of the imagination is distinguished by involuntariness.

A distinctive feature of the passive imagination is its complete or almost complete separation from practical human activity.

Active imagination is characterized by arbitrariness, and a person at the same time of his own will, by an effort of will, evokes in himself the corresponding images, it is more oriented towards practical activity.

When recreating, reproductive imagination, the image of an object or phenomenon is created according to its verbal description. This is necessary for a person when reading books, studying various schemes and maps. Reproductive imagery is more like perception or memory than creativity.

With creative, productive imagination, it is supposed to create completely new images on their own without relying on a ready-made description. It requires the selection of the corresponding representations from the memory reserves and their reconstruction in accordance with the plan. When creative imagination distinguish the objective and subjective novelty of its result.

If imagination draws to consciousness such pictures, to which nothing or little corresponds in reality, then it is called fantasy (in the broad sense, the terms “imagination” and “fantasy” are often identified).

The most vivid phenomena of imagination are visible in the artistic creativity of people (for example, impressionism and cubism in painting, and in literature - fiction). In the products of imagination, man's imagination, his personality is always manifested, especially unconscious emotional-motivational processes.

Knowledge of the features of the imagination is necessary for the doctor to understand the internal state of his patients. The imagination of the patient, by virtue of the existing fears and concerns for health, can distort the picture of the existing disease and its consequences, the course of the upcoming operation. The doctor, using the methods of explanation, persuasion and suggestion, should direct the patient's imagination along an optimistic path. With the help of imagination, we can control many psycho-physiological states of the body. It is these possibilities of the imagination that underlie some psychotherapeutic methods of self-regulation, in particular, auto-training.

Iatrogeny

Some mental disorders sometimes owe their appearance to excessive suspiciousness, impressionability and the patient's living imagination. Often the immediate reason for such a disease is a misunderstood word of the doctor. The word of the doctor is a powerful means of influencing the patient. Like any other therapeutic tool, the word doctor can be not only useful,

but also harmful to the patient action. The patient here imagines that he is ill with a dangerous disease and he even “has the corresponding symptoms. Such diseases, which occur under the influence of the careless word of the doctor, are called iatrogenic diseases. The strength of the iatrogenic effects of the doctor increases with the authoritarian, directive style of his relationship with the patient. The doctor should be able to use the words.

When iatrogenic in the mind of a sick person is constantly present through the designation in words, the feeling of the symptom, which he imagined himself under the influence of the words of the doctor. A person, as if not wanting to think about a symptom, thinks about it. This myth of his illness is constantly in need of confirmation, so a person listens to himself and “finds” the corresponding sensations. He begins to hurt where he "should" hurt. This category also includes the well-known “3rd year symptom” among the medical community, when a student “discovers” in himself all the diseases he studies.

Iatrogenic (from lat. Iatros - doctor) is the general name for psychogenic disorders in a patient as a result of the doctor’s unwary, hurting patient words (iatrogenic proper) or his actions (iatropathy), a nurse (or Sororia, from an Lat. Soror - sister), and other medical workers.

The myth of the disease plays a special role in the treatment situation. If the patient believes in treatment, then its effectiveness increases markedly. In some cases, a drug (for example, an analgesic) can be replaced by a placebo (“empty”), from which the ball can subjectively feel the same effect. Glory to the target can also be a myth conducive to treatment. Sometimes the most fantastic and ridiculous medical techniques find their convinced followers who exploit this nonspecific factor of the patient's “faith” in the therapeutic effect, due to which certain success in healing is observed, especially in terms of immediate results.

Speech

By its value, speech is multifunctional. For a person, it is the main means of communication, a means of thinking, a carrier of consciousness and memory, a carrier of information (written texts), a means of controlling the behavior of other people and regulating one’s own behavior.

Speech is a process of verbal communication, an expression of a thought.

Language is a system of conventional signs with the help of which combinations of sounds that have a certain meaning and meaning for people are transmitted. If the speech expresses the psychology of a single person, then the language reflects the psychology of the whole people speaking the given language. The link between language and speech is the meaning of a word, which is expressed both in units of language and in units of speech. The meaning of the word is the same for all people, and its meaning may be purely personal. Speech arose in the process of historical development together with thinking, and it has primarily a communicative, social value for people.

Communication is an exchange of information, and a language is a system of signs. Communication between people is carried out not only through language, but also with the help

of many other signs: scientific symbols (in mathematics, physics, etc.), signs of art (notes in music, symbols of visual art), sea signaling, road signs.

The simplest type of speech is dialogue, monologue speech, written speech, expressive speech, impressive speech, internal speech, and sign speech.

Section IV. Emotions.

Purpose: Definition and general characteristics of emotions. The study of the basic properties and functions of emotions.

The student should know:

1 Definition of the concept of "emotion"

2 Classification of emotions

3 Functions of emotions

4 Manifestations of emotional properties

The student should be able to:

1. Classify emotional states.

2. Possess ways to reduce emotional tension.

3. Classify individual psychological features.

manifestations of emotions and feelings.

Subjects of projects, essay:

1. Emotions and their role in human life.

2. The study of the emotional relationship of patients to their disease.

3. Individually psychological features of the manifestations of emotions and feelings.

4. Pathology of the emotional sphere.

5. The development of emotions in ontogenesis.

Initial level of knowledge control:

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. How do you know the mental processes and personality conditions?

5. What name do you know the senses?

Main issues of the topic:

1 Characteristic of emotions

2 The basic theory of emotion.

3 Functions of emotions.

4 The main components of emotions

5 Classification of emotions

6 Emotional Phenomena

7 Relieving emotional stress

Final control of the level of knowledge:

1. Give the main characteristic of emotions.

2. What do you know the basic theory of emotions.

3. What caused the emergence of emotions in the peripheral theory of James-Lange?

4. What are the differences in the theories of emotions of James-Lange and Kennon-Bard?

5. How do you know the function of emotions?

6. What is the regulatory function of emotions?

7. List the main components of emotions.

8. What 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 of emotional state and emotional reaction?

12. Kinds of feelings?

13. What manifestations of emotional properties do you know?

14. Give the definition of the concept of "empathy"? What is its role in the health worker?

15. What are some ways of relieving emotional stress

The content part.

Emotions

Emotions and feelings are the process of reflecting a person's subjective attitude towards objects and phenomena of the world, other people and himself in the form of direct experience. Emotions express the state of the subject and his relationship to the object. Emotions are different from cognitive mental processes and have certain distinguishing features.

First, they are characterized by polarity, that is, they have a positive or negative sign: fun - sadness, joy - sadness; happiness - grief, etc. The second distinctive characteristic of emotions is their energy saturation. It was in connection with emotions that Freud introduced the concept of energy into psychology. The energy of emotions is manifested in the opposites of tension and discharge. There are emotions: sthenic - characterized by increased activity (delight, anger), asthenic - accompanied by a decrease in activity (sadness, sadness).

Another important characteristic of emotions is their integrity, integrity: all psycho-physiological systems of a person and his personality are involved in emotional experience, they instantly cover the entire body and give a certain coloring to the person's experiences. Therefore, psychophysiological changes can serve as indicators of the emotional state: changes in pulse rate, respiration, body temperature, galvanic skin response, etc. Another feature of emotions is their inseparability from other mental processes. Emotions are interconnected with mental life, they accompany all mental processes. Emotions are not a cognitive process in the proper sense of the word, since they do not reflect the properties and characteristics of the external environment, they reflect the subjective significance of an object for a person.

Basic theory of emotion

Peripheral Theory of Emotions by James-Lange

According to this theory, emotional states are a secondary phenomenon — the awareness of signals coming to the brain about changes in muscles, blood vessels and internal organs at the time of the realization of a behavioral act caused by an emotional external stimulus.

Thalamic Theory of Cannon - Bard Emotions

One of the first central emotions, the thalamic theory of emotions, was created in 1929, according to which the same physiological reactions can accompany emotions of different modality. According to this theory, the central structure of the emotional process is the thalamus, and the process itself belongs to the section of unconditioned reflexes.

Biological theory of emotion P.K. Anokhin.

Considering the problem of emotions from a biological point of view, PK Anokhin emphasizes that emotions encompass the entire body and give a human state a certain biological quality. It is thanks to emotions that the body quickly assesses the nature of the impact, and guided by the most ancient and universal criterion of all living things - the desire to survive; this gave emotions a universal meaning in the life of the organism.

Functions of emotions.

To understand the role of the emotions of a person's psychic organization, it is necessary to consider its main functions and relationships with other mental processes. The question of function is key and permeates the whole psychology of emotions.

1. Expressive - we understand each other better, we can judge the states of each other without using speech.

2. Reflective and evaluative. Emotion is an activity that evaluates information entering the brain about the external and internal world, which sensation and perception encode in the form of its subjective images. 3. Predictive - the complete removal of emotions from the functions of motivation in a significant measure makes senseless and their evaluation function.

4. "Trace creation" - it indicates the ability of emotions to leave traces in the experience of the individual, fixing in him those effects and successful - unsuccessful actions that aroused them.

5. Anticipatory heuristic - emphasizes a significant role in the actualization of the fixed experience, since the actualization of the traces is ahead of the development of events and the emotions arising from this signal a possible pleasant or unpleasant outcome.

6. Synthesizing - we perceive not a set of spots or sounds, but a landscape and a melody, not a lot of interoceptive impressions, but our body, because the emotional tone of sensations perceived simultaneously or immediately one after another merges according to certain laws.

7. Organizing (disorganization). Emotions, first of all, organize some activity, diverting strength and attention to it, which naturally can interfere with the normal flow of other activities carried out at the same time.

8. Compensatory (replacement). Being the active state of the system of specialized brain structures, emotions affect other cerebral systems that regulate the behavior, the processes of perception of external signals, the further extraction of these signals from memory.

9. Switching. This function is found both in the sphere of innate forms of behavior, and in the exercise of conditioned reflex activity. A vivid example of unconscious prediction is intuition.

10. The function of (emergency) resolution of situations - occurs in an emergency, critical situation, when the level of adrenaline in the blood rises. For example, a sense of fear.

11. The function of activation and mobilization of the organism. Emotions that provide successful any tasks, lead the body to the excited state. Sometimes weak anxiety plays the role of a mobilizing factor, manifesting itself with anxiety over the outcome of the case, it reinforces the sense of responsibility.

The interaction of all functions is necessary, since the absence of any effect on the development of the individual. In the complex, they are interrelated and reflect emotions. Emotions perform the functions of such processing of primary information about the world, as a result of which we are able to form our own opinion about it: emotions play a role in determining the value of objects and phenomena.

The main components of emotions

Emotions - a complex mental process, which includes three main components.

1. Physiological - represents changes in physiological systems that occur during emotions (changes in heart rate, respiratory rate, changes in metabolic processes, hormonal, etc.).

2. Psychological - the actual experience (joy, grief, fear, etc.).

3. Behavioral - expression (facial expressions, gestures) and various actions (flight, struggle, etc.).

Emotions are represented in the human psyche in the form of four main phenomena: emotional reactions, feelings, emotional states, emotional properties.

Emotions vary in intensity and duration, as well as in the degree of awareness of the cause of their appearance. In this regard, isolated on the structure, the actual emotions and affects.

Emotions are represented in the human psyche in the form of four main phenomena: emotional reactions, feelings, emotional states, emotional properties.

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Emotional stress relief

Since emotions and feelings are not always desirable, since when they are out-of-being they can disrupt the activity or external manifestation can put a person in an awkward position, giving out, for example, his feelings towards another, it is desirable to learn how to control them and control their external manifestation.

Emotional stress relief:

1. Focusing on the technical details of the job, tactics, and not on the significance of the result;

2. Reducing the significance of the upcoming activities, giving the event a lesser value, or even reassessing the significance of the situation as “not really wanted”;

3. Obtaining additional information to remove the uncertainty of the situation;

4. Development of a spare compensation strategy for achieving the goal in case of failure (for example, "if I don’t enter this institute, I will go to another one");

5. Postponement at the time of achieving the goal in the case of the realization that it is impossible to do this with the available knowledge, means, etc .;

6. Physical discharge

7. Writing a letter, writing in a diary describing the situation and the cause of the emotional stress; this method is more suitable for closed and secretive people;

8. Listening to music: doctors practiced music therapy in ancient Greece (Hippocrates);

9. The image on the face of a smile in case of negative experiences; a held smile improves mood (according to James – Lange theory);

10. Activating a sense of humor, as laughter reduces anxiety;

11. Muscle relaxation (relaxation), which is an element of autogenic training and is recommended to relieve anxiety.

Persistent attempts to influence a very agitated person with the help of persuasion, persuasion, suggestion, as a rule, are not successful due to the fact that from all the information that is communicated to the agitated, he chooses, perceives and considers only what corresponds to his emotional state. It is better to let such a person talk and even cry. Indeed, scientists have found that, together with tears, a substance that excites the central nervous system is removed from the body. Consequently, its removal during crying leads to a decrease in arousal and emotional stress.

Theme of seminar №4. Psychology of Personality.

Venue: classroom

Objective: To consider the main psychological theories of the personality of domestic and foreign authors and their classification: theories within the framework of the conflict model, the model of self-realization, the model of consistency, and the theory of personality. Psychological categories - temperament, emotions, motivation, will, abilities and character of a person, the need and ways of taking them into account in the professional activity of a doctor.

The student should know:

1. The definition of the concept of "personality", "individual", "individuality".

2. Theories of personality in the works of domestic and foreign authors.

3. "I" - the concept and motivation of the individual.

4. Temperament and personality. Accentuations of character.

5. Identity of a specialist in the medical field (doctor, nurse, administrators and personnel of structural units of health facilities)

The student should be able to:

1. To determine the temperament of the individual.

2. Identify and identify the types and accentuations of character using the methods of K. Leonhard, H. Shmishek.

Topics of projects, abstracts:

1. Theories of the personality of domestic authors.

2. Theories of the personality of foreign authors.

3. Cultural and historical understanding of human development.

4. Formation of personality.

5. The focus of the individual.

6. Connection of personality type with professional activity.

Initial knowledge level control:

1. How can you characterize the notion of “personality”?

2. What do you think constituents form a personality?

3. What do you think is the difference between the concepts of personality and individuality?

4. How is the personality character formed?

5. How does the type of temperament affect the formation of character?

Subjects of projects, essay:

1. Theories of personality in the works of domestic and foreign authors.

2. Temperament and personality.

3. Abilities and motivation of the person

4. "I" - the concept.

5. Principles of the personality of a medical worker

6. The identity of the doctor.

7. The identity of the patient. Interaction with the medical staff.

8. Techniques for establishing psychological contact between a doctor and a patient.

Final control of the level of knowledge:

1. Give the definition of the concepts of the individual, personality and individuality.

2. List the domestic authors considering the issues of personality structure?

3. List the foreign authors considering the issues of personality structure?

4. Give a definition of need, motive and goal. How do they relate to each other?

5. Addictions are a prerequisite for the development of abilities. Do inclinations always coincide with the presence of appropriate abilities?

6. Give the definition of the orientation of the individual as a personal structure.

7. Give the definition of "I" - the concept. How do the "I" - the concept of self-esteem? What are the main functions of the "I"?

8. What classes of needs are described in A. Maslow's "pyramid of needs"? How do primary and secondary needs correlate here?

9. Define temperament. What is the type of temperament?

10. How do temperament, activity and communication interact? What is the ratio of temperament and personality?

11. Give a definition of character. How do character and temperature interact?

12. What is the relationship between personality and character? What is included in the structure of character? What is a harmonious character?

13. What are the typologies of characters?

14. What are accentual theories of character? What personal-characterological typologies are proposed within their framework?

Content part:

The human being, being an organism and a personality, is the most complex integrative result of the biological development of matter and the process of social development. To scientifically describe a person, psychology uses a number of concepts that represent a person from different angles. In addition to the very concept of "personality," these include the concepts of "individual" and "individuality."

The individual (from the Latin. Individuum - indivisible) is the psychosomatic organization of the individual, making him the representative of the human race. We call man an individual when we speak of him as a biological being of the kind "rational person". An individual is an individual, an individual belonging to the human race.

Personality is a special systemic social quality of an individual, which he acquires in the process of age development when interacting with his social environment. The development of man in society and forms him as a person.

Individuality - this concept reflects only those features of the psyche and personality of the individual that are inherent only in this person. Thus, these features distinguish one person from another. This includes both individual and unique psychobiological features of an individual's organism, as well as those that should be attributed to the unique properties of the personality. Individuality consists of the features of training, social experience, features of education.

Theories of personality in the works of foreign scientists:

Z. Freud. Personality structure

There are personality theories that are known not only to psychologists, but also popular among the general population. One of such concepts is the psychodynamic theory of the personality of Freud. **According to Freud, personality is formed by three structural components: "id", "ego" and "superego".**

The sphere of the "id" the instinctive core of the personality. Powerful instincts that are in the realm of the ides require their realization and determine (directly or indirectly) the behavior of the individual. In general, the functioning of the sphere of "id" is subject to the principle of pleasure. In the psychodynamic theory of Freud, there are two basic instincts - the sexual instinct, interpreted as the life instinct (libido, eros), and the destructive, destructive instinct, interpreted as the death instinct (mortido, thanos). This form of human behavior as aggression is considered in this concept as a manifestation of the personal instinct of the person.

The sphere of the "ego" is the rational part of the personality, that is, the sphere of consciousness. The "ego" is in constant interaction with the sphere of the ID, trying to prevent the dangerous, maladaptive manifestations of the two basic instincts. The rational sphere of the "ego" must develop for the individual such action programs that, on the one hand, would satisfy the requirements of the id, and on the other hand, would consider the requirements and limitations of the social world and one's own human consciousness. The functioning of the sphere of the "ego" is determined by the principle of reality.

The sphere of the superego is the sphere of the moral I of the person, which includes the system of norms, values, ethical ideas consistent with the requirements of society. This sphere is formed in the process of socialization and is, according to Freud, the last (in the temporal sense) component of evolving personality. The sphere of the superego, although not instinctive, just as the "id" conflicts with the rational ego. It can be said that the superego is trying to convince "superego" of the priority of idealistic goals over realistic ones.

Type Theory G. Eysenck

The concept of the personality of G. Eysenck was widely spread in psychology. In this theory, two dimensions of personality are distinguished: **introversion - extraversion and neuroticism - stability.** These two dimensions (or factors) are independent of each other.

The extraverted type is characterized by a person turning towards the world around him. Such people have their own characteristics: impulsiveness, initiative, flexibility of behavior, vocabulary, constant striving for contacts, craving for new impressions, uninhibited behaviors, high motor and speech activity. They easily respond to various proposals, "ignite", undertake to carry them out, but they can just as easily quit what they have started, taking up a new business.

The introverted type characterizes the orientation of the individual towards himself, toward the manifestations of his own world. Such societies are characterized by low sociability, isolation, a tendency to self-analysis, reflection. Before undertaking anything, they analyze the conditions, the situation, the task; tend to plan their actions. The external manifestation of emotions is controlled, but this does not indicate low emotional sensitivity, rather the opposite is true. Depending on the

combination of parameters, introversion - ex-traverse and neuroticism - the stability of all people can be divided into four groups.

Much later than Eysenck described extroversion and introversion, he introduced another dimension into his theory - **psychoticism.** Thus, at present, not two, but three orthogonal (independent) dimensions of personality are distinguished in Eysenck' s theory. People with a high degree of manifestation of such super cultures as psychoticism are egocentric, impulsive, indifferent to others, prone to asocial behavior, difficult to contact with people and do not find understanding in them, are distinguished by conflict and inadequate emotional responses.

Individual theory of personality A. Adler

The individual psychology of Alfred Adler has several key principles and on the basis of them describes a person. These basic principles are:

1) the person is one, self-consistent and complete;

2) human life is a dynamic desire for excellence;

3) the individual is a creative and self-determined entity;

4) the social identity of the individual.

According to Adler, people try to compensate for the sense of their own inferiority that they experienced in childhood, and experiencing inferiority, in the course of their lives they struggle for supremacy. Each person develops his own unique lifestyle, within which he strives to achieve fictitious goals oriented to excellence or excellence.

The central concept of the whole theory of Alfred Adler is the creative "I". This concept embodies the active principle of human life; what makes it significant; then, under whose influence the lifestyle is formed. This creative force is responsible for the goal of human life and contributes to the development of social interest.

Typological models of social characters

Erich Fromm continued the post-Feudist tendency in personality psychology, focusing on the impact on the personality of socio-cultural factors. Fromm argued that a certain part of people is driven by the desire to escape from freedom, carried out through the mechanisms of authoritarianism, destructiveness and conformism. A healthy way of liberation from Fromm is to gain positive freedom through spontaneous activity.

Typological models of individual characters of G. Jung.

Analytical psychology is one of the schools of deep psychology, based on the concepts and discoveries of the human psyche made by the Swiss psychologist Carl Gustav Jung. He argued that the soul consists of three separate interacting structures: the ego, the personal unconscious and the collective unconscious. The "ego" is the center of the sphere of consciousness and includes all the thoughts, feelings, memories and sensations, thanks to which we feel our integrity. The "ego"

is the basis of our identity. Jung described two main ego-orientations: extroversion and introversion.

Accentuations of character and psychopathy K. Leonhard

Typological models of character accentuations and K. Leonhard's psychopathy include 10 types of accentuated personalities. *They are divided into 2 groups:* character accentuations (demonstrative, pedantic, stuck, excitable) and temperament accentuations (hyperthymic, dysthymic, anxiously fearful, cyclothymic, affective).

Leonard believes that people are distinguished not only by accentuated features, but also by features, individual features. The traits that define individuality belong to different mental spheres:

1) to the direction of interests and inclinations;

2) to the sphere of feelings and will;

3) to the sphere of associative-intellectual.

The theory of identity of Eric Erickson.

Erickson developed the theory of personal development throughout a person's life — from birth to old age. He believes that along with Freud's phases of psychosexual development, in which the direction of attraction from autoeroticism to an external object changes, there are also psychological stages of the "I" development, during which the indie-type sets the basic life guidelines on attitude towards yourself and your social environment. Erickson singled out the eight stages of personal development that became widely known. Each of them has its own specific parameters, which can take positive or negative values. The mechanism for the change of stages is conflict, identity crisis. Erickson leads the pursuit of his own identity and its preservation from psychoanalytic assumptions; the stages of personal development correspond, in general, to the phases of psychosexual development.

Early infancy (up to 1 year): the main role in life is played by the mother (fed-mit, caring, caressing), as a result, the child forms a "basic trust in the world."

Later infancy (1-3 years) is associated with the formation of autonomy and independence, the child begins to walk, control sphincters, and learns to tidy. Social disapproval opens the child's eyes inside, he feels the possibility of punishment, a shame is formed.

Early childhood (3-6 years): there is a belief in the child that he is already a person. In the game, initiative and enterprise are formed. If the parents strongly suppress the child, then this slows down the formation of initiative, helps to consolidate passivity, insecurity, feelings of guilt.

Secondary childhood (6-12 years old): development opportunities within the family are exhausted, the child acquires knowledge and new skills in school. He is calm and believes in his strength, but school failures lead to the emergence or consolidation of a sense of inferiority, despair, loss of interest in learning. If parents only scold and punish poor learning, the feeling of inferiority can gain a foothold for life.

Adolescence and adolescence (12–20 years): an “ego-identity” is finally formed. Rapid growth and puberty create preoccupation with how it looks in front of others. There is a need for professional self-determination. If at the early stages the child has autonomy, initiative, confidence in the world, self-reliance, then the teenager easily finds his “I”, recognition of those around him. Otherwise, the diffusion of identity occurs, he cannot find his “I”, is not aware of goals and desires, regresses to infantile, dependent reactions, a vague, but steady feeling of anxiety and loneliness appears.

Early adulthood (20-25 years): the search for a life partner, strengthening of ties with their social group is relevant. A person is not afraid of depersonalization, there is a feeling of closeness, cooperation, intimacy with certain surrounding people. However, if the diffusion of identity proceeds to this age, the person becomes isolated, secures isolation and loneliness.

Average adulthood (25-65 years old): the further development of identity - there is an impact from other people, especially children. They confirm that they need you. There is a favorite work, there is someone to pour out their "I". Otherwise, emptiness, inertness, psychological and physiological regression.

Late adulthood (65 years and more): the creation of a complete form of ego-identity based on the entire path of personal development, rethinking of all life. A person must understand that life is a unique destiny and must be "accepted" as it is. If “acceptance of oneself and life” did not happen, then the person feels frustrated, loses the taste for life, feels that life has gone wrong, for good reason.

"I" - the concept of personality.

"I" - the concept - is a collection of all the ideas of the individual about himself, coupled with their assessment. The descriptive component of "I" - the concept is often called the image of "I" or the picture "I". The component associated with the attitude toward oneself or one’s individual qualities is called self-esteem or acceptance of oneself. In essence, the “I” - the concept determines not just what the individual is, but also what he thinks of himself and how he looks at his real possibilities and possibilities of development in the future.

The image of one's “I” can also be viewed as a set of attitudes aimed at itself and including the following main components:

cognitive - the image of their qualities, abilities, appearance and social significance (self-consciousness);

emotional- affective evaluation of the “I” - an image that manifests itself in self-esteem, self-love or self-deprecation;

Estimated-volitional - potential behavioral reaction, i.e. specific actions that may be caused by the image of “I” and self-esteem (this is the desire to increase their self-esteem, to gain respect).

"I" - the concept plays essentially a threefold role: it contributes to the internal coherence of the individual, determines the interpretation of experience and is the source of expectations. The desire to protect the “I” - the concept of protecting it from damaging influences is one of the fundamental motives of all normal behavior (Burns R., 1986).

Basic theories and models of motivation

It is necessary to distinguish between the primary types of motivation, or biological types of incentives necessary for the normal functioning of the body, and the needs that have only a remote relation to survival. In order to explain these two different types of motivation, many theories have been put forward.

Theory of biological motives. Hunger, thirst, the need for oxygen - the primary needs, the satisfaction of which is vital for all living beings. Maintaining balance, in which the body does not have any needs, is called homeostasis. Hence the term "homeostatic behavior", i.e. behavior that aims to eliminate motivation by meeting the needs that caused it.

The theory of optimal activation. It is known that an individual's behavior is more effective the closer his wakefulness level is to some optimum — he should not be too low or too high. At lower levels, the subject's readiness to action gradually decreases, and soon he falls asleep, and at higher levels, he will be more excited, excited, and his behavior may even completely disorganize. The study of needs led to the formulation of the famous York's-Dodson Act, which allows you to record the optimal level of human needs and their impact on the organization of activity. The essence of the law lies in the fact that for each task facing a person, there is a optimum of motivation.

The need-information theory was proposed by academician P.V. Simonov (1987). According to the author and his followers, there is an inextricable link between the vital functions of the individual and the structure of his personality. By vital functions are meant both general vital (individually organic, specific), and specifically human (social, cognitive).

Cognitive theory of motivation. An impulse to action may arise in a person not only under the influence of emotions, but also, under the influence of knowledge (cognition) - their consistency or contradiction.

One of the first to pay attention to this was L. Festinger (1957). The main point of his theory of cognitive dissonance is the statement that the system of human knowledge about the world and about itself strives for agreement. The existence of dissonance, i.e. relationship mismatch, inconsistencies between cognitive (knowledge, opinions, beliefs) is in itself a motivating factor and psychologically uncomfortable. The person is trying to reduce dissonance and achieve consonance ("compliance").

On the other, one of the creators of humanistic psychology, the American psychologist A. Maslow (1962), approaches the classification of needs. It classifies needs into hierarchically constructed groups. The choice of cognitive activity can be adequately carried out only when the body is activated to the optimum extent, and its elementary needs are met. According to Maslow, a person from birth consistently appears the following seven classes of needs.

1. Physiological needs that ensure human survival. These include needs for food, drink, housing, recreation and sex.

2. The need for security (and confidence in the future) is the desire to feel protected, the desire to get rid of failures and fears (physical and psychological security).

3. Social needs include a sense of belonging to something or someone, a feeling of acceptance of you by others, belonging to a group.

4. The need for respect is the need for self-respect, recognition of personal achievements and competence, respect and approval of those around them.

5. Cognitive (cognitive) needs.

6. Aesthetic needs (in beauty, harmony, symmetry and order).

7. Self-actualization is the need for self-expression and the realization of one's abilities, talents, and self-improvement.

According to the humanistic approach, any creature tends to its heyday, acting in the greatest accordance with its capabilities and aspirations. The theory of A. Maslow pays special attention to the fact that higher needs cannot manifest themselves if the more primitive ones were not satisfied. The next step of the motivational structure is important only when the previous steps are implemented (the "pyramid of needs").

Principles of the personality of a medical worker

• Protecting the health of citizens is one of the main principles of activity of a medical worker. Observe moral and ethical standards, legal laws regulating the activities of a medical worker. Maintain and strengthen the physical and mental health of each person.

• Perform professional duty in good conscience and with dignity, do not use medical knowledge to the detriment of humanity norms. The guarantee of professional success is not money and profit, but quality of work. No matter will be successful if it does not stand on a strong moral basis.

• Noble is not the one who is rich or occupies a high post, but the one who is without a pose, modestly does his duty day after day. Whatever you do, do it well. Have clean hands, a warm heart and a cold mind.

• Show the highest respect for human life from the moment of conception. Respect for other people is the basis of self-respect and relationships. Respect the patient alive and deceased. Treat with respect the right of the dying to humane treatment with him and a dignified death; ease the suffering of the patient and provide psychological support to his relatives; never resort to euthanasia, consider religious and cultural traditions of citizens.

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suffering of the patient and provide psychological support to his relatives; never resort to euthanasia, consider religious and

cultural traditions of citizens.

• In the medical profession, compassion and relief are the main components. Be ready in any movement with the same diligence and patience to provide medical care to patients regardless of their race, nationality, religion, age and gender, sexual orientation, nature of the disease, social or material status. Do not violate the ethical commandment “Do no harm!” And remember: indifference to people and their suffering is a quality incompatible with the profession of a medical worker.

• For all the good and bad will be rewarded. Devote your life to kindness, love and help to those in need. Help patients realize their social value. Do not be evil, multiply good. The smile of the recovering patient or the relief of suffering for the dying patient will be the first reward.

• Be honest with yourself, patients, and colleagues. Remember: what you say or not say may be misunderstood. Think what you say and how. A word is treated, but a word and maimed. Be true to your word. Be able to control your emotions, facial expressions, glance,

intonation. Fight bad habits. Maintain your credibility and reputation.

• Patient care plays an important role in its treatment and recovery. If necessary, be strict and moderately instructive in relation to the sick and their relatives so that your instructions will be executed exactly and without delay.

• It is impossible to go through life alone. Respond to the patient's emotions and spiritual needs. Use all subordinate medical staff effectively. In fact, happy is he who was looking for a way to serve people and, as he could, served them.

• Respect the patient's right to receive information about his state of health and his decisions, his right to make an informed choice and actively participate in the treatment and care of him, the right to agree to any medical intervention or to refuse him.

• Mutual trust is the best basis for business cooperation. Your moral, ethical and legal obligation is to keep medical secrecy about the patient's state of health, diagnosis and prognosis of the disease, as well as the patient's personal life even after he dies.

• Participate in research work, increase knowledge and skills throughout all professional activities. Continue work on creating and maintaining high standards in the quality of diagnosis, treatment and nursing care. Remember: for your activities you are responsible to the patient, colleagues, society.

• Never be discouraged but think and act. Carry meekly

that which cannot be changed. Do not stop there. Your

professional duty - to raise the level of their culture, continuously improve their special knowledge and skills for the entire professional career. High professionalism of the medical worker is the most important moral factor of comradely, collegial relationships. Honor your teachers.

• Do not drop your dignity or humiliate your profession. By all means support the honor and noble traditions of the medical community.

• Professional abilities are an aggregate (structure) of sufficiently persistent, although individually changing psychological characteristics of a person's personality under the influence of upbringing, which determines the success of training a particular work activity, performing it and improving it.

• Students do not equally well and quickly learn the learning material and learn these or other operations because they have different abilities. They may have good abilities for one subject and bad - for others. Diligence and perseverance in teaching sometimes compensate for underdeveloped abilities. Therefore, good performance does not always speak about the good abilities of students. Abilities are characterized by the ratio of student performance and effort to achieve it.

• Professional abilities are developed only in professional activities and in special exercises designed to develop the personal qualities necessary for the profession. Professional abilities are not any new special qualities, but certain combinations of psychological properties and processes favorable for the profession being mastered.

• Personality traits such as accuracy, perseverance, hard work, love and interest in their work, are needed for any profession. But the driver needs to distinguish red from green, culinary specialists need a delicate taste, smell, musicians need good hearing, etc.

• The formation of professional abilities have a beneficial effect:

• students' interest in their chosen profession and subjects;

• organization of the educational process and the provision of necessary teaching aids;

• success of theoretical and practical classes;

• stimulating the activity and independence of students in the performance of tasks;

• fostering confidence in the success of mastering the profession and the desire to overcome difficulties;

• meetings with interesting people of this profession.

• The stronger the teacher is able to interest the students in their chosen profession, the easier it will be for him to build their professional abilities. The attitude they have from the first classes will depend on their attitude to the profession, to the school, to school subjects, to the teachers. That is why the first classes with students of the new set require particularly careful preparation.

Doctor's identity

Medical activities are difficult professions. A person who has devoted himself to medicine should certainly have a vocation for her. You can be a good medical theorist, but in practice with patients to be untenable.

The humanism of the doctor. The patient, first of all, has the right to expect from the doctor a sincere desire to help him and is convinced that there can be no other doctor. It gives the doctor the best qualities inherent in people in general. Humanism, consciousness of duty, endurance and composure in relation to the sick, conscientiousness has always been considered the main characteristics of the doctor. For the first time, these moral, ethical and moral norms of the medical profession were formulated by Hippocrates in his famous “Oath” by the doctor and the thinker of antiquity. Its main provisions are as follows:

respect for life *("I will not give anyone the lethal means that I ask for and will not show the way for a similar plan, in the same way I will not hand over an abortive pessary to any woman");*

the prohibition of causing harm to the patient *("I will direct the treatment of patients to their advantage, in accordance with my powers and my understanding, refraining from causing any harm and injustice");*

respect for the identity of the patient *("Whatever house I enter, I will enter there only for the benefit of the patient, being far from everything that is intended, unjust and pernicious, especially from love affairs with women and men, free and slaves") ;*

medical confidentiality *(“Whatever under treatment — as well as without treatment — I either saw or heard about human life from the fact that I should never be divulged, I will keep silent about that, considering such things as secret”);*

respect for the profession *("I swear ... to count the art of medicine that taught me along with my parents ... I will spend my life and my art purely and immaculately").*

Medical confidentiality*. In the relationship between the doctor and the patient, the last role belongs to the ability of the doctor to keep medical confidentiality. Usually it includes three types of information: about diseases, about intimate and family life of the patient.*

Professional deformation.

To describe the influence of the profession on the mental life of a professional, a special concept has been introduced - “professional deformation”. For the first time it began to be described in the 60s as a problem of human functional capabilities. Professional deformation develops gradually from professional adaptation. A certain degree of adaptation is natural for a health worker. Strong emotional perception of the suffering of another person at the beginning of his professional activity, as a rule, is not so blunted in the future. Of course, a doctor simply needs a certain degree of emotional resilience, but he must retain those qualities that make him not only a good professional, but also left a person capable of empathy, respect for another person who is able to comply with the norms of medical ethics . A striking example of professional deformation is the approach to a patient as an object, a carrier of a symptom and syndrome, when a patient is perceived by a doctor as an "interesting case."

On the other hand, a doctor can believe in his power and authority over a person, having taken for granted numerous myths circulating in a non-medical environment about the possibilities of doctors and modern medicine. The outer side of the treatment, seemingly inexperienced to a magical person, accessible only to a doctor, gives rise to the "caste" nature of medical knowledge.

This is how another phantom of the doctor's professional activity is formed - the feeling of power over a person for whom medical aid is the last chance to protect oneself from an illness.

Thus, the doctor deals with two realities: the inanimate (phantoms and instructions) and the living reality - the life of his and other people. There is a temptation to identify them and create the illusion of simplicity. A professional begins to experience extremely simple feelings, expressed in the attractive formula "I can", "I am a professional and know better how ... ..what ...". Professional deformation is not realized in the case when the doctor refuses to experience because they require effort, suggest manifestations of attitude towards someone or something.

Chronic fatigue syndrome in health care workers. In professions related to human-human interaction, professional fatigue is primarily the fatigue of another person. This is especially true of the medical profession, as it makes a lot of demands on the personality of a professional and assumes acceptance of responsibility for the life and health of another person. To a large extent, the appearance of fatigue can be facilitated by the peculiarities of work in health care (on duty, work on shifts), excessively large reception. "Fatigue asthenia" usually always develops gradually (within 6 months or more from the beginning of hard work), it is preceded by a more or less long period of volitional effort, mental exertion and continued work in conditions of fatigue. The most frequent symptom of asthenia is irritability. It manifests itself in increased excitability, impatience, sensitivity and incontinence. In addition to these main symptoms, asthma sufferers complain of confusion, poor sleep, anxiety, instability of mood, headaches.

Very often, a doctor with chronic fatigue syndrome is inclined not only to imperfect "self-diagnostics", but also imperfect "self-loss" - excesses in using tranquilizers or drinking alcohol to relieve "stress". Fatigue of a doctor affects his professional activity and thus his patients. The consequences of fatigue can be very diverse.

Experiencing their own professional failure in raising medical errors, difficulty concentrating, and difficulties in perceiving new material cause the physician to become traumatized, leading to feelings of dissatisfaction with the results of their work.).

The syndrome of "emotional burnout" among health workers.

The term "emotional combustion" was introduced by the American psychologist X. J. Freidenberger in 1974 to characterize the psychological state of healthy people who are in intensive and close communication with clients (patients) in an emotionally overloaded atmosphere when providing professional assistance.

The medical profession requires from a professional not only professional skill, but also great emotional dedication. The doctor constantly deals with the death and suffering of other people, and in many other cases for the doctor there is the problem of "not including" his feelings in a situation that he does not always succeed. Naturally, only an emotionally mature, integral person is able to solve these problems and cope with such difficulties. Probably, there is an individual limit, the ceiling of the possibilities of our emotional "I" to resist exhaustion, to counteract the "burning", self-preserving. The burnout syndrome is characteristic of professionals who initially had a great deal of creativity, focused on another person, fanatically devoted to their work.

With the syndrome of "emotional burnout" a professional begins a kind of disappearance or deformation of emotional experiences, which are an integral part of our whole life. Its symptoms are in many ways similar to those with chronic fatigue and constitute the main framework for the possibilities of subsequent professional deformation.

First of all, a person begins to notice fatigue and exhaustion after an active professional activity, psychosomatic problems appear such as fluctuations in blood pressure, headaches, symptoms of the digestive and cardiovascular systems, insomnia.

Another characteristic feature is the emergence of a negative attitude towards patients and a negative attitude toward the activities performed. The doctor disappears a craving for perfection in his profession, there are tendencies to "taking ready-made forms of knowledge", acting on a pattern with a narrowing of the repertoire of working actions, rigidity of mental operations. Dissatisfaction with guilt and anxiety, pessimism and depression often manifest themselves outside in the form of aggressive tendencies such as anger and irritability towards colleagues and patients.

The authority of the doctor - a professional with the will inevitably lose its credibility with both patients and colleagues. The authority is associated primarily with professionalism and personal charm.

Optimism of the doctor - the patient should feel healthy optimism of the doctor, and not based on the desire to complete the examination as soon as possible ("that you worry in vain, everything is normal, you can go"). Conversely, under the influence of burnout, the doctor demonstrates a cynical, often cruel attitude, exaggerating the consequences of, for example, a late appearance at the hospital (often this is due to the desire to "punish" the patient for his own emotional failure).

Honesty and truthfulness - in case of anxiety, anxiety and uncertainty caused by the, the doctor loses the ability to truthfully and honestly present information about the state of human health. Either he unnecessarily spares the psyche of a sick person, forcing him to remain in suspense, or, conversely, loses the necessary measure in the presentation of diagnostic or therapeutic information.

The word of the doctor - the word has a huge suggestive influence on any person, and even more so the word of the doctor for his patient. A professional with the, experiencing feelings of meaninglessness, hopelessness and guilt, will inevitably convey these feelings to their patients in word, intonation, and emotional reaction.

The humanism of the doctor is determined by the value and holistic approach to another person. A doctor who has lost the content of his mental reality ceases to turn to this content in other people, thus devaluing both himself and them.

Theme of seminar№5. Elements of age psychology and developmental psychology.

Objective: to master the psychological approaches to the study of human development in the context of his life path. Form a generalized understanding of the psychological content of the age stages of human development. The main theory of learning. The account of age features and features of the process of acquiring individual experience by a person in the professional activity of a doctor.

The student should know:

1. Problems of periodization of development and age characteristics.

2. Approaches of domestic and foreign psychological schools to the issues of human development.

3. Age features.

4. Criteria for the formation of personality.

5. Accounting for age-related features in the activities of the doctor.

The student should be able to:

1. To take into account age features in the practical activity of the doctor.

Subjects of projects, essay:

1. The definition of the concept of "age and pedagogical psychology."

2. What is the subject of developmental and educational psychology.

3. Tasks and classification of test methods.

4. Basic requirements for the method of psychological and pedagogical observation.

5. The structure and sections of age psychology, and the relationship with other areas of psychology.

Initial knowledge level control:

1. What is included in the concept of health? What is psychological health?

2. How can a healthy person be characterized?

3. What does psychology study?

4. What methods of personal development do you know?

5. What qualities should a healthy, mature personality have?

Main issues of the topic:

1. The subject of psychology, tasks, methods.

2. The universality of the provisions of the psychology of health.

3. Tasks of health psychology.

4. Classification of personal development methods.

5. Criteria for mental health.

6. The quality of a mature personality.

7. Psychological health of children.

Final control of the level of knowledge:

1. What phenomena does psychology study?

2. What is the subject and object of psychology?

3. What is the positive definition of health given by WHO? What components does it consist of?

4. What is the concept of "mental health"? How do the concepts of “mental health” and “spiritual health” relate to each other?

5. What are the main qualities of a mature personality?

6. What is a holistic approach to health psychology?

7. What are the main components of the Human Potential program?

8. What are the main methods of personal development?

9. List the levels of "psychological health" of children?

10. What are the criteria for mental health?

Content part

Problems of periodization of development and age characteristics.

Age has a huge impact on a person’s personality. It is impossible to compare 30- and 50-year-old patients either physically, or psychologically, or according to social parameters. It is impossible to treat and teach 15-year-old adolescents and 25-year-old adults in the same way, although with a small age difference the physiological and psychological ages may not coincide.

Age features are a complex of physical, cognitive, intellectual, motivational, and emotional properties characteristic of most people of the same age.

Psychological, pedagogical and medical research allowed us to single out a number of age periods of human development.

In each age period, a person's self-image, life priorities and the hierarchy of values change, leading activities and motivation, views of the world and others, as well as the perception of one's own age, become different.

When communicating with elderly patients, it is important not to confuse the age and not to generalize them into large age categories (pensioners) when selecting groups for physical therapy classes or teaching special medical skills. In this case, it is necessary to take into account the individual characteristics, physical condition, stage and severity of the disease.

Infancy and early childhood. A child up to three years of age is found alone with a doctor only in critical cases, more often a dyad appears before the doctor - a small patient and the person accompanying him. The problem of a child's illness is a common problem for parents, for the doctor and for the child. Most effectively, it can be solved by combining efforts. The greatest difficulties with small patients are the subjective distortion of complaints, since neither the mother nor the doctor knows exactly where it hurts and how much it hurts the child. In their arsenal only observation and objective research methods.

Preschool age. The age period from *3 to 7 years* is the period of pre-school childhood. The leading type of activity is a game that allows a small person to master the relationships between adults, learn complex actions, get used to abide by the rules. Therefore, invite him to play patient. (It is especially important to include playing moments during the long-term treatment of the child in the hospital.)

In order not to lose the trust of the little patient, one should not say that it will not be painful if a deliberately ill procedure is to be performed. It would be right to warn him that it would hurt a little, but that he would cope with it. And so that the child can regulate his patience, agree that the painful effect will last as long as he counts to 5. If the procedure is to be long, then for some children it is better to perform it in stages.

Junior school age. The beginning of studies is a turning point in the child's behavior, for he finds himself in a completely new environment for him, existing according to still unknown rules. He becomes less dependent on parents, knows the world around him better, learns to understand him.

Children of this age begin to show willingness to cooperate with a doctor: they enter into conversation, understand the need for therapeutic measures, and fulfill his requirements. However, a medical examination and preparation for complex and, especially, unknown or painful procedures should be carried out at a level that is understandable to his age, otherwise a small patient may face a serious, sometimes unsolvable problem.

Doctors and medical professionals who carry out the treatment of children or simply carry out the necessary procedures with them, develop special techniques to more accurately understand the complaints of young patients. Children are easily involved in interactions, explain to the doctor and each other how to properly perform the necessary actions or exercises, happy to show them.

Teenage, or middle school, age. According to the latest WHO classification, adolescence lasts from *10 to 20 years. But in domestic medicine, the 15th year* of life is still considered critical, since at this age there is a change in the medical department: the medical card is transferred to the "adult" polyclinic.

At this transitional age, a teenager is no longer a child, but also not an adult. Such an intermediate position in society creates a sense of insecurity and instability in him.

These features of the average school age must be considered when conducting an examination or other medical procedures. Arriving at the reception, the teenager can behave quite boldly, angular movements may seem cheeky. In fact, they only reflect the unstable interaction of the hormonal, nervous and skeletal-muscular systems. The physician should also understand that at this age there is a restructuring of relationships with adults: an emerging personality begins to rebel against custody, moral teachings, prohibitions. The adolescent crisis in all proceeds differently both in time and in manifestations. Therefore, building your relationship with patients *10-14 years of age* and their parents, you must be attentive to the self-esteem of the adolescent and his family situation. In dealing with such a patient, choose a calm, somewhat distant tone, as if to be benevolent, attentive, but be sure to keep your distance.

Early youth This is the period that completes childhood. Its complexity is that there is already a focus on the future, but there is also a fear of responsibility for this future. At this age, the foundations of their own worldview are laid, the formation of value orientations, moral consciousness takes place. The central place is occupied by the question of the meaning of life and the construction of future plans. The need to find one's place in adulthood leads to an immediate age-related crisis — an identity crisis caused by a contradiction between the desired personal and professional plans and real achievements. It causes mental tension, emotional instability, neurosis, and neurosis-like states, and in *boys from 14 to 18 years, such manifestations are found 6 times more often than in girls.*

An uncritical attitude towards oneself, one's own actions contributes to early alcoholism and the formation of anesthesia, and the supercritical attitude towards adults prevents the teenager from seeking help from both parents and doctors.

Adulthood Age boundaries of the various stages of adulthood are very arbitrary. They are determined by socio-economic factors, national traditions, peculiarities of psychophysiological development, etc. Therefore, it is more effective to build an approach to adult patients, taking into account not the calendar age, but education, gender, social situation, personal characteristics.

In the life of a person of this age stage, three periods are also conditionally distinguished: youth (18–23 years), youth (24–27 years), maturity (28–60 years), and three possible normative crises of the professional formation of a person : in 30 - 33 years, in 37 - 42 years, in 50 - 55 years.

Youth is the age of searching for a place in life: work, study, social status, the period of mastering new social and professional roles - a student, young specialist, soldier, wife, husband. At the same time, for some, it turns out to be a stage in the collapse of life plans: he did not enter a university, did not find work in his chosen specialty, did not find a partner, or the marriage quickly fell apart. In psychological terms - this is one of the most difficult age stages after adolescence. But the

adolescent's difficulties are overcome together with adults, and in adolescence the problems have to be solved independently.

Youth is the beginning of self-employment and marriage. The orientation of a person towards professional education, career and the search for a partner can be used by a doctor if the patient is not serious enough about his health. The most effective appeals, for example, to a healthy lifestyle for those who are planning a birth of a child. Now there are more and more centers where they work with a “pregnant couple”, preparing them for meaningful parenting.

he method of intimidation, traditionally used by doctors, according to the observations of psychologists, at the adulthood stage works weakly and more often causes negative attitudes and distrust towards doctors in general. Health care is usually caused by having a serious chronic illness or fear of losing your job. Especially these fears are intensifying after the crisis of 40-year-olds. The peculiarity of the social situation of development in the age of 42-60 is predetermined by the following moments:

- *awareness of gradual physical aging, weakening of psycho-physiological and mental functions (attention, memory, thinking), decrease in sexual potencies;*

- *a change in the life environment due to the emergence of new relatives and the gradual departure from the lives of parents, friends, colleagues;*

- *the narrowing of the prospects for professional growth.*

Old age. Old age is the period of gerontogenesis. It starts at about 60 years old and has three gradations: elderly people - up to 75 years old, seniors - up to 90 years old, and long-livers - after 90 years old.

Destructive changes in the period of gerontogenesis (old age) depend on the degree of maturity of a particular person as a person and a subject of activity. In old age, sensorimotor actions become a way of maintaining, preserving mental functions, and older people engaged in active physical labor: gardening, jogging, and household activities, are more likely to maintain their mental health.

Theme of lesson №6. Elements of social psychology and their accounting in the activities of the doctor.

Venue: Audience

Purpose of the lesson: Problem field of modern social psychology: social thinking, social influence, social relations. Psychological features of the relationship of the doctor and patient. Styles and techniques of effective business and interpersonal communication. Psychological models of interaction between the doctor and the patient.

The student should know:

1. The concept of social psychology.

2. Social thinking.

3. Social Impact.

4. Social relations

5. Approaches in social psychology of the main psychological schools.

6. Sociometric method of studying intragroup relations.

7. The relationship of the doctor and patient.

The student should be able to:

1. Use sociometric methods for studying intragroup relations.

2. Use the styles and techniques of effective business and interpersonal communication.

Subjects of projects, essay:

1. Social thinking.

2. Social influence.

3. Social Relations

4. Sociometric method of studying intragroup relations.

5. The relationship of the doctor and the patient.

6. Specificity and characteristics of social thinking.

7. Features of the phenomenon of social influence.

8. The essence of social relations.

9. Neo-behavioral approach to the study of social phenomena.

10. Psychoanalytic approach to the study of social phenomena.

11. Cognitive approach to the study of social phenomena.

12. Interactionist approach to the study of social phenomena.

13. Activity-based approach to the study of social phenomena.

14. Models of doctor and patient relationships.

Initial knowledge level control:

1. Social psychology - studying?

2. What forms of social groups do you know and how are they characterized?

3. The significance of socio-psychological research in the scientific and practical activities of the doctor?

4. What research methods do you know?

5. How are the doctor-patient relationship explored?

Main issues of the topic:

1. Specificity and characteristics of social thinking.

2. Features of the phenomenon of social influence.

3. The essence of social relations.

4. The neo-behavioral approach to the study of social phenomena

6. Psychoanalytic approach to the study of social

7. Cognitive approach to the study of social

8. Interactionist approach to the study of social phenomena

9. Activity-based approach to the study of social

10. Sociometric method of studying intragroup relations.

11. Model of the relationship of the doctor and the patient.

12. Principles and rules of attitude of the doctor to the patient.

Final control of the level of knowledge:

1. Specificity and characteristics of social thinking.

2. Features of the phenomenon of social influence.

3. The essence of social relations.

4. The neo-behavioral approach to the study of social phenomena (N. Miller, D. Dollard).

5. The neo-behavioral approach to the study of social phenomena (A. Ban-dur).

6. The neo-behavioral approach to the study of social phenomena (D. Thibault, G. Kelly, D. Homans).

7. Psychoanalytic approach to the study of social phenomena (3. Freud).

8. Psychoanalytic approach to the study of social phenomena (V. Schutz).

9. The cognitive approach to the study of social phenomena (F. Hyder, T. Newcomb).

10. Cognitive approach to the study of social phenomena (L. Festinger, C. Osgood, P. Tannenbaum).

11. Interactionist approach to the study of social phenomena (J. Mead, I. Hoffman).

12. Activity approach to the study of social phenomena (A. N. Leontyev, SL. Rubinstein, A. V. Petrovsky, G. M. Andreeva).

13. Sociometric method of studying intragroup relations J. Moreno.

14. Engineering model of the relationship of the doctor and patient.

15. Paternalistic model of doctor-patient relationship.

16. Collective model of the relationship of the doctor and patient.

17. The contract model of the relationship of the doctor and patient.

18. Principles and rules of the attitude of the doctor to the patient.

Content part

Social thinking

Human thinking is almost never closed on itself. The content of thinking almost always reflects the facts of the external life of a person. Such facts of external life as the evaluation by other people of a person's actions, their real actions related to the behavior of this person, etc., become the content of his thinking and begin to influence the course of his intellectual activity and the nature of his subjective experiences. . Concentrating on them, social psychology makes efforts to establish the laws and mechanisms of the individual's social thinking, i.e. thinking, largely due to the pressure of the social environment.

Social thinking of people really very often relies not on scientific calculations, but on the so-called common sense.

Starting his experiments, S. Ash assumed that the group pressure would play a role, and a small part of the subjects, yielding to him, would refuse to recognize the obvious, but the results exceeded his expectations. In a series of 12 experiments, 75% of the subjects at least once agreed with the majority opinion.

The most striking thing in the experiments of S. Asch was, perhaps, the fact that the subjects changed their right opinion to the wrong majority of the majority without any coercion, without any restrictions on the manifestation of individuality on the part of the experimenter. Most likely, this happened either because people had convinced themselves that their decision was wrong, or because, because of the desire to be taken by the group, they did not dare to voice a decision contrary to the decision of the other members of the group.

The above-described phenomenon, which demonstrates how, under the pressure of a group, the individual's thinking, position and behavior change meaningfully, in social psychology is called conformism. In this section, the experiment of S. Asha was presented in order to confirm that the individual human thinking by numerous invisible threads is connected with the thinking of the people around the individual. An environment that affects the thinking of a particular person is a powerful force that can radically transform his mental attitudes.

The degree of social influence on the individual's thinking is so high that it allows psychologists to conclude that the other is not present in the human mind.

The conformal thinking phenomenon mentioned above has two sides: negative and positive. We speak about the negative when a person, regardless of his attitudes, views, takes the views of the environment and is guided by them in his life. The positive side is that, under the influence of social pressure, the individual begins to behave in a socially approved way, becoming the person who maintains social order and social attitudes.

Social psychology, focusing on the study of the features of human thinking in the face of pressure on it of opinions, attitudes, patterns of behavior of other people, shows that the boundary separating the mentality of one person from the mentality of another is very conditional. It demonstrates that people are fully social creatures, that their inner life depends largely on external circumstances. That is why it is of particular scientific interest to identify how autonomous human thinking is and how susceptible it is to transformation under external influence.

Social impact

Social psychology explores not only what is connected with a person's social thinking, but also how people, being connected with each other, influence each other. Scientists are trying to explain what forces attract people to rapprochement, which push and separate them. Social psychology is trying to find methods and ways of quantitative and qualitative assessment of these forces. It is quite natural that in the field of view of social psychologists studying the laws of the phenomenon of social influence are the problems of gender (the influence of sex on the nature of social phenomena), heredity (the influence of properties inherited by a person on the character of social interactions), culture relationships), the group's influence on the individual's thinking and behavior, etc.

Psychologists have long noted that human behavior changes depending on whether it is alone or in the presence of another person, other people. Even the indirect presence of another in the form of a video or photo camera can affect human behavior. This fully demonstrated the various experiments and observations. But they also showed that the presence of another may have different effects on human behavior.

Speaking of social influence, we should especially dwell on the phenom ¬ mene of conviction, which is the method of influence that leads to a change in both intellectual attitudes and human behavior. This method is used everywhere (consciously and unconsciously), it is one of the main means of directing the thinking and behavior of another person in the direction that suits the person. For human society, in which verbal communication plays a significant role, conviction as a method becomes a powerful lever of social influence. This method is actively used by mass media for the formation of mental attitudes and behavioral stereotypes of large groups of people.

Although the problem of persuasion and is investigated by psychologists quite deeply, it largely remains insufficiently studied. This is clearly seen in understanding the practice of weaning people from harmful habits, carried out by various authorities, including the health care system. It was experimentally established what a lifestyle should be, what a person should and should not do, who wants to preserve his health, and formulated recommendations for those who consider health to be the highest value:

•Do not smoke;

• exercise regularly;

• sleep at least 7-8 hours a day;

• monitor your body weight, maintain it at the level of the norm;

• eat regularly but moderately;

• Do not drink (or drink moderately) alcohol.

The health care system through the mass media actively undertook the promotion of a healthy lifestyle. But, unfortunately, she gave far from the effect on which the bet was made at the beginning. It is quite obvious that the propaganda of a healthy lifestyle has encountered serious obstacles. Social psychologists have concluded that among these obstacles a special role is played by the fact that the habits of unhealthy behavior are often enjoyable; people feel unwarranted

optimism about the reserves of their health; the population is skeptical about the form of healthy behavior offered to them; In addition to talking about healthy lifestyle, people are faced with advertising the attractiveness of an unhealthy lifestyle.

Involuntarily, the question arises as to whether it is possible to exert such social influence on the population that will perform the function of "vaccination" against an unhealthy lifestyle. In an experiment to identify the preferred methods of propaganda, health-saving behavior, it was found out that a well-organized educational campaign in the mass media has a positive effect on the health of people's congruence; and also that the personalization (approach to a specific person) of such an information campaign, i.e. the provision of direct interpersonal influence greatly enhances the effectiveness of educational activities.

Social psychology, which studies the phenomenon of social influence, examines it from different angles, making it one or another aspect of it. Social psychology is interested in how an individual changes in the power field of social influence, how various factors influence this process: culture, gender differences, group, etc. Putting the phenomenon of social influence into focus, social psychology invariably comes from different sides to the conclusion: social influence is a phenomenon that structures social being, and knowledge of its psychological patterns is the way to harmonious renewal of society.

Social relations

Human interaction is a complex phenomenon. People interacting not only think about each other, not only consciously or unconsciously influence each other, but also form completely definite relations with each other in the process of interaction. Relationships between people also become the subject of a study of social psychology, which tries to give verified answers to the questions why we love or hate each other, which pushes us to friendly contacts, which causes some people to strive to limit contacts (solitude), and others - to their continuous multiplication. The special interest of social psychologists is attracted by such phenomena as helping people to each other, social conflict, the effectiveness of group activities, the constructiveness of interpersonal communication.

A striking example of the proof of significance for a person of social relations is the work of John Bowlby (Bowlby John). This famous American psychologist, who studied various aspects of children's psychological health, was interested in the role their relationship with the mother played in their life, more precisely, which relationship with the mother contributes to the normal, and which provoke anomalous psychological development of the child.

The fact of the universality of the behavior of children separated from their parents led D. Bowlby to the idea of the inherent nature of such behavioral response in children. This behavioral response D. Bowlby called a system of attachment.

D. Bowlby's study of the mutual attachment of mother and child demonstrated the great importance of this phenomenon for the survival and normal development of the child. The absence of such affection, its artificial interruption or failure, consisting in the emotional coldness of the mother in relation to the child, are factors that can provoke mental or behavioral disturbances in the child.

The attachment, which D. Bowlby argues, really determines in many respects the relations that an individual has with the social environment. The significance of this phenomenon and predetermined the fact that it became interesting to many researchers. At the same time, taking an important place in the problem of social relations, this phenomenon is by no means the only one carefully studied by social psychologists. Social psychologists are interested in different aspects of the relationship between people: mutual affection and rejection of each other; racial, cultural, gender attitudes and prejudices that affect the nature of human relations; causes of aggression, sources of conflict; the specifics of intergroup and interpersonal communication, etc.

Recently, the number of scientific publications devoted to the topic of gender stereotypes that underlie how relationships between the sexes are structured in a particular society has increased significantly, how other people, different groups of people relate to a person as the carrier of a particular sex. people, the cultural community in general.

Social psychologists do not identify the concepts of "gender" and "gender." Speaking about the field, they usually mean those features of the relationship that are set by biology, and speaking about gender, those that are set by culture. Different aspects of relations between people are investigated, conditioned by the adoption of those gender roles that are approved and considered as the norm in society.

In particular, social psychologists are talking about how the subordination of gender norms affects the nature of the relationships that people have in everyday life (Sean Bern).

Common themes in social psychology are traditionally the themes of conflict and aggression. The practice of human interaction demonstrates the impossibility of the final elimination of conflicts from human society. This feature of human existence encompasses all types and levels of a person’s relationship with reality and is based on the fact that there are “oppositely directed goals, interests, positions, opinions or attitudes ... of subjects of interaction”, i.e. Any conflict can be considered as the collision of multidirectional goals, interests, positions, opinions or views of interacting actors (both with and without conflict actions). One of the most prominent theorists in the field of conflict resolution, M. Deutsch (Deutsch M.) identifies two types of conflicts: constructive (or productive) and destructive.

Along the path of a productive conflict, bearing in itself a constructive, positive beginning, the situation develops when the parties evaluate the situation as generated only by the difference in viewpoints on a problem, and not the incompatibility of the personalities of the participants. negotiations. With this approach to the problem, the conflict begins to contribute to the formation of a better understanding of the nature of the problem, the motivation of the partner and, ultimately, the search for a solution acceptable to both parties.

A destructive conflict arises when the parties approach the morally condemned methods, seek to psychologically suppress each other, translate the conflict into the course of personal opposition. Destructive conflict plays a negative role in human interactions. It leads to disagreement of these interactions, their loosening.

Often a destructive conflict is accompanied by aggressive behavior of the parties. It has been established that mass media often contribute their negative contribution to the development of conflict situations according to an aggressive scenario. Psychologists who study the destructive

influence of mass culture that propagandizes violence through television, the Internet, the cinema, and computer games come to this indefatigable conclusion.

The importance of social relations for the formation of the personality of a human ¬ century is confirmed by the research of psychologists representing different schools, trends and trends in social psychology. Man, they say, is largely woven from the diverse social relations that he establishes with others - this is the general conclusion of social psychology. Studying the features of social relations, she does not doubt that comprehends the laws of the formation of the human in man. Such a vision gives social psychology a special status, putting it on par with other anthropological disciplines.

Social psychology, which focuses on the study of the phenomena of social thinking, social influence, social relations, has developed a series of weighted approaches that allow one to obtain scientific ideas about the essence, nature, and specifics of these phenomena. The heterogeneity of the approaches existing in modern social psychology does not allow one to speak of them in general. In order to get an idea of modern social psychology, it is advisable to talk about each of the most common approaches separately.

Sociometric method of studying intragroup relations

The developer of the sociometric method of studying intragroup relations is Jacob Levi Moreno (Moreno J.L.). The scientist was convinced that most of the problems of a person's social life regardless of the reasons for their occurrence (political, economic, class, ethnic, etc.) can be solved with the help of a "sociometric revolution. The essence of this revolution, according to Moreno, is in the structure of such a society, in which the emotional preferences of people will be taken into account to the maximum extent. Only in such a society, Moreno believed, will it be possible to harmonize people's relations with each other. In such a society, the forces of interpersonal preferences or rejections will become the structuring basis for a sustainable social life. The original sociometric methodology developed by Ya.L. was aimed at identifying indicators of cooperation and interaction among members of the group, their acceptance and rejection of each other. Moreno.

The influence of social factors on human behavior is not questioned by anyone. However, these influences are so diverse, dissimilar to each other, differ in strength and are so differently perceived and experienced by a person that studying the influence of social factors on a person is an extremely complex problem. If we also take into account that there is no single understanding of the essence of the psychological life of a person accepted by all psychologists, then the problematic nature of the issues studied by social psychology becomes even more obvious.

The doctor and patient relationship

No one doubts that the nature of the relationship between the doctor and the patient imposes a definite imprint on the course of the disease and the course of recovery. That is why the problem of the relationship between the doctor and the patient has always interested those who thought about ways to increase the effectiveness of the treatment process. This problem, social and psychological in its essence, is being comprehended today from different angles of view. Different visions are offered of how to optimally build up the interaction between the doctor and the patient, how to build it so that this interaction becomes an effective factor in the recovery of the patient.

Through the efforts of the american scientist Robert Veitch, four of the most common models of interaction between the doctor and the patient were identified and described in detail: engineering, paternalistic, collegiate, and contractual.

The engineering model assumes that the physician treats the patient as a mechanic devoid of personality. The doctor behaves like an engineer, leveling mechanism breakage. He knows the device of the body-unit well and understands how to repair it. Its activity is based on reliable scientific data. Rigidly following the engineering logic, he makes objective measurements of the state of health, removes indicators of the functioning of devices - organs. Receiving reliable data on those or other breakdowns, he develops a strategy for repairing the body. He uses non-doubtful diagnostic tools, removing the performance indicators of elements, parts of the body (biochemical indicators, electrocardiograms, electroencephalograms, radiographs, etc.) and thereby determines the malfunctions in the human body. When conducting a treatment-repair, such a doctor leaves aside the rules and norms of ethics inherent in other areas of human interaction, on the assumption that engineering lies on the other side of good and evil. Restoring the body's work as a mechanical device, the doctor believes that he is doing an undoubtedly significant work, realizing it in the only true way.

The engineering model has repeatedly become the subject of criticism for its separation from human reality, called the soul, the inner world. Such a model of interaction with the patient is demeaning for him; it does not use the internal reserves of the person, his psyche, which are often a powerful factor in recovery.

Today, in the light of the positioning of medical science as being closely connected with the world of human values, the criticism of this model of interaction between a doctor and a patient becomes total, and the struggle with the engineering model becomes part of the process of expelling technocratic from medicine, the outdated interpretation of man as an inanimate subject.

The paternalistic (or pastoral) model assumes that the interaction between the doctor and the patient is built in the same way as the interaction between the father and the child. This model is very different from the one described above. Its main difference is that the doctor-patient relationship is based on the moral norms of a fatherly attitude and care.

The doctor, according to this model, full of the desire to help the suffering patient, behaves like a “father”, possessing the necessary knowledge and skills to restore the health of the patient - not able and not knowing how to cope with the illness “child”. The doctor and patient, according to this model, are not equal individuals. One wise, knowledgeable, experienced, another unknowing, helpless, inexperienced. Their interaction is the submissive subordination of one authority and mastery of another. This model has a long history of its application in medicine. Its historical roots are easy to spot in the Hippocratic Oath and a series of subsequent codes of ethical conduct for the physician. It is widely distributed in modern medicine.

Claims to this model boil down to the fact that it breeds the doctor and the patient on opposite sides, giving all powers to fight the disease to one and depriving them of the other. The intervention of the patient in the treatment is considered unacceptable, he is not allowed to engage in dialogue with the doctor, building it horizontally. Although the paternalistic model takes into account the patient, it does not consider him as an autonomous person who can make important decisions when it comes to his own healing.

The collegial model assumes that the doctor and the patient are colleagues, partners who jointly struggle with the patient's illness. The implementation of such a model is possible only in conditions of the patient's full knowledge of the state of his health, the diagnosis made, the prognosis of the course of the disease and the proposed methods of treatment. The interaction within this model is carried out horizontally, putting the doctor and the patient in the position of partners. It is believed that in this case the doctor and the patient pursue the same goal - to return the patient's health. As part of treatment, they are guided by the same understanding of health as values, act together, multiplying each other's strengths.

However, as practice shows, such harmony between a doctor and a patient is extremely difficult to achieve. This is due to the fact that not every patient has enough knowledge to understand the essence of the medical approach to its treatment, to evaluate the proposed treatment methods, to understand the prospects for recovery. The difficulty of introducing this model, in particular, is that it must supplant those models of interaction between the doctor and the patient, which are rooted in medical practice.

The contract (or contractual) model assumes that the doctor and the patient conclude between themselves (sometimes orally, sometimes in writing) the contract that the patient is being treated for. This contract is made by both parties freely, taking into account the interests of each of the parties. This contract stipulates almost everything related to the treatment process. The responsibility of each is determined, the goals of treatment are formulated, ways of dealing with the ailment are specified, etc. In case of violation of one of the parties under the contract obligations, it may be terminated. This model of interaction, containing a clear echo of the market approach to life, has already entered our life quite widely.

This model has undoubted advantages, but there are a lot of minuses in it. Positive aspects include the active participation of a patient in his own treatment, consideration of his interests in the treatment process, awareness of everything that happens to him in the treatment process, negative ones - formalization of relationships, replacement of trustful, natural relationships with business interaction. essentially on a legal basis.

Indeed, the partnership nature of this model makes it possible not to impair the autonomy of the patient's personality, but, as the practice shows, the drafting of a contract between the parties is not always dictated solely by the treatment logic that has been developed in medicine, the fashion logic often invades the process of drafting it one or another subculture professed by the patient.

Currently, all four models of interaction between a doctor and a patient are used in medical practice. The dominant model is paternalistic, there has been a movement towards the use of collegial and contractual models.

The principles and rules of a non-personal relationship, and the attitude towards the patient as a person is largely already formed. Bio - ethics, which is based on the idea of an "active subject" entering into a dialogue with a doctor, has formed a set of principles and rules that allow the doctor to build relationships with the patient in such a way so that he does not feel the infringement of his personality.

This set includes ***four principles***:

1) the principle of respect for human dignity;

2) the principle of "do good and do no harm!";

3) the principle of recognition of the autonomy of the individual;

4) the principle of justice.

*And **four rules**:*

1) *the rule of truthfulness*, which states: "In communicating with patients, it is not necessary to truthfully, in an accessible form and tactfully inform them about the diagnosis and prognosis of the disease, available treatment methods, their possible influence on the image and quality of life of the patient, about his rights. The implementation of this rule is necessary to ensure the autonomy of patients, to ensure that they can make informed choices and manage their own lives".

2) *privacy rule*, which states: "Without the consent of the patient, the doctor should not collect, accumulate and distribute (transmit or sell) information relating to his private life. The elements of private life are the fact of going to a doctor, information about health, biological, psychological and other characteristics, methods of treatment, habits, lifestyle, etc. This rule protects the privacy of citizens from unauthorized invasion of strangers, including doctors or scholars".

3) *the rule of confidentiality* (keeping medical confidentiality), which states: "Without the patient's permission, it is prohibited to transfer information to third parties about his health, lifestyle and personal characteristics, as well as about the fact of seeking medical help. It can be considered an integral part of the privacy policy".

4*) the rule of voluntary informed consent*, which states: "Any medical intervention should be carried out with the consent of the patient, received voluntarily and based on sufficient awareness of the diagnosis and prognosis of development, considering different treatment options. This rule is important when performing any medication.

The above principles and rules of treating the patient as a person are formulated in accordance with the requirements of the psychology of partner communication and are more suited to the collegial model of interaction between the doctor and the patient. Cultivation on the practice of these principles and rules forms the appropriate professional culture of the doctor. A culture that is focused not only on curing the patient from no-arc, but also on involving the patient in actively fighting the disease, creating a favorable psychological climate that increases the effect of medication.

Theme of seminar №7. Psychology of health and healthy lifestyle.

Venue: audience.

Duration: 2 hours.

Objective: To study the personality from the perspective of mental health. Self-awareness and body image. Stress, psychological and psychosomatic reactions to it. General adaptation syndrome, psychological methods of protection from stress.

The student should know:

6. The universality of the provisions of the psychology of health. Mental Health Criteria.

7. Methodological and organizational aspects of health

8. Classification of personal development methods. The qualities of a mature personality

9. Psychological health of children.

10. Concepts "Self-Consciousness".

11. Stages of development of consciousness and self-awareness.

12. Basic concepts on the topic: “stress”, “distress”, “stress tolerance”, “adaptation”.

13. Physiological mechanisms of adaptation to stress. The three-phase nature of stress. Types of stress.

14. The effect of stress on the development of psychosomatic diseases

15. Stress resistance factors, allowing to increase the body's defense mechanisms, stimulate training and work activities, reduce the traumatic effect of stress.

16. Mechanisms of psychological protection.

The student should be able to:

1. To characterize the person from the standpoint of mental health

2. To determine the degree of maturity of the individual.

3. Examine the person according to the criteria of mental health.

4. Use acquired knowledge to reduce the risk of distress and increase the positive effect of stress.

5. To use the Holmes, the Rage method “Determination of stress-resistance and social adaptation”.

Topics of projects, abstracts:

11. Basic principles of health psychology

12. The psychological health of children

13. Mind and Consciousness

14. The development of the psyche and behavior. The main stages of the development of behavior and psyche; the problem of instinct, skill and intelligence

15. Lifestyle and mental health

16. Basic ideas about a healthy person

17. Health psychology as an interdisciplinary field of knowledge

18. Theoretical models of self-awareness.

19. Consciousness and its boundaries.

20. Mechanisms of psychological protection.

21. Individual consciousness and collective unconscious.

22. Altered states of consciousness.

23. Disorders of consciousness. Forensic psychiatric examination.

24. The impact of extreme situations on people and society.

25. Stress as an integral factor in the activity of a doctor.

26. The role of hormones in the formation of the reaction to stress.

27. Professions requiring increased stress tolerance.

28. A healthy lifestyle - the path to harmony and success.

29. Stress and psychosomatic diseases.

30. 21st century - the time of the newest technologies or exacerbation of "stress diseases"?

Initial knowledge level control:

6. What is included in the concept of health? What is psychological health?

7. How can a healthy person be characterized?

8. What does psychology study?

9. What methods of personal development do you know?

10. What qualities should a healthy, mature personality have?

11. What is meant by self-awareness?

12. List the functions of self-awareness?

13. What is the role of emotions in the formation of adaptation mechanisms?

14. What is the emotional regulation of behavior?

15. Individually - the psychological characteristics of the manifestations of emotions and feelings.

16. Stressful condition as a special kind of emotional states.

Subjects of projects, essay:

8. The subject of psychology, tasks, methods.

9. The universality of the provisions of the psychology of health.

10. Tasks of health psychology.

11. Classification of personal development methods.

12. Criteria for mental health.

13. The qualities of a mature personality.

14. Psychological health of children.

15. Concepts and forms of self-consciousness.

16. Formation of consciousness in ontogenesis.

17. Mechanisms of psychological protection.

18. The concept of stress G. Selie

19. Physiological component of stress. Three-phase nature of stress. Types of stress.

20. Effect of stress on the development of psychosomatic diseases.

21. Stress resistance factors.

Final control of the level of knowledge:

11. What is the positive definition of health given by WHO? What components does it consist of?

12. What is the concept of "mental health"? How do the concepts of “mental health” and “spiritual health” relate to each other?

13. What are the main qualities of a mature personality?

14. What is a holistic approach to health psychology?

15. What are the main components of the Human Potential program?

16. What are the main methods of personal development?

17. List the levels of "psychological health" of children?

18. What are the criteria for mental health?

19. What is self-awareness?

20. List and characterize the forms of self-consciousness.

21. What periods of consciousness passes in ontogeny?

22. At what age does a child begin to develop self-awareness?

23. What period marks the final formation of consciousness and self-consciousness?

24. What are psychological defense mechanisms?

25. Who introduced the concept of “psychological defense mechanisms”?

26. What reasons lead to the activation of psychological defense mechanisms?

27. What are the consequences of psychological defenses if you do not solve a psychological problem?

28. List and give a brief description of the protective mechanisms of the psyche.

29. Definition of the concept’s “stress”, “eustress”, “distress”, “stress tolerance”.

30. Who is the founder of the concept of stress?

31. What is a stressor? What are stressors?

32. Triad reaction to anxiety? The physiological component of stress.

33. The three-phase nature of stress (the concept of G. Selye):

34. At what stage is adaptation and adaptation?

35. Is the stage of exhaustion reversible?

36. Adaptation reserves of our body have a limit?

37. Types of stress.

38. The effect of stress on the development of psychosomatic diseases.

39. Characteristics of the concept of "stress resistance".

40. The main factors of stress tolerance.

41. Physiological background of stress.

42. Individually personal features and resistance to stress.

43. How and in what way does stress manifest itself? Target stress organs.

44. Methods of dealing with stress.

Content part

Health psychology is a universal space in the broad field of modern traditions of medical psychology and psychology in general. The psychology of health focuses on the phenomenal organization of a person as a diversely active dynamic whole, however, accepting all the existing theories of personality, goes beyond the boundaries of any of them in search of universality.

Health psychology in its development relies on a holistic approach in the science of man, which emphasizes the importance of the harmonious development of all the components of a person to achieve full welfare. The implementation of this approach can, in accordance with the views of C. Rogers, go through the disclosure of the "Potential of Man."

Harmonious disclosure of potentials that form in a certain sense the structure of a person's personality can be diagnosed as having "holistic health". The program is symbolically presented in the form of a flower, the seven petals of which form a pattern of interconnected potentials that reflect various aspects of a person's mental, physical and social health. Each potential is important in itself and affects all others. None of them can be neglected if a person is committed to holistic health and well-being. The goal of practical work is maximum disclosure of each of these potentials (personality competencies).

1. **The potential of the mind** (intellectual aspect of health) - the ability of a person to develop intelligence and be able to use it; the ability to acquire objective knowledge and implement them.

2**. The potential of the will** (personal aspect of health) - the ability of a person to self-realization; the ability to set goals and achieve them, choosing the appropriate means.

3. **The potential of feelings** (the emotional aspect of health). Emotional competence is the ability of a person to congruently express his feelings, to understand and to agree with others without feelings. This competence refers to the emotional level of the organization of the individual.

4. **The potential of the body** (the physical aspect of health) is the ability to develop the physical component of health, to "realize" one's own physicality as a property of one's personality. This includes alimentary and sexual competence.

5**. Social potential** (social aspect of health). Social competence is defined as the ability of a person to optimally adapt to social conditions; the desire to constantly improve the level of communication culture, social intelligence, communicative competence; gaining a sense of belonging to the whole of humanity. An improved person improves the natural-social environment, which, in turn, contributes to human excellence.

6**. Creative potential** (the creative aspect of health) is the ability of a person to be creative, the ability to express oneself creatively in life activity, going beyond the limits of standard knowledge.

7. **Spiritual potential** (spiritual aspect of health). Spiritual competence is the ability to develop the spiritual nature of man, to express (incarnate) the highest values in life.

Spiritual potential is the core, this is the tissue, this is oxygen, this is the nutrient medium on which the Flower of Potentials grows - the Harmony of Personality. The roots of the "flower", providing stability in life, are immersed in the traditions of the times, consisting of the wisdom of the family and national traditions of their people, the wisdom of the entire civilization.

Tasks of Health Psychology

The tasks of the psychology of health include:

1. Increasing the level of psychological culture, by which we understand the degree of perfection achieved in mastering the field of psychological knowledge and mental activity.

2. Increasing the level of communication culture, degree of perfection in the field of internal and external communication.

3. Identification of ways and conditions for self-realization, self-realization, the disclosure of their creative and spiritual potential.

All these three tasks are integrated in the processes of development and "enrichment" of the individual and can consist of three aspects of work:

1) self-knowledge;

2) self-education or self-creation;

3) self-fulfillment.

The presence of a mental component, that is, a person, in all areas of preventive medicine determines the scale of activities of a health psychology. The vector of her research can be focused on private areas of the preservation and development of individual and public health. Imagine the most important of them:

1) mental health;

2) physical health;

3) environmental health;

4) preventive narcology;

5) psychosomatic medicine;

6) nutritional psychology;

7) family health;

8) sexual health;

9) prenatal, perinatal and sexual education;

10) education and enlightenment;

11) work and rest;

12) national health.

The following areas of research in the field of health psychology can be distinguished:

1. The role of psychological factors in the preservation, strengthening and development of health.

2. Internal picture of health.

3. Methods of psychological impact in strengthening and developing a healthy personality.

4. Health education.

Thus, the psychology of health includes the practice of maintaining human health from conception to death, is the psychological basis of primary and secondary prevention, as well as rehabilitation.

Classification of personal development methods.

The main motive that draws attention to the programs of health psychology is the personality of the psychologist and the methods by which he performs the tasks. With the help of these methods it is possible to solve such tactical tasks of primary prevention, as the correction of negative personal characteristics; modification of behavioral stereotypes that contribute to the development of mental, somatic and substance abuse pathologies; reducing the effects of emotional stress; fighting hypertension; development of attitudes to health and the involvement of broad participation in mass preventive activities; motivation of the population to overcome bad habits, etc.

Many studies indicate that the use of psycho-corrective methods (autogenic training, biofeedback, etc.) contributes to a 20% reduction in the probability of death from cardiovascular diseases. All these tasks can be accomplished with the correct use of cognitive-social learning methods, relaxation methods, and settling the situation in the family and at work.

Counseling 2–3 times a year (as often as necessary and more often) on nutrition, coping with stress, smoking and other bad habits, and solving family and sexual problems are among the effective methods of mastering the skills of self-prevention.

Strategies for providing psychological assistance to problem clients in health psychology are determined by the harmonious combination of work with the negative and positive aspects of the individual.

Methods of psychological influence in the field of development, improvement of a person can be conditionally differentiated depending on the level of consciousness at which positive changes are carried out. The most acceptable for the psychology of health, in our opinion, is the classification based on the Ken Wilber “Spectrum of Consciousness” model. The Spectrum of Consciousness is a multidimensional approach to the human personality. The levels of consciousness are considered from the Supreme Personality, correlated with the cosmic Consciousness, to the sharply constricted identification associated with the Ego-level.

Perfection at the level of the ego. Disadaptation at this level arises when the image of oneself is subjected to distortion and is depicted (interpreted) inaccurately. This may be the result of the destruction of the connections between the conscious and the unconscious, and then the improvement will be to restore an accurate and, therefore, a real, acceptable self-image. If a person alienates some facets of his personality, he deceives himself, distorts his image. The rejected, repressed aspects (that is, while the “unconscious shadow of the person”) nevertheless belong to him and, for example, with the help of psychological defense mechanisms, come out in the form of a projection of these shadow sides onto other people. The reserve of personal growth includes

contacting with the "shadow", the awareness of these aspects and their acceptance, which expands the sense of identification. Thus, a person acquires a refined and acceptable self-image, the gap between the “person” and the “shadow” is eliminated. A person goes to the level of "I understand and accept myself with all my strengths and weaknesses."

Perfection at the existential level. The purpose of these methods is not to recreate a refined image of the whole organism, but to be a whole organism. Therapy is aimed at updating the holistic, fully manifested being of a person who has not been torn apart. At this level, the main concern for perfection is to overcome deep-seated duality, such as: subject — object, life — death. Most of the methods of the existential level are addressed to a holistic psychosomatic organism and the crises that may occur here. This group of methods mainly includes those based on a noetic approach, such as existential psychology, gestalt therapy, and logotherapy. humanistic psychology, etc.

Improving the biosocial layer. This layer refers to the upper limits of the existential level. It keeps a voluminous array of information selected from the cultural heritage of a person. The formed behavioral patterns of this layer have a pervasive influence on both the nature of the thinking process, the structure of the ego, and the general behavior of a person.

When perceiving and describing the world, a person uses filters, with the help of which he sorts information about reality. Filters can be due to the physiological, social and individual characteristics of a particular person. The experience that is not missed by self-observation, amazing psychotherapy, art therapy and others. It is through such experiences that a person can relate to the world of meta motivations, transcendental values — in other words, to enter the spiritual regions of the transpersonal layer.

Improving the level of MIND (existence). If at the level of the trans-personal layer there is still a fine line between the witness and the witness, then at the MIND level this fine line goes away, that is, the residual traces of duality are completely erased. At this level, the Witness and the testimony become one and the same. The methods of this level try to save a person from the dualism of the subject-object, after which he becomes capable of interacting with the non-spatial world of the cosmic Consciousness. Reaching the MIND level is achieved using specific techniques included in some forms of religious mysticism, such as Mahayana Buddhism, Taoism, Vedantism, Hinduism, Sufism, Orthodox Hesychasm, and others.

Mental Health Criteria.

WHO: Mental Health Criteria (GK Ushakov, 1976):

• causation of mental phenomena, their need, orderliness;

• maturity of feelings corresponding to a person's age;

• the maximum approximation of subjective images to the reflected objects of reality, the harmony between the reflection of the circumstances of reality and the attitude of the person to it;

• correspondence of reactions (both physical and mental) to the strength and frequency of external stimuli;

• a critical approach to the circumstances of life;

• the ability of self-management behavior in accordance with the norms established in different teams;

• adequacy of reactions to social circumstances (social

environment);

• a sense of responsibility for the offspring and close family members;

• a sense of constancy and identity of experiences in the same type of circumstances;

• the ability to change the way of behavior depending on the change of life situations;

• self-affirmation in a team (society) without harming its other members;

• ability to plan and implement your life path

The qualities of a mature personality.

Here is a list of qualities. To assess personal maturity, compiled on the basis of the characteristics of a self-actualized person, A. Maslow proposed programs of "moral and spiritual values", developed for educational institutions in Los Angeles.

Mature personality:

• does good deeds and does not expect benefits from it;

• does not automatically resent criticism, because he understands that it may contain suggestions for self-improvement;

• does not shift the blame on others and does not criticize until he decides in essence;

• is responsible for their actions and decisions and does not blame others when something goes wrong;

• loses in a good way, accepting defeats and disappointments without complaints and anger;

• adequately perceives reality and relates to it, avoids illusions, prefers to deal with reality, albeit unpleasant;

• is able to remain true to its goal and in the face of great difficulties (for example, unpopularity, rejection);

• does not lose his temper and does not allow himself to "beat his head against the wall" for nothing;

• has a more autonomous orientation system, has its own opinion;

• independent of culture and environment, able to "transcend" any private culture;

• they do not boast and do not "build themselves out of themselves", and when they make compliments to her, they take them beautifully and without false modesty; does not worry in the first place about what does not depend on her, and reconciles with the inevitable;

• constantly and clearly sees the differences between the goal and the means to achieve it, good and evil;

• is able to establish close emotional relationships, for example, with friends or close people;

• has a sense of ethics and philosophical, non-hostile humor;

• lives spontaneously, simply, naturally, synchronously with life;

• has experience of experiencing higher states;

• focused on problems outside of itself;

• patient because he knows: "the wound heals gradually";

• has a high degree of acceptance of himself, others, including the various complexities of human nature;

• has the ability to constantly see new things in a new way; her score is fresh;

• democratic, able to learn from anyone, if there is anything;

• has a sense of belonging to all of humanity, although he sees his faults;

• creative, inventive in their field, and not just follow the established path;

• draws energy, strength, inspiration from life, nature, communication with the beautiful;

• makes a reasonable plan and tries to implement it in order.

The desire to cultivate in themselves the above qualities contributes to the growth of the individual, the accumulation of a person's spiritual potential. The scale of the personality depends on the level of realization of its mature traits.

Psychological health of children.

If for mental health the norm is the absence of pathology, symptoms that prevent a person from adapting to society, then to determine the norm of psychological health, it is important to have certain personal characteristics. And if the care of the psychiatrist for the most part becomes ridding the patient of pathological factors, then the course of the psychologist's actions goes in the direction of the acquisition by the person of useful properties that contribute to successful adaptation. In addition, the norm of psychological health implies not only the successful adaptation, but also the productive development of a person for the benefit of himself and the society in which he lives. So, the norm of psychological health is a certain ideal, the path to which is endless, and on the way to this ideal image one can find more and more reference points for self-development and organization of psychological influences. These guidelines change not only depending on the whole variety of life situations, but also in each of the situations - depending on the person's age.

Defining the criteria for the norm of psychological health of a child, which could become the basis for differentiating psychological help to children, we proceed from the following statement: the foundation of psychological health is the full-fledged mental development of a person at all stages of ontogenesis, that is, in all age periods of his general development (Dubrovina, 2000) . Since psychological health implies the existence of a dynamic balance between the individual and the environment, the child's adaptation to society becomes the key criterion. There are several levels of psychological health of the child - they are quite conditional, however, they are necessary for organizing practical work with children at school.

The levels of "psychological health" of children.

1.Creative level. There are children who do not need psychological help. They are steadily adapted to any environment, have a reserve for overcoming stressful situations and an active creative attitude to reality. This ideal image of a child-creator, quite rare in real life, expresses the perfect degree of psychological health, its highest level. *Let's call it creative* (which means creative, creative).

2. Adaptive level. Most of the relatively "prosperous" children are generally adapted to society, but according to the results of the diagnostic methods, they show some signs of maladaptation and have increased anxiety. Such children do not have an adequate margin of safety "psychological health" and need preventive and developmental group classes.

Directionality. This is a relative risk group; it is quite numerous and represents the average level of psychological health. *Let's call it adaptive.*

3.Assimilative-accommodative level. This is the lowest level of psychological health. This includes children with an imbalance in the processes of assimilation and accommodation, that is, either incapable of harmonious interaction with others, or showing deep dependence on external factors, not having protection mechanisms, separating themselves from traumatic environmental influences. Children with a predominance of the processes of assimilation strive to change the world around; at the same time, they are not ready for self-modification in accordance with external requirements and the interests of others. Disadaptation actively manifested in these children in outrageous behavior, conflicts with peers, home affectedness, etc. For children with a

predominance of accommodation processes, on the contrary, it is characteristic that they are adapted to the demands of the outside world at the expense of their own needs and interests. Their Disadaptation almost does not manifest itself outwardly, it is difficult to fix. These are “comfortable”, quiet children, diligent and diligent students, which parents are proud of. This group requires special attention precisely because of its external well-being, which does not cause anxiety in adults. Dedicated levels of psychological health allow you to differentiate psychological assistance to students. It is enough to carry out only developmental work with children of the first group. Children with the psychological health of the second group need systematic, specially organized help of a psycho-prophylactic nature. Since this group is very large, it is preferable to carry out group work. Students entering the third group need serious individual correctional work.

Self-awareness.

The concept and form of self-awareness.

The epicenter of consciousness is the consciousness of one’s own “I,” or consciousness of self, self-consciousness. Its first form, sometimes referred to as well-being, is the elemental awareness of one’s body and its incorporation into the world of things and people around them. The next, higher level of self-awareness is associated with self-awareness as belonging to a particular human community, this or that social group.

The highest level of development of this process is the emergence of the “I” consciousness as a completely special education, similar to the “I” of other people and at the same time in something unique and unique, able to perform free deeds and bear responsibility for them. necessity implies the possibility of control over their actions and their evaluation. Here it is necessary to shade such an aspect as consciousness. Consciousness is characterized, first of all, by the extent to which a person is able to realize the social consequences of his activity. The greater the place in the motives of activity is the understanding of public duty, the higher the level of consciousness. Consciousness is inalienable, a property of a mentally healthy human personality.

The main function of self-awareness is to make the motives and results of your actions accessible to your own understanding, to evaluate yourself (self-esteem). The common integral dimension of "I" here is self-acceptance and self-esteem. Maintaining an acceptable level of self-esteem for an individual constitutes an important and, as a rule, unconscious self-awareness function. One of the ways to implement this function are the protective mechanisms of the personality (psychological defense mechanisms).

The main components of consciousness

1) the totality of human knowledge about the world with the preservation of the processes of cognition - object consciousness;

2) a set of knowledge about oneself with the ability to separate "I" from "non-I". This is self-consciousness, which includes self-esteem of one’s own physical (bodily) “I” and of one’s own personality — mental “I”;

3) the presence of adequate emotional assessments and experiences in relations with the outside world, people and yourself;

4) the presence of the possibility of setting goals (goal setting) and the possibility of concentration in the organization of mental and other activities.

Formation of consciousness in ontogenesis

Consciousness from the moment of birth of a child to adulthood passes through several periods of its formation (Ushakov GK, 1973).

1. *Awake consciousness (8-10 months).* In the first year of life, the child sleeps a lot, and his consciousness is manifested only by periods of wakefulness. A number of researchers have noticed and described at this age peculiar states of “full wakefulness”, in which the child does not even respond to the words of the mother, although he does not sleep, and his mimicry expresses complete satisfaction. It is believed that at this age period the processes of formation of the “scheme” of the body take place in the brain: impulses coming from different parts of the body are fixed in progressively maturing brain structures. The formation in the brain of structures in the form of a “body pattern” lays the foundation for the future self-awareness.

2. *Subject consciousness (from 10–12 months to 3 years).* At this age, the main role is played by direct impressions of reality. The formation of consciousness is more connected with the development of the first figurative concepts, figurative thinking and speech. However, the child has not yet distinguished himself from the environment, and in his speech the pronoun “I” is missing. Elements of self-awareness in the form of the use of the personal pronoun "I" and the correlation with one's own actions and the actions of others (sayings like "I fell", "give me") appear already on the 2-3rd year of life. In the mirror, he begins to recognize other people at 8 months, and himself only at 26 months. In photos of other people, he learns at 1.5 years, and himself - much later.

4. *Individual consciousness (from 3-4 to 7-9 years)* is marked by the appearance in the child of the consciousness of his “I” and the beginning of the development of self-consciousness. The possibility of separating oneself from the environment becomes possible due to the sufficient development of the first ideas of the child about space and time. The consciousness of one’s own “I”, purely individual at the beginning, subsequently undergoes changes as the child’s communication with peers and relatives expands.

5. *The collective consciousness (from 7–9 to 14–16 years)* is characterized by the emergence in the mind of a child by 7–9 years of new qualities. Knowledge about objects of reality and about oneself begins to be combined with knowledge of the simplest forms of relations and interrelations between oneself and a group of peers. Education in high school is accompanied by the participation of adolescents in social events and the emergence of their social and social consciousness. All these new qualities of consciousness are provided by the beginning of a gradual transition after 3-4 years from the ideas about objects of the perceived (real) space to the formation of ideas about the objects of your inner world, i.e. in-trapsychic, subjective (imagined and imagined) spaces.

6. *Reflexive consciousness (from 14-16 to 22 years)* is characterized by the improvement of consciousness and the acquisition of qualities that create the basis for scientific thinking. Gradually, consciousness acquires the possibility of not only creating some kind of internal model

(photo) of the world, but also as if “viewing” from the inside of the resulting picture (“reflection of reflection"). mental states. Reflection marks the final formation of self-awareness.

Mechanisms of psychological protection.

Protection, including psychological, protects any person from the past (psycho-trauma, memories); or actual (directly occurring situation) or from future (hypothetical fears and experiences) psychological pain. Nature has created these defenses for emergency psychological self-help (something like a response to a disease or injury in the body). However, only a response to diseases and physical injuries of the body can not cope, how much it does not strengthen and do not improve immunity. Therefore, we need doctors, medicines, surgery, physiotherapy, spa treatment and so on. With the psyche, everything is almost the same - psychological defenses only protect, but not “cure”, i.e. They do not solve the problem, it remains with the person.

The mechanisms of psychological defense and resistance can manifest themselves in the following cases:

1. Past psychological trauma (stress)

2. Bad memories

3. Fear of any failure

4. Fear of any changes

5. The desire to meet their children's needs (infantilism)

6. Secondary benefit from your illness or condition

7. Too “hard” consciousness when it punishes a person with incessant neurotic suffering.

8. The reluctance to change the “convenient” social position to the “inconvenient” - to be active, work on yourself, be socially adaptive, earn more, change your partner, and so on.

If a long time does not solve the problems that have arisen, then psychological defenses can negatively affect the human psyche, that is:

1. begins to submit to psychological protection from heartache: a certain kind of hobby, hobbies, profession.

Lifestyle becomes a form of "painless psychotherapy." Protective lifestyle becomes the most important, so there is a constant denial of problems and aggravation of maladjustment and psychosomatics.

Protective mechanisms are a system of regulatory mechanisms that serve to eliminate or reduce to the minimum negative, traumatic personality experiences. These experiences are mostly associated with internal or external conflicts, anxiety states, or a fort disk. The defense mechanisms are aimed, ultimately, at maintaining the stability of the self-esteem of the personality, its image of I and the image of the world. This can be achieved, for example, in such ways as: elimination from the consciousness of the sources of conflicting experiences; transformation of conflicting experiences in such a way as to prevent the occurrence of conflict.

Stress.

Stress is a state of psychophysiological stress - a set of protective physiological reactions that occur in the human body in response to the effects of various adverse factors.

Stressor is an unfavorable factor causing stress in the body - stress. Stressors affecting the human body can be - cold, hunger, thirst, mental and physical trauma.

The factors that cause stressors are different**, but they use the same, essentially biological, stress response**.

In connection with the growth of the so-called stress diseases, the problem of human adaptation to critical environmental factors has long attracted researchers. In 1936, the concept of stress G. Selye appeared, which was picked up by many representatives of medicine, psychology, sociology, ethnography.

For nearly four decades, Selye studied the physiological mechanisms of adaptation to stress in the laboratory and made sure that the principles of protection at the cell level are mainly applicable also to humans, and even to entire communities of people. Biochemical adaptive reactions of cells and organs are surprisingly similar, regardless of the nature of the impact. This led to the idea to consider "physiological stress" as a response to any demand placed on the body. Whatever difficulty an organism encounters, one can cope with it with the help of two basic types of reactions: active, or struggle, and passive, or flight from difficulty, or readiness to endure it. Based on his research, Selye derived the concept of stress: Stress is the nonspecific response of the body to any requirement presented to it.

The physiological component of stress.

Great France. physiologist Claude Bernard in the second half of the nineteenth century. - long before they began to think about stress, - for the first time clearly indicated that the internal environment (milieu interieur) of a living organism should remain constant during any fluctuations of the external environment. He realized that "it is the constancy of the internal environment that serves as a condition for a free and independent life."

50 years later, the eminent American physiologist Walter B. Kennon suggested a name for "coordinated physiological processes that most of the stable states of the body support." He introduced the term "homeostasis" (from ancient Greek **homoios** - the same and stasis - condition), denoting the ability to maintain consistency. The word "homeostasis" can be translated as "the strength of stability."

Three-phase nature of stress.

This replicated in the experiment "syndrome of the disease", a quantifiable model. The influence of various factors can be compared, for example, by the degree of increase in adrenal glands or thymus atrophy caused by them. This reaction was first described in 1936 as the "syndrome caused by various harmful agents," which later became known as the general adaptation syndrome (OSA), or biological stress syndrome.

Three phases of the general adaptation syndrome (GAS)

A. Reaction of anxiety. The first stage in the development of stress is the mobilization of the adaptive abilities of the organism. The author of the concept of stress suggested the limited adaptive capacity of the organism. Under the influence of very strong stressors (severe burns, extremely high and extremely low temperatures) the body may die at the stage of anxiety. The anxiety reaction is characterized by a decrease in the size of the thymus, spleen and lymph nodes, the amount of adipose tissue, the appearance of gastric and intestinal ulcers, the disappearance of eosinophils in the blood and lipid granules in the adrenal glands, the blood thickens, the content of chlorine ions in it decreases, there is increased release of nitrogen, phosphates potassium, marked increase in the liver and spleen. The body changes its characteristics, being subjected to stress. But its resistance is not enough, and if the stressor is severe (severe burns, extremely high and extremely low temperatures), death can occur.

B. Phase resistance. If the action of the stressor is compatible with the possibilities of adaptation, the body resists it. Signs of anxiety reaction almost disappear, the level of resistance rises significantly higher than usual. This phase is characterized by the almost complete disappearance of signs of anxiety reaction; the level of body resistance is significantly higher than usual. If the stressor is weak or has ceased its action, then the resistance stage lasts a long time or the organism adapts, acquiring new properties. This is the second stage of the balanced use of adaptation reserves. If the stress factor is extremely strong or long-acting, a depletion stage develops.

B. Phase exhaustion. At this stage, our body sends signals - calls for help, which can only come from outside - either in the form of support, because in the form of eliminating the stressor that debilitates the body. Signs of anxiety reaction reappear, but now they are irreversible, which leads to the death of the organism if the necessary help is not provided in time. Thus, after a long-acting stressor, to which the organism has adapted, the reserves of adaptive energy are gradually depleted. Signs of anxiety reaction reappear, but now they are irreversible and the individual dies.

One circumstance should be noted because of its great practical significance: the three-phase nature of the JSC gave the first indication that the body's ability to adapt, or adaptive energy, is not unlimited. After the initial anxiety reaction, the body adapts and resists, with the duration of the resistance period depending on the innate fitness of the body and on the strength of the stressor. In the end, exhaustion comes.

These three phases resemble the stages of human life: childhood (with its inherent low resistance and excessive reactions to stimuli), maturity (when it adapts to the most frequent effects and **increases** resistance) and old age (with irreversible loss of adaptability and gradual decrepitude), ending in death.

Types of stress.

H. Selye in everyday life of a person distinguishes two types of stress: eustress and distress; eustress is combined with the desired effect, it is normal stress, serving the purpose of preserving and sustaining life; Distress - pathological stress, manifested in painful symptoms. Distress is always unpleasant; it is always associated with harmful stress.

R. Lazarus introduced the concept of physiological and psychological (emotional) stress. Physiological stressors are extremely unfavorable physical conditions that cause a violation of the integrity of the organism and its functions (very high and low temperatures, acute mechanical and chemical effects). Psychological stressors are those effects that people themselves regard as very harmful to their well-being. It depends on the experience of people, their life position, moral evaluations, the ability to adequately assess the situation.

Psychological stress is divided into informational stress and emotional stress.

Information stress occurs 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.

Emotional stress appears in situations of threat, danger, resentment, etc.At the same time, its various forms - impulsive, inhibitory, generalized - lead to changes in the course of mental processes, emotional shifts, transformations of the motivational structure of activity, disorders of motor and speech behavior.

Psychological stress is accompanied by excessive emotional stress. The nature of the stress response depends not only on the assessment of the degree of harmfulness of the stressor by this person, but also on the ability to respond to it in a certain way. A person is able to learn adequate behavior in various stressful, extreme situations (in emergency situations, in case of a sudden attack, etc.).

Extreme situations are divided into short-term, when response programs are actualized, which are always “ready” in a person, and long-term ones that require adaptive restructuring of human functional systems, sometimes subjectively extremely unpleasant and sometimes unfavorable for his health.

Stress can have a positive, mobilizing, and negative impact on the activity - distress, up to complete disorganization.

Effect of stress on the development of psychosomatic diseases.

Stress is an integral part of each person’s life, and it cannot be avoided just like eating and drinking. He creates a "taste for life." Life loses its taste, if many pleasures can be obtained very easily, because in this case the motivation for action rapidly decreases. It is very important and its initially stimulating influence in the complex processes of education and training. But stressful effects should not exceed the adaptive abilities of a person, because in these cases there is a deterioration of health and even a disease - somatic or neurotic.

The nature of the reaction determines the disease arising from stress. Ways to react to stressors accumulate in character. Some are benevolent, others are intolerant and explosive.

Observations showed that of the cheerful and good-natured doctors who participated in the experiment, only 25% died after 25 years, and 14% of irritable and evil ones (at first they were all 25 years old). Similarly, among lawyers: 4% and 20%, respectively. Thus, those who are often angry and annoyed risk losing not only the location of friends, but also life. They have too much adrenaline produced and released into the blood.

The generalization of clinical materials led doctors to conclude that a wide range of stressful effects in humans mainly causes hypertensive and peptic ulcer diseases and some other forms of vascular disease with global or local manifestations, such as heart attack, stroke, angina, cardiac arrhythmia, nephrosclerosis, spastic colitis, etc. Note that obesity and simply overweight often act as signs of dissatisfaction in life, then the process of eating plays the role of the simplest compensator.

There is evidence that a person who is constantly suppressing outbursts of anger develops various psychosomatic symptoms. During anger and rage, the acid content in the stomach increases. Although suppressed anger is not the only cause of these diseases, it has been shown that he is involved in the development of rheumatoid arthritis, urticaria, psoriasis, stomach ulcers, migraines, hypertension. Long-term sadness is also not in vain. Grief, which does not manifest itself in tears, makes other organs cry. According to the Institute of Therapy, in 80% of cases of myocardial infarction, it was preceded by either acute mental trauma or prolonged mental stress. It can be said that with prolonged frustration (frustration - translated from Latin - “vain expectation”), i.e. a state of discomfort that seizes a person who does not have the ability to achieve what he wants in the future or suffered fiasco in the past, stressful diseases. Suffering about the past often leads to heart disease, and fear of the future and care for it - to liver disease.

Stress resistance factors.

A person's sensitivity to psych trauma is determined by the level of his stress resistance. Under stress tolerance understand such a set of personality traits, which determines the resistance of a person to various types of stress. Stress resistance consists of three components: a sense of the importance of its existence; feelings of independence; ability to influence their own lives (openness and interest in change, treating them not as a threat, but as an opportunity for development). Stress resistance depends on the person himself, on the desire and ability to use one or other methods of mental self-regulation.

Speaking about the physiological prerequisites of stress resistance, it should be emphasized that a special role is played by the state of the endocrine system and good physical form. However, there is a predisposition to stressful reactions of people characterized by certain emotions: anger, hostility and aggressiveness.

Doctors have seen countless patients suffering from a disabling, painful and incurable disease. Those who sought relief in complete peace suffered most because they could not help thinking of a hopeless future. Those who remained active for as long as possible, scooped up their strength in solving everyday small everyday tasks that distracted them from gloomy thoughts. Nothing helps the patient as curative distraction stress.

Signs of stress (in free interpretation, according to Scheffer)

1. The inability to focus on anything.

2. Too frequent errors in the work.

3. Memory impairment.

4. Too frequent a feeling of fatigue.

5. Very fast speech.

6. Quite frequent pains (head, back, stomach area).

7. Increased excitability.

8. Work does not give the same joy.

9. Loss of sense of humor.

12. Constant feeling of malnutrition.

13. Lost appetite, generally lost taste for food.

14. Inability to finish work on time.

Causes of stress (in free interpretation, according to Bout)

1. More often you have to do not what you would like, but what duties.

2. You constantly do not have enough time, do not have time to do anything.

3. You are constantly pushing something or someone, you are constantly in a hurry somewhere.

4. You begin to feel that everyone around you is trapped in the grip of some kind of tension.

5. You always want to sleep, you just can not sleep.

6. You see too many dreams, especially when you are tired during the day.

9. You almost like nothing.

10. At home, in the family, at school, at work, you have constant conflicts.

11. Constantly feel dissatisfaction with life.

12. You get into debt without even knowing how to pay it off.

13. You have an inferiority complex.

14. You have no one to talk about your problems, and there is no particular desire.

15. You do not feel respect for yourself at home or at school or at work.

Theme of seminar №8. Modern pedagogical methods and learning technologies.

The purpose of the lesson: to study the basic modern pedagogical methods and technologies of training and education. Self-education, self-study, self-development, goals and objectives of continuing medical education. Formation of readiness for continuous self-education, professional development, personal and professional self-determination in the process of training a medical worker. Modern approaches to the organization of the educational process in a medical school. Individual technology in medicine. Project method to introduce the basic requirements and parameters of the project.

Venue: audience.

The student should know:

1. The tasks of continuing medical education.

2. Forms of learning continuing medical education.

3. Method of continuous preparation.

4. Monitoring and evaluation of learning outcomes.

5. The way to achieve the didactic goal through the detailed design of the problem (execution technology)

6. Practical, didactic, cognitive significance of the intended results.

7. Structuring the creative part of the project. Requirements for the design of the project.

The student should be able to:

1. Use their ability to act and develop a value-semantic attitude to the profession and professional development.

2. to carry out a project on a specific topic.

Subjects of projects, essay:

1. The structure of the personality, self-consciousness and personality development. The identity of the doctor and patient.

2. Individual and age characteristics of the individual.

3. The role of communication in the practice of the doctor.

4. Analysis of conflicts in medical practice.

5. Construction of medical and educational programs.

6. Typology of the student's personality.

7. "I" - the concept and self-esteem of the student.

8. Factors affecting learning motivation.

9. Methods for the study of educational motivation.

10. Individual features of the thinking processes of students.

Test questions:

1. What are the stages of continuing education you can plan for yourself already in the course of study at the university? What are the steps that could be taken to implement this plan (choose a scientific circle and become a member of the student's scientific Society; do an internship in a clinic of interest to the profile, etc.).

2. What programs of additional education interest you from the point of view of competitiveness in the labor market, and which ones from the standpoint of personal development?

3. List the forms and methods of teaching and monitoring its results in the system of continuing education that you already know.

4. Is it possible, in your opinion, to combine training in a medical school with self-education in another field, far from medicine?

5. What "challenges" of time or employers' requests could force you to abandon the chosen specialty and start everything "with a clean list"?

Class content

The concept of education in recent years has changed significantly. At the beginning of the XX century. Renewal of knowledge took place every 20–30 years, and the society did not so acutely feel the lack of new knowledge while maintaining an unchanged education system.

Now knowledge is updated, according to experts, by 15% per year, i.e. completely every 6 years. And traditionally existing basic education systems, due to inertia, do not keep pace with changes in the world and increasing with the flow of scientific information. As a result, the younger generation after graduating from high school and receiving vocational education at the age of 23-25 are the bearer of already outdated knowledge. In subsequent years, the professional will have to take his place in society, make a career. This requires considerable effort from a person and, having achieved high social standing, he becomes a specialist who does not possess modern knowledge.

The main task of lifelong education is the creation of conditions and prerequisites to ensure an increase in the duration of an active creative life of a person, the maximum and effective use of experience, intellectual resources and personal potential of a person throughout his life.

The system of continuous education is designed to foster professional and personal growth of a specialist.

Its goals are dictated by professional and personal needs, professional and official functions, social status, taking into account the requirements of society to the development of the industry and the level of activity of modern specialists.

The objectives of the system of continuing medical education include:

- the development of professional competence and the achievement of professional maturity as the pinnacle of personal development of specialist-hundred;

- training of qualified personnel for the developing areas of medical science and practice, which implies the fulfillment of new functions by them;

- ensuring the growth of personnel and career of specialists and the implementation of a statutory relationship between appointment to the post, certification for the qualification category and the level of remuneration;

- elimination of deficiencies in basic vocational training, making additions and corrections to theoretical and practical training of specialists, overcoming the prevailing stereotypes of professional activities;

- development of innovative processes in professional activities and the readiness of specialists for the creative realization of discoveries and innovations from the field of advanced science and practice;

- formation of a specialist's ability to anticipate future problems of professional activity and develop advanced models of their solutions.

Content of continuing medical education

The content of continuing medical education relies on these goals and is implemented in additional professional educational programs that are developed on the basis of state requirements to a minimum content and level of training of specialists for obtaining additional qualifications.

These programs include:

- integrated professional knowledge and skills that ensure the comprehension of the most important values, the system of professional goals and objectives and methods for their solution, and their own needs for professional growth and development;

- experience of self-knowledge for the development of the ability to reflect in the professional activities and the development of technology of continuous education and self-education;

- skills of building your own individual style of professional activity based on a new vision of its tasks and mastering a specialist professional culture as a result of the realization of recognized and accepted humanistic values.

Basic forms of education

The system of continuous medical education provides for two main forms, the allocation of which is caused by different tasks - postgraduate education and supplementary education.

Postgraduate education is focused on on-the-job training, specialist training for a particular institution, enterprise, organization. It is carried out in the form of:

a) adaptive education (internship, residency) - gaining experience in performing normative professional activities in a particular medical institution, familiarizing with the regime and working conditions;

b) professional development (short-term education once in 5 years) - the development of vocational and educational programs, which include information about new ways of solving professional problems, updating equipment and technology; creates conditions for professional growth and provides an increase in the competitiveness of a specialist in the labor market.

Additional education provides for obtaining a new or related profession in special educational centers or universities in order to expand the capabilities of a specialist and increase competitiveness. These tasks are implemented as:

a) vocational retraining on the basis of two types of programs - improving knowledge in the framework of a former or related specialty to perform a new type of professional activity (for example, a certified doctor becomes a pedagogue if he masters an educational program of 600 hours), retraining of specialists (second higher education) education) - mastering a new specialty, additional qualification (a new qualification “Higher School Teacher” may be awarded to a doctor when he masters an educational program frames with a volume of more than 1000 hours);

b) advanced training (periodic course training);

c) internships;

d) self-education.

Methods and means of preparation

The methods and tools used in the system of continuing medical education take into account the peculiarities of adult professional education and innovative approaches.

Internet technologies with the organization of independent work of students (familiarity with theoretical materials, performance of tests and creative tasks) and tutorials - periodic meetings of the teacher-consultant with a group of students for discussion in the dialogue of theoretical material studied independently, testing the competence of applying theoretical knowledge in solving practical professional problems.

Game technologies used to create activity models and solve problems on the basis of them in subject-role-playing, organizational-activity, imitation games aimed at developing advanced skills and abilities.

Interactive methods that contribute to “immersion” in solving professional problems, using subject-roleplaying, organizational-activity, imitation games. They allow to diagnose problems based on expert assessments, mutual and self-assessments, to participate in master classes, to carry out project protection.

The use of these methods creates the conditions for the analysis of professional experience and the development of an independent position for students in solving problems and problems (exercises in analysis, planning and organizing their own actions) proposed in training

Monitoring and evaluation of learning outcomes

The results of the development of programs of continuous professional education reflect the degree and quality of the achievement of learning objectives. Their fixation and verification are carried out on the basis of specially developed means of monitoring cognitive activity - pedagogical diagnostics.

In the structure of education, control performs several functions - motivational, learning, evaluation (measuring) and correctional. Traditionally distinguish the following stages of control: the initial level, the current, boundary and final. All of them involve the students' reflection of their own experience, their assessment of the created training products (projects), in which he demonstrates possession of advanced skills and abilities reflecting a new level of his competence.

In the system of continuing medical education, various models of monitoring and assessing the degree of competence of a specialist are applied.

Methods and procedures for monitoring and evaluating the results of lifelong education are designed to reflect not the formal, but the real picture (and quality) of students' achievements, create conditions for comparing what has been achieved with the features of the educational process, which makes it possible to outline ways to improve and optimize it.

Evaluation criteria should be discussed jointly by the teacher and students and correspond exactly to the goals and content of the training, i.e. to evaluate exactly what was taught, and in the forms corresponding to the conditions of their practical application. Involving the students themselves to discuss their accomplishments helps them to become more aware of the material studied, forms their self-control skills, learns to identify the strengths and weaknesses of their activities, to find ways to improve their education. To the greatest extent, these goals correspond to the methods that form the ability to analyze, compare, correctly formulate questions, correctly substantiate answers, and argue statements.

The use of new methodological approaches in the organization of control in continuing medical education is associated with expanding the repertoire of educational tasks - with the transition from reproductive tasks aimed at reproducing ready-made solutions to creative, productive

tasks, as well as with the introduction of various forms of joint activity in solving educational problems.

A necessary and very significant component of continuing education of specialists is self-control and self-esteem, suggesting a reflection of one's own progress in mastering an educational program, and consistency of the results with the goals and objectives of professional and personal improvement.

Individual technology in medicine. Project Method.

The project method is not fundamentally new in world pedagogy. It originated at the beginning of this century in the United States. He was also called the method of problems, and he was associated with the ideas of the humanistic trend in philosophy and education developed by the American philosopher and teacher J. Dewey, as well as his student V.Kh. Kirkpatrick. J. Dewey proposed to build learning on an active basis, through the pupil's expedient activity, correlating with his personal interest precisely in this knowledge. From here it was extremely important to show the children their personal interest in the acquired knowledge, which can and should be useful to them in life. This requires a problem, taken from real life, familiar and meaningful for the student, for whose solution he needs to apply the acquired knowledge and new knowledge that remains to be acquired.

The teacher can tell the sources of information, and can simply direct the thought of students in the right direction for independent search. But as a result, students should independently and in joint efforts solve the problem, applying the necessary knowledge, sometimes from different areas, to get a real and tangible result. All the work on the problem thus acquires the contours of the project activity.

Method projects attracted the attention of Russian teachers in the early 20th century. Ideas for project-based training emerged in Russia almost in parallel with the developments of American educators. Under the leadership of the Russian teacher S.T. In 1905, Shatsky organized a small group of employees who attempted to actively use design methods in their teaching practice.

In a foreign school, the method of projects was actively and quite successfully developed. In the USA, Great Britain, Belgium, Israel, Finland, Germany, Italy, Brazil, the Netherlands and many other countries, where the ideas of the humanistic approach to education by J. Dewey, his method of projects were widely spread and gained great popularity due to a rational combination of theoretical knowledge and their practical application to solve specific problems of the surrounding reality in the joint activities of students. "Everything that I learn, I know why I need it and where and how I can apply this knowledge" is the main thesis of the modern understanding of the project method, which attracts many educational systems seeking to find a reasonable balance between academic and pragmatic knowledge skills.

The method of projects is always focused on the independent activities of students - individual, steam room, group, which students perform for a certain period of time. This method is organically combined with a group approach to learning (cooperative learning). The project method always involves solving a problem. The solution of the problem provides, on the one hand, the use of a combination of various methods, means of training, and on the other, the need to integrate knowledge, skills to apply knowledge from various fields of science,

technology, technology, creative areas. The results of completed projects should be, as they say, "tangible", that is, if this is a theoretical problem, then its concrete solution, if practical - a specific result, ready to use (at a seminar, in independent work, etc.). If we talk about the method of projects as a pedagogical technology, then this technology involves a combination of research, search, problem methods, creative in their very essence.

The implementation of the project method and research method in practice leads to a change in the position of the teacher. From the carrier of ready-made knowledge, he becomes the organizer of the cognitive, research activities of his students. The psychological climate in the group also changes, as the teacher has to reorient his teaching and educational work and the work of students to various types of independent activity of students, to the priority of research, search, and creative activities.

International projects that are conducted in English, it is advisable to include, if the program allows, in the structure of the content of training for this group in their specialty and relate it to one topic or another, section, or subject. Thus, the chosen topic for the tele-communication project will organically fit into the training system, including all program material.

Theme of seminar №9. Fundamentals of medical and educational doctor's activities.

Objectives: to study the concept of "lifestyle" and "healthy lifestyle." Forms, methods and means of educating the doctor.

Venue: audience.

Seminar duration: 2 hours.

The student should know:

1. The system of basic cultures of a healthy lifestyle.

2. Basic principles of nutrition.

3. Motor and rational mode of the day.

4. Educational work. Goals, objectives, methods and means.

5. The plan for the training - educational classes.

The student should be able to:

1. Use in their work the basic principles of the rules of a healthy about-life.

2. To communicate to the patient in the process of communication the significance of the value of health.

3. To conduct educational work (the importance of vaccinations, medical examinations, etc.).

Topics of projects and abstracts:

1. Self-protecting behavior.

2. The meaning of the concept's "lifestyle" and "healthy lifestyle".

3. Educational work of the doctor.

4. Features of the educational work of the doctor of the pediatric department.

5. Features of the educational work of the doctor of the infection department.

6. Features of the educational work of the doctor of the surgical department.

7. Features of the educational work of doctors of various specialties.

8. Educational work of a doctor in the field of perinatal pedagogy and psychology.

9. The role of educational programs.

10. The role of educational programs in the doctor-nurse-patient triad.

Initial knowledge level control:

1. What do you mean by the term "prevention"?

2. What is the purpose of the educational work of the doctor?

3. What are the objectives of the educational activities of the doctor?

4. What forms and methods of educational activities of the doctor do you know?

5. The role of the educational activities of the doctor with the patient and his relatives?

Subjects of projects, essay:

1. Definition of the concepts of “lifestyle” and “healthy lifestyle”.

2. The concept of lifestyle: food culture, the culture of movement and culture of emotions.

3. Educational work of a doctor: Goals, objectives, forms, methods and means.

4. The role of educational programs.

5. The plan for conducting educational activities.

Final control of the level of knowledge:

1. What are the factors of possible influence on the formation of a person's attitude to their health?

2. How can a doctor affect the attitude of his patients to their own health? Formulate the tasks of the educational work of the doctor. What are the main methods and tools used in this work?

3. What questions need to be addressed when talking with the patient about the life expectancy and its influence on the development and course of the disease? What determines the range of possible questions? In what cases such conversations are extremely necessary and obligatory? There is an opportunity to use the materials of the standardized test “Typology of Attitude to the Disease” (TOBOL), developed at the V.M. Bekhtereva (St. Petersburg NIPNI them. VM Bekhtereva).

4. Remember whether you participated in a program or a separate seminaron health issues, and in what capacity? Who, where and when conducted this activity? What are the goals and objectives set by a leading? Assess the success of its implementation and effectiveness, name the good moments and those actions that you think were wrong.

5. List the points that you need to plan when preparing a seminaron the preservation and promotion of health. What additional funds may be needed during its implementation?

Content part

The meaning of the concepts of "lifestyle" and "healthy lifestyle"

In the glossary of the concepts of the World Health Organization, “lifestyle is the interaction of an individual’s living conditions in a broad sense with an individual behavior model, which is determined by sociocultural factors and personality traits”. With regard to health, the concept of "lifestyle" can be defined as a system of labor, household, recreational (recreation and leisure activities) activities on which human health depends. Many scientists consider it necessary to supplement this concept with factors of a person’s ideological aspiration, spiritual health.

The concept of "healthy lifestyle" is narrower in relation to the lifestyle in general. “A healthy lifestyle is an activity aimed at preserving, improving and strengthening people's health. It is formed in two ways: first, through the reduction and elimination of risk factors; secondly, through the creation of conditions for the preservation and strengthening of the individual’s health. ”

Today, it is generally accepted that the diseases of a modern person are primarily due to his lifestyle and everyday behavior. The increase in life expectancy by 85% is not associated with the success of medicine, but with the improvement of living and working conditions and the rationalization of the lifestyle of the population. One of the primary tasks of social policy is the formation of a healthy lifestyle. According to E.N. Weiner, the concept of lifestyle should be defined as a way of human life, which he adheres to in everyday life due to social, cultural, material and professional circumstances. In such a definition, it is necessary to particularly highlight the cultural aspect, which emphasizes that the way of life is not identical to its material conditions: the latter only mediate and condition it.

To describe the lifestyle of a group of people, one can use the distinction introduced by Yu. P. Lisitsyn. It includes four categories in the way of life: economic - standard of living, sociological - quality of life, socio-psychological - lifestyle, and socio-economic - lifestyle. To describe the lifestyle of an individual person, it is important to take into account his personal motivational qualities and life orientations. Here, the last two of the indicated categories - style and way of life - take on greater importance. With more or less equal economic and social conditions, people often meet their health needs in different ways. This is manifested in their behavior, preferences, and priorities, and is primarily determined by upbringing and, secondly, by traditions inherited during the clan transmission.

A healthy lifestyle as a system consists of three main cultures: a food culture, a culture of movement and a culture of emotions. Each of them is widely and diversely represented in the life of modern man.

Balanced diet.

Under the rational diet is usually understood correctly chosen diet that meets the individual characteristics of a particular organism, takes into account the nature of work, sex and age characteristics of a person, climatic and geographical living conditions. The basis of a balanced diet based on the following basic principles.

1. Ensuring the balance of energy from food and consumed by a person in the process of life. When calculating energy, expenses are taken into account in the course of basal metabolism (in a state of complete rest), in the course of food utilization and muscular activity. The average daily energy consumption for knowledge workers is 2,550–2,800 kcal for men, 2,200–2,400 kcal for women, and 3,000–4,300 kcal for heavy labor workers (miners, porters, metallurgists). It is believed that if the daily caloric intake of food exceeds energy costs by 300 kcal (this is a 100-gram bun, then the accumulation of fat reserves may increase by 15–30 g per day and reach 5–10 kg per year. For health is not indifferent as an excess of food calories, and their lack.

2. Satisfying the body's need for certain nutrients. Food is a source of substances necessary for a person - proteins, fats and carbohydrates, and they are required by the body in certain quantities and ratios. Thus, the well-known vodka product has a calorific value of 235 kcal, but cannot meet the need for nutrients. The optimal ratio of proteins, fats and carbohydrates in the diet should be 1: 1.2: 4. With intensive physical labor, the proportion of proteins in the diet can be reduced to 11%, and the fat increased, given the high energy value of the latter.

3. Compliance with the diet. This principle rests on four “whales”: the regularity of nutrition implies the ingestion of food in one and the same thing; the fraction of the food during the day means eating three or four times a day; rational selection of products is based on the ratio in the diet of the main essential nutrients; A reasonable distribution of food throughout the day suggests that breakfast and lunch provide more than two thirds of the diet, and dinner less than one third.

Optimum motive mode.

The process of civilization is accompanied by an increasingly distinct tendency to decrease in motor activity. "The lack of movement - hypokinesia - causes a whole range of changes in the functioning of the body, which is commonly referred to as hypodynamic ... Hypokinesia reduces the strength and endurance of muscles, reduces their tone, reduces the amount of muscle mass, red and white muscle fibers, impairs coordination of movement, leads to marked functional changes: the heart rate increases, the stroke and minute volume of blood circulation decreases, as well as the volume of circulating blood, the capacity of the vascular bed decreases, the time of present the blood circulation. "

There is evidence that the maximum use of oxygen by the human body over 25 years of age every 10 years is reduced by 8%, which is mainly due to a decrease in natural physical activity. For people practicing physical activity in one form or another, this figure is half the figure indicated. Consequently, in such people, the aging process proceeds differently, is “inhibited”. Regular use of physical culture for the purpose of medical rehabilitation reduces the number of chronic diseases by 15-25%, and also reduces by 2-4 times the number of requests for medical help in comparison with the rest of the population.

In addition to general physical exercises - gymnastics, jogging, swimming, sports - at the present time, exercises on simulators, breathing exercises, various complexes of movements in systems of yoga, wushu, etc. are widespread. It should be remembered that such auxiliary procedures as walking, shower, massage, grinding are also important elements of a person’s daily physical culture.

In children and adolescents - periods of intensive development and growth of a person - participation in various forms of physical culture determines the formation of motor skills, promotes coordination of movements, expands the reserve of adaptation of functional systems of the body, creates a strong-willed and competitive attitude. Meanwhile, modern children have marked motor impairment. “Children’s need for movement is satisfied in school conditions by independent movements of 18–20%. In the days when physical education classes are held, in the absence of other forms of physical education, children receive less than 40%, and without such lessons, up to 80% of movements ... Based on these data, we can conclude that to meet the natural need for movement junior schoolchildren the daily volume of their active movements must be at least 2 hours, and weekly at least 14 hours. ”

Rational mode of the day. The rational mode of the day is expediently organized, according to the age characteristics and individual biological rhythms of the daily activities of man. Its purpose is to rationalize and rationally alternate between various activities and recreation in order to preserve high efficiency and health of the body. All elements of the daily routine are held at the same time, which contributes to the development of stereotypes that contribute to the adaptation of a person to the environment.

As a part of nature, man is most affected by circadian (circadian) processes: most indicators of the cardiovascular, respiratory, muscular, endocrine, and other systems have maximum value during the day, and minimal at night. During the day, the working capacity rises from 10 to 12 o'clock in the afternoon, decreases from 14 to 16 h, rises again from 17 to 19 h, and then decreases sharply again. There is also a dependence of man on seasonal and annual changes in nature. If the day regimen more or less coincides with the individual type of daily working capacity, and the beginning of activity with the functional rise of important body systems, then, most likely, the maintenance of working capacity will be ensured at a high level. Otherwise, there are desynchronies, which can lead to various health problems.

As is well known, a significant part of the picture of a person’s lifestyle is dependence or, on the contrary, the patient’s rejection of a number of bad habits. Tobacco smoking, excessive alcohol consumption, various types of drug addiction are recognized as such. There is no doubt the need to intensify work on the prevention and eradication of bad habits, which today, of course, is based not only on the participation of physicians, but also on public sanctions, educational and educational work.

Educational work of the doctor: forms, methods and means.

Aims and objectives of educational work. Traditionally, a special place in pedagogical knowledge is given in the field of education. “Currently, the protection and promotion of public health is a priority in the state policy of countries with socially oriented market economies. In all economic systems, the function of protecting and promoting the health of the population is traditionally assigned to health care”. Russian legislation provides for several preventive measures in the field of public health. There is no doubt that medical education is part of the work being done.

“To change attitudes and behavioral strategies of people in the field of health, they hold events both at the individual and at the public level. Doctors work individually with each patient, and the goal of public health becomes work with individual socio-economic groups of the

population. Thus, health education is presented at two different levels. A level commensurate with public health goals requires the participation of doctors in communication programs aimed at promoting the idea of health. Here they can act as developers, experts and methodologists. The level of personal communication with the patient suggests that the doctor has the tactics of conducting thematic conversations. Moreover, the listeners can be not only patients or people who have suffered from a disease, but also risk groups, relatives of patients, and simply separate groups of the population in respect of whom medical and educational work is necessary.

Methods and means of educational work of the doctor.

The methods of educational activity are understood as the main ways of carrying out activities aimed at establishing a conscious and effective attitude of patients or potential patients to their lifestyle, health and interaction with the doctor and medical services. There are different oral, visual, and combined methods of educational work, each of which includes a specific set of tools and techniques of medical and educational activities.

In the framework of the oral method, most often medical workers use lectures (various forms of lectures.

Lecture - the most economical means of work. For a short period of time (45 - 60 min) it is possible to light a material that is significant in volume. Episodic (one-time) public lectures are dedicated to any one topic.

Conversation as a means of an oral method of enlightening work when communicating with a doctor and an audience gives better results, but this is a laborious task. After the completed, but not delayed introduction, the presenter asks the listeners questions in a prearranged manner with the expectation to appeal to each or the majority. The number of participants in the conversation should not exceed 20 - 25 people. The advantage of the conversation is the activity of all participants - both presenters and listeners. This radically distinguishes it from the lecture. Each participant can expect him to ask questions and mentally prepare for the answer;

himself can ask a question and thus participates in the study of the material, and not just present, without making intellectual efforts.

I**nteresting and lively meetings with a medical specialist, held in the form of questions and answers.** This is the same conversation, but the questions here are asked by the audience, and the moderator answers. Such meetings, if carried out methodically correctly, require the observance of two preliminary conditions: the announcement of a common theme and the collection of questions in advance.

Individual conversations with patients can be planned in advance and as well prepared as group ones but can also be spontaneous. Most often they occur during outpatient admission of the patient, during the patronage or in the process of communicating in the hospital. In order to conduct a comprehensive conversation, a leisurely conversation, it is important for the doctor to rely on basic provisions on hygiene, the rules of a healthy lifestyle, it is good to represent methods of hardening and healing. However, the creation of motivation for the active attitude

of a person to his health, productive interaction with doctors requires the most attention. Conversations that arise situationally pursue a different goal — to communicate the essence of the matter, agree on joint actions, give compact recommendations and advice. Participation in such a conversation requires the doctor of all the breadth of training, attention, mobilization of knowledge, the ability to articulate the necessary information.

The graphic (or visual) method of preventive work involves the use of graphic, painting and other means to influence the formation of patients or just people living in your region, an adequate attitude to personal and public health. When implementing the visual method of preventive work, doctors also use natural objects. These include samples of various products of the healthcare industry, anatomical preparations, various devices, mechanisms and apparatus.

Figurative tools can be both volumetric and planar. Volumetric funds include:

dummies - exact copies of nature in shape, size and color;

layouts - significantly reduced copies of nature;

models - images of a natural object, preserving their main features and principal structure, but allowing for an error in the transmission of minor details;

phantoms are images of a natural object, allowing the possibility of demonstrating it in motion, changing, transforming individual components.

To plane graphic means, first of all, it is necessary to refer the production of printed propaganda. Today, medicine most often used posters, brochures, booklets, reminders.

The listed funds are easily combined with other information. Their productivity is greatly enhanced by a detailed accompanying explanation made by a specialist.

An example of the implementation of the developed combined method is to hold exhibitions devoted to the issues of health protection and promotion. It is an interesting and effective means of mass propaganda, especially if it is organized in a hospital.

Exhibitions that are open to the public are successfully combined with other means of preventive work, in which medical workers themselves take part: lectures, consultations, sales and distribution of literature and products of the healthcare industry. The combination of different means and methods, their simultaneous or sequential use make the event held more interesting and impressive.

The role of educational programs. In the field of health care abroad, and now in our country, medical and educational work with the population is often presented in the form of so-called communication programs. We are talking about state and even interstate programs and campaigns to transfer the idea of health and a healthy lifestyle. The basic unit of such a transmission is a communication message on the relevant subject. At the implementation stage, it may take the form of a presentation, a report, a promotional video or an open event on health addressed to the general public.

A variety of models of communication programs are implemented. Their choice is determined by the nature of the problem, the specifics and scope of the target audiences, the planned information used by the relay channels, the timing of their actions.

Today, in the absence of a realistic and positive attitude of many people to their health, with constant changes taking place in the practice of medical services, and, as a result, insufficient awareness of the population about the possibilities of receiving medical care, about the occurrence and prevalence of new diseases, the emergence and impact of communication programs are imperative. Of particular importance are such strategies, which could offer people the most necessary information, form positive moods in public opinion, and create a basis for understanding many actual problems that are currently extremely worried about doctors.

An example of a communication program at the international level is the WHO program to combat the spread of HIV and AIDS.

Psychological and pedagogical tasks and principles of work of the doctor in the framework of preventive programs. Face-to-face, personal participation in educational and preventive programs requires from the future doctor in-depth understanding of the common tasks to which they are directed. These tasks can be formulated as follows:

 formation of attitudes towards their own health and the health of those around them as the most important social value;

 development of skills and abilities to preserve and promote health, safe, responsible and self-preserving behavior;

 consolidation of hygienic and sanitary skills and habits;

 adherence to reasonable physical activity;

Learning how to resist health-damaging behaviors.

When creating such programs and conducting classes, certain principles should be taken into account.

The system-structural group of principles includes:

- **systematic**, meaning the development of programs based on an analysis of the current situation on this issue both in the whole country and in society, and in relation to a certain composition of students;

- **identification of information relating to the selected problem**, but already known to the addressees of the upcoming message;

- **the specificity and accessibility** of the message, which implies their clear presentation in an understandable language in accordance with the preparedness of the listeners, but at the same time without artificial simplification and unnecessary schematization;

- **multi-aspect** consideration of the problem, which corresponds to its analysis and disclosure from different points of view, and not only from a purely medical, or social, or psychological, etc.

The social group of principles includes:

- **efficiency of the message,** suggesting confident, without embarrassment, the discussion of acute social and moral and often intimate topics, and first of all on the part of the moderator. The implementation of this principle is provided by the use of scientific concepts and conclusions, which should avoid excessive sensationalism and intimidation with facts and conclusions;

- **an active** leading initiative leading the course, which is the best guarantee of the effectiveness of preventive actions;

- **the readiness** of the listeners to learn a healthy lifestyle, which is recorded by the observations of the moderator and taking into account the degree of the oncoming movement of the auditory;

- development of the connection between individual and social attitudes, which implies the formation by different methods of awareness by each listener of the social, cultural and other attractiveness of a healthy lifestyle.

The psychological group of principles are:

- **targeting** - the formulation of the described skills with regard to gender, age, mental and physical development, as well as the awareness of the people who make up this audience, and besides the relevance of the problems discussed;

- **truthfulness**- evasiveness of answers, promises to explain something later, references to the insufficient preparedness of the speaker himself violate the contact between him and the audience;

- **trust** - underestimation of the listeners' capabilities, incorrect pleading, as a rule, provoking the participants of the information work to closeness, lead to an aggravation of their desire to stay in their own positions and not to cooperate, involving a lifestyle change;

- support and encourage students in their endeavors, in the knowledge of themselves and others, in the search for additional information, etc.

- **hidden health and preventive effects** on the person through active methods of knowledge and learning - games, trainings, participation in public events, etc.

The success of the training and preventive exercises is largely due to the ability of the presenter to clearly direct and control his whole course, to establish a calm trusting relationship with the audience and mutual (the leader and the audience) reciprocal activity during communication. Of course, in order to achieve this, certain experience is necessary, but first of all it would be good to follow the basic rules for their implementation.

The list of basic and additional educational literature necessary for the development of the discipline

п/№	Name	Author (s)	Year, place of publication	Number of copies	
				in library	on department
1	2	3	4	5	6
Basic literature					
1.	Clinical psychology	Sidorov P. I., Parnyakov A. V.	M: GOATER 2008, 2010	205, ELS "Consultant of a student»205,	5
2.	Scientific organization of educational process	Belogurova V. A.	M:GOATER, 2014	ELS "Consultant of a student»205,	-
3.	Pedagogy in medicine.	Under. N. N.V. Kudryavaya.	M.: Academy, 2006	51	5
4.	Pedagogical science. History and modernity: textbook	Lukatsky M. A	M:GOATER, 2008		20
5.	Pedagogical technologies in medicine: studies. benefit	Romanov M. G., Sologub T. V.	M:GOATER,, 2007	ELS "Consultant of a student»205,	1
6.	Psychiatry and medical psychology: textbook	Ivanets N. N., Tulpen Y. G., M. A. Kinkulkin	M:GOATER, 2014	ELS "Consultant of a student», 205,	1
7.	Psychology M.: M.: "ГЕОТАР" -Media, 2010	Lukatsky M. A., Ostrenkova M. E.	M.:M.: "ГЕОТАР" - Media, 2010 2013, 2017	ELS "Consultant of a student», 200,	5
Additional literature					
8.	Pedagogy. Educational method. manual for students of medical specialties.	Under. edited by A. S. Tatrov	M.: Academy of natural Sciences, 2010	10	5
9.	Psychology. Educational method. manual for students of medical specialties.	Under. edited by A. S. Tatrov	M.: Academy of natural Sciences, 2010	10	5
10.	Psychology and pedagogy for foreign students of medical faculty: manual	Tatrov A.S	North-Ossetian State Medical Academy. Vladikavkaz. - 2016. – 125	-	5

Educational edition

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