

The Doctrine of Psychoanalysis and its Role in Medicine

Iskandjanova Feruzakhan Kamoliddinovna
Lehrerin der Taschkent Medizinische Akademie
feruza022@mail.ru

Soyibov Nurullo Ahadovich
Student der Taschkent Medizinische Akademie
soyibovnurullo1702@gmail.com

Annotation: The article addresses the usefulness and relevance of psychoanalysis in preparing future general practitioners. Interaction of medical education with structures and knowledge of psychoanalysts is difficult due to stereotypes and methodological difficulties. The work shows the relevance of such an interaction, an approach to its creation is proposed. Also, based on a competency approach, highlighted basic ideas and provisions capable of solving a number of problems in doctor-patient communication and professional development. In conclusion, conclusions are drawn about the need for further development of this approach in the preparation of medical frameworks.

Key words: Psychoanalysis, History of Philosophy, Problems of Professionalism, Communication, Teaching Methodology, Pedagogy, Problems of Medical Practice.

The relevance of the problem. In the organization of the training process for medical professionals there are many issues related to the selection of materials. This is particularly relevant the problem lies in the field of the humanitarian components of education: historical information, philosophical concepts and knowledge from other fields are extremely extensive and therefore it is necessary to choose the basis necessary for the doctor. And if, in relation to a series, concepts have already become a tradition to inform oneself about their necessity, then to others — the label "Classic" is still not applicable. One of the discussion concepts is that psychoanalysis is a very influential course in psychotherapy that cannot be easy to ignore as it deals directly with treatment and health issues.

In academic and academic environments, one can hear the opinion that psychoanalysis in Uzbekistan he has not accustomed and therefore has no special significance for the domestic system of training of medical professionals. Such judgments are insufficient for the real situation. Psychoanalysis in Russia is developing unevenly, and yet it is extreme for Novosibirsk it is strange that the medical community interacts so little with psychoanalytic structures (e.g. Institute of Psychoanalysis, local representatives of the New Lacanov School, etc.). Unfortunately, stereotypes, prejudices and various discourses are so far the main factors that make the fruitful storen interaction.

For this reason, the question that we will discuss in detail in this article will be as follows: Do I need to familiarize future medical professionals with psychoanalysis and in what form? Analysis of ideological and methodological obstacles in the teaching of psychoanalysis. As a rule, doctors meet two answers to the question of the usefulness of teaching psychoanalysis. The first is often taught by teachers of purely medical disciplines, the second is a broad profile of padagogues and humanities scholars. The first answer is that this is unnecessary at best - perhaps as optional for general development. In addition, there are the following arguments. First, some believe that psychoanalysis is poorly combined with medicine and approach (unscientific) and under the conditions (sexuality at its core). In fact, psychoanalysis is not, in the strict sense, a science built according to the patterns of empirical sciences. Even the main idea of psychoanalysis is the presence of the unconscious, rather a kind of productive hypotheses, (there are numerous empirical confirmations, it is more difficult to show that they prove the unconscious with necessity). Also at its core, psychoanalysis is the prerequisite for the primacy of sexual in the human psyche, that there are doubts about doctors who are accustomed to looking for the causes of diseases in other areas (psychogenic causes are still the most unprocessed part of medical aetiologies). Secondly, there are some concerns that psychoanalysis is oriented towards the subjective. It is believed that the interest in the personhood of the patient removes the doctor from the ideal neutralitat, so it is biased.

Analysis of critical arguments on psychoanalysis. The most frequent versions, whether psychoanalysis is necessary in the training of doctors, is reduced to several arguments, admitting that is impractical. There are many such arguments and arguments, but we have highlighted 7, each of which is based either on a false reception psychoanalysis or an overly narrow understanding of medical pedagogy. Consider each of them will offer his criticism.

1. Psychoanalysis is not a science and therefore should not affect the education of a doctor.

Medicine is not just a science, but a huge conglomerate of very different kinds of organization of knowledge. Part of this knowledge is empirical data from sciences and theories, built on it. But other components are no less important, one of which is "implicit knowledge" (a term coined by Michael Polani). The "implicit knowledge" of the doctor is also an example teacher and particular life practices, community norms and communicative norms skills and competences. It is hard to deny that people prefer to have their doctor not a narrow specialist, but an intelligent and intellectual person. Performing functions does not make a person a professional, so it is also important how well he can decide on problems of "other jurisdictions — mainly related to communication (with colleagues, patients, their relatives, the public, etc.). Medicine should not move away from a rationalist ideal that believes that the causes of disease can be.

be recognized and eliminated/mitigated. Psychoanalysis also adheres to a similar ideal:

it is believed that one can understand the causes of one's symptoms with the help of the mind

and suffering. In this sense, they do not contradict, but complement each other. If the concept of the unconscious is accused of psychoanalysis (which is not subject to verification / falsehood) - simply wrong. An attempt by Freud and his followers to determine what in itself resists everyone

Conceptualizations are a step taken by a scientist, not a reason for reproach. Demanding striking accuracy from psychoanalysis is the same thing that physicians must demand to focus on bacterial and viral aetiology long before the invention of the microscope. As the good-dooder notes, "there is a paradoxical situation in which the heuristic potential of one of the most influential currents of the twentieth century remains practically not in demand" [2]. The question is no longer whether it is scientifically psychoanalysis and the advantages of methods and materials obtained during psychoanalytic analysis. Therefore, «... the problem of the status of psychoanalysis can be examined today ... as a problem of the relationship or interaction of psychoanalysis with specific sciences, as part of the general trend of methodological search for innovations in a broad cultural-historical field» [ibid.] This idea is also confirmed by the prominent French thinker Paul Ricker, who noted that

« psychoanalysis fits into modern culture as hermeneutics; in other words, psychoanalysis itself is a moment of cultural development... thanks to psychoanalysis Interpretation becomes the moment of culture; Interpret the world, psychoanalysis changes it» [5, p. 27].

Psychoanalysis reduces everything to sexuality and therefore prevents it from being adequately defined aetiology of the disease. First, this is not true for modern psychoanalysis. It has placed great emphasis on the study of human language, so we turn not only to Freud's power, but also to Jacques Lacan's ideas. Secondly, a detailed study of a person's sexuality does not stop, but clarifies the psychogenic cause of the disease. It is unlikely that among normal psychoanalysts meet denial injuries or infections that doctors can afford to ignore psychogenic symptoms? Psychoanalysis wonders: Why diseases often occur (different aetiologies) arise "very practically" to the psychological problems of a person.

In this sense, psychoanalysis does not assume that it can definitively answer this question, but tries to understand what to do so that it does not happen in contradiction to the will of man (that is, unconsciously).

Psychoanalysis is part of philosophy and therefore only interesting as abstract ideas about a man. The argument is based on complete ignorance of psychoanalysis, which it exists predominantly as a practice. With philosophy in psychoanalysis a specific relationship, but he was never a part of it. The basic material with which the psychoanalyst works is the speech. This is a specific work with the word, a kind of language and meaning that aims not only at the conscious interaction, but also the effects on the unconscious part of the psyche (around some of its contents have been made available to the consciousness). However, a weighty part of the practice is the doctor is also a linguistic interaction that often reverses distortions, misunderstandings or conflicts. It is unclear why one has to abandon concrete and practical ideas of psychoanalysis for reasons of stereotypes that are built prejudices?

Psychoanalysis is too subjective and focuses on the personhood of a person, not on them the body

prevents the doctor from seeing his object adequately. A rougher option: psychoanalysis urges personal contacts with the patient. Judgments of this sense are based on smells, gossip or loud scandals with those who are concerned about their own machinations using the word "psychoanalysis". Schools of psychoanalysis in different ways refer to the possibility of communication between client and patient "outside the office", but no of them, the transition to personal relationships is not considered a factor that helps in treatment. The preparation of a psychoanalyst differs little in complexity and duration from the training of a doctor, but it is also about his ability to support him.

neutrality in relation to the personhood of the patient. In this sense, doctors are more likely to criticize because they sometimes give personal advice (that is, they approve or reprimand this or any other type of activity, behavior, lifestyle).

The position of the psychoanalyst is that in no case does he take a certain position in relation to the patient's actions: not supported, not authorized, but he also does not condemn, he does not say «how he had acted in his place». You should also understand that the organization of psychoanalysts is built on a different principle: everyone is a private practicing physician who does not report to a medical authority. For external control, psychoanalysts supervision, and as support they act as their own passed analysis. If a psychoanalyst has been violated professional / ethical norms for any reason, then no one will forbid him the practice, but it is fraught with various forms of respect from the psychoanalytic Gemeinschaft. In the framework of psychoanalysis is the human body it is presented only in the form of language or analytical symptoms. Precisely because psychoanalytic discourse does not focus on corporal patterns, and on the individual unconscious (and its manifestations - desires, fantasies, symptoms that are not universally interpreted, but always contain an individual sense).

So, if we reject stereotypes and prejudices in the first part, we go to the content of the part. In the training course of a physician, psychoanalysis should take place optimal volume. The student has no task to learn the technique of a psychoanalyst (with the exception of the specialty «clinical psychologist») he should rather spend several seminar courses to understand a set of psychoanalytic determinations. Moreover, in this case, it is important to survive the "golden mean" between the commonality of the theory and information that is applicable in practice.

On the basis of these tasks, we will highlight some psychoanalytic concepts by prioritizing. The first place on this list will be occupied by the concept of the "unconscious". Among the other theoretical constructions, the following can be preferred (in descending order):

1. Transfer and counter-transfer concept. Necessary to avoid communication errors with patients.
2. An idea of the language of a neurotic and psychotic. Allows a higher accuracy to identify people who are prone to excesses.
3. The theory of identification and sublimation. Useful for the understanding of professional diseases and lifestyle diseases as well as to understand oneself as a professional.
4. The concept of the 4 discourses by Jacques Lacan. Helps to recognize the connection between knowledge and reduce through power and thereby the tension in a hysterical situation patients.
5. Analytical insights into the symptom as well as anxiety, affect and complexes.

Theoretically valuable for understanding the workings of the symptoms, including their abnormalities of Norma. The thesis of the existence of the unconscious can be reduced to several practical things that will be useful to a specialist working with people. The first consequence: A person's actions and words can have a hidden meaning. To put it another way, people themselves sometimes don't know why they are saying this and that person. The significance of this idea for medical practice is that expands the understanding of distortions in the patient's testimonies. It is believed that there are two types of distortions. The first is a deliberate exchange, a standstill, or misleading insights into life circumstances (e.g., printing oneself or others). The second is a random error due to ignorance or inaccuracies (for example, incorrect naming of a symptom). The hypothesis of the unconscious introduces two other forms into this scheme with which the diagnosis is often confronted: unconscious exchange and systematic unconscious error. For example, even the presence of a doctor can affect the patient and force him to make a reservation (this is not a reservation from excitement, but a severe distortion that has unconscious causes and is unnoticeable to the speaker). The second consequence: What is obvious to you is not always obvious to others, even if they know/observe the same thing. This consequence also affects the peculiarities of the memory, because sometimes people cannot remember, which

can be very important (for example, for treatments). The same situation happens to doctors in relation to patients. The fact is that the basic operation of an unconscious neurotic is displacement. Displacement - mechanism, explaining why people sometimes ignore the obvious (because they don't know the problem is more comfortable for the psyche than solving the problem by remembering it). Third consequence: Monosyllabic and positively formulated recommendations are better than complex or negative. In general, it is better to talk about positive changes than to paint the negative. This is due to the fact that the unconscious is very sensitive to the words: You can suggest a person so much that he is unconscious and try to implement what was said by the doctor (this is not desirable when it comes to possible negative consequences). Moreover, the unconscious obeys non-binary logic, and therefore every "no" or "no" disappears in it, and every "or-or", "a" and the "but" becomes a connecting "and". It is worth remembering, especially if psychological instability of the patient.

The fourth episode does not concern the unconscious, but the psychoanalytic work with it. Psychoanalysts and their clients are aware of an observation: while analytical work changes not only in the person, but also in his environment (situations, piling up around him — in the family, at work, etc.). The effectiveness of this has been confirmed by many practicing physicians (surgeons, therapists) who have passed or are in the analysis. As practitioners, i.e. as recognized persons positive changes (even if they do not understand their mechanism), many of their colleagues either have changed their skeptical attitude towards psychoanalysis or are interested in such work for themselves. This work is particularly important in "heavy" facilities

Diagnoses. No consciousness will make unconscious aggression and anger in patients jerk. And in the interaction with them, the doctor's unconscious is forced to defend itself: either "invent" oneself a blame (by declaring anger in your address) or create a reason for retaliatory aggression. Analytical study is a way to maintain consciousness in constructive protection from negative emotions that can not be eliminated because of the peculiarities of the work. Another key for medical practice is the theory of transference. Transfer (or transfer) is the name for the transformation of the relationship between an analyst and the patient, which occurs in the analysis under the influence of unconscious desires and the urges of the patient. In other words, in the transfer of feelings to one person, feelings are transferred to another, although in fact they still turn to the past. The transmission can consist of any components and be experienced as feelings, urges, fears, fantasies, relationships, ideas or protection from them. People who are originally the source of transfer reactions are usually (but not always) significant people from childhood. The transmission takes place both in the analysis and outside the analysis in neurotics and psychotics and healthy people. All human relationships contain a mixture of real reactions and transfer reactions, but in some cases the transmission occurs based on real or symbolic similarities of one person with the figure of another person. The problem is the fact that people in transmission are rarely aware of the artificial nature of data, especially if the other responds too much to it (instead, the last point of our brief consideration is the question of the possibility of determining the psychological structure of the patient through language. On this point, we are largely the parts will be based on the developments of Jacques Lacan. It is not always possible to determine psychoticism, perhaps, and yet some determinations will be useful as appendix to other conclusions arising during practice. If a person has a psychotic structure, then in certain situations he can develop an "acute psychosis". But even in a stable state, this is a "problematic patient", since he is aggressive, it can be create a delirium that contains the figure of a doctor (erotomaniac or delirium burden), is able to follow the doctor's recommendations too literally (by to injure oneself) or even to kill oneself after unsuccessful contact with a doctor. Important to understand that the doctor is not only a real person, but also a symbolic figure, behind it is an authority (hospital, knowledge, truth, power, etc.). It is the circumstance that can make it a great other in the eyes of a psychotic, but it is with this with the figure he can not handle. As Jacques Lacan explains, a psychotic is the one he enters language without internalizing any boundary structures (the "father's name" that introduces prohibition of the psychological reality of the subject) [4]. Therefore, one meets with something symbolic, the psychotic is forced to interpret this in the form of imaginaries, a rivalry that drives him either to delirium or melancholy. On this basis, the most general guidance for suspicious patients the psychotic structure is as follows: avoid any manifestation of power and authorization, do not show your interest in the subject itself (manifestation desires will provoke paranoia or erotomaniacal persecution of a doctor) and do not use

ambiguous terms (even not generally accepted as psychoticism they tend to interpret all printouts in letters). These precautions are able to create conditions for the patient to be cured without being confronted with what he is dealing with the psyche will not be able to do it.

As for the clinical observations of psychoanalysis, which may indicate the psychotic personality structure, we can see in Lakan's "Seminar 3".

several criteria at the same time [4]. We will list them along with a brief explanation.

1. Hallucinations. Not just any hallucination, but one that the subject trusts. Neurotic determines doubt and psychoticism determines trust (can't believe it in the reality of the vision, but I'm sure it means something).

2. Language Cancellations. 2.1. Attributing one language to another (a neurotic may deny the authorship of the word, but does not attribute it to another). 2.2. Creating an inability

(and sometimes understandable) Metaphors. 2.3. Neologisms. In language, psychoticism is sometimes there are repeated strange words that do not explain anything, work like a logical space is closed. 2.4. An interrupted speech. For a psychotic, words are similar to things, so he has no inconvenience because of the unspoken.

3. A feeling of decay of the body. The lack of the ego ideal leads to the fact that the self-image can disappear plotzlich. In the descriptions of psychotics there is often an episode with a "decay" of the body.

4. In language, imaginary relationships prevail - conflict and competition with another.

Often the language is overflowing with competitors, enemies, persecutors.

5. Weak drive control. A psychotic easily proceeds to the act (including the rude) because the essence of the imaginary is something provocative (what attracts the gaze or forces you to perform a "reckless" action — for example, falling into someone else's arms).

6. Feminization (in Mannern). Fantasies of oneself as a female object or shift requests sex is sometimes characterized by psychoticism.

He also describes his experience as if something captures it (for example, language) by placing it in a female passive position. In conclusion, we note that the question posed in the article is by no means exhausted. The arguments of the article allow you to answer the question of the relevance of dating in the future affirmatively to medical students with psychoanalysis. But the question of form and volume - still requires a detailed consideration. It can definitely be said the fact that the main vector of proclamation should be to understand unconscious phenomena that manifest themselves at the body and language level. Comprehensive knowledge of psychoanalytic theories as well as the development of an analyst's thinking should remain in the form of an optional or independent learning part. In our opinion, the components of psychoanalytic teaching presented above are really important both for researchers and for those who deal with healing practice. Psychoanalysis here it serves both as a source of theoretical-practical inspiration and as a method of interpretations of humanitarian knowledge. Considering that the profession of physician is becoming more and more larger, it is understood as a broad competence that includes not only questions of anatomy and physiology, but also communication, reason and social regulation, it is even strange that the question of psychoanalysis has not yet been posed in medical padigics.

Padagogy is originally a social-humanitarian discipline and therefore in the field of medical padigics should get rid of cultural stereotypes and scientific prejudices. The inclusion of simplified psychological theories of communication cannot close these gaps. This will only exacerbate the ethical and legal justification of medical practice. That is why we consider it fruitful to expand not only the awareness of physicians about psychoanalysis during training or further education, but also the idea of cooperation of medical learning structures with structures of the psychoanalytic community.

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