



THE ROLE OF COGNITIVE PSYCHOTHERAPY IN ELIMINATING MEN AND WOMEN'S ANXIETY IN THE FAMILY

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Annotation

This article describes the role of cognitive psychotherapy in the treatment of anxiety in men and women in the family, methods of cognitive psychotherapy, their content and essence, the main purpose of the actions taken with the client in cognitive therapy.

Keywords. Family, anxiety, cognitive psychotherapy, client, psychopsychotherapist, depression.

Introduction

It is natural for everyone who is a member of society to want to live well and live a good life, and there is nothing wrong with that. However, the task of society is to implement public policy to support citizens, protect their rights and legitimate interests, as well as increase their role and activity in the socio-political life of the country, rather than the narrow aspirations of the people.

Indira Gandhi, one of the world's most famous statesmen, said in the 1970s that "India has 1 billion people, so there are 1 billion problems." When it comes to economic problems, it is natural for a person to have more mental problems[1].

Cognitive therapy is one of the most effective methods of modern psychology. The client and psychotherapist who initiates cognitive psychotherapy should agree on what problem they are working on. The problem is not to change the client's personal characteristics or shortcomings, but to solve the problems clearly[5].

Some of the principles of the psychotherapist's work have been adopted by A. Beck from humanistic psychotherapy, i.e., the psychotherapist is empathetic, natural, appropriate, has no instructions, accepts the client, and has a conversation with Socrates. Interestingly, over time, these humanistic requirements have been removed in practice: in many cases, it has become clear that the direct instructional approach is more effective than the Platonic-dialogic method[6]. However, unlike humanistic



psychology, where the primary work is with the senses, in a cognitive approach, the psychotherapist works only with the client's way of thinking. By understanding the client's problems, the psychotherapist achieves the following goals: identifying problems, helping to identify thoughts, pictures, and feelings, learning the meaning of events for the client, and assessing the consequences of incompatible thoughts and behaviors[2].

Instead of confusing thoughts and feelings, the client should have a clear picture. In the course of the work, the psychotherapist teaches the client to think: often refer to the evidence, assess the probability, gather information, and submit it all for investigation. Expert review is one of the most important things a client needs to learn[11].

Analysis and Results

Hypothesis testing is mainly done outside of class, during homework. For example, if a customer says, "When I walk down the street, everyone will turn to me," say, "Try walking down the street and count how many people like you." If the client does this exercise, his or her opinion on the matter will change[18]. However, if the client's trust has benefited him in any way, such a "complaint" from the psychotherapist is unlikely to work seriously: the client simply does not perform the exercises recommended by the psychotherapist and remains true to his previous beliefs[13].

Either way, the customer is offered a variety of ways to test their automated feedback through experience. Sometimes when a psychotherapist refers to his or her own experience, the literature, and their statistics, it is suggested to find "counter" evidence for this[17]. In some cases, the psychotherapist allows the client to "blame" by pointing out logical errors and inconsistencies in their judgments.

In addition to the experimental test, the psychotherapist uses other methods to replace automatic thoughts with heavy judgments. Commonly used here:

1. Reassessment technique: check the probability of alternative causes of the event[12]. Clients with depression or anxiety syndrome often blame themselves for what is happening and even their syndromes ("I think I'm wrong and that's why I'm sick"). The client has the opportunity to make their reactions more realistic after examining the many factors that affect the situation or after a logical analysis of the facts[8].
2. Centralization or depersonization of thinking is used when working with clients who feel and suffer from the attention of others, such as those with sociophobia. Such customers are always confident in their own vulnerability to their opinions about



others and are always adaptable to expect negative evaluations; they quickly begin to mock, deny, or suspect[14].

3. Conscious self-observation. Depressed, anxious, and other clients often think that their disorders are controlled by a high level of consciousness, constantly monitoring themselves, realizing that the symptoms are not related to anything and that there is a beginning and an end to the attacks[7]. Correcting the level of anxiety helps the client understand that there is a beginning, a peak, and an end to the fear even during an attack[16]. This knowledge eliminates the destructive idea that allows you to maintain resilience and instills in the client the idea that fear can survive, that fear is short-lived, and that you just have to wait for a wave of fear[19].

4. Decoration. Psychotherapist: "Let's see what happens ...", "How long will you experience such negative emotions?", "What happens next?" Will you die Will the world collapse? Will this ruin your career? Do your loved ones reject you? "Etc. The client realizes that everything has a time and the automatic thought that 'this horror will never end' disappears.

5. Targeted repetition. Playing any behavior, trying different positive instructions over and over again in practice, leads to increased self-efficacy.

Working methods may differ depending on the type of customer problems. For example, anxious customers are dominated by more "obsessive images" such as "automatic thoughts," i.e., imagination (fantasy) rather than thinking about disruption. In this case, cognitive therapy uses the following methods to stop inappropriate imagination[3]:

Stop method: "Stop!" - the negative image of the imagination is destroyed.

- Repetition technique: we mentally transform an imaginary image several times - it is enriched with real images and more content[20].
- Metaphors, parables, verses.
- Change the perception: the client actively and gradually changes the image from negative to neutral and even positive, thereby understanding the possibilities of self-awareness and conscious management[15].
- Positive imagination: a negative image is replaced by a positive one and has a calming effect.

The main purpose of the above actions with the client in cognitive therapy is to understand the problem, to change the attitude to it.

Women's problem is a different district, and they are often prone to complicate and magnify small problems. Therefore, cognitive psychotherapy has a number of advantages in relieving women of their problems. In particular, in cognitive psychotherapy with women who are depressed because of their problems, they work



according to their basic principles: a person's feelings and circumstances are determined by his or her thoughts[9]. Depression occurs when a person starts to feel disgusted or that no one loves him. If you make his thoughts more realistic and grounded, then the person's well-being will improve, depression will pass.

Conclusion/Recommendations

If we observe women in a state of neurotic depression, we can observe that they are constantly whispering about defeat, frustration, and inadequacy[4]. According to these observations, it can be said that people who perceive the world in three negative categories develop depression:

1. Negative attitude towards the current situation: no matter what, a depressed person focuses on the negative aspects, even though life brings pleasure to many;
2. Despair for the future: a depressed client looks to the future with hope, in which he sees only disappointing events;
3. Decreased self-esteem: A depressed client feels helpless, unworthy, and helpless[10].

In addressing these issues, of course, a corrective psychopsychotherapeutic psychotherapeutic program that uses self-management, role-playing, modeling, homework, and other types of work is needed.

Cognitive psychotherapy sessions with women based on a specific goal-oriented program lead to an understanding of their personal problems and the formation of a new perspective and attitude towards the problem.

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