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## POSITIVE PSYCHIATRY – THE NEW DIRECTION OF MODERN PSYCHIATRY

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### Summary

The use of positive psychiatry, cognitive psychotherapy, emotional intellect, personal-developmental psychotherapy with model of «optimal comfort condition» for the people with mental and psychosomatic disorders. The study of psychical characteristics of people with different mental disorders and in view of the conduct of psychiatry, psychotherapy care.

**Key words:** positive psychiatry, cognitive psychotherapy, emotional intellect, personal-developmental psychotherapy, optimal comfort condition.

The modern psychiatry is one of clinical specialties, difficult for a perception, referred on a comprehension of difficult inner world of the patient and is on a joint of medicine, psychology, sociology, ethics and other sciences. In its history the large role was played by philosophy.

The clinical psychiatry traditionally is divided into the general and private psychiatry. As the age factor has a great influence such areas as children's, teenage and a gerontopsychiatry are allocated for mentality. Due to the performance of a series of social functions the social, judicial psychiatry, military psychiatry, psychiatry in emergency, psychiatry in the general medicine, psychiatry of borderline cases, etc. were allocated. The biological psychiatry, psychopharmacology, psychosomatic medicine, a psychotherapy has the history. In world psychiatry the trans cultural or cross-cultural psychiatry, functional psychiatry are allocated. The ethno psychiatry is allocated, psychiatrists of various countries entered it, many years the academicians of the Russian Academy of Medical Science Semke V.Ya. was a creator and the president of its Association

### Directions of modern psychiatry

Traditional division of modern clinical psychiatry	Allocation on an age factor	Due to the performance of social functions	On therapeutic orientation	In world psychiatry are allocated
general psychiatry and general psychopathology	children's psychiatry	social psychiatry	biological psychiatry	transcultural or cross-cultural psychiatry
private psychiatry	teenage psychiatry	forensic psychiatry	psychopharmacology	ethnopsychiatry
	gerontopsychiatry	military psychiatry	psychosomatic medicine	functional psychiatry
		emergency psychiatry	psychotherapy	
		psychiatry in the general medicine	narcology	
		psychiatry of borderlines	positive psychiatry	



determination of health in medicine, along with nosocentric approach - fight against diseases, is approved the sanocentric paradigm directed to preservation, restoration and strengthening of health. And today there is a formation of the new scientific and practical direction – “A mental sanology” - Science about mental health, manuals are published (Shakhmetov B.A., Altynbekov S.A., 2007, Shakhmetov B.A., 2010, 2014).

The positive psychiatry is the modern biological and social psychiatry penetrated by modern psychotherapy with the idea of positivism, positive thinking. In its basis there is positive thinking, the positive relation to life, to itself and other people. It includes many psychotherapeutic methods – humanistic psychotherapy of K. Rogers, A. Maslou, cognitive psychotherapy, positive psychotherapy (N. Pezeshkyan), etc. Biological therapy and the social help have positive psychological maintenance. The word a positive is used as positive - Positivum (Latin). It is necessary to notice that positive philosophy (O. Comte, 1798-1857) and a positive psychotherapy (N. Pezeshkiyan) proceed from Latin – Positum – a reality, reality. The ideas of positivism were continued in works R. Emerson, R. Trayn, P. Myolford and other. In positive psychiatry the idea of positivism is used taking into account the principle of hope – positive interpreting of a problem of the patient just as in a positive psychotherapy N. Pezeshkyan. For example, the nervous anorexia is surveyed as implication of ability to suffer restrictions and to empathize the fasting people in the world. An opportunity to get rid of pains and sufferings is seen in the death of the person, it is possible to notice how many people came to follow deceased to the grave, i.e. in certainly negative to see really positive. The positive psychotherapy is followed by a pharmacotherapy and social therapy. In it difference of positive psychiatry from a positive psychotherapy.

According to submissions of the humanistic theory of the personality (K. Rogers, A. Maslou) congenital tendencies to self-updating are considered as the main source of development of the personality. Development of the personality is an expansion of congenital tendencies. According to K. Rogers: The life purpose – to realize all the congenital potential, to be “completely functional personality”, i.e. the person who uses all the abilities realizes the potential and moves to full knowledge of, the experiences, follows the true nature.

A. Maslou marks out the requirements which are the cornerstone of development of the personality and notes 5 levels of motivation:

- 1) physiological level (need for food, dream);
- 2) needs for safety (housing, work);
- 3) the needs for accessory (to have friends, to start a family);
- 4) self-assessment level (need for self-esteem, competence, advantage);
- 5) the need for self-updating (creativity, aspiration to beauty, to perfection, development of the abilities, etc.)

In the last decades increase in interest in questions of ethics and bioethics is noted. One of problems of modern health care, the dissatisfaction of the population with the organization of medical care is. Despite increase in equipment of treatment and prevention facilities, increase in financing there is insufficient a communicative competence of doctors and average medical personnel. The lack of knowledge in the field of psychology, ethics, morals is noted. “The golden rule of morals” for many physicians remains not understood and not accepted. Already at school children have to understand and realize clearly that “It is necessary to treat people as you would like that you treated you”. This truth goes from an extreme antiquity, expressed Confucius, is written down in the Koran. And it has to be in thoughts, desires and actions of each physician. And then the doctor, the nurse can become successful.

The concept “happiness” known to everyone belongs to moral consciousness and designates a condition of the greatest internal satisfaction with conditions of the life, completeness and intelligence of life, and implementation of the human mission. The concept happiness is close and inseparably linked with a concept health and first of all with mental health.

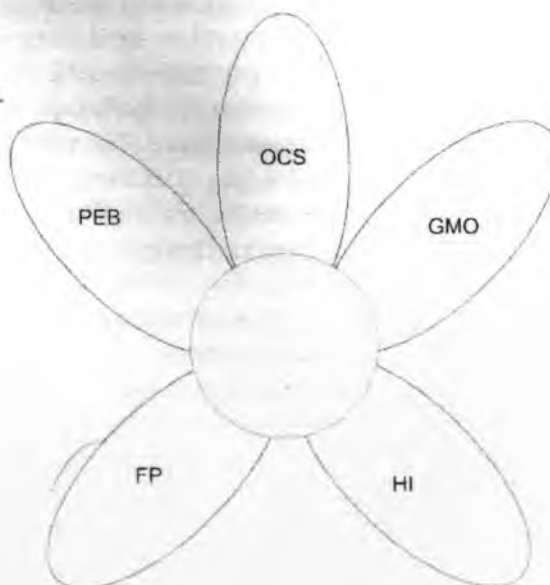
According to WHO experts health of the person more depends on a self-assessment of the personality and feeling of social accessory than on biological functions.

For the purpose of simplification and increase in efficiency of work with consciousness of patients within the cognitive, personally developing psychotherapy we have offered psychotherapeutic model of Construction Department – “An optimum comfortable state” (B.A. Shakhmetov, 2005, 2008, 2012, 2014).

Optimum Comfortable State is satisfaction of set of the basic needs of the personality necessary for achievement of a condition of full wellbeing. The Optimum Comfortable State (OCS) includes the following 5 factors.

I. Prevalence of positive emotions – the positive emotional background (PEB).

2. Feeling of Own Importance (FOI), positive level of a self-assessment.
3. Harmonious interpersonal relationship (GMO) in micro social groups (in family, children's, educational and labor collectives).
4. Sufficient level of the integrated health (IH) – including physical, mental and social wellbeing.
5. Financial Prosperity (FP)



The structural-logic scheme of OCS is shown in Figure 1.

Figure 1 - Structural-logic diagram of the optimal comfort state (ACS)

The optimal comfortable state contributes to the prevention of mental, psychosomatic and neurotic disorders. Actively including your imagination, create your new image, in the beginning - in your mind. And at the same time include active mental impact on your body. Consciously and artificially get out of the pathological stereotype, creating a new life scenario. His new image of a healthy, strong personality to introduce into his consciousness a new image of himself using the formulas of self-hypnosis: "Do you want to be healthy? -Be healthy!". "Do you want to be strong? "Be strong!", "Do you want to be sober?" - "Be sober!" And thus enter a new role, in the image of a healthy, sober and creative person.

The optimal comfort state (ACS) can be the main strategy for the prevention and promotion of health in patients. It is the virtue, the desire to desire and do good to people, is the core property of the individual, forms a positive mood background. Virtue is the most important moral category and, according to Aristotle, the most important criterion of mental health. Respect for oneself, good, warm relations with close people, are the basis for good health, good mood and material prosperity.

The essence of targeted programs for increasing individual and social psychological health can be the achievement of ACS (optimal comfort state), which includes the biological and socio-psychological registers of the individual, in other words - psychosomatic well-being or psychosomatic comfort.

The model of disease prevention and rehabilitation in general should include a system of measures to ensure each individual ACS through the system of education, upbringing, social security and management.

In our view, the subjective meaning of human life is to achieve an "optimal comfortable state" or "happiness", which includes the following development vectors.

Vector - 1 characterizes the emotional state of the person, the vector - the 2 level of his self-esteem, 3 - interpersonal relations, 4 - the general state of health, 5 - the material position (financial prosperity).

Personality development is a desire to improve one's own state, both internal and external well-being, comfort in bodily sensations and interpersonal contacts, self-actualization in these areas. We have proposed a matrix - pentagon, covering the main directions of personality development. It presents five factors related to personal development. Each of the factors has its own value and a scale of estimates along the vector line. Each vector has a scale of divisions from 0 to 5 and above.

To determine the level of comfort of a person's state, we used the psychological test developed by us - a questionnaire of "Optimum comfort of a state" (O K C). The questionnaire consists of 5 questions, including 5 answers, according to which the patient and client are asked to assess their condition.

1. Evaluation of your emotional state.
2. Self-assessment of the importance of personality.
3. Evaluation of interpersonal relationships.
4. Integral self-evaluation of health.
5. Evaluation of material, financial condition.

Each question has an answer with a corresponding point of reflection on the self-assessment scale. The patient himself on a five-point evaluation system determines the degree of severity of each indicator of the state of personality development. The received sum of answers to 5 questions is divided by 5 and the average score of personality development is obtained.

Parameters of personality development can be estimated from 1 (unit) - minimum score, up to 5 points - maximum score, 2 - unsatisfactory level of personality development, 3 - satisfactory level, 4 - good level, 5 - excellent level of personality development or "optimal level of development". Achieving the "5" rating in all areas of personal development is an "optimal comfortable state" or a state of happiness, success, victory and harmony.

The psychotherapeutic model of OKS proposed by us, the person logical matrix can be used and used in psychotherapy of psychic and psychosomatic disorders, in narcological and geronto psychiatric practice.

In a comparative study of patients with psychiatric and psychosomatic disorders admitted to the psychosomatic department of the Republican Scientific and Practical Center for Psychiatry, Psychotherapy and Narcology, the following is revealed. Individuals over 60 years of age (n = 36) had an ACS score as compared with a group of patients aged 30-59 years (n = 64) significantly lower. In the first group, the overall ACS score at admission was 2.3 in the 2nd group of ACS was 2.1. In the course of complex therapy, which included pharmacotherapy, psychotherapy, the overall index of ACS increased in the first group to 3.2 (+0.9). In the second group, the overall indicator increased to 3.7 (+1.6). The effectiveness of therapy in the 2nd group was significantly higher than in the 1st group, which is associated with the age characteristics of the patients of the older group. Less dynamic of mental processes in the elderly and in connection with this less effective therapy. The indicators of emotional background (PEF) and interpersonal relations (GMOs) as a whole were 0.5 and 0.8 lower than in the second group. An essential factor in the older group was "loneliness", which hampered the therapeutic process, demanded an appropriate account in psychotherapeutic work.

In general, the principles of positivism, positive psychiatry, positive thinking can be widely used, psychiatric, psychotherapeutic and general medical practice. They can really help doctors and patients on a new look at the situation and see the positive along with the existing negative circumstances, inspire hope and faith in the success of treatment, and recovery.

Thus, the philosophical ideas of positivism, positive psychiatry, cognitive psychotherapy, personally developing the psychotherapeutic model "OKS" give an opportunity for a more subtle and in-depth study of the patient's mental state. They allow patients to better imagine and understand, to understand their own condition, to appreciate positively and to recognize the processes of changing their beliefs in psychotherapeutic work. Positive psychiatry, cognitive psychotherapy, personally developing the psychotherapeutic model of ACS contribute to a deeper understanding of patients' own state, a positive perception of the realities and a more active involvement in the treatment and rehabilitation process.

The proposed model can be used as the basis for the organization of psychiatric care, new psychotherapeutic approaches, and promote greater integration of psychiatry with primary health care and the formation of a new structure at the level of PHC - a block of mental medicine, including a psychotherapist, psychiatrist, clinical psychologist in collaboration with a physician general practice, increasing the effectiveness of medical and preventive care in psychiatric, narcological, psychotherapeutic and general medical practice.



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