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STEPS OF PSYCHOLOGICAL ASSISTANCE IN PERSONS WITH LOSS **SYNDROME**

Abstract: This article discusses the work of providing psychological assistance to a person with loss syndrome and its stages, each stage of which requires an individual approach from the psychologist.

Key words: loss syndrome, grief, emotion, psychological counseling, depression, psychotherapy.

Language: English

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Introduction

Loss Syndrome is a grief, a severe emotional state that results from the loss of a loved one. Loss can be temporary or permanent (death), real or imaginary, physical or psychological, grief - this is also a process through which a person works with the pain of loss, regains a sense of balance and a full life. But the loss is replaced by a sense of sadness, and there is a sense of fear, anger, guilt, and shame. Psychological counseling and support work with caring people consists of several stages, which are interrelated. Counseling and therapy work in this area is complex. The task of the psychologist is to help the client to experience the feeling of loss, to overcome grief. M. Whitehead emphasizes that grief cannot be stopped, it must continue as long as it is necessary. Crying is a natural reaction in this process. In the process of psychological counseling, it is necessary to pay attention to the following;

- Listen, accept, do not discuss;
- Express your sincere desire to help the client;
- Take the client's feelings and fears seriously;
- Be prepared for some customers to be angry with you;

- Give time for mutual trust: without trust, the client will not be able to share their experiences with you;
- Give the client hope, support, explain that people can overcome grief, even if the test is difficult;
- Keep enough distance, do not get bogged down in customer problems, maintain a supportive position.
- Another goal of counseling and therapy is to give the client the opportunity to express a range of feelings, thoughts, and actions. In this: Be realistic: grief cannot be lost all at once; encourage the client to talk about the deceased and express emotions; don't be surprised if the client tells the story of the death over and over again: repetition is a natural way to overcome grief;

explain to the client that somatic symptoms at this time, i.e., sleep disturbance, worsening of appetite, are normal; find an appropriate option for the client to "rest" from grief, but at the same time do not let them avoid the process of working with grief.

If the loss reaction is suppressed, it is necessary to determine the cause. If the loss reaction is disrupted, the following should be done: encourage the client to express and understand their feelings;

work on the problem of strong dependence that arises through relationships; pay attention to the



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duality of the relationship between the client and the deceased, look for its causes; if the client has an unfounded guilt, help get rid of it; if guilt is justified, think of how he can live with that guilt, how he can nest his guilt; find an unfinished issue between the client and the deceased and work on it.

If the feeling of grief becomes chronic, then it is necessary to determine: why the client can not give up this condition; how death is reflected in the client's attitude toward himself against the background of loss; is there any useful side to clinging to grief, for example, when he began to worry about himself, he was "in the spotlight," and before that he lacked these things. Don't resist if the client takes a step forward on their own and wants to return to the circle of supporters around them and refuses to meet with you. This is the only condition for working with those who have lost a loved one. Therefore, the stages of psychological support are carried out in accordance with the stages of grief.

- 1. Assistance in the shock phase. To be by the side of someone who is experiencing loss, not to be left alone, to care. When there is no word to say and it means that the client is not alone, holding his hand, stroking his head helps a lot.
- 2.Help in the phase of strong grief. It is important to talk about the deceased, the cause of death, and the feelings associated with the event. Asking about a dead person, listening to his memories, even if the events are repeated several times. Questions can be asked: "Who did he look like?", "Can you see a picture of him?", "What did he like to do (hobbies, etc.)?", "What do you remember about him now?" questions like these allow the client to talk.
- 3. If the client is silent, do not force him to speak. Be prepared to continue the conversation when he returns to reality. The main thing is to support him around, to create an environment of understanding.
- 4. In the event of a person suddenly dying or being killed, discuss the incident down to the smallest detail, i.e. until they lose their frightening and traumatic nature. Only then can the client feel comfortable crying. Allow the client to cry, and do not show sympathy at this time.
- 5. Slowly (at the end of this phase) return the client to daily activities.
- 6. Assistance in the recovery phase. It is necessary to help the client to come back to life again, to plan for the future. The client may return to the intense grief phase of the loss several times, giving them the opportunity to talk about the deceased as much as they want. At this stage, asking for help from

relatives or friends helps the client to "come to his senses"; and sometimes it is useful to remind them of their indifference, neglect, duties, and responsibilities towards their loved ones. When grief is pathological in nature or when such a risk arises, the help of a specialist will definitely be needed. In this case, a set of methods that are suitable in crisis situations, therapy of psychological trauma and severe stress is used. If the "grief case" is not completed, psychological help will be needed, even if the loss occurred several years ago.

The problems to be solved during the consultation process are individual. Some people don't understand what's going on with them; even a simple explanation of the psychology of grief in such a situation can reduce fear and stress. A person may refuse to forgive grief because he thinks it shows his weakness. A client who seeks help during a period of intense grief requires a rescue from a psychologist. However, the psychologist needs to help you cope with the painful experiences at this stage - it is necessary for the psychological trauma to heal. It cannot be avoided or denied. This situation makes it difficult to help in a crisis. Because it can become a target of customer aggression.

At this point, the customer can make the following recommendations.

- 1. Accept your grief. Accept the emotional and physical losses caused by the death of a loved one. It may take a long time to accept, but be determined.
- 2. Express your feelings. Don't hide your pain. Cry if you want, laugh if you can. Don't block your emotional needs.
- 3. Take care of your health. Eat well, because after hard experiences the body needs energy. Depression can be reduced by purposeful mobility.
- 4. Combine work and rest. Get a medical checkup. You have suffered enough. Do not harm yourself and your loved ones by neglecting your health.
- 5. Hang out with your friends. By remaining silent, you are refusing to let your friends listen to you and share your feelings, and by doing so you are condemning yourself to more loneliness.
- 6. Help others. As you help them, you begin to treat them better, you become independent towards reality, you live in the present and forget the past.

Gestalt therapy, neurolinguistic programming, cognitive-behavioral therapy, and art therapy, especially fairy tale therapy, have also been used successfully in the treatment of loss syndrome.



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References:

- 1. Whitehead, M. (2002). Counseling a man in a state of grief: a model of help. *Psychology of Maturity and Aging*, No. 1 (17), Spring.
- Vasilyuk, F.E. (1984). The psychology of chewing: an analysis of overcoming critical situations. Moscow: Publishing house Mosk, unta.
- 3. Malkina-Pykh, I.G. (2008). *Psychological assistance in crisis situations*. Moscow: Eksmo.
- Aslanova, D. (2019). Theoritical foundations of agro-eco tourism development. American Journal of Economics and Business Management, 2(1), 101-105.
- 5. Aslanova, D. H., Safarov, B. Sh., & Hajrullaev, A. (2016). Rol`innovacij, i ih znachenie v investicijah na rynke turistskih uslug v Uzbekistane. *Jekonomika i biznes: teorija i praktika*, (3).
- 6. Uzakova, V., Roman, C., Aslanova, D., & Zuxra, S. (2016). Transportation system in the

- development of Uzbekistan. ACADEMICIA: An International Multidisciplinary Research Journal, 6(1), 120-134.
- Bunakov, O. A., Aslanova, D. K., Zaitseva, N. A., Larionova, A. A., Chudnovskiy, A. D., & Eidelman, B. M. (2019). Religious and halal tourism organization peculiarities in Muslim republics. *European Journal of Science and Theology*, 15(3), 85-96.
- 8. Shakhnoza, N., & Aslanova, D. Diffusion of clustering in the deployment of recreational tourism market of Uzbekistan. *Journal of Management Value & Ethics*.
- 9. Tuhliev, I. S., Kudratov, G. X., & Pardaev, M. K. (2010). *Turizmni rezhalashtirish*. (p.208). Darslik, Toshkent.
- 10. Tuxliyev, I. S., Hayitboyev, R., Ibodullaev, N. E., & Amriddinova, R. S. (2010). *The basics of tourism: A handbook*. Samarkand: SamISI.

