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HUMAN DEVELOPMENT AND SOCIAL WORK AS PER PSYCHOLOGICAL ISSUES

Abstract. Human psychological development across the lifespan, theories of personality development, cultural and environmental influences, human behavior including developmental crises, disability, exceptional behavior, and addictive behavior.

Keywords: human development, psychological development, healthcare, social services, person-centered therapy, social phenomenon

ЧЕЛОВЕЧЕСКОЕ РАЗВИТИЕ И СОЦИАЛЬНАЯ РАБОТА ПО ПСИХОЛОГИЧЕСКИМ ВОПРОСАМ

Аннотация. Психологическое развитие человека на протяжении всей жизни, теории развития личности, влияние культуры и окружающей среды, поведение человека, включая кризисы развития, людей с ограниченными возможностями, исключительное поведение и аддиктивное поведение.

Ключевые слова: развитие человека, психологическое развитие, здравоохранение, социальные услуги, личностно-ориентированная терапия, социальный феномен.

INSON TARAQQIYOTI VA PSIXOLOGIK MASALALAR BO'YICHA IJTIMOY ISH

Annotatsiya. Insonning hayot davomida psixologik rivojlanishi, shaxsni rivojlantirish nazariyalari, madaniyat va atrof-muhitning ta'siri, inson xulq-atvori, shu jumladan rivojlanish inqirozlari, nogironlar, g'ayrioddiy xatti-harakatlar va addiktiv xulq-atvor.

Kalit so'zlar: inson taraqqiyoti, psixologik rivojlanish, sog'liqni saqlash, ijtimoiy xizmatlar, shaxsga yo'naltirilgan terapiya, ijtimoiy hodisa.

Introduction. The term social services is most commonly used term, by government services) and in most languages, but its scope of definition may overlap depending on the languages and countries that of social protection, social action or social assistance. Although social services were born in most of the countries concerned in the same historical movement as health coverage, their contemporary missions do not generally include the reimbursement of health care, occupational accidents and / or retirement pensions, more often referred to as social security and provided by dedicated organizations. Here too, there are cross-references of terms depending on the country.

Hikikomori, or "social withdrawal", is a mental illness affecting mainly Japanese adolescents and young adults (Teo, 2010). This disease pushes sufferers to isolate themselves completely from the world: they lock themselves in a room in the house (often the bedroom) and refuse any visit or exit for months, or even years. These people neglect their food and body hygiene needs and play video games the majority of the time. In addition, some patients are prone to big tantrums. This psychological suffering is often the result of academic or social pressure, unfulfilled successes; some subjects have experienced rejection, harassment or bullying (Toivonen, Norasakkunkit et Uchida, 2011). Despite the similarities with certain diseases classified in the DSM such as depression, agoraphobia or obsessive-compulsive disorders, some researchers have demonstrated its unique cultural character (Kato et al., 2011a).

More than eight million people in England are taking antidepressants, for depression, anxiety, obsessive-compulsive disorder and other conditions - a million more than five years ago [1]. In 2003, the Japanese ministry of health and employment issued a 141-page manual describing this phenomenon and indicating the procedure to follow with people affected (Ministry of Health, Labour & Welfare, 2003). This document highlights five main diagnostic criteria, namely: 1. a centralized lifestyle at home; 2. no interest or motivation for school or work; 3. the persistence of symptoms beyond six months; the exclusion of schizophrenia, mental retardation or any other mental illness; 5 among people who have no interest or motivation for school or work, those now social relationships are excluded Some specialists agree that the most affected people are men, often seniors from families with average socioeconomic status. Despite its greater presence in Japan, some cases have been recorded in Spain, Italy, France and South Korea (Kato et al., 2011b).

Methods. There are more than 400 forms of psychotherapy (Kazdin, 2011). Indeed, when we are interested in the treatments of psychological distress, it is surprising to note the number of studies that contradict each other. This can partly be explained by the lack of consensus about the causes of mental disorders. Thus, not all psychotherapies have the same objectives. In the framework of this chapter, three of them are presented. Psychoanalytic therapies, person-centered therapy (humanistic) and cognitive behavioral therapy constitute the three bases from which several other types of psychotherapy have developed. A combination of these therapies is then presented, eclecticism, which responds to a biopsychosocial conception of the intervention. Contrary to what some believe, people who undertake psychotherapy are neither weak nor crazy. Most do it to find ways to manage their stress, reduce their distress or to live better every day. Carrying out such an approach is a sign that the person is in contact with his needs and has the will to meet them [2, 212].

Through a set of methods, we try to allow the person to make contact with their repressed childhood traumas, as well as with the unconscious conflicts between their identities, their ego and their superego. Freud said that what is not understood will be repeated (Cordón, 2012). Psychoanalysts believe that words replace ailments, that is, psychological and physical ailments are sensitive to speech. This is also the central idea of psychotherapy: we emphasize listening to suffering during a meeting on neutral ground. We're trying to make sense of the troubles. It is in order to help the psychoanalyst to be able to welcome this evil of life in his client that he must himself have done a psychoanalysis. In this way, it is believed that he will be able to remain more neutral and empathetic in the face of the sufferings of others.

Among the methods used in psychoanalysis, free association is at the forefront. In a state of relaxation favored by the couch and the absence of eye contact with the psychoanalyst, the client says whatever comes to mind, trying to put aside his shame and doubts. No thought should be blocked. By a relaxation of conscious control, we seek to facilitate the expression of unconscious contents [3].

Today, several psychologists are inspired by psychoanalysis, without applying it strictly. They favor the psychodynamic approach which does not require the client to lie down on a couch without being able to look at his therapist, and this, several times a week and over a long period of time. It also places less emphasis on the role of the unconscious and childhood. In this context, the therapist is more directive and does not wait for the unconscious contents to gradually manifest themselves (Zuckerman, 2011).

Person-centered therapy. The humanistic psychologist Carl R. Rogers (1980), rather than seeking to treat, heal or change a person, wanted to offer him a relationship that he could use to support his personal development. Here, the goal of the psychologist is to allow the person to find the path to the realization of his full potential.

The first, unconditional positive consideration, ensures that the therapist recognizes to all his clients, even those who are aggressive or not admirable, an inherent value since they are above all human. He trusts them and is convinced that they have the answers to their difficulties. By this attitude, the psychologist reduces the risks that the client will be defensive by feeling the need to protect his personal esteem.

The second attitude is that of empathic understanding. The therapist tries to perceive the world according to his client's frame of reference, leaving aside his own values and listening carefully to him. The therapist reformulates the ideas and redoes the feelings expressed, helping his client to reach deeper and true feelings. The decoding of verbal and non-verbal language facilitates this empathic understanding. Psychologists are unable to read the thoughts of their clients, although sometimes they can give the impression of it. In fact, no paranormal skills are involved. Rather, it is about listening and understanding skills developed over years of study (during internships in particular) and practice [4, 234].

The third fundamental attitude that the humanistic psychologist must demonstrate is authenticity. He must be aware of his feelings and thoughts, which allows him to share them with people. This transparency on the part of the therapist also helps to reduce the defensive reactions of clients who will be more motivated to be open themselves. The purpose of the humanistic framework is to establish a climate of trust through which the person will regain contact with his fundamentally good nature which seeks to flourish.

Cognitive behavioral therapy. Cognitive behavioral therapy (CBT) is a combination of elements coming mainly from behaviorism (behavioral component) and cognitive psychology. This approach is very popular currently in Quebec. She conceives psychological disorders as acquired phenomena. The goal of CBT is to direct the client so that he can make new learnings leading him towards a better mental balance. We can compare this approach to a form of reprogramming of mental processes in order to modify the person's behaviors. The behavioral aspect of cognitive behavioral therapy. In behavioral therapy, attention is paid to the problematic behavior rather than to its underlying causes. The objectives pursued are clearly

defined in terms of precise actions in order to be able to evaluate, over the course of treatment, the observable and measurable achievement. To achieve this, the principles of classical and operating packaging are applied, among other things.

Systematic desensitization is a gradual process. Clients learn to tolerate increasingly disturbing stimuli, while anxiety is counteracted by a state of deep relaxation. For example, for an individual with a phobia of injections, the targeted behavior could be to show himself capable of being pricked by a doctor or nurse. At his behavioral therapist's, he lies down on a couch.

If these fundamental capacities are not realized, many choices are simply not available and many opportunities remain inaccessible. However, the field of human development extends beyond: the essential areas of choice, to which people attach great importance, range from political, economic and social opportunities to be creative and productive, to the appreciation of self-esteem, emancipation and a sense of belonging to a community. Human development is a holistic concept, as it puts individuals at the center of all aspects of the development process. It shouldn't be confused with the human development measures (HDI index) which is limited to the measurement of the 3 aforementioned capacities.

The human Development index (HDI) corresponds to a composite index calculated each year by the UNDP in order to assess the level of development of countries based not on strictly economic data, but on the quality of life of their nationals.

The HDI integrates three factors:

life expectancy at birth, because it is significant of the future living conditions of individuals (food, housing, drinking water ...) and their access to medicine;
the level of education, which determines the professional and social autonomy of the individual;
the gross national income per capita, revealing the standard of living of individuals and thus their access to culture, goods and services, transport...

The HDI is presented in the form of a number located between zero and one, the latter digit symbolizing the highest level. This indicator created in 1990 is now preferred to per capita income, which today appears to be too reductive to assess the level of development. The importance given to the HDI is based on the idea that the freedom of men and women depends on human development. Four other indices have been created to refine the perception of the level of development:

- the gender development index (GDI), which makes it possible to compare the HDI of women and men;
- the gender inequality index (GII), which focuses on women's empowerment ; the inequality-adjusted HDI (IDHI), the calculation of which takes into account the extent of inequalities;
- the multidimensional poverty index (MPI), which makes it possible to measure different aspects of poverty excluding income.

The cognitive aspect of cognitive behavioral therapy. Cognitive therapists such as Albert Ellis and Aaron Beck believe that it is inadequate thoughts that lead to problematic behaviors and emotions (Wright, Thase and Beck, 2011; Ellis and Ellis, 2011). Thus, we are not trying to change or control the emotions or behaviors themselves, but rather the distortions of reality that cause them. The cognitive therapist pushes his clients to find out their irrational beliefs. Among the recent additions to cognitive behavioral therapy, we note contextualism (Jacobson, 1997). It states that the explanations for psychological disorders are not found inside the person, but rather in the interactions they have with their environment. The causes are thus multiple and interact with each other (Dionne, 2009). Psychologists working with this in mind place more emphasis on the relationship that the client has with his symptoms rather than wanting to change them directly. The practice of mindfulness meditation, or Mind fullness Based Stress Reduction (Segal et al., 2006). By this technique, we do not aim at modifying the content of ideas, but rather at observing them in order to consider them for what they are: perceptions rather than an exact reflection of reality (Larouche, 2009). We encourage a distancing from the content of the thoughts so that they have less hold on the person [5].

Professional exhaustion is associated with symptoms of discouragement and great fatigue leading to the inability to cope with professional demands. The term burnout first appeared in 1969 in an article by Harold B. Bradley. Since then, several researchers have observed and documented this phenomenon specific to the workplace.

People with an external locus of control feel powerless to change their personal situation and are less likely to make positive changes such as following a treatment program. Conversely, a person with an internal locus of control who has a health problem is more likely to make changes (for example, exercise, quit smoking, change jobs, etc.) and recover quickly (Rotter, 1990). However, when the place of internal

control is extreme, people feel greater distress due to their tendency to take credit for their failures and blame themselves (Spector and O'Connell, 1994, in Rascle and Irachabal, 2001). As Ellis points out, it is irrational to believe that we can control everything.

Adapting to stress

- Emotion-based adaptation includes emotional and cognitive means to modify the interpretation of a stressful situation to reduce negative emotions;
- Problem-oriented coping involves ways to deal directly with the stressful situation, including the use of problem-solving techniques to control or eliminate such a situation.

Resources to deal with stressors. Physical activity and health (good diet, adequate sleep and exercise). Relaxation (relaxation, deep breathing, yoga, meditation); Perceived social support (friendship, exchanges, self-help groups); Social skills (ease of expressing oneself); Humor; Material resources (money increases the options for adapting to stresses); Psychological resilience (linked to commitment, a perception of control and challenge to bounce back from stressors); The place of internal control (gives the impression that efforts and abilities have a greater impact on one's life than chance or fate) [6, 23]

At the same time, consciousness is one of the most predominant topics in psychology. It distinguishes the human from other animals, because it is she who gives him the impression of knowing that there is, who he is and what he desires. Consciousness even allows us to be aware that we are aware and act on our conscience! Feeling the warm breeze on her skin, feeling realizing that we are in love, remembering a missing loved one, discovering a new country, inventing a melody, all these experiences become extraordinary because that we are aware of it. Yet, while it is at the heart of the human experience, the consciousness remains difficult to study for three main reasons: it cannot be observed directly, it is influenced by several other actors and the perception that we have of it is very subjective. In fact and, it is "hidden" inside each one and directs its era from one person to another, and even from one moment to another in the same person. Unlike with very acutely observable and measurable behaviors, consciousness is a process intimate.

Conclusion. The notion of development has long remained perceived in simple terms of growth economic and quantitative (GNP or GDP, capital and trade flows, capacities investment). Promoted by the World Bank, the notion of "human development" complements this approach by taking into account their real impacts on the lives of populations : level of health, life expectancy, education levels. To account for this, indicators composites have been proposed: for example, the human development index (HDI) calculated every year since 1990 by the United Nations Development Programme allows international comparisons over time and classifications of which can depending on the allocation of certain aids.

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202	Jumaniyozova Maxbuba Shermat qizi 13-14 yoshli o'quvchilarda jismoniy kuchni rivojlantirish metodlarining ahamiyati
207	Maxmudov Sharofiddin Asxatovich, Maxmudova Madina Qodirjon qizi Oliy ta'lim muassasalarida gimnastlarning tayyorgarligini oshirishning o'ziga xos xususiyatlari
210	Mingboyev Shuxrat Mingboy o'g'li Maktabgacha ta'lim tashkilotlari direktorlarining riskologik kompetensiya tushunchasi va uning mazmun-mohiyati
213	Muxamedjanov Umidullo Fayzullayevich Badminton sport turning o'zbekistonda mustaqillikdan keyin rivojlanish istiqbollari