

The IBS is characterized by the epidemiological « iceberg phenomenon ». Obviously, official data on the prevalence of IBS patients is significantly lower than the actual number of people with symptoms related to IBS. From 10 to 80% of patients, once receiving a doctor's consultation, subsequently do not seek medical help, preferring to cope with the symptoms on their own. Such persons, referred to in the English literature of nonconsulters or non-patients, are adapted to their condition, take drugs in « mode at the request of » and have a satisfactory quality of life [ 4 ]. The number of patients who often consult a doctor about the symptoms of IBS ( consultants, IBS patients ) is in Europe from 10 to 50% of all patients, in the USA - 30%, in Uzbekistan - no more than 10% [ 5 ].

One of the latest theories of our time - the theory of the violation of the interaction of the brain-chump axis - determines the change in motor ability and digestive secretion, which causes visceral hypersensitivity ( VHF ) and leads to cell-molecular disorders in the entero-endocrine and immune system. It is known that in the absence of pathological changes, normal stretching or reduction of the genitals by humans is not felt. If there is VHF in patients with IBS, an increased sensitivity of ( sensation, a feeling of ) in response to mechanical effects in the intestines is noted, which is perceived by the patient as abdominal pain or discomfort. It is clear that patients with IBS at VHF have a labile emotional balance and, accordingly, a deterioration in the quality of life. Chronic mental stress increases the activity of the epiphysis, which leads to the activation of the hypothalamo-hypophisar-obstrenal gland system, which leads to visceral hyperalgesia [ 6 ]. As a result of many studies, two types of VHF have been identified: a decrease in the threshold of pain perception and a normal threshold of pain perception with a strong pain sensation called allodynia. In addition, other factors can influence visceral hyperalgesia, for example, spinal cord excitation by activating specific media outlets ( serotonin, kinins ) and N-methyl-D-aspartate ( NMDA ). In addition, patients with IBS have increased secretion of the duodenum and skinny intestines.

One study examined the relationship between IBS and general anxiety disorder (GAD) among patients with IBS and healthy people, and in 32% subjects with IBS observed symptoms of OTR compared to other psychological manifestations [ 7 ]. Patient anxiety may vary by several factors. One of them is the perception of the disease, as patients of Pleticosik T. showed, who perceived IBS as a weakness, reported a lower severity of the symptoms and had a higher quality of life. The study ended with an emphasis on assessing the psychological functioning as a tool to improve the course of the IBS [ 8 ]. On the other hand, anxiety is a

strong factor that can lead to the initiation of the IBS. The data obtained indicate that anxiety disorder doubles the risk of developing IBS. Antidepressants such as serotonin and norepinephrine reuptake inhibitors are medicines that are used in the treatment of anxiety disorders [ 9 ]. In addition, a non-drug approach, in particular psychotherapy, is suitable for their treatment. One of the forms of psychotherapy is cognitive-behavioral therapy ( CBT ), which is based on human behavior, perceived as a natural reaction to irritants.

Another of the most frequently diagnosed mental disorders in patients with IBS is depression. There are many studies that have assessed the prevalence of anxiety and depression among patients with IBS who seek help from the gastroenterological departments, but few studies of IBS in psychiatric patients have been conducted. Several studies reported an increased prevalence of ( 27-47, 3% ) IBS in patients with severe depression ( the beginning or recurring episode ). More recently, a cross-study examined the prevalence of symptoms of IBS in patients diagnosed with severe depressive disorder ( TDR ) [ 10 ]. Carpinelli and others found that patients with IBS had a higher level of anger than in the healthy group, regardless of the severity of the depressive symptoms [ 11 ]. Moreover, it was proved that a greater increase in anger was responsible for a more intense sensation of pain, which was evaluated using the visual analog scale ( VAS ) for abdominal pain. Cavus and others showed that the number of cases with a severe depressive episode was almost twice as high in the group of patients with IBS as in the control group. Another evidence of the relationship between depression and IBS was a systematic review with metaanalysis, which was published in 2019 by Zamani. The purpose of this study was to estimate the incidence of depression in the IBS. Metaanalysis showed that compared to a healthy group, the likelihood of depression in patients with IBS is three times higher than [ 12 ]. The relationship between IBS and depression contributes to the targeted use of antidepressants in IBS.

The data obtained indicate a close relationship between IBS and mental disorders. Currently, the exact mechanisms responsible for this correlation are unknown; however, several potential underlying factors have already been identified. Further research aimed at studying and defining the relationship between the IBS and mental disorders can help deepen knowledge about the pathophysiology of the IBS and develop new treatment options.

Thus, clinical recommendations for this relationship follow from this: there is a need for psychiatric assessment and screening of patients with IBS, as well as drugs

used to treat mental illness, or psychological treatment options can be used in IBS therapy.

### REFERENCES:

1. Makhmudova L. I., Clinical and emotional features of irritable bowel syndrome. Dr. akhborotnomasi No. 3.1 (96)-2020, p. 58
2. Burulova O. E., Kozlova I. V., Myalina Yu. N. Irritable bowel syndrome as a biopsychosocial disease (review) // Saratov Scientific Medical Journal. 2012. Vol. 8, No. 2. pp. 232-237.
3. Internal diseases / V. V. Skvortsov. – Moscow: Eksmo, 2014. – 1248 p.
4. Chegodaeva L.V., Razina A.S., Mosina L.M., Geraskin A.E., Difficulties of diagnostic search and treatment of a patient with irritable bowel syndrome on the background of senesto - hypochondriac disorder (clinical case)// Medical and pharmaceutical journal "Pulse. 2019 21(7)" p.3-8
5. Silivonchik N.N. Irritable bowel syndrome (based on the materials of the Rome IV Consensus on Functional digestive Disorders) / N.N. Silivonchik, S.I. Pimanov// Medical business. – 2017. – Volume 3, No. 55. – pp. 23-299.
6. Vahedi H., Ansari R., Mir-Nasseri MM., Jafari E. Irritable bowel syndrome: A review article.
7. Mayer EA, Craske MG, Naliboff BD: Depression, anxiety and the gastrointestinal system. J Clin Psychiatry 2001, 62:28–36.)
8. Pletikovic Tonic S, Tkalcic M. A measure of suffering in relation to anxiety and quality of life in IBS patients: preliminary results. Biomed Res Int 2017;2017:2387681.
9. Wehry AM, Beesdo-Baum K, Hennelly MM, Connolly SD, Strawn JR. Assessment and treatment of anxiety disorders in children and adolescents. Curr Psychiatry Rep 2015;17(7):52.
10. Singh P, Agnihotri A, Pathak MK, Shirazi A, Tiwari RP, Sreenivas V, Sagar R, Makharia GK: Psychiatric, somatic and other functional gastrointestinal disorders in patients with irritable bowel syndrome at a tertiary care center. J Neurogastroenterol Motil 2012, 18:324–331.
11. Carpinelli L, Bucci C, Santonicola A, Zingone F, Ciacci C, Iovino P. Anhedonia in irritable bowel syndrome and in inflammatory bowel diseases and its relationship with abdominal pain. Neurogastroenterol Motil 2019;31: e13531.

12. Zamani M, Alizadeh-Tabari M, Zamani V. Systematic review with metaanalysis: the prevalence of anxiety and depression in patients with irritable bowel syndrome. *Aliment Pharmacol Ther* 2019;50:132-43.)

## PERSONAJ NUTQIDA HAQORAT - KUCHLI EMOTSIYA IFODASI

<https://doi.org/>

**Sobirov Qahramon Saloyevich**

*Xorazm viloyati pedagoglarini yangi metodikalarga  
o'rgatish Milliy markazi, "Tillarni o'qitish  
metodikasi" kafedrası dotsenti, PhD*

### **Abstract**

*The article is based on the fact that words that express an emotional negative evaluation in the speech of characters of Uzbek dramaturgy serve to impressively express their strong feelings of anger, hatred, about the role, importance and norms of expressing stylistic meaning.*

### **Key words**

*dramaturgical language, character speech, emotional negativity, stylistic meaning, words expressing insult, swearing, cursing.*

### **Абстракт**

*Статья основана на том, что слова, выражающие эмоциональную негативную оценку, в речи персонажей узбекской драматургии служат для выразительного выражения их сильных чувств гнева, ненависти, о роли, значении и нормах выражения стилистического значения.*

### **Ключевые слова**

*язык драматургии, речь персонажей, эмоциональная негативность, стилистическое значение, слова, выражающие оскорбление, ругань.*

### **Annotatsiya**

*Maqolada o'zbek dramaturgiyasi personajlari nutqida emotsional salbiy baho ifodalovchi so'zlarning uslubiy ma'no tashish roli, ahamiyati va me'yori haqida, ularning kuchli g'azab, nafrat tuyg'ularini ta'sirchan ifodalashga xizmat qilishi nutqning obrazlilikini ta'minlashga xizmat qilishi asoslangan.*

### **Kalit so'zlar**

*dramaturgiya tili, personaj nutqi, emotsional salbiy, uslubiy ma'no, haqorat, so'kish, qarg'ish ifodalovchi so'zlar.*

Badiiy asarlarda emotsional salbiy baho ifodalovchi so'zlarning uslubiy ma'no tashish roli, ahamiyati va me'yori haqida ilmiy adabiyotlarda ayrim mulohazalar bildirilgan.

Darhaqiqat, emotsional salbiy baho ifodalovchi so'zlar badiiy uslubda muhim leksik vositalardan hisoblanadi. Ular, ayniqsa, dramatik asarlarda personajlarning