

дату» от смартфона. Третий этап – это формирование устойчивой зависимости. Любая ситуация, происходящая в жизни ребенка, будет обращена к телефону. Потребности обуславливаются аддикцией. Четвертый этап – это отчуждение. Ребенок не выполняет обязанности, связанные с его социальным статусом, полностью абстрагируется от окружающих, замыкается в себе. Пятый этап – физическое проявление гаджетозависимости – это самый тяжелый этап. Начинаются головные боли, боли в глазах и иные психосоматические проявления. На данном этапе справиться с зависимостью может только специалист.

Таким образом, изучая этапы психологической зависимости от смартфона, можно сделать вывод о том, что, «привыкание» происходит очень стремительно и может сказаться на физическом здоровье

ребенка. Если педагог, родитель, психолог, замечают признаки одного из этапов формирования зависимости – необходимо срочно обращаться к специалисту.

Для углубленного изучения вопроса психологической зависимости от смартфонов, группе учащихся было предложено пройти тест Менделевича, адаптированный к рассматриваемой проблематике. Тестирование анонимно и добровольно. Тестируемым было предложено 55 вопросов, из которых были вопросы о классе обучения, средней оценке за год. Приняло участие в тесте 25 человек. Гипотеза тестирования: чем меньше склонности к зависимости, тем выше средний балл ученика. Результаты в таблице 1:

Таблица 1

Результаты тестирования								
Средняя оценка за год	Пол		Класс			Склонность к гаджетозависимости, чел		
	М	Ж	8	9	10	Низкая	Средняя	Высокая
4,0-5,0	М	Ж	8	9	10	10	2	0
2,1-3,0	М	Ж	8	9	10	5	5	3

Анализируя результаты исследования, выдвинутая гипотеза оказалась верна. Чем выше средний балл у учащихся, тем меньше предрасположенность к психологической зависимости от гаджетов. Ученики с более высоким баллом имеют большой кругозор, их внимание смещено на изучение предметов и дополнительной литературы.

Подводя итог, в ходе исследования проблем психологической зависимости у школьников была сформирована модель привыкания к смартфону, обозначены факторы, способствующие развитию аддикции, а также проведено исследование, подтверждающее взаимосвязь успеваемости учеников и степени зависимости от телефона. Рекомендации для родителей детей, у которых наблюдается аддикция:

1. Обратиться к психологу.
2. Больше проводит времени с ребенком.

3. Не принимать позицию «немного слушателя».

СПИСОК ЛИТЕРАТУРЫ:

1. Басимов, М.М. Изучение статистических связей в психологических исследованиях / М.М. Басимов. - М.: МПСИ, 2008. - 432 с.
2. Менделевич Д.М. Заседание кафедры. Казань: Школа, 2004. 205 с.
3. Чошанов М.А. Е-дидактика: новый взгляд на теорию обучения в эпоху цифровых технологий / М.А. Чошанов // Образовательные технологии и общество. -2013. - № 1. - С. 685-696
4. Кожогельдиева К.М., Иманалиева М.М. Интернет-зависимость у современных подростков как психолого-педагогическая проблема // Вестник Бишкекского гуманитарного университета. 2019. № 47. С. 79-81.

STRESS RESISTANCE AND COPING BEHAVIOR IN ADOLESCENTS WITH CHRONIC GASTRODUODENITIS

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Abstract

In Russia, diseases of the digestive organs occupy the main place in the structure of somatic pathology of childhood. Psychological prerequisites for the occurrence of gastroenterological diseases are most often prolonged overstrain, being in a state of anxiety or fear, a reduced level of stress resistance, immature mental defenses and unconstructive strategies for coping with stress. As a result of the study, it was revealed that adolescents with chronic gastroduodenitis are characterized by low stress resistance, in stressful situations they tend to displace negative experiences by removing their causes from consciousness, they are characterized by postponing problem solving, lack of self-control and control over their behavior, they do not plan their actions and have a narrow range of possible behaviors.

Keywords: gastroduodenitis, adolescents, stress resistance, mental defenses, coping strategies.

Introduction. The state of health of children and adolescents in Russia is characterized by a tendency to increasing morbidity at a number of nosological forms, a significant prevalence of chronic diseases, and a decrease in the quality of children's health. Diseases of the digestive system in children occupy the main place in the structure of children's somatic pathology [6].

A common pathology in adolescents are such diseases of the gastroduodenal system as gastritis, gastroduodenitis. Among the reasons contributing to the increase of the frequency of chronic gastritis and its course aggravation are the environmental situation, diet, the increase of the allergic diseases number, increased neuropsychic stress, sedentary lifestyle, etc. [7].

The relationship of gastroenterological diseases and the patients' psychological characteristics is a subject of study at a number of modern studies. Psychological prerequisites for the occurrence of gastroenterological diseases are most frequently prolonged overstrain and being in a state of anxiety or fear. This group of patients is characterized by severe anxiety, irritability, low self-esteem, vulnerability, coupled with increased self-exactingness, hypochondriacal personality type [4].

J.T. Boyle also writes in his works that adolescents with chronic abdominal pain undergo more emotional experiences than healthy children [1]. J.H. Johnson notes that negative life situations have been associated with a wide range of adverse outcomes for the adolescent, including functional complaints, acute physical illness, and emotional distress [5]. K. Hodges et al found that patients with abdominal pain have a higher rate of recent negative life events than healthy children [3]. Studies by J. Garber, J. Zeman and L.S. Walker note that, according to interviews with mothers, teachers, and teens, pediatric patients with recurrent abdominal pain show higher levels of emotional stress and behavioral problems compared to healthy children [2].

I. Y. Stoyanova, in a study on the psychological characteristics of the system-level adaptation model in patients with non-psychotic disorders' spectrum, notes that adolescents with psychosomatic diseases most often resort to primitive, immature defensive reactions, which is associated with passivity, rigidity in the approach to solving problem situations and the depth of their unconsciousness. The data obtained in the study demonstrate the psychological defense unproductive mechanisms predominance in adolescents, since they lead away from the reality conditions in order to reduce anxiety. However, the conflict is not resolved and most often is not recognized [9].

T.A. Pleshkova and N.A. Kibitkina in their study came to the conclusion that children who have this disease are more anxious and tend to use non-adaptive coping strategies [8]. The works of E.R. Isaeva and M.I. Feshchenko suggest the preference of such maladaptive coping strategies as «confrontation», «distancing», «flight / avoidance» by the adolescents with psychosomatic disorders [4].

O.N. Volkova and A.V. Sukalo reveal the following characteristics of adolescents with chronic gastroduodenitis: anxiety, hypersensitivity, frustration, vulnerability, self concern internal conflict. These features lead to a decrease in the level of stress resistance and are directly related to the adolescents' somatic symptoms, which cannot but affect the course of the disease [10].

Sample and research methods. The study involved 50 adolescents. The main group consisted of 25 adolescents (aged 13-15 years) with a clinically verified chronic gastroduodenitis diagnosis. The control group consisted of 25 adolescents of the same age and sex composition who did not have a diagnosis or symptoms associated with the gastrointestinal tract dysfunction, as well as other somatic diseases.

Disease experience: 48% of adolescents from the main group note that the disease arose approximately 1 year ago, 28% - 2 years ago, 24% 3 years ago. 52% of adolescents with chronic gastroduodenitis have a family history of the gastrointestinal tract dysfunction associated diseases. No such diseases were found in 48% of the main group subjects' family anamnesis.

The following psychodiagnostic techniques were used in this work: the method «Perceptual assessment of the stress resistance type» by N.P. Fetiskin and V.V. Kozlova; psychological defense mechanisms test-questionnaire «Life style index» by R. Plutchik, G. Kellerman; questionnaire «The coping behavior methods» by R. Lazarus (adapted by T. L. Kryukova, E. V. Kuftyak, M. S. Zamyshlyeva).

Main results. The study of the stress resistance type showed that in the group of adolescents with gastroduodenitis, the predominant behavior is characterized by the desire for leadership, competition, and goal achievement (44% of adolescents). Adolescents can show instrumental aggressiveness to implement their plans, but it is adequate and remains within the bounds of permissible. Instability to stressful situations is often manifested. In the control group, the predominant behavior is characterized by a clear definition of their activities' goals, the desire to cope with difficulties on their own. Problems and their occurrence are analyzed, adolescents in the control group rationally allocate their time, and surprises do not throw them out of balance (60%).

Reliably significant differences were revealed (Mann-Whitney U-test) between the main and the control groups according to the stress resistance type diagnostics method. Adolescents with chronic gastroduodenitis tend to show type A - low stress resistance, while healthy adolescents are closer to type B with moderate and high stress resistance ($U = 161.0$, $p = 0.003$).

In the chronic gastroduodenitis group of patients, the leading mental defenses are «suppression» (60.2 points) and «projection» (60 points). A high value of mental defense «intellectualization» (64 points), which is a mature type defense, falls out of the total number of indicators in the control group.

Reliably significant differences in the scales of suppression and intellectualization were revealed according to the mental defenses method of studying be-

tween the groups of healthy adolescents and adolescents with chronic gastroduodenitis. Mental defense «suppression» is more pronounced in the main group in comparison with the healthy subjects ($U = 139.0$, $p < 0.001$), and mental defense «intellectualization», in turn, is less pronounced in patients with chronic gastroduodenitis ($U = 181.5$, $p < 0.01$).

In the main group, the leading coping strategy is the strategy of distancing (62.96 points), which implies overcoming negative experiences by subjectively reducing the significance of the problem and the degree of emotional involvement. In the control group, the leading coping strategies are «planning a problem solution» (65.1 points) and «seeking social support» (60 points).

When comparing adolescents of the two groups, reliably significant differences were revealed (Mann-Whitney U-test). Significant differences are found in the «distancing» strategy ($U = 165.0$, $p = 0.004$), which is more pronounced in the group of adolescents with chronic gastroduodenitis, as well as in the strategies «self-control» ($U = 202.5$, $p = 0.032$) and «planning problem solving» ($U = 188.5$, $p = 0.016$), which are more pronounced in the group of healthy adolescents.

Discussion of the results. The data obtained during the survey indicate that adolescents with gastroduodenitis are prone to competition, leadership, impatience, hyperactivity, they can show instrumental aggressiveness to implement their plans, but it is adequate and remains within the acceptable limits. Moreover, they are less stress-resistant than their healthy peers.

In stressful situations, adolescents with chronic gastroduodenitis tend to displace negative experiences by removing their cause from consciousness. These manifestations are not conscious and are aimed at eliminating mental discomfort, but at the same time the real problem is not resolved. The content side of the psychotraumatic situation is not recognized by adolescents, and the emotional stress caused by it is subjectively perceived as outward unmotivated anxiety.

Adolescents with chronic gastroduodenitis are characterized by a high probability of their own experience devaluation and underestimation of the importance and possibilities of effectively overcoming problems in stressful situations. They have a tendency to postpone problem solving, lack of composure and control over their behavior in stressful situations. Unlike healthy adolescents, they do not plan their actions and do not analyze possible behavior options.

Conclusion. So, the study shows that adolescents with chronic gastroduodenitis are less stress-resistant than their healthy peers. These young patients tend to repress negative feelings, but the emotional stress, they cause manifests itself as chronically experienced, outward unmotivated anxiety. Also, adolescents with chronic gastroduodenitis are characterized by a high

probability of their own experience devaluation and underestimation of the importance and possibilities of effectively overcoming problems in stressful situations. Thus, the psychocorrective targets in adolescents with chronic gastroduodenitis were identified in the course of the study: a reduced level of stress resistance, the use of immature mental defenses, the use of non-constructive and conditionally constructive coping strategies in stressful situations.

REFERENCES:

1. Boyle J. T. Biopsychosocial issues in functional abdominal pain / J. T. Boyle // *Pediatric Annals*. – 2001. – Vol. 30. – № 1. – P. 32.
2. Garber J. Recurrent abdominal pain in children: Psychiatric diagnoses and parental psychopathology / J. Garber, J. Zeman, L. S. Walker // *Journal of the American Academy of Child and Adolescent Psychiatry*. – 1990. – № 29. – P.649-656.
3. Hodges K. Life events occurring in families of children with recurrent abdominal pain / K. Hodges, J. J. Kline, G. Barbero, R. Flanery // *Journal of Psychosomatic Research*. – 1984. – № 23. – P. 185-188.
4. Isaeva E. R. Psychological mechanisms of adaptation to stress in patients with psychosomatic and neurotic stress-related disorders / E. R. Isaeva, M. I. Feshchenko // *Bulletin of the South Ural State University. Psychology. Psychophysiology*. – 2010. – № 27 (203). – P. 91–96.
5. Johnson J. H. Life events as stressors in childhood and adolescence / J. H. Johnson. – CA: Sage, 1986. – 160 p.
6. Kazakova I. A. Psychological diagnosis and correction of emotional disorders in chronic gastritis: avtoref. dis. ... kand. psih. nauk: 19.00.04 / I.A. Kazakova. – SPb., 2009. – 24 p.
7. Lazareva L. A. Analysis of the morbidity of children and adolescents with diseases of the digestive system / L. A. Lazareva, E. V. Gordeeva // *International Research Journal*. – 2017. – № 1. – P. 133–135.
8. Pleshkova T. A. Formation of coping behavior in primary school children with psychosomatic disorder of the gastrointestinal tract / T. A. Pleshkova, N. A. Kibitkina // *Bulletin of the South Ural State University. Psychology. Psychophysiology*. – 2015. – T. 8, № 3. – P.112–119.
9. Stoyanova I. YA. Psychological features of the system-level model of adaptation in patients with non-psychotic spectrum disorders / I. YA. Stoyanova // *Siberian Bulletin of Psychiatry and Narcology*. – 2006. – № 3. – P. 94-97.
10. Volkova O. N. Features of the psychoemotional status of children suffering from chronic gastroduodenitis and reflux lesion of the esophagus / O. N. Volkova, A. V. Sukalo // *Journal of Grodno Medical University*. – 2005. – № 3 (11). – P. 57–60.