

PROTECTIVE-ADAPTIVE COMPLEXES WITH CODEPENDENCY

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Abstract. *We are all embedded in a certain socio-cultural context, which also plays an important role in the formation and appropriation of code-dependent behavior. In such a broad sense, the dependence on code has existed throughout human history and has become so widespread that people began to consider it not a pathology, but the norm of human life. In addition, various stereotypes of behavior and emotions caused by this phenomenon are perceived and confirmed by society as ideal, they are based on cultural traditions, promoted by art and literature.*

Keywords: *medical psychology adaptive complex, code dependence, cultural tradition,*

Introduction. At the current stage of the development of Medical Psychology, the study of socio-psychological factors that contribute to the manifestation of code dependence should be recognized as an urgent problem. Researchers say that mental health disorders are detected not only in people prone to alcoholism, but also in their family members. An individual addicted to psychoactive substances inevitably forms a complex of pathological, inadequate, painful relationships around him, which leads to various deviations in the family environment. The manifestation of disorders of the family (socio-psychological) level is determined by the term "alcoholic family", personal - "dependence on code" [1-4]. This phenomenon is characterized as a result of prolonged stress in the relatives of alcohol-dependent patients and ranging from concentration on the problems of the addict, spontaneous withdrawal and neglect of obligations towards himself and other relatives. In our opinion, modern research based on the biopsychosocial-ethical approach allows us to consider the role of biological, psychological, socio-cultural and personal factors involved in the genesis of mental disorders in their integral integrity, to establish their complex relationship [5-9].

It can be assumed that the percentage of recovery from addiction is low due to the active growth of code-dependent patients. Therefore, the study of the phenomenon of code dependence becomes systemic in nature. Today, the role of socio-psychological and personal aspects of interaction is relevant for achieving a successful result. The contribution of the social (family) level of code dependency formation has been noted by many researchers since the mid-20th century. According to one of the concepts of drug psychogenesis, this disorder is understood as a result of additional interaction between family members, which maintains familial homeostasis [10-12]. It is noted that due to the conditions of parental upbringing, as well as the nature of relations between spouses, the family factor has a great influence on the formation and

maintenance of pathological attraction to psychoactive broadcasts at the psychological level. It can be assumed that it is possible to consider the adaptive-protective system of a person as a personal phenomenon, i.e. conscious or unconscious methods of its interaction with reality [13-16]. The content of psychological protection can be hidden unconscious mental processes, which can manifest as depressive states and anxiety, as well as various psycho-emotional reactions after long-term "emotional abuse". Identification and treatment of protective-adaptive complexes in code-dependent ones can help prevent and treat drug-related patients. The effectiveness of the adaptive system, including psychological protection and coping strategies, determines the success of life and the maintenance of mental health. Thus, the study of a code-dependent protective-adaptive complex as a system-forming characteristic of an individual is an urgent topic for determining psychological protection and coping strategies as factors that cause mental health and personal development disorders [18-22].

The coping strategy (coping strategies) involves a system of adaptive-oriented conscious mental processes aimed at actively resolving a problem situation [23-25].

Taking into account the interactions within the system between complex levels, which include psychological protection and coping strategies, the effectiveness of each can be determined in terms of adherence to the logic of self-organization. In our opinion, the level of Defense-fighting styles as components of the adaptive system in healthy people is more effective than in patients who show dependence on the family code [26-30]. Based on destructive behavioral reactions and the formation of stereotypes of family relationships (G. V. strict forms of behavior highlighted by). Zalevsky) with a dependence on the code, a specific system of the protection complex is formed, which creates more intimacy, rigor, as well as a violation of socio-psychological interactions and forms inefficient flexible styles in relation to people with mental health disorders. R. S. Coping theory (coping behavior) was created by Lazarus. In his opinion, "coping" is a struggle, adaptation. The content of this concept is considered as a set of processes, the essence of which is to adapt to stress, control it, maintain activity against the background of stress. It refers to the activities of the individual, aimed at maintaining a balance between the requirements of the environment and the resources that meet these requirements. Coping behavior is, accordingly, the purposeful behavior of an individual in order to eliminate or reduce the harmful effects of stress. There is a choice of strategies (copy strategies) based on personality and environmental sources (copy sources). In processes described as "coping", the main thing is to overcome, adapt, solve a stressful situation, not to avoid it [31-35].

The debate on the problem of the relationship between coping studies and psychological protection continues to the present day. Distinguishing between defense and coping mechanisms means important and methodological and theoretical difficulties. Protection is considered an interpersonal process, and struggle is considered as an interaction with the environment. However, there is still no single point of view on the role and role of psychological protection in the structure of personality [36-40].

The purpose of the study. The study of protective-adaptive complexes with a dependence on code as a system-forming feature of an individual.

Materials and methods. The study was conducted on the basis of sonB. Inclusion criteria: patients with relatives with dependent behavioral disease. The study involved 70 patients, of whom 59 were women (with an average age of 55 ± 5 years) and 11 were men (with an average age of 58 ± 7 years). All the information obtained is the result of their observations using clinical and

experimental-psychological research. The clinical method included: interrogation, collection of Anamnesis, observation. The experimental psychological method was applied using the following method: the code dependence test (Winehold test). The processing of statistical data was carried out by comparing averages (student criteria). The critical level of statistical significance in testing null hypotheses was obtained at.

Results. Clinical trials found that 80% of patients had decreased mood, 55% had tears, and during the interview patients had to make efforts to hold tears. In 91% of patients, a relationship with a partner is broken due to illness. In 80% of patients, difficulties in social life in the form of a deterioration in social status have been identified, which is manifested by a decrease in material status. Also, 87% of patients noted the presence of general physical weakness. 65% of patients noted the predominance of pessimistic thoughts, which often interfered with the emphasis on daily activities (at work, in books, in television programs). Found 47% distraction, memory decreased. 60% showed a decrease in appetite: the tension of the senses decreased – "new food, tasteless". In 65% of patients, pronounced sleep disorders were noted: difficulty falling asleep, intermittent sleep (internal tension, illness of a relative or the constant presence of thoughts about the events of the previous day interfered with sleep). According to the Winehold test result, 10% of patients with low code-dependent behavior, 32% of patients with moderate code-dependent behavior, 47% of patients with high Code-dependent behavior, and 11% of patients with very high Code-dependent behavior were identified.

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There are conceptual approaches recognized by many authors:

1. Psychological protection manifests itself on the basis of anxiety and emotional tension associated with intrapsychic conflict in the forces that drive behavior, and each method is a specific response to it, aimed at reducing (reducing) anxiety for the benefit of successful adaptation and maintaining health.

2. Psychological defense methods are a normal response to the information factor, developed phylogenetically, but in ontogenesis there may be an irrationality (lack, inefficiency) of their use, which is an important risk factor in the development of pathology. Learning and correcting psychological protective techniques (SPZ) in a particular individual can help in the prevention and treatment of diseases.

3. Psychological protection and coping behavior should not be divided, but should be considered as a single process:

SPZ intrapsychic adaptation, copingology in the interest of allopsychic adaptation.

In our opinion, the effectiveness of the adaptive system, including psychological protection and coping strategies, determines the success of life and the maintenance of mental health.

When creating a model of the defense-combat complex and distinguishing psychological defense algorithms and struggle strategies as factors containing a specific functional orientation, we derived from the assumption that its effectiveness is associated with the systemic interaction of all levels manifested in terms of complementarity. In addition, efficiency is determined by the

leading role of constructive strategies for overcoming and subordination – psychological protection.

Conclusions. In patients with code dependence, there was a clear negative impact on social adaptation, in addition to the presence of code-dependent behavior models. The results of the study show that protective-adaptive complexes with code dependence are manifested in the form of depressive symptoms and anxiety. In the clinical evaluation of the data, the following complaints were identified: decreased mood, sleep disorders, decreased appetite, decreased memory, the presence of persistent strong weakness. As a rule, these experiments were rarely known to the attending physician, since only with targeted psychotherapeutic conversation could the inner world of the patient be fully opened to heart pain. The study found that in patients with code-dependent behavior, the psycho-emotional state changed in the form of depressive symptoms, which may apply to defense-adaptive complexes with code-dependent behavior.

Thus, the study of the protective-adaptive complex with a dependence on the code as a system-forming characteristic of an individual makes it possible to determine the role of psychological protection and coping strategies as factors that cause mental health and personal development disorders.

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