

A. Sultanov* , N. Davydova 

West Kazakhstan Innovation and Technological University, Oral, Kazakhstan

*e-mail: artursultanov@hotmail.com

INCREASING THE HARDINESS OF ADOLESCENTS BY METHODS OF CATATYMIC-IMAGINATIVE PSYCHOTHERAPY

The ability of an individual to successfully cope with unfavorable environmental conditions while showing high resistance to stressors is called hardiness. Nowadays, having a high and stable hardiness in a person is more important and necessary than ever before. That is why modern psychological science is so interested in studying this phenomenon, its role in maintaining mental health and methods of influencing hardiness. A special role in this problem is traditionally assigned to the study of adolescent hardiness and methods of its correction.

The purpose of our study was to investigate the possibility of increasing the level of adolescent hardiness by methods of catatim-imaginative psychotherapy developed by the German psychotherapist H. Leuner. In turn, the main idea of our study was to preserve the mental health of adolescents by increasing their hardiness.

The scientific significance of the work consists in the fact that it expands the ideas about the role of hardiness in maintaining mental health, theoretically substantiates the advantages of individual psychotherapeutic work with adolescents who have a low level of hardiness. The practical value of the study is the disclosure of the effectiveness of methods of catatim-imaginative psychotherapy for the promotion of mental health of adolescents.

Theoretical, psychodiagnostic methods and techniques were applied in the study, mathematical methods of data processing were used to evaluate the results of the study. The results of the conducted research showed high efficiency of the methods of catatim-imaginative psychotherapy to increase the level of adolescents' hardiness. The results obtained can be used in the practical activities of child psychologists and educational psychologists of schools and colleges.

Key words: hardiness, mental health, catatim-imaginative psychotherapy.

А.Б. Султанов*, Н.П. Давыдова

Батыс Қазақстан инновациялық-технологиялық университеті, Орал қ., Қазақстан

*e-mail: artursultanov@hotmail.com

Кататимиялық-имагинативтік психотерапия әдістері арқылы жасөспірімдердің тізімділігін арттыру

Жеке адамның күйзеліс факторларына жоғары қарсылық көрсете отырып, қолайсыз қоршаған орта жағдайларына сәтті төтеп беру қабілеті тұрақтылық деп аталады. Қазіргі уақытта адамда жоғары және тұрақты төзімділікке ие болу бұрынғыдан да маңызды және қажет. Сондықтан қазіргі психология ғылымы бұл құбылысты, оның психикалық денсаулықты сақтаудағы рөлін және төзімділікке әсер ету әдістерін зерттеуге қызығушылық танытуда. Бұл мәселеде дәстүрлі түрде жасөспірімдердің төзімділігін және оны түзету әдістерін зерттеу ерекше рөл атқарады.

Біздің зерттеуіміздің мақсаты неміс психотерапевті Х.Лайнер жасаған кататимиялық-қиялды психотерапия әдістерін қолдана отырып, жасөспірімдердің төзімділік деңгейін арттыру мүмкіндіктерін зерттеу болды. Өз кезегінде, біздің зерттеуіміздің негізгі идеясы жасөспірімдердің төзімділігін арттыру арқылы олардың психикалық денсаулығын сақтау болды.

Жұмыстың ғылыми маңыздылығы оның психикалық денсаулықты сақтаудағы тұрақтылықтың рөлі туралы түсінігін кеңейтіп, төзімділік деңгейі төмен жасөспірімдермен жеке психотерапевтік жұмыстың артықшылықтарын теориялық тұрғыдан негіздеуінде. Зерттеудің практикалық құндылығы жасөспірімдердің психикалық денсаулығын нығайтудағы кататимиялық-қиялды психотерапия әдістерінің тиімділігін ашу болып табылады.

Зерттеу барысында теориялық, психодиагностикалық әдістер мен әдістер қолданылды, зерттеу нәтижелерін бағалау үшін деректерді өңдеудің математикалық әдістері қолданылды. Зерттеу нәтижелері жасөспірімдердің төзімділік деңгейін арттыру үшін кататимиялық-қиялды

психотерапия әдістерінің жоғары тиімділігін көрсетті. Алынған нәтижелерді мектеп пен колледждердегі балалар психологтары мен педагогикалық психологтарының практикалық іс-әрекетінде қолдануға болады.

Түйін сөздер: төзімділік, психикалық денсаулық, қататимиялық-имагинативлік психотерапия.

А.Б. Султанов*, Н.П. Давыдова

Западно-Казахстанский инновационно-технологический университет, г. Уральск, Казахстан

*e-mail: artursultanov@hotmail.com

Повышение жизнестойкости подростков методами кататимно-имагинативной психотерапии

Способность личности успешно справляться с неблагоприятными условиями окружающей среды, проявляя при этом высокую устойчивость к стрессовым факторам, называется жизнестойкостью. В настоящее время наличие у человека высокой и стабильной жизнестойкости является более важным и необходимым, чем когда-либо раньше. Именно поэтому современная психологическая наука проявляет такой интерес к изучению этого явления, его роли в поддержании психического здоровья и методов воздействия на жизнестойкость. Особая роль в этой проблеме традиционно отводится изучению жизнестойкости подростков и методов ее коррекции.

Целью нашего исследования было изучить возможность повышения уровня жизнестойкости подростков методами кататимно-имагинативной психотерапии, разработанной немецким психотерапевтом Х. Лейнером. В свою очередь, главной идеей нашего исследования стало сохранение психического здоровья подростков путем повышения их жизнестойкости.

Научная значимость работы состоит в том, что в ней расширены представления о роли жизнестойкости в поддержании психического здоровья, теоретически обоснованы преимущества индивидуальной психотерапевтической работы с подростками, имеющими низкий уровень жизнестойкости. Практической ценностью исследования является раскрытие эффективности методов кататимно-имагинативной психотерапии для укрепления психического здоровья подростков.

В исследовании были применены теоретические, психодиагностические методы и методики, для оценки результатов исследования использовались математические методы обработки данных. Результаты проведенного исследования показали высокую эффективность методов кататимно-имагинативной психотерапии для повышения уровня жизнестойкости подростков. Полученные результаты могут быть использованы в практической деятельности детских психологов и педагогов-психологов школ и колледжей.

Ключевые слова: жизнестойкость, психическое здоровье, кататимно-имагинативная психотерапия.

Introduction

In August 2023, Kazakhstan began implementing the Roadmap for Promoting Healthy Lifestyles, which aims to «reduce consumption of tobacco products, alcoholic beverages and surfactants; improve mental and reproductive health; and reduce injuries». This is one of many projects aimed at improving the psychophysical health of citizens, but the statistics remain disappointing. For example, a WHO study showed a widespread deterioration in the mental well-being of adolescents in Central Asian and European countries, including Kazakhstan. The research indicates that 21 percent of girls and 15 percent of boys between the ages of 11 and 12 report frequent headaches. Moreover, among 15-year-old girls, approximately one-third (31 percent) experience significant headaches more than once a week.

Adolescents aged 15 feel depressed, of whom 29 per cent of girls and half as many, 11 per cent of boys, and 46 per cent of girls complain of frequent irritability or low mood, compared with 21 per cent of boys. The situation remains unfavourable in the area of adolescent suicide prevention. Here, despite the creation of almost all conditions for the prevention of suicide among adolescents, the situation remains difficult. Thus, in 2019, 180 juvenile suicides and 350 suicide attempts were registered in Kazakhstan. In 2021, 175 adolescents took their own lives and 248 made a suicide attempt (<https://orda.kz/kak-nashi-deti-gibnut-ot-odinochestva-i-otchuzhdeniya>).

In this regard, comprehensive prevention of various types of mental disorders continues to be one of the most important tasks of society. The success of this task is directly related to the identification of the risks of mental illness.

According to WHO: «the level of mental health is a consequence of the influence and interaction of a complex of individual, social and structural sources of stress and vulnerability factors» (<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>). Therefore, it is obvious that in one way or another in the process of formation of pathological mental state one of the leading roles is occupied by the ability of a person to maintain his/her optimal mental state despite environmental influences.

This ability is traditionally studied in connection with such psychological concepts as vitality and viability. The most significant here seems to be the study of the relationship between the level of hardiness and mental health. And taking into account that the prevention of mental disorders traditionally begins with adolescence, we, in our study, have emphasised the methods of psychologically correcting adolescent hardiness.

Thus, the object of our study is adolescents with a reduced level of hardiness, and the subject is to increase the level of hardiness of adolescents.

The purpose of this study is to examine the effectiveness of catatim-imaginative psychotherapy methods in increasing adolescents' hardiness.

The hypothesis of the study is that the use of catatim-imaginative psychotherapy methods will increase adolescents' hardiness.

Materials and methods of the study

A total of 96 high school students participated in the study: 51 tenth-graders and 45 eleventh-graders. The average age was 16.1 years.

Base of the study: KSU «General Education School №13» of Uralsk City Education Department of Education Department of Akimat of West Kazakhstan Region».

The gender composition is quite even 47 boys and 49 girls.

In this work we used the following psychological methods and techniques:

1) theoretical methods: analysis of psychological literature on the problem of hardiness, development of a psychocorrective programme to improve the hardiness of adolescents;

2) psychodiagnostic methods and techniques: short version of the hardiness test (E. N. Osin and E. I. Rasskazova), adolescent version of Beck depression inventory (A. Beck).

3) Mathematical methods of data processing: methods of descriptive statistics, correlation analysis, Student's t-criterion for independent samples.

Our research was carried out in two stages: establishing and forming. At the establishing stage, we conducted an initial psychodiagnosis of adolescents in order to identify the level of their hardiness and depression. According to the results of the initial diagnosis, the group of adolescents with a reduced level of hardiness and increased level of depression was divided into experimental and control groups for formative influence in the form of individual psychotherapeutic (psychologically corrective) sessions.

After the end of the formative stage, repeated measurements were taken and the results were analysed.

Literature review

Suzanne Kobasa introduced the concept of hardiness to elucidate the connection between stress and health, drawing from existential psychology's notion of the «courage to be» (Fominova, 2012). This existentialist perspective emphasizes the ability to navigate between unfamiliar yet growth-inducing paths and familiar but stagnant ones during decision-making moments. Kobasa posits that hardiness comprises distinct personality traits that act as a specific reservoir of resilience when confronting life's stressors. Conceptually, hardiness is depicted as a personality framework established early in life and remaining relatively stable over time, notwithstanding potential fluctuations in circumstances (Vanakova, 2013).

Early investigations into hardiness affirmed the notion that adults exhibiting three interconnected attitudes – engagement, control, and risk-taking – toward themselves and their surroundings are less prone to mental and physical ailments when faced with significant stress and distress. Conversely, individuals lacking these attitudes are shown to be more vulnerable to psychosomatic disorders when subjected to heightened stress levels. These three interrelated attitudes – engagement, control, and risk-taking – are delineated as follows.

According to Maddi and Kobasa, commitment refers to an individual's capacity to fully engage in their endeavors and interests (Nalivaiko, 2006). Those with high levels of commitment possess distinct objectives and perceive significance in both their personal and professional relationships. According to Kobasa, commitment is of great importance in maintaining health in stressful situations (Kobasa, 1985).

People who are committed are dedicated to personal growth and fulfilment of their potential.

Those who lack a sense of commitment alienate and isolate themselves from others, interacting with the environment through passivity and avoidance (Dreher, 1995).

Taking responsibility for one's own behaviour with the belief that one is the cause of events in one's life rather than assuming the role of a helpless victim defines the second component of hardiness, *control* (Kobasa, 1985). This belief is consistent with Julian Rotter's concept of locus of control in which he defined individuals as either internally or externally orientated (Rotter, 1971). Consequently, individuals with an internal locus of control attribute their achievements and setbacks to their own actions, whereas those with an external locus of control attribute life events to fate, luck, or chance. Moreover, research indicates that a robust sense of control serves as a protective barrier against stress, akin to social support, and diminishes the risk of mental or physical ailments (Bee, 2000).

According to Dreher, when faced with a problem, people with high levels of control have the necessary self-confidence to formulate and apply competent solutions. Conversely, those who lack a sense of control are more likely to lack self-confidence and initiative, so they often respond to life stressors with humility, withdrawal, and denial (Dreher, 1995). Consequently, it can be hypothesised that people with reduced or unstable levels of control experience helplessness in dealing effectively with stressful situations.

Individuals with high levels of challenge, the third component of hardiness, perceive obstacles as challenges and opportunities for growth rather than as threats to their well-being (Nalivaiko, 2006). Avoiding change, rather than adapting to it, is the goal of risk averse individuals, as comfort and safety are of paramount importance to such individuals, overriding curiosity, the desire for reasoned challenge and exploration.

Commitment, control, and challenge are assumed to protect individuals and keep them healthy despite encountering stressful events. Muddy and Kobasa, questioning whether hardiness is a defence against illness, studied a group of nearly 700 executives, predominantly men, who were part of one large company (Kobasa, 1985).

This study assessed the health effects of three resources – hardiness, physical activity, and social support. Muddy and Kobasa considered the following behaviours of the participants: smoking, alcohol consumption, poor diet, drug use, relaxation and meditation, family history and exercise. The results showed the following:

- For managers with none of these resources, the probability of illness was 92%.

- Supervisors with one of these resources had a 72% chance of becoming ill.

- For executives possessing two of these resources, the probability of illness was 58%.

- Executives with all three resources – resilient, exercising and receiving social support – were only 8% more likely to be ill.

In this case, the authors of the study identified hardiness as the most significant health protective factor of the three resources. In addition, hardiness was found to be the most predictive of current health status as well as health status one year from now. While social support and exercise are indeed valuable resources that protect against disease, it was found that the possibility of optimal benefit from social support and exercise was significantly higher in the presence of hardiness (Kobasa, 1985).

Following this influential study, subsequent research has unveiled that hardiness, along with other resources like social support and physical activity, exerts a safeguarding influence on both physical and mental well-being (Vanakova, 2013). Research across occupational and age groups also confirms that hardiness is a significant factor in reducing the impact of stress, acting as a protector or buffer (Gramzow et al., 2000). Early studies also observed that hardiness is «largely independent of age, gender, education, religion, marital status, ethnicity, and income level» (Maddi, 2006).

Nevertheless, recent research scrutinizing hardiness as a personality construct has raised valid concerns regarding previous conclusions. Some reports directly challenge early investigations into hardiness by proposing alternative methodologies for comprehending the relationship between personality and health. Despite such disagreements in the data, most published research on hardiness concludes optimistically: the authors conclude that hardiness in any case represents a contributing factor to the maintenance of psychophysical health, and encourage other researchers to further explore the empirical properties of this personality construct.

It is also worth noting that since Kobasa's seminal publication on hardiness, a large number of studies on the concept have resulted in a more integrated concept.

Currently, hardiness is conceptualized as a distinctive framework of attitudes and abilities that facilitate adept coping with situations perceived as stressful and potentially overwhelming due to their disruptive nature or prolonged discord (Fominova,

2012). These hardiness attitudes are reflected in more optimistic outlooks on life, characterized by feelings of personal efficacy, a sense of command over circumstances, and the conviction that challenges can be surmounted.

When stressful situations arise, people with high hardiness have less negative reactions because they have personal resources that they utilise to adapt to the situation.

Having defined hardiness, we can now consider the available evidence on the impact of hardiness on a person's physical and mental health.

Hardiness and physical health

Hardiness has been consistently linked to enhancements in overall physical well-being (Maddi, 2006; Kobasa, 1985). Furthermore, a study employing objective assessments of physical health discovered a notable correlation between hardiness and immune system functionality among women with arthritis (Okun et al., 1988). Investigations into functional immune responses have also revealed that individuals with higher levels of hardiness exhibit more robust immune reactions (Dolbier, 2001). Another study utilizing objective indicators of physical health, such as healthcare expenditures and insurance claims, found that individuals with high levels of hardiness experience fewer health issues, resulting in reduced frequency of medical consultations (Fominova, 2012).

In a study examining physical indicators like high blood pressure alongside levels of hardiness over a span of six years, findings revealed that individuals with lower levels of hardiness were more prone to elevated blood pressure (Maddi, 2006). Additionally, another study observed that dental patients exhibiting high levels of hardiness displayed lower heart rates compared to those with lower levels of hardiness (Dolbier, 2001). When subjected to experimental stressors, resilient participants tended to exhibit lesser physiological arousal compared to their less resilient counterparts. These investigations suggest that hardiness mitigates physical manifestations of tension and arousal, providing insight into how it might reduce the likelihood of illness despite escalating stressors. However, there is also evidence that resilient individuals may not actually be less likely to become ill than non-resilient individuals, but rather less willing to recognise their illnesses because it prevents them from «feeling in control of their lives» (Klag, 2004). It has also been argued that the relationship between hardiness and morbidity may be skewed by the fact that resilient individuals adopt healthier lifestyles than those with low or low hardiness.

An empirical investigation conducted by Wiebe and McCallum among high school students examined hardiness and its correlation with stress and somatic illness. The study revealed that hardiness directly influenced both the severity and quantity of physical symptoms, assessed through the Illness Severity Rating Scale. However, despite these findings, the study concluded that hardiness does not shield against stress in terms of illness; instead, its impact on health operates independently of its influence on stress levels (Wiebe, 1986).

Hardiness and mental health

In addition to its association with physical illness or impairment, hardiness also has an impact on mental health.

Mental health is an important component of social and psychological adaptation and personal development. Traditionally, the concept of health has relied on the illness model, viewing it as the absence of pain, impairment, or disease. Research oriented towards this approach focuses on how to reduce or eliminate negative mental states such as maladaptation, derealisation, depression and suicidal ideation. However, in recent years, the theoretical understanding of health has expanded markedly to include not only the absence of negative states but also the presence of positive states (happiness, joy, pleasure, etc.) (Dolbier, 2001). This two-dimensional model of mental health provides the basis for a more complete and accurate diagnosis of individual health indicators. In this conceptualisation, health is seen as a complex state whose meaning goes beyond the absence of illness or a sense of subjective well-being. Therefore, an assessment of mental health should include both negative and positive aspects.

It is common for young people to experience a variety of mental, psychological, emotional and behavioural difficulties or problems, especially those in the borderline ages of childhood, adolescence and young adulthood. A multitude of factors or life circumstances can put them at risk of developing feelings of dissatisfaction with life, which in turn can lead to negative health consequences and make them a vulnerable group. It is for this reason that recent decades have seen an increase in research on adolescent mental health and well-being.

A considerable number of adolescents worldwide grapple with mental health challenges. Recognizing this issue, the World Health Organization places particular emphasis on adolescent mental health, underscoring that over half of all mental health disorders originate during adolescence. One such disorder is depressive disorder, which unfortunately often goes undiagnosed or its severity is downplayed.

According to epidemiological studies, this disorder affects up to 15% of adolescents and young adults, and it is twice as common in girls as in boys. The first episodes of depression often occur during adolescence, between the ages of 12 and 18, and are often not noticed by teachers or parents. Thus, it is clear that mental health problems are common among young people.

Hardiness has a significant impact on human mental health and its maintenance. In this context, hardiness can be considered as a positive, distinctive quality of personality, which effectively mitigates the negative effects of stress and reduces the manifestations of depressive states (Khisarieva, 2021). In addition, hardiness can be considered as a process that includes positive adaptation in unfavourable conditions.

Greater hardiness is consistently linked with reduced psychological distress, heightened overall happiness, and increased adaptive resources, including marital satisfaction. In 1989, Nowack concluded that individuals with elevated and stable levels of hardiness are less susceptible to the adverse effects of psychological distress (Nowack, 1989). Another study exploring the role of hardiness in mediating the relationship between workplace stressors, educational environment, and emotional well-being discovered a positive association between hardiness and overall well-being (Klag, 2004). T.V. Nalivaiko investigated the internal conflict experienced by working fathers, marital adjustment, and the influence of personal hardiness. The findings indicated that hardiness alleviates the negative impact of inter-role conflict on marital adjustment (Nalivaiko, 2006).

Research conducted on military personnel engaged in peacekeeping missions has revealed that possessing a high level of hardiness diminishes the likelihood of experiencing depression and psychopathological symptoms amid high-stress environments. These findings indicate that hardiness serves as a safeguard against the detrimental impacts of stress arising from demanding and diverse workloads. Furthermore, according to another significant study, hardiness exerts positive effects on mental well-being (Florian, 1995).

In a study involving high school girls, hardiness was found to moderate the association between stress and depression, indicating that resilient female students were less prone to experiencing depression. Similarly, research among first-year students, comparing athletes with non-athletes, revealed that athletes exhibited significantly higher levels of hardiness. Additionally, athletes reported

lower stress levels and fewer pathopsychological symptoms compared to their non-athlete counterparts. Furthermore, the study identified a significant negative correlation between hardiness and psychological symptoms across the entire sample.

In general, research has shown that hardiness increases well-being and life satisfaction, eliminates symptoms of generalised anxiety and depression, increases self-esteem, well-being, optimism and overall mental health (Downie et al., 2010; Jowkar, 2007). Hardiness also increases self-discipline (Jain, 2013). Similar correlations have been found in youth groups. Research studies suggest that high and stable hardiness improves well-being and life satisfaction among youth. Adolescents with high levels of hardiness have been found to be less likely to suffer from mental health problems (Jain, 2013).

Overall, a number of studies agree that building hardiness reduces the likelihood of mental, emotional and behavioural problems in young people (Sood, 2013; Ali et al., 2010; Tempiski et al., 2015).

The data on the relationship between the level of hardiness and suicidal risk are also of particular importance to our study. Thus, based on a comprehensive literature review on hardiness as a factor capable of reducing the risk of suicidal behaviour, we can conclude that hardiness plays a key role in preventing suicidal thoughts and ideas, and also acts as a protective (anti-suicidal) mechanism in situations of pathological stress and risk (Knizhnikova, 2005). In a number of studies conducted on young people, increased suicidal risk directly correlated with reduced hardiness (Rothschild-Varibrus, 2020; Egunkova, 2019).

All these data suggest that the level of hardiness can be used as one of the indicators of psychological well-being and mental health. This, in particular, explains the increased interest of researchers in the problem of studying the methods of impact on hardiness, and in particular, the effectiveness of methods of correction of adolescent hardiness is investigated, since it is in adolescence that the risk of mental disorders is particularly high.

Traditionally, so-called hardiness training has been used to improve hardiness. Despite its effectiveness, this method also has a number of disadvantages:

1. Heterogeneous results: Hardiness levels can vary from person to person, and not everyone can benefit from hardiness training in the same way. Some people may experience greater effects than others.

2. Incompleteness of impact: often training programmes do not cover all aspects of a life situation or do not address the individual needs of participants.

3. Ineffective for some problems: hardiness training may be less effective in the case of serious mental health problems or difficult life situations.

4. Ambiguous definition of success: measuring the success of hardiness training can be overly subjective and does not always adequately reflect how successful the training was in a particular case.

5. Does not always take external factors into account: uncontrollable external factors such as economic crises or social injustices can have a significant impact on stress and hardiness levels, and training may not be able to fully compensate for these impacts.

6. Risks of overwork: intensive training programmes can lead to overwork or emotional burnout, especially if participants do not pay adequate attention to their physical and emotional well-being.

In addition to the above, the disadvantages of hardiness training include those inherent to group psycho-correction methods in general: the time aspect (training involves regular and systematic sessions that often last more than an hour and require the constant participation of all group members), the motivational aspect (many people do not see the point in participating in training, while the effectiveness of the training work directly depends on their participation and involvement) and resistance to training work (various defences that are very difficult to deal with).

Taking into account the above, in our work we chose the individual form of psychocorrective (psychotherapeutic) work. In doing so, we took into account a number of significant advantages of individual work with adolescents:

1. Individual approach. Individual psychocorrection is focused on the needs, requirements and problems of a particular person, which is especially valuable for adolescents who require recognition as an independent person. He or she receives the psychologist's full attention

2. Confidentiality. Only individual psychocorrection can fully ensure the creation of an open and safe environment for the teenager, where he can talk about his problems and feelings without shyness, without fear for his reputation.

3. Intensity of work. Individual psychologically corrective work allows the teenager to work with his experiences, problems, emotions and feelings on a deep psychological level.

4. Time saving. Individual psychologically corrective work gives the teenager the opportunity to fully concentrate on himself, his experiences and problems, without the need to share attention with others, as it happens in group work. This significantly accelerates the achievement of therapeutic results.

In our study, we adhered to psychodynamic concepts and directions of psychology when developing a psychologically corrective programme to increase adolescents' hardiness; we were based on the methods of catatim-imaginative psychotherapy (CIP). Let us consider this psychotherapeutic direction in more detail.

Catatim-imaginative psychotherapy (CIP) is a method of psychotherapy based on the theory of psychoanalytic psychology and utilises a person's capacity for imagination (visual representation, imagination) (Ullmann, 2022). It was developed by Prof. Hanscarl Leuner in the 1950 s.

In practical terms, the procedure is that the client is usually asked to relax and close his or her eyes. The psychologist then asks the person to visualise something specific, such as a tree. The person should then describe the imagined image in as much detail as possible, describing in parallel the surroundings, the landscape, the weather, the people present, etc. The duration of the imagination is usually between five and twenty-five minutes. It is always preceded by at least a brief discussion of the patient's current state and any important events that have occurred since the last therapy session. After the «imagination», as practising therapists say, there is usually a brief debriefing, which serves more to gather spontaneous ideas and to recover from the experience. At the end of the session, the psychologist usually asks clients to sketch what they have seen on paper at home and bring the drawn picture to the next session. Only then is there a detailed discussion of the picture, similar to analysing nightmares.

The aim of CIP is not only verbally, but also through the emerging symbols and images to establish contact with the unconscious of the person, i.e. to obtain additional data for the therapy process (Barke, 2019).

Initially, CIP was developed for classic «neurotic» clinical pictures such as phobias, mild depression, hysteria, etc. Over time, appropriate modifications of the technique have been developed that have allowed for successful work with other conditions such as personality disorders, psychosomatic illnesses and functional disorders.

Given the above, it can be surmised that catatim-imaginative psychotherapy can be extremely useful when working with adolescents for several reasons:

1. Expression through art: adolescents may have difficulty expressing their feelings and thoughts in words. TRC provides them with an alternative way to express themselves through images, which can help them to express their emotions and experiences more openly.

2. Visual exploration: Imaginative symbols can help adolescents to visualise and visualise their problems and experiences, which can help them to better understand their own feelings and thoughts.

3. Indirect approach: working with images can provide an opportunity to discuss difficult topics without directly addressing the problem. This can make psycho-correction less threatening and more accessible to adolescents.

In working with children and adolescents, catatim-imaginative psychotherapy is used to develop emotional intelligence, strengthen and improve self-esteem and increase confidence in themselves and their abilities. This in turn helps them to improve their relationships with peers and family and to cope with conflict and stress (Ullmann, 2022).

Results and discussion

According to the results of the «Hardiness Test» methodology, we determined that 60% of adolescents have an medium level of hardiness,

33% have a low level of hardiness and 7% have a high level of hardiness. There are no significant differences between tenth- and eleventh-graders, although on average, tenth-graders have a slightly higher level of hardiness than eleventh-graders (Figure 1).

Students in both 10th and 11th grades showed mostly average values on all 4 scales of hardiness components. The highest number of adolescents with an increased hardiness indicator in both samples was found in the risk acceptance component, i.e. it can be assumed that adolescents usually perceive difficult, frustrating and problematic situations as potential opportunities for their growth and development, rather than as threats or sources of distress.

This difference can be explained by the fact that final year students are more exposed to negative life experiences and emotional feelings: academic failure, the problem of educational and professional self-determination, conflicts with parents, friends and teachers, and problems in personal life.

According to the «Beck Depression Inventory» we have obtained empirical data, the analysis of which allowed us to determine that 34% of teenagers have mild depression, 6% have moderate depression and 60% of teenagers have no depression.

Among 11th grade students, the proportion of children with depression is on average higher than in 10th grades (Figure 2).

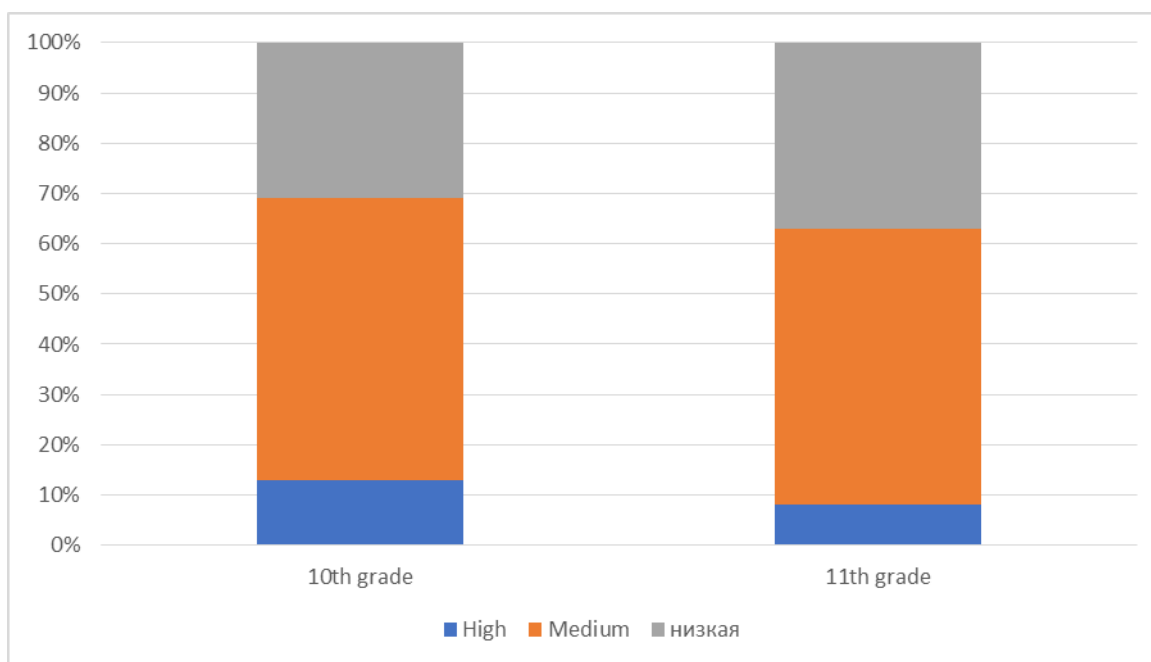


Figure 1 – Expressions of hardiness among 10th and 11th grade students

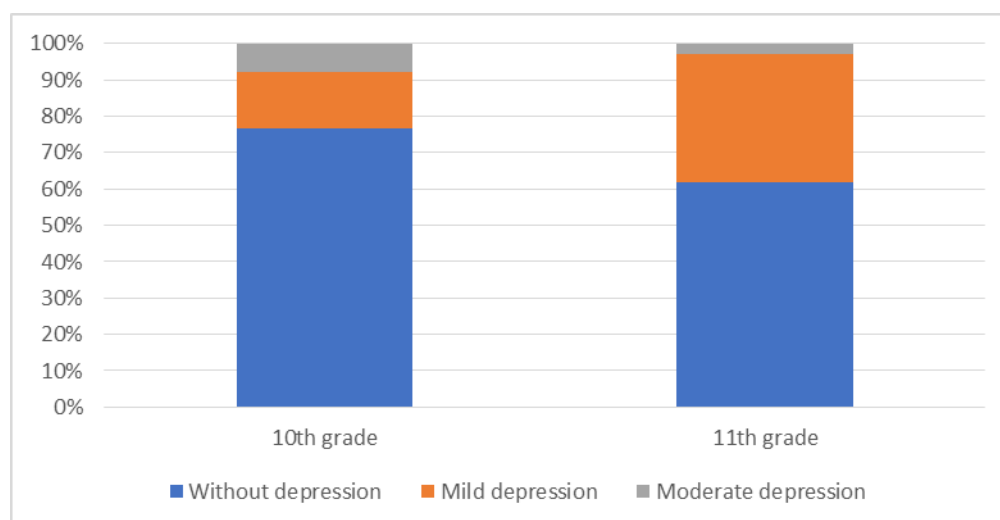


Figure 2 – Expressions of depression among 10th and 11th grade students

Our results are explained by the fact that compared to 10th grades, the number of life triggers potentially capable of provoking the development of depressive or subdepressive states in graduates is greater: approaching exams, problems of professional and personal self-determination.

Based on the results of the experiment, a group was selected for the implementation of the subsequent formative influence. In accordance with the topic of the study, teenagers with a low level of hardiness were included in the group, and taking into account the data on the influence of a low level of hardiness on the risk of depression, teenagers with experimentally detected depression were included in the group. In order to test the effectiveness of the formative impact, we defined experimental and control groups of 16 people each.

At the formative stage of the study we used a specially designed programme of psychocorrection (psychotherapy) based on the methods of catatim-imaginative psychotherapy. Structurally, the programme consists of 9 sessions held during 1-1.5 months, each of which takes about 1 academic hour, with the regime of meetings 1-2 times a week

After the implementation of the formative influence, we carried out repeated psychodiagnostics. For repeated measurements we used the same psychodiagnostic techniques as at the first stage of the study, thus, the data were collected before and after the formative influence. This made it possible to identify the differences between the experimental

and control groups that emerge due to the formative influence.

As a result of the repeated psychodiagnostic study we obtained the following results.

1. According to the results of re-diagnosis of adolescents' hardiness in the experimental group, 70% (11 people) had an average level of hardiness and 30% (5 people) had a high level of hardiness.

In the control group, the level of hardiness changed insignificantly: 90% (14 people) had a low level of hardiness and 10% (2 people) had a medium level of hardiness (Figure 3).

More detailed comparison of the results of hardiness diagnostics is presented in Table 1

Thus, we can state a statistically significant increase in hardiness in the experimental group compared to the control group, which in turn indicates the effectiveness of the programme we have developed, the main goal and objective of which is to increase the level of hardiness.

When re-diagnosing the level of depression, the following results were obtained. In the experimental group according to the results of repeated diagnostics 44% (7 people) had mild depression and 56% (9 people) were diagnosed with satisfactory emotional state.

In the control group, 78% (12 people) had mild depression, 11% (2 people) had moderate depression and 11% (2 people) were diagnosed with a satisfactory emotional state (Figure 4).

More detailed comparison of the results of diagnostics of the depressive state is presented in Table 2.

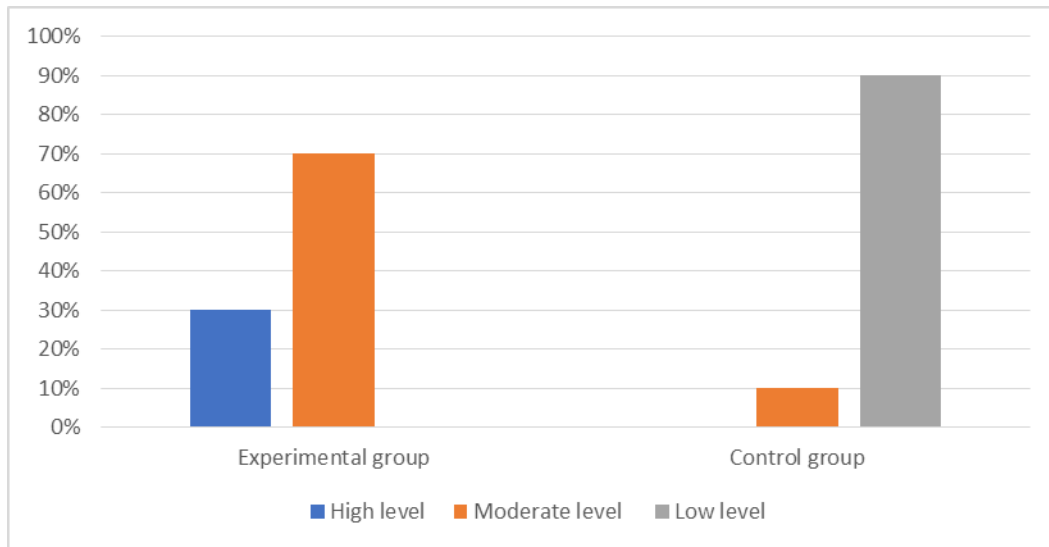


Figure 3 – Parameters of the technique «Hardiness Test» in the experimental and control groups after the formative influence

Table 1 – Statistical differences in the parameter of hardiness between the experimental and control groups after the formative impact, according to Student’s t-criterion (significant differences are highlighted in bold)

Parameters	Average exp.group	Average contr.group	t-value	p
Commitment	25,96	23,96	1,30	0,20
Control	20,42	12,32	2,39	0,02
Challenge	11,96	7,9	3,47	0,00
Hardiness	57,33	37,65	2,46	0,02

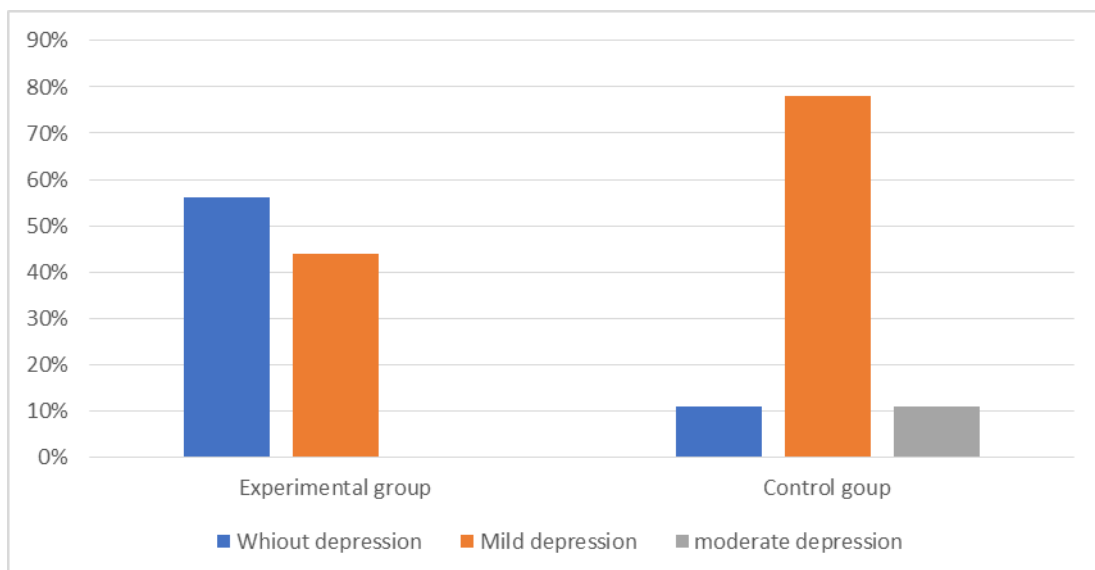


Figure 4 – Parameters of the methodology «Depression scale» in the experimental and control groups after the forming influence

Table 2 – Statistical differences in the parameter of depression between the experimental and control group after the formative influence, according to Student's t-criterion

Parameter	Average exp.group	Average contr.group	t-value	p
Depression level (Beck)	2,85	5,63	-2.94	0,01

Thus, we can state a statistically significant decrease in the level of depression in the experimental group compared to the control group. This confirms our assumption that hardiness is a key resource of personality that helps to maintain emotional balance and supports mental health.

Conclusion

Considering the results obtained, we can conclude that the use of the psychotherapeutic (psychocorrectional) programme we developed contributes to the improvement of adolescents' hardiness. It is also important to note that the programme contributes to a certain reduction in the level of depression in adolescents.

Nevertheless, we see that in the control group there are also some changes. But given that

statistically significant differences we note only in the results of the experimental group, we can speak about the effectiveness of methods of catatim-imaginative psychotherapy to increase the level of hardiness of adolescents.

The increase in the level of adolescents' hardiness after the formative influence confirms our hypothesis that the use of methods of catatim-imaginative psychotherapy contributes to the increase in the level of adolescents' hardiness.

It should also be noted that the developed psychocorrectional programme is organically woven into the educational system of the school and class, as it is individual in nature. Therefore, the use of methods of catatim-imaginative psychotherapy can be recommended for use by psychologists of educational institutions (schools and colleges).

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Авторлар туралы мәлімет:

Султанов Артур Бахчанович – педагогика және психология кафедрасының аға оқытушысы, Батыс Қазақстан инновациялық-технологиялық университеті, Орал, Қазақстан, e-mail: artursultanov@hotmail.com;

Давыдова Наталья Петровна – педагогика және психология кафедрасының аға оқытушысы, Батыс Қазақстан инновациялық-технологиялық университеті, Орал, Қазақстан, e-mail: natalya_kosh@mail.ru

Information about authors:

Sultanov Artur – senior lecturer at the Department of Pedagogy and Psychology, West Kazakhstan Innovation and Technology University, Oral, Kazakhstan, e-mail: artursultanov@hotmail.com;

Davydova Natalya – senior lecturer at the Department of Pedagogy and Psychology, West Kazakhstan Innovation and Technology University, Oral, Kazakhstan, e-mail: natalya_kosh@mail.ru

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