

phraseology at the initial stages of a reontogenesis of the speech. This refers to the anglo-form standard "subject-predicate-addition" (perhaps with introduction of the verb "eat"): "I am Mischa", "What are these slippers for?", "What do I hold in a hand?".

Based on V.V. Lebedinsky's concept concerning ontogenetic levels of regulation of a basal affective tone ("field behavior", the level of "stereotypes", "affective expansion", "social control") and understanding the primary and compensatory nature of the corresponding option of autonomous behavior which quickly enough becomes hyper compensatory, and then conditionally pathological, we formulated the following principles of correction of a stereotyped behavior. 1 - Not to fight against manifestations of field, stereotypical, expansive or archaic and social activity, and to harmonize them. It can be reached updating of "idle" levels of regulation of basal affectivity and a gradual building up of their phylo-ontogenetic hierarchy (because the passive humanist is so defective, as the ruthless soldier). 2 - To enrich each level due to a variety of its sensomotor manifestations, connection and simultaneous involvement of different sense organs and types of a physical activity (for example, the art-therapeutic round dance includes a dancing, vocal and social and behavioral stereotype of musical and scenic action). 3 - To be connected to the emasculated activity shown by the child and "to humanize" it due to saturation (aimless wandering, stereotypic swaying, senseless destruction, etc.) social-game contents ("driving the car", "a performance of the trained bear", "transformation of shreds of the broken-off paper during snowfall or a salute", etc.). 4 - To gradually expand a circle of people, participating in the self-regulating behavior (the musical and rhythmic duet, the trio, the quartet, etc.). In the context of the ABA-therapy complemented by the equipment of "emotional seasonings" and "maternal hypnosis" (according to B. Z Drapkin) receptions of the "vital scenarios" (for example, type situations, unexpected for the autistic, - "the empty refrigerator", "burned porridge", "mother twisted a leg") leading initially to extrapsychic, and then intrapsychic changes according to a postulate "being determines consciousness".

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## **PERSPECTIVE MODEL OF FUNCTIONING ORGANIZATION IN ADOLESCENT PSYCHIATRIC HOSPITAL**

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The high prevalence and steady growth of mental pathology and behavioral disorders in adolescence, their high social dependence and significance, as well as clinical and phenomenological singularity determine the relevance of special organizational forms of treatment and rehabilitation and correctional and pedagogical work of relevant institutions development. The last ones should obviously differ from the practice of traditional departments, specialized on children and adults, and focus on the specific ontogenetic patterns of puberty. The purpose of this study was to search for general age-related patterns of occurrence, design and dynamics of mental disorders in adolescents and develop the principles and practical models for organizing specialized psychiatric hospitals on this basis. The conceptual basis of the work presented was ethological and socio-biological research in the field of psychiatry. They have established that due to the abolition of the public-state initiation - "dedication" institutions specific to traditional cultures and having their prototypes in the behavior of many higher animals, the younger generation lost an effective tool for regulating the social and psychological maturation of the individual. Such blocking of phylo- and ontogenetically determined need for initiation manifests itself in unconsciously guided aggressive and asocial behavior of elementary adolescent groups and / or mental disorders typologically similar to key experiences during initiation. Social psychologists have found that at least 5% of those involved in subcultural practices need social rehabilitation with the help of a psychologist or psychiatrist.

We conducted a comparative clinical-psychopathological, anamnestic, socio-psychological study of more than 1000 adolescents of both sexes with suicidal and non-suicidal self-damaging behavior, chemical and non-chemical (including computer) addiction, eating disorders, "metaphysical intoxication", syndrome of sex rejection, pathocharacterological (according to A.E. Lichko) reactions of opposition to adults, emancipation, grouping with peers, hobby-reactions, reactions associated with the emerging sexual desire and other "teenage" pathology. The results of the analysis showed that regardless of the nosological representation of the main disease (primary dyshomentogenetic, endogenous, exogenous-organic, psychogenic,

somatogenic, mixed), its front behavioral manifestations fully and mainly correspond to the main points-modules of the spontaneously realized instinctive-social initiation program. Modules of adolescent initiation include: "separation" from an adult society; merging with a peer group and submission to its internal laws; aggressive raids from their own territory to adults (from destructive-marking vandalism in electric trains to demonstratively cynical sex in the subway); symbolic rituals of "death in the old status and rebirth in the new one"; "Immersion in mental chaos and merging with the sacred image"; "Worship is exaltation"; "Being in an altered state of consciousness"; "Acquaintance with magical knowledge"; "Accomplishment of public exploits"; "A demonstration of their physical and moral endurance"; "Marking of the body by coloring, damage and self-harm"; "The unification of clothing, hairstyles, demeanor, slang"; "The test of hunger, isolation and silence"; "Social oath-swear", etc.

Even without being the cause of teenager's decompensation, the frustration of the need for initiation is a very pathogenic factor causing his social disadaptation. The restriction of the separation organizational structures of devoted adolescents by law enforcement and colonial institutions (in Russia there are no institutions such as Shaolin schools popular in China, and health, labor and military sports camps are not designed for a long stay), paradoxically makes a mental hospital the only place where a teenager can survive the period of crisis in his life with minimal losses for society and complications for himself. Accordingly, the adolescent hospital should build its work in conformity with the socio-biological and traditional cultural initiation mechanisms. We propose the following organizational design of its operation. The entire period of the adolescent boy's stay in the hospital should be structured according to the principles of emotional stress psychotherapy (according to V.E. Rozhnov) and resemble the "course of a young fighter" in the army, the passage of which ends with the oath taking, which means entering into a new social and personal status. The absolute prolongation of the intermediate period between separation and reaggregation is possible due to the vacations regime, partial hospitalization, semi-stationary, and the relative - due to the intensification of rehabilitation measures, intra- and extrapsychic psychotherapy saturation of each hour of stay in the department, therapeutic pedagogy, correctional-psychological and socializing work. In fact, there is a dual scenario of traditional initiation: a) rituals of separation from the general environment (hospitalization); b) rituals of inclusion in the sacred environment (meeting and living together with other neophyte patients); c) the intermediate period (the time of active therapy in the hospital); d) rituals of separation from the local sacral environment (transfer to the mode of partial hospitalization, the eight-day cycle of intensively-expressive psychotherapy in the child-parent group); e) rituals of reintegration into the general environment (the final psychotherapeutic session dedicated to the day of discharge from the hospital). Systemic overcoming of a sustainable pathological condition (according to N.P. Bekhtereva) is possible due to separation from the negative influence of the reference group, computer dependence interruption of games and virtual communication, temporary "truce" and restriction of contacts with parents (analogue of a break with "mother-child" past). Instead, they introduce themselves to spiritual values (acquaintance with famous namesakes, the meaning of their own name, a course of cognitive characterology and sociology, bibliotherapy, vocational guidance, economic and sexual education), the development and improvement of direct communication skills. Group and individual art therapy creates the conditions for the negative emotions response, for self-knowledge and creative self-realization. Sports and occupational therapy should focus on the development of volitional qualities, and a system of prohibitions (taboos), regime restrictions (silence regime, ascetic diet), fines and rewards, overcome excessive ambition, make life attitudes more realistic and promote internal changes. The return of a teenager to his home in a new, transformed status must be preceded by corresponding changes in the house itself and in its inhabitants relations (the transformation of the individual territory of the child and the joint creation of a "family coat of arms"). The optimal completion of the "threshold" initiation stage is the eight-day cycle of family-group intensively-expressive psychotherapy (INTEX), conducted for adolescents preparing for discharge (preferably, in a mixed sex group) and their parents. A ceremonial session of inclusion or restoration (reaggregation) with trials in the form of performing psychological and physical "feats" that completes the entire period of hospitalization and initiation should replace the practice of routine individual discharge from the hospital and be built in the form of a general holiday for teenagers, including all the main elements of the ritual.