ADOLESCENT PSYCHOHYGIENE: THE CONCEPT OF VIOLENCE, PSYCHOLOGICAL STRESS, CONFLICTS, AND THEIR SOCIO-PSYCHOLOGICAL INTERPRETATION

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Abstract. *This article provides comprehensive and detailed information regarding the concepts of adolescent psychohygiene and violence. It initialy offers psychological insights into key factors for achieving mental health in children, specifically the role of parental relationships in family and child upbringing, as well as the impact and significance of the social environment and peers on adolescent psychohygiene. Furthermore, it thoroughly examines the psychological and physiological changes that occur during adolescence.*

Keywords: *psychohygiene, violence, adolescence, adolescent behavior, education and upbringing, social environment, healthy lifestyle, complex biological changes, mental health, complex psychological changes in adolescents.*

Today, it is a well-known fact that a healthy lifestyle is the key to preserving, strengthening human health, and achieving longevity. Above all, every individual must take responsibility for their own health. By doing so, we ensure a peaceful and prosperous life while preventing numerous severe diseases. Protecting and promoting adolescent health, as well as addressing their psychohygiene, stands as one of the most pressing contemporary issues.

Adolescent psychohygiene is structured taking into account the unique characteristics of the child's psyche, allowing for their harmonious development. During childhood, there is a consistent development and increasing complexity of emotional receptivity. The growing significance of impressions—a role that undoubtedly persists throughout one's entire life—is particularly evident up to the age of 12–14. During this period, children primarily live through impressions derived directly from real-world objects and events, which form the primary foundation for the shaping of their intellectual activity. It is well known that in their play, children often replicate situations from adult life (e.g., "Dad came home intoxicated and upset mom,"

etc.). Therefore, the psychological environment in which a child is raised plays a vital role.

In contrast, from the age of 12–14, adolescents formulate their judgments and conclusions not only on the basis of direct impressions of reality, but also through the integration of images resulting from direct impressions with conceptual representations stored in memory. Based on the subjective manipulation of such mental representations, reflection—the ability to perceive one's own cognitive activity—emerges, serving as an essential prerequisite for personality development. This, in particular, distinguishes the adolescent psyche from that of a child.

Certain difficulties encountered in the education and upbringing of adolescent students stem from a lack of sufficient knowledge, or at times the disregard, of the psychological development and characteristics specific to this age group. Compared to younger pupils and older secondary students, raising children during adolescence presents significantly more challenges. Thus, to identify appropriate new methods and tools for educating adolescents, it is necessary to thoroughly understand the distinct features of their physical and psychological development. The substantive characteristics of adolescence evolve over time, as human living conditions—specifically social environments—undergo continuous change.

Proponents of biological factors in psychological development attach paramount importance to puberty, which places a heavy and sometimes overwhelming burden on the adolescent consciousness, plunging them into severe psychological crises and emotional turmoil. This process induces characteristic traits such as protest, rudeness, stubbornness, a propensity for self-analysis, and an inclination toward subjective inner experiences. New sensations, thoughts, inclinations, and emotional experiences arising from sexual maturation dominate the adolescent's consciousness and dictate their behavior. Consequently, the psychological profile of adolescents is viewed primarily as the product of a purely biological factor.

Psychologists, however, maintain that age-specific psychological characteristics are not merely the outcome of isolated biological maturation and development. Instead, they stem from changes in a child's social living conditions and activities, as well as the emergence of new social factors. Furthermore, adolescent development cannot be regarded solely as the product of specific living conditions and activity, nor as the result of structured school education and upbringing alone; in other words, the broader role of social conditions cannot be reduced merely to immediate living environments and daily activities. From the foregoing, it can be concluded that adolescent age and its characteristics do not possess absolute significance. Accordingly, adolescence lacks strictly fixed, absolute boundaries or definitive traits, revealing notable variability. These differences can be explained by the influence of concrete social factors as well

as varying conditions of education and upbringing. Thus, it is possible to delineate the primary direction and key characteristics of a child's development during adolescence.

Adolescence also possesses distinct physical and psychological characteristics. According to Pavlov's doctrine, the organism constitutes an integral system in which all tissues, organs, and physiological processes are intrinsically interconnected. Within this unified whole, however, the nervous system and its highest segment—the cerebral cortex, which, in the words of I. P. Pavlov, regulates all events occurring within the organism—play the primary leading role. During adolescence, the higher levels of the nervous system undergo qualitative development and transition toward greater internal structural complexity.

It is well known that adolescents experience psychological crises. At times, the onset of psychological/mental disturbances becomes evident in adolescent children. A number of studies have been conducted regarding the adolescent crisis and the transformations occurring during this developmental period; in particular, we examine the research conducted by Z. T. Nishanova.

It has been known to medicine since antiquity that various health states exist, reflecting the continuum between two extreme poles: health and illness. Thus, Galen distinguished three interrelated states: health, the transitional state, and illness. Avicenna (Abu Ali Ibn Sina), on the other hand, identified six states, classifying four of them into varying degrees of health and two into illness. From the perspective of modern adaptation theory, the sequential states of human health ranging from norm to pathology are categorized as follows: satisfactory adaptation, incomplete or partial adaptation, short-term or unstable adaptation, unsatisfactory adaptation, and finally, breakdown of adaptation mechanisms (R. M. Baevsky). Conditions closely approaching clinically manifest diseases are generally referred to as "pre-disease" (subclinical state). Furthermore, there is no single, unified interpretation of the concept of "pre-disease." Some authors include non-specific changes in the organism's reactivity within this concept (S. M. Pavlenko), others regard it as a prodromal period (V. P. Petlenko), while a third group attributes it to the breakdown of adaptation mechanisms (R. M. Baevsky, S. B. Semichov). Various physiological and even microphysiological mechanisms underlie pre-disease states; however, an exceptionally high degree of susceptibility in the organism toward the onset of a particular disease serves as their common outcome.

According to the criteria governing the organism's transition from complete health to a state of illness, the risk of developing the latter increases under the influence of various internal and external adverse factors. Consequently, the risk of disease onset is determined by two groups of factors: the initial health status of the individual and

various forms of internal and external pathogenic or conditionally pathogenic influences.

The concept of reactivity, as it turns out, is also interpreted in varying ways. One such definition is provided by the scholar V. P. Petlenko: it is a specific form of reflection characteristic of all levels of living matter that ensures the individual adaptive capacities of organisms. The neuro-psychic level of reactivity represents the most highly organized, complex, and dynamic level.

Based on the above, disease risk factors are divided into two primary groups. The first-order risk factor group encompasses various states of altered reactivity that deviate from the statistical average, detected either consistently or incidentally under high-load or stressful conditions. The second-order risk factor group includes pathogenic and conditionally pathogenic environmental influences (both current and anamnesic), as well as hereditary predispositions that are not manifested in shifts or specific changes in individual reactivity (considering its health and neuro-psychic criteria).

In the field of psychopathology, Z. T. Nishanova, in her research, classifies two groups of altered neuro-psychic reactivity states into first-order risk factors: those associated with dysontogenesis that lack pronounced clinical forms, and those resulting from pathogenic or conditionally pathogenic environmental impacts (infection, trauma, intoxication, psychic trauma, severe emotional strain) which nevertheless manifest in specific clinical forms. The first group of factors is primarily significant for children and partially significant for adolescents. It combines psychological traits associated with partial retardation (V. V. Kovalev, H. Stutte)—such as delays in spatial perception and fine psychomotor development, immaturity and incomplete differentiation of higher emotions—as well as various dysfunctions of emerging personality traits within the framework of personality accentuations (K. Leonhard) or character accentuations (A. E. Lichko). The second group of factors includes, on the one hand, organically altered cerebral reactivity stemming from initial organic brain damage of various etiologies (peri- and postnatal, affecting internal systems)—collectively termed organic cerebral insufficiency (V. V. Kovalev)—caused by factors such as visceral hypoxia, maternal-fetal immune incompatibility, gestosis/toxemia of pregnancy, congenital cranial trauma, early brain infections, and the like. On the other hand, it encompasses pre-neurotic (neurosis-like) and pre-psychopathic (psychopathy-like) types arising from postnatal exogenous harms (primarily in children over 1 year of age) of a biological and socio-psychological nature.

The term residual-organic cerebral insufficiency—used by Anglo-American authors and corresponding in part to the concept of minimal brain dysfunction—does not denote a specific clinical state or psychopathological syndrome; rather, we employ

it to define the characteristics of neuro-psychic reactivity in an organically altered brain. The outlined criteria of residual-organic cerebral insufficiency represent high-risk (i.e., pre-disease) factors for the onset of various neuro-psychic conditions, particularly exogenous forms of disease. At the same time, under the influence of exogenous-organic pathogenic factors (infections, trauma, intoxications), residual-organic cerebral insufficiency transitions relatively easily into clinically manifest diseased states, especially those of a residual-organic nature (such as residual-organic cerebrasthenic, neurosis-like, and psychopathy-like states, diencephalic syndromes, etc.).

It is clear that the listed conditions, serving as first-order risk factors, exert a direct impact on neuro-psychic reactivity, creating a relative risk for the emergence of mental disorders, and are frequently associated with pre-disease states.

Second-order risk factors for mental disorders include the biological impacts of pathogenic events documented in the child's medical history during the prenatal period (hypoxia, toxemia of pregnancy, maternal intoxication and infection, etc.), the perinatal period (congenital cranial trauma, birth asphyxia, use of vacuum extractors, Rh-factor immune incompatibilities), various postnatal craniocerebral injuries, cerebral and systemic infections and intoxications, as well as acute and chronic psychic trauma along with other pathogenic psychological influences (psychic overstrain, information overload, emotional and informational deprivation, etc.). In addition, familial/hereditary predisposition to mental disorders is also classified among second-order risk factors. All listed second-order risk factors possess potential or conditionally pathogenic significance not only for pre-disease states and other alterations in individual reactivity, but also for actual disease symptoms. However, until the influence of these factors becomes evident in explicit deviations of the organism's—specifically neuro-psychic—reactivity, they should be categorized as second-order risk factors. At the same time, children with a history of such factors exhibit not only subclinical changes in reactivity and pre-disease states, but also clinically manifest disorders of neuro-psychic development, i.e., pathological conditions. Thus, E. Eggers et al. note that 30% to 20% of children born from pregnancies complicated by toxemia associated with hemolytic disease of the newborn, or requiring the use of vacuum extractors during delivery, display deviations in intellectual development and personality formation.

On the other hand, manifestations of dysontogenesis and residual-organic cerebral insufficiency enhance the pathogenic significance of second-order risk factors. In particular, it is well established that birth asphyxia and craniocerebral trauma occur more frequently in newborns with existing prenatal developmental anomalies.

N. M. Zharikov demonstrated that in order to determine the extent to which epidemiological factors influence the occurrence of mental disorders, it is primarily necessary to isolate epidemiologically significant factors based on a rigorous scientific analysis of their correlations. In psychiatry, factors of epidemiological significance (both internal and external) are characterized by dynamics and discreteness with respect to both quality and quantity. Factor analysis helps determine whether a given factor is of first-order or second-order significance—that is, whether to accept or reject alternative assertions regarding its etiologic or pathogenic importance with a specified level of reliability (E. A. Grigorieva). In clinical works devoted to all borderline mental disorders, the psychotraumatizing effect of the environment is highlighted. In this context, it is not the objective pathogenicity of the factor that holds primary significance, but rather the individual's subjective attitude toward it or its psychological meaning. Undoubtedly, sensitization mechanisms (L. A. Orbeli) also play a major role in the etiology of borderline mental disorders, where both the summation of effects and a decrease in the threshold of excitatory sensitivity occur simultaneously as a result of repeatedly recurring pathogenic influences. In other words, general and individual reactivity undergo alteration.

Among environmental factors, considerable attention is paid to family dynamics and their role in the etiology of borderline mental disorders in children. The significance of the family structure is clear. Great emphasis is placed on the socio-psychological study of dysfunctional families exhibiting educational/parenting defects that foster the development of neuroses and behavioral disorders in children. The pathogenic impacts of parental divorce (particularly prolonged divorces) have been identified. Negative reactions in children emerge following parental divorce, becoming particularly pronounced after one year and in subsequent developmental stages (E. Seligman; Wallerstein). In the studied subjects, the authors failed to identify characterological and pathocharacterological reactions ("righteous indignation," longing, feelings of solitude and alienation, phobias, general behavioral disorders, somatovegetative disorders, etc.) in only a single child across the given cases. In recent years, works by American, Swiss, Hungarian, Polish, and other authors (H. Richter, S. Horvath, Wolmewiez–B. Grzelak, S. Sultans) have traced the role of upbringing defects (mistreatment and improper attitudes toward children) in the onset of neuroses during the child's subsequent ontogenesis. Russian researchers have attached specific importance to this factor (V. V. Kovalev). It was established that psychotraumatizing situations for a child also frequently occur in apparently complete and well-functioning families. At the core of these conflicts lie interpersonal dynamics between spouses and elderly family members, as well as psychological problems related to child upbringing.

Inconsistency, disorganization, and impatience in adults' educational actions frequently lead to pedagogical errors (L. G. Golubeva, A. I. Zakharova).

Another feature of upbringing, such as parental overprotectiveness (unfounded and inappropriate anxiety regarding the child's success), not only limits the development of independence in the child, but also leads to submission to authority that is not always beneficial. Furthermore, through the mechanism of induction, it artificially triggers nervousness, anxiety, and self-doubt in the child (inducing subclinical and pathological disorders, particularly in preschool-aged children, due to high emotional susceptibility and an age-related inclination toward suggestibility and imitation) (V. S. Manova-Tomova, A. I. Zakharova).

In domestic and foreign literature, considerable attention is devoted to the psychopathological issue of being an only child in the family. Since the 1920s and 1930s, authors from various countries have classified the developmental conditions of an only child as a pathological or high-risk factor, noting that psychiatric disorders frequently emerged among such children. Recent publications discuss the "only child syndrome" (J. de Ajuriaguerra), which is characterized by heightened affective excitability, autistic and egoistic tendencies, aggressiveness, and similar traits. In these children, the system of internal self-esteem and external interpersonal relations—namely the psychological "I"–"we"–"they" framework—is indisputably disrupted, serving as a foundation for the development of neurotic individualism. They develop a negative attitude toward natural childlike needs and collective forms of life, gradually forming a phenomenon of alienation accompanied by feelings of guilt, fear, and anxiety (A. I. Zakharova). Psychohygiene work with children must be implemented across all stages of their development—within the family, preschool educational institutions, and schools. A leading role in providing psychohygenic measures belongs to parents and educators, who must possess specific training. Extracurricular psychohygiene efforts should be aimed at mitigating adverse influences.

Translation:

Over the past decade, efforts have been made at the state level to enhance the training of pedagogical personnel in the field of psychohygiene and, accordingly, to implement necessary psychohygenic requirements in schools and other educational institutions. The physical and mental health of children represents a highly multifaceted problem. All prospects for socio-economic development, elevated living standards, science, and culture are intrinsically linked to the entry of future generations into working life.

Regrettably, at present, the health status of children—particularly those of school age—continues to deteriorate sharply. The causes of this phenomenon encompass diverse factors associated with the educational process, the child's lifestyle,

environmental conditions, and other elements. Safeguarding the mental health of both adults and children—a primary task of psychohygiene—must begin long before the child's birth. In this context, medical-genetic counseling, the identification of diseases associated with hereditary predisposition, preliminary sanitation of the expectant mother's organism, determination of her somatic and psychological state, and detection of chronic organ and system diseases hold critical significance. Furthermore, it is essential to eliminate the consumption of alcohol, drugs, and toxic substances, as well as to exclude various stressful conditions, the emergence of concepts of violence, traumatic factors, and diseases of psychogenic structure.

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