

the various categories of LGBT (gay, lesbian, asexual, panseksualy) met mainly girls in 16 (22.2%) cases and only in 2 (2.8%) boys. Video game addiction was observed in 8 (11.1%) cases, and only in males. Furthermore, it should be noted that several adolescents - 7 (9.7%) have already been mentioned attachment disorders in childhood, resulting disadvantage, and in some cases even emotional deprivation in incomplete families (mother or grandmother), and in families with non-biological parent (usually a stepfather), especially in those cases when a second child is completely shifted the entire vector of attention (as a favorite and share the child). We have seen that the family adolescents in the study were 68 (94.4%) disturbed parent-child relationship, regardless of family structure (complete, incomplete, guardianship). Pathological parenting style, especially on the part of the mother, distorted psycho-physiological development of the child, which in turn leads to further not only the appearance of psychosomatic disorders, but also easier assimilation of the various forms of addictive behavior. Among the most common forms of self-aggression (in addition to completed suicides) among minors had different skin self-harm: self-cutting arms, thighs, abdomen (including deep, caused in large vessels) - 17 (23.6%); piercing tattoo in 11 (15.3%), burns - 2 (2.8%). Manifestations of risk behavior in the form of roofing, visits an abandoned elevated degree of danger buildings was noted in 22 (30.6%). Committing fatal suicidal acts is the state of intoxication, but in the presence of external acute traumatic situation was observed in 21 (29.2%). 30 (41.7%) persons have committed suicide, after entering himself into a state of intoxication in order to facilitate the implementation of suicidal intentions. 7 (9.7%) have committed suicide intoxicated (drug or alcohol) in combination with drugs (phenobarbital, fluoxetine, No-spa). It should be noted that young people from a specified group of suicide victims have repeatedly expressed during the life of suicidal thoughts, but the suicide in this group was due not so much a suicidal intent, but as a result of reduced motor-vestibular control as a result of intoxication with psychoactive substances. In 14 (19.4%) of minors (on the testimony of other witnesses and relatives) while taking psychoactive substances (mainly alcohol) noted the deterioration of the mental state of a depressive component (think about death, we talked about his worthlessness, that "better and not to live at all") and the implementation of this background suicidal activity.

**Conclusion:** An increased incidence of conjugated addictive and suicidal behavior among minors necessitates further more in-depth study of these problems for the subsequent development of effective prevention strategies

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## CHARACTERISTIC FEATURES OF SEXUAL IDENTITY IN MEN AND WOMEN WITH GENDER DYSPHORIA IN SCHIZOTYPAL DISORDER

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Currently, there is an increased influx of patients with confused sexual identity (mainly adolescents and young adults) who intent to change their biological sex. The emergence of such disorders in adolescence and young adulthood inevitably leads to aggravation of the age-related crisis, and distortion of normal psychosexual development. These developmental peculiarities can, in turn, lead to rejection of the biological sex by the potentially reproductive part of the population. The practical relevance of this study is determined by the need for creating diagnostic programs that aim to identify persons with sexual identity disorders, and establish the nature of these disorders; as well as by the need to develop a technology of psychological assistance to patients with gender dysphoria.

Persons with gender dysphoria are characterized by a dissonance between their bodily experiences and the biological sex. They experience uncertainty concerning their gender identity, a desire to belong to the opposite sex, or a belief that they do indeed belong to it.

The concept of "gender identity" is widely used in describing characteristics of the psychosexual sphere: gender identity, the degree and nature of the gender role interiorization, gender-related behavior, personal self-conception. Gender self-awareness refers to the ability of identifying oneself as a representative of a certain sex, as well as regulating one's behavior in accordance with the moral and ethical requirements and attitudes adopted in society. However, the concept is not sufficiently developed, which also contributes to the relevance of this study. The study of gender identity in the three following aspects appears to be the most relevant: the cognitive aspect (the study of gender identity, ideas about gender roles, "self-images"), the semantic aspect (the study of the sense-making motives and implementation of behavior) and the emotional aspect (the study of the personal self-conception).

This study aims to identify the gender characteristics of sexual identity in young people with gender dysphoria in schizotypal disorder.

The data for this study was obtained from the patients who sought assistance in the department of sexology and therapy of sexual dysfunction of the Moscow Research Institute of Psychiatry in 2017-2019: 18 women and 15 men aged 16 to 24 years.

The anamnestic, clinical, psychological and sexological methods were used. The clinical-psychological research included the clinical-and-psychological interview, the standard pathopsychological examination, supplemented with a self-esteem test by Dembo-Rubinstein with auxiliary scales, the K. Machover "human figure" method (1984), as well as the following tests: "Coding", "The Myth" (masculinity and femininity modified by N. V. Dvoryanchikova (1998), "CTR" (color test of relationships).

When comparing the male and female patient groups - young people with gender dysphoria in schizotypal disorder - some significant differences were found in the characteristics of sexual identity, alongside the general similarities.

In the group of women with sexual dysphoria in schizotypic disorder the following characteristics were revealed: nondifferentiated gender identity (90%), lack of emotional identification with the images of either men or women, an expressed cognitive differentiation of gender role representations (75%), and masculinity of gender-role behavior (70%) in the absence of emotional and semantic interiorization of the male sexual role (hyperrole). This group is also characterized by a negative attitude to self (90 %), which causes a major discrepancy between the images of "the real me" and "the ideal me". In the 80% of the cases the participants displayed a "rejection" of their own physicality (the rejection of secondary sexual characteristics was more pronounced in this group, than in the male group). It was often combined with a depressive tendency in the overall emotional state, delusional ideas of dysmorphic nature and sensitive ideas of reference. Sexual partnership is characterized by poor gender differentiation, low sexual activity and neutral emotional coloring (70%).

In the group of men with gender dysphoria in schizotypal disorder we revealed the following characteristics: femininity of gender identity and gender-role behavior (93%), hyperfemininity in relation to women; lack of cognitive, emotional or semantic interiorization of gender roles (87%), lack of emotional identification with the images of either men or women (73%), and homosexual tendencies at the cognitive level. The negative attitude to oneself prevails (60%), however, the images of "the real me" and "the ideal me" are rather coordinated. The "rejection" of one's physicality is less pronounced (67%) than in the female group. Nondifferentiation in sexual preference is also characteristic of this group. The attitude to sexual relations is ambivalent (more often so than in the female group), the sexual activity (bisexual) and adaptation are low (80%).

The internal disharmony and contrierty of sexual identity in both groups are caused by a complex disharmony of puberty, the "rejection" of their physicality, lack of emotional identification with either the image of man or the image of woman, a negative attitude to self, homosexual orientation of desire at the cognitive level, lack of emotional, semantic, or (in the group of men) cognitive interiorization of gender roles. Low sexual activity (especially in the male group) and neutral attitude to sex in most cases lead to devaluation and refusal of sexual contacts.

The difficulties of identification with a certain gender in the group of patients with sexual dysphoria in schizotypal disorder are apparently associated with disturbances in the emotional and cognitive spheres, as well as the regulation processes, which forms multifaceted clinical and psychological syndromes. However, testing this hypothesis requires further research.

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## THE FEATURES OF PRE-MANIFEST STATES IN PATIENTS WITH ACUTE SHORT-TERM PSYCHOTIC DISORDERS

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**Background:** The diagnostic category of acute and transient psychotic disorders (ATPD, F23, the International Classification of Mental and Behavioural Disorders, the 10<sup>th</sup> revision, 1994) is represented by different nosological forms and includes both schizophrenia spectrum disorders and psychoses of other etiologies (affective and reactive). Non-psychotic disorders and brief subclinical psychotic episodes often precede the manifestation of schizophrenia and are overlooked by psychiatrists. Recognition of these states in time is necessary for early diagnosis of schizophrenia.