

**PECULIARITIES OF THE STUDY
OF PSYCHOLOGICAL CHARACTERISTICS OF CHILDREN
WITH MENTAL DEPRIVATION**

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INTRODUCTION

Socio-economic transformations of Ukrainian society are accompanied by the deterioration of family life, which is manifested in the constant increase in the number of orphans and minors deprived of parental care. Orphanage creates unfavorable conditions for the child's personal development, leads to the emergence of various mental and physical deviations in it, which in aggregate complicates its adaptation to the social environment. Today, the issue of the personal development of a child who has broken family ties and grew up in deprived conditions has become very acute. The problem of preparation for the independent life of children left without parental care and brought up in residential institutions remains relevant: the living conditions of this category of children really hinder their physical, mental, personal and social development.

The current state of Ukrainian society, characterized by political and social instability, radical socio-cultural changes, has a negative impact on the functioning of the family as an important social and educational institution. The economic deprivation inherent in the majority of Ukrainian families deforms historically established marriage ties, causes the emergence of fundamentally new problems that lead to the "separation" of a child from their parents, a catastrophic increase in the number of orphans and children left without parental care registered in Ukraine today, about 7% are biological orphans, the rest are children who became orphans with living parents due to deprivation of the last parental rights, stay in places of deprivation of liberty or forced treatment. Nearly 900 newborns are social orphans every year. The rejection of them by mothers in maternity hospitals has already occurred during the first days of life.

The UN Convention on the Rights of the Child, recognizing the priority of the child's interests in society, emphasizing the inadmissibility of discrimination against him on any grounds or grounds, proclaiming the right of every child to family upbringing and parental care, at the same time notes that the state must ensure appropriate care for the child if parents do not fulfil this duty.

In Ukraine, there is a state system of social and educational institutes, the purpose of which is to provide optimal living conditions for orphans and children deprived of parental care, depending on their age and state of health. The scientific literature examines the peculiarities of mental development and

the formation of a child's personality in deprived upbringing conditions from different angles. The variety of ideas and theoretical concepts of this problem leads to the complication of the generalization of theoretical and empirical data, is an obstacle to the integration of psychological knowledge. During a full-scale war in Ukraine, the corresponding problem is given special significance, as family deprivation is always a great tragedy. Hostilities on Ukraine's territory resulted in the loss of thousands of children's parents. More than 700 Ukrainian children have been forcibly taken to Russia since the start of the full-scale invasion. Nowadays, a number of social programs and projects are being developed to stop this trend and maintain the mental health of children. Deprived children remain one of the most socially neglected and least psychologically protected communities in our country, and the orphanage environment accumulates the most complex problems of psychological and social formation of the personality of men and women.

Thus, taking into account the importance of the mentioned problem, namely the psychological study of the peculiarities of the development of young children, it can be stated that this topic is relevant, since the period of childhood is extremely important in the life of every person, as it lays the program for further life.

1. Peculiarities of manifestation of mental deprivation in childhood

The process of continuous interaction in 'man-man' and 'man-environment' dyads is the foundation of human development. The likelihood of threats to their development and safety of life is greatly increased if a person's various connections and relationships are violated or incomplete. The development of irreversibility, orientation, and regularity is at risk in childhood.

In the conditions of the destruction of the child's relations with the surrounding world, there are no opportunities to satisfy innate and significant needs for his mental development in positive interaction, which determines the development of mental deprivation, which is characterized by the specific development of a personality that is not always ready for full-fledged life activities. The analysis of various knowledge on mental deprivation reveals inconsistencies, divergence of views, and judgments regarding the origin and manifestations of mental deprivation¹.

Based on the etymology of the word "deprivation" (translated from English, "deprivation" means the loss of something, limitation or deprivation), it is legitimate to talk about deprivations as limiting opportunities to satisfy needs as a result of losing contact with the object of their satisfaction². Along with the concept of "deprivation", there are other concepts such as

¹ Vizniuk Y.M. Psychological features of self-acceptance and social identity of deprived teenagers: theoretical and empirical aspect. *Проблеми сучасної психології*. 2018. 40. 50-61.

² Дмитріюк Н. Теоретичний аналіз феномену психічної депривації особистості дитини у психологічній науці. *Психогенеза особистості: вікові та педагогічні модифікації: монографія* Луцьк, 2014. 92-109.

"separation", "privation", "hospitalism". It must be said that these concepts are not synonymous.

The term "separation" was introduced by J. Bowlby³. Separation is the termination of the already formed emotional ties between the child and its micro-society, for example, between the child and the mother or another substitute for her face. Interruption of ties in the first three to five years of a child's life affects his mental development. Privation is such life situations in which a child is deprived of certain influences from birth, as a result of which significant needs do not arise. Therefore, separation and deprivation are unfavorable situations that differ in the time and duration of the disruption of the child's connections with the environment. From the standpoint of the certainty of development, separation and deprivation are causes, and deprivation is their consequence. The term "hospitalism" is used in relation to children under 1.5 years of age and reflects a painful mental state, which manifests itself in a progressive decrease in the coefficient of development to the level of malaise and death⁴. In domestic psychology, hospitalism is considered "a deep mental and physical retardation that occurs in the first years of a child's life as a result of a lack of communication and upbringing. The signs of hospitalism are: delayed development of movements, especially walking, a sharp lag in language acquisition, emotional impoverishment, senseless movements of an obsessive nature, as well as accompanying mental defects, low anthropometric indicators.

If the term "deprivation" is appropriate to use in the context of the analysis of developmental conditions, then the term "mental deprivation" is used to define the child's mental state, which was formed in unfavourable conditions. In such a construct, the concept of "mental deprivation" is used to assess the manifestations in development, their role in the structure of the emerging personality, and to determine effective ways of supporting and rehabilitating a deprived child⁵.

In connection with the complexity of the pathogenesis, the variety of manifestations and the course, mental deprivation should be considered as a group of different etiology and pathogenesis of mental states, which are united by common features:

- a) they have a socio-cultural nature of origin;
- b) are characterized by specific manifestations and course.

Thus, mental deprivation is a mental state that manifests itself in immaturity and (or) distortion of personal development and

³ Bowlby J., et al. Maternal care and mental health; II. Deprivation of maternal care. Schocken Books. 1966.

⁴ Meersand P., Gilmore K.J., Play Therapy. A Psychodynamic Primer for the Treatment of Young Children. Arlington: The American Psychiatric Association Publishing, 2018. 484 p.

⁵ Ainsworth M.D. Reversible and Irreversible Effects of Maternal Deprivation on Intellectual Development. In: Harvey O.J. (eds) Experience Structure & Adaptability. Springer, Berlin, Heidelberg. 1966. P. 97–159.

psychophysiological activity of the body, as a result of long-term dissatisfaction with basic needs and, above all, the need to belong to the natural biosocial environment in childhood⁶. The state's dynamism is determined by the change in its internal content. Mental deprivation manifests itself externally in various ways, and it is most evident in behavior, which is characterized by a wide range of signs of social and psychological maladjustment.

Mental deprivation has a diverse pathogenesis that affects the processes of assessment and modeling of the environment, organization of mental activity, and components of the emotional sphere.

From symptomatic positions, depending on the specifics of deprived development, determined by time and the completeness of the interruption of the child's connections and relations with significant adults (full or partial interruption), it is necessary to distinguish two levels of mental deprivation – general and partial.

General mental deprivation (complete deprivation according to J. Bowlby's terminology)⁷ is formed in the conditions of development of children of an orphanage, deprived from birth or from early childhood (up to three years) of the opportunity to interact with loved ones and have no contact with relatives. In these cases, the specificity of mental development is characterized by a gross disproportion of all aspects of the child's development.

Partial mental deprivation (partial deprivation according to J. Bowlby's terminology) is characteristic of children of orphanages who have the opportunity to spend some time in the family or with people close to them, and children and adolescents from antisocial families. Partial mental deprivation can be characterized by weak disharmony of personal and general mental development. Such disharmony is characteristic of children and adolescents from dysfunctional families, as well as those who, being brought up in a family, have impoverished relations with relatives (hidden deprivation).

If we talk about the manifestations of mental deprivation, it should be noted that the manifestations are diverse and cover a wide range of personal changes: from capriciousness and loudness, which fit into the picture of the mental norm, to profound violations of psychophysical development. In this regard, as well as for practical purposes from the standpoint of the

⁶ Бевз Г., Дорошенко О. Вплив деприваційних чинників на психічний розвиток дитини. Проблеми загальної та педагогічної психології: Зб. наук. праць Ін-ту психології ім. Г. С. Костюка АПН України. Київ, Україна: ГНОЗІС, Т. V, ч. 5, с. 25–34, 2003.

⁷ Bowlby J., et al. Maternal care and mental health; II. Deprivation of maternal care. Schocken Books. 1966.

symptomatic approach, it is necessary to differentiate the mental state depending on the degree of severity of negative manifestations⁸.

Moderate, medium and severe degrees of manifestation of mental deprivation are distinguished. A moderate degree is manifested in the instability of the emotional, volitional and motivational spheres; average – in neuropsychological and somatic disorders, in reduced intellectual development; a severe degree is expressed in a serious lack of mental development bordering on mental retardation.

As opportunities to meet the child's social needs are blocked, the state of mental deprivation develops gradually. Mental deprivation, despite its specificity and complexity, is not unchanging and permanent, and when creating optimal conditions for life and activity around the child, its negative manifestations can be smoothed out.

Maternal mental deprivation. The concept of "maternal deprivation" is multifaceted and covers a variety of phenomena (lack of maternal love, care, etc.), but above all – raising a child in isolation from the mother. The specificity of the development of many pupils of inclusive resource institutions, which consists in delays, as well as in serious disorders of mental development and distortions of personal development, is linked to maternal deprivation. Maternal mental deprivation is a result of maternal deprivation, lack of care, and love⁹. Different areas of personality are affected by the diverse manifestations of maternal mental deprivation. The main manifestations are as follows: a decrease in basic trust in the world; lack of self-awareness; infantilism with little ability to establish normal relationships with other people and deformation of arbitrary forms of behavior. For the first time, the idea of a negative impact on the child's development of early violations in the relationship with the mother, deprivation conditions of upbringing was substantiated in the theory of object relations, the authors of which are scientists of the British psychoanalytic school¹⁰. The central concept of this theory – the concept of an object – includes all significant elements of the child's environment, the main one of which is the mother or a figure that replaces her. The sources of a child's normal mental development are determined by the establishment of favorable relationships, the experience of early relationships with adults (up to the age of 3), which the child then transfers to the internal plan. The process of the emergence of stable and

⁸ Вінс, В. А. Психологічні особливості переживання вікової кризи підлітками школи-інтернату для дітей-сиріт та дітей, позбавлених батьківського піклування: автореф. дис. на здоб. наук. ступ. канд. психол. наук: 19.00.07 – педагогічна та вікова психологія. Нац. пед. ун-т ім. М. П. Драгоманова. К., 2003. 20 с.

⁹ Ainsworth M.D. Reversible and Irreversible Effects of Maternal Deprivation on Intellectual Development. In: Harvey O.J. (eds) Experience Structure & Adaptability. Springer, Berlin, Heidelberg. 1966. P. 97–159.

¹⁰ Healing the Unaffirmed: Recognizing Emotional Deprivation / C.W. Baars et al. N.Y. : Alba House; Revised, Updated edition, 2020. 221 p.

integrated images of oneself and other people is quite complex and directly depends on maternal patience, the ability to find a balance between autonomy and closeness, which is necessary for a child at every stage of its development. Violations of relations in the mother-child dyad become an important factor in the formation of personality disorders, which are characterized by instability in interaction with others, poor emotional control, impulsivity, and a tendency to aggressive outbursts. D.V. Winnikott believes that long-term separation from the mother during early childhood (up to 4 years) directly affects the development of a personality disorder in a child¹¹.

Another researcher in this direction, M. Mahler, also defines the special role of the relationship with the mother in the process of mental development of the child and for the first time draws attention to mutual adaptation, mutual agreement of the child and the mother, processes aimed at connecting two personalities into one system: the child and the mother, who mediates all the child's relationships with the material and social world. Understanding the development of an individual as the ability to be close to an object and independent from it (the process of separation – individualization), the scientist singled out the stages of development of object relations: autism, symbiosis, the stage of separation-individuation¹². At the 'symbiotic stage', a primary matrix of undifferentiated relations is gradually formed, which becomes the basis for the processes of differentiation of the self in the following stages. During separation-individuation, the child begins to realize his independence and creates an internal representation of himself that differs from the mother's representation. This enables the child to operate independently of their mother while also seeking pleasant interpersonal interaction with her. The process of individualization involves the creation of a child's unique identity and perception of their own individual characteristics¹³. At the same time, the relationship with the mother figure, her love and care support the child's efforts to achieve separation and individualization, contribute to the differentiation of the perceptual, affective and cognitive spheres of the child's experience, the formation of his identity. M. Mahler sees the development of an individual as the ability to be close to an object and dependent on it. The initial stages of development must have a sufficient degree of permanence for this phenomenon to occur.

The destructive development of self-awareness is caused by maternal mental deprivation, which is evident in the emotional and personal sphere and deviant behavior. Thus, a deprived child has a negative attitude towards his

¹¹ Abdulla F., Kasese-Hara M. Care worker perspectives on the socio-emotional adjustment of orphans in residential homes. *Vulnerable Children and Youth Studies*. 2020. № 15(1). P. 77–84.

¹² Гошовський Я. Ресоціалізація депривованої особистості: [монографія]. Дрогобич: Коло, 2008. 480 с.

¹³ Брецко І.І. Психоемоційне вигорання підлітків в умовах сімейної депривації : монографія. Мукачеве : МДУ, 2016. 293 с.

"self-image", does not know how to adequately evaluate himself – his qualities, capabilities, actions, deeds, which later lead to interpersonal and intrapersonal conflicts. Long-term and severe deprivation, which began in childhood and lasts for approximately three years, usually results in severe consequences for intellectual and personal development, and is not easy to correct¹⁴.

Disorders in the development of deprived children in child psychiatry are syndromes of reactive attachment disorder of childhood (F94.1) and attachment disorders of the disinhibited type (F94.2) and refer to disorders of social functioning as a result of negative environmental influences and the lack of favorable conditions for normal development child. Clinical psychopathological syndromes of behavioral and emotional disorders, which usually start in childhood and adolescence, include these disorders. Thus, it can be concluded that children who are brought up in a situation of maternal deprivation (outside the family) are deprived of conditions for healthy development, mastery of an integral system of moral values and ideals, cultural traditions of society. Socializing deprived children is significantly guided by educators, pedagogues, orphanages, and mass communication media¹⁵.

In conditions of deprivation, it is difficult to determine the position and role in the system of social relations, and most children appear to be susceptible to the negative effects of the environment and unadapted to changing life situations – socially maladapted in society. It should be pointed out that mental development is not fatally affected by maternal deprivation. A certain balance of mental "distortion" and compensation for mental deprivation can be achieved during the adolescent and later age stages under favorable living conditions¹⁶.

Emotional mental deprivation. The positive emotional connection of a child with biological parents or persons who replace them is the most important thing for full-fledged mental development, along with other conditions. In conditions of deprivation, deep emotional connections are not formed, and as a result, children do not master the means of overcoming negative emotions and the formation of positive forms of knowledge of reality and behavior. Mistrust of the world, low activity, difficulties in establishing

¹⁴ Максименко О. Г. Особливості функціонування механізмів психологічного захисту особистості в умовах родинної депривації : автореф. дис. на здобуття наук. ступеня канд. психол. наук : спец. 19.00.01 «Загальна психологія, історія психології». Одеса, 2008. 20 с.

¹⁵ Гошовський Я. Ресоціалізація депривованої особистості: [монографія]. Дрогобич: Коло, 2008. 480 с.

¹⁶ Дмитрюк Н. С. Ефект батьківської депривації як негативний чинник психічного розвитку дітей раннього віку. Збірник наукових праць РДГУ. Рівне : РДГУ. 2016. 63–67.

contact with the social world, emotional disturbances, and affective behavioral disorders are characteristics of them¹⁷.

Signs of emotional mental deprivation: decrease in communicative and cognitive activity, deficiency in the motivational sphere, emotional and personal disorders, affective disorders. Emotional mental deprivation can be manifested through personality disorders and deviant behavior. Situational characterological and pathocharacterological reactions that lead to pathocharacterological personality development are characteristic of children¹⁸.

Under unfavorable living conditions (hypopia, neglect, family alcoholism, drug addiction, violence and cruelty towards children) an affectively excitable, inhibitory and unstable type of pathological personality development can be formed. The lack of emotional relationships is most characteristic of children who are brought up in closed children's institutions. It can be said that in the children's home, there is no full-fledged emotional and personal communication in the first half of life, and in the second half, the timely formation of the need for cooperation with an adult and, as a result, subject-manipulative activity is delayed. Monotonous, unemotional manipulation of objects is present¹⁹. The need for communication in children from a children's home is more apparent than in children living in a family. Communication, on the other hand, flows more sluggishly, the revitalization complex is weakly expressed, arises with difficulty, its composition includes less diverse manifestations, it fades faster when the adult's activity disappears. The development of situational-personal communication is causing a delay in the appearance of subject-manipulative activity and situational-business communication.

Sensory and cognitive mental deprivation. It has been established for a long time that human development is more harmonious when there is constant communication with the external objective world. The need for new impressions is one of the leading factors in the infant's mental development, and in the third to fifth week of life it is the basis for the formation of the need for communication with loved ones. If for some reason there are obstacles to interaction with the environment, then a person suffers from a lack of incentives. Isolation of a person from the surrounding world has a different degree of severity: from extreme to partial²⁰. The extreme degree is found in

¹⁷ Healing the Unaffirmed: Recognizing Emotional Deprivation / C.W. Baars et al. N.Y. : Alba House; Revised, Updated edition, 2020. 221 p.

¹⁸ Rogol A.D. Emotional Deprivation in Children; Growth Faltering and Reversible Hypopituitarism. *Frontiers in endocrinology*. 2020. № 11. P. 1664–2392.

¹⁹ Psychotherapy with Severely Deprived Children (Psychology Revivals) / Edited by M. Boston, R. Szur. N.Y. : Routledge, 1st edition, 2014. 144 p.

²⁰ Бевз Г., Дорошенко О. Вплив деприваційних чинників на психічний розвиток дитини. Проблеми загальної та педагогічної психології: Зб. наук. праць Ін-ту психології ім. Г. С. Костюка АПН України. Київ. Україна: ГНОЗІС, Т. V, ч. 5, с. 25–34, 2003.

nature in so-called "wolf" and "wild" children. Signs of sensory and cognitive mental deprivation: disorganization of the development of mental processes, delay in the formation of orientation-exploratory behavior, reduction of cognitive interests, difficulties in understanding and predicting events, violation of behavioral regulation, dysontogenetic development²¹. In a situation of sensory deprivation, the mental state is characterized by the disharmony of its sensory and cognitive components of behavior.

Social mental deprivation. Social mental deprivation is isolation from the social environment. Social deprivation, just like sensory deprivation, can be either partial or complete. Partial deprivation consists in the narrowing of the social field of communication as a result of the family living in a remote area (forced, voluntary-forced isolation) or its closure from the surrounding world (voluntary isolation). The term complete deprivation refers to living conditions where a person is alone for a long time (extreme isolation) and has no contact with the outside world. The manifestations and consequences of social deprivation (isolation) are varied and largely determined by a person's age and the duration of their isolation. Early isolation is the cause of the most difficult changes in human psychology. Signs of social mental deprivation: decrease in communicative activity, difficulties in interacting with the surrounding people and in joint activities, violation of the process of social and professional self-determination²².

A decrease in the child's communicative activity is a common sign of social and mental deprivation. The desire to communicate with other people is diminished in children of different ages who are deprived. Disorganization, dishonesty, and changeability are common signs of deprivation in teenagers, which can indicate insufficient independence and self-control in activities. As a result of little experience or a narrow field of social behavior, deprived teenagers show low levels of abilities in learning the results of behavior, non-verbal development, language expression and the ability to recognize the structure of interpersonal relationships. Deprived teenagers have difficulty understanding and predicting people's behavior, which complicates relationships and decreases the possibility of adaptation in society. Overcoming the consequences of social and mental deprivation is a difficult task. In adult life, the main consequences of social and mental deprivation can manifest in social and psychological maladjustment in various spheres of life and activity.

Somatic mental deprivation. Mental deprivation can take the form of somatic disorders, since perinatal disorders, the lack of opportunities to fully satisfy primary biological and social needs, as well as a psycho-traumatic

²¹ Шишко О. Депривація як чинник формування віктимності у дітей-сиріт. Психологія особистості. 2011. № 1. С. 275-281.

²² Дмитріюк Н. Теоретичний аналіз феномену психічної депривації особистості дитини у психологічній науці. Психогенеза особистості: вікові та педагогічні модифікації: монографія Луцьк, 2014. 92-109.

developmental situation lead to health disorders – psychophysical weakness or serious disorders in the functioning of organs and systems²³.

Signs of somatic mental deprivation: somatic weakening, physical infantilism, delayed mental development of somatogenic origin; chronic diseases. Thus, deprived children have low functional reserve capabilities, which indicates a pronounced deterioration of the body's condition and a high probability of failure of adaptation in adverse living conditions.

Signs of deprived development are manifested in:

1. In slowing down and disorganization of mental development, reduction of cognitive interests and communicative and cognitive activity, difficulties in understanding and predicting events, insufficient intellectual development.

2. In the deformation of self-awareness, personal "distortions" and a decrease in basic trust in the world, insufficient formation of arbitrary forms of behavior.

3. In the reduction of communicative activity and difficulties in establishing contacts with the wider society, violation of the process of social and professional self-determination.

4. In the unevenness and weakening of the process of psychophysical development, a decrease in the functional activity of the body due to insufficient formation of the adaptation mechanism.

5. In somatic weakening, infantilism and chronic diseases.

6. In reducing the tolerant potential of the child as a component of its adaptation mechanism²⁴.

Pure forms of mental deprivation practically do not occur, we can talk about the dominant influence of certain mechanisms of deprived development, which determines the prevalence of certain signs, the totality of which determines the leading profile of the mental state – sensory, cognitive, maternal and other variants of mental deprivation.

2. Empirical study of psychological features of the manifestation of deprivation in children

The empirical study was conducted on the basis of the Melitopol Center for Social and Psychological Rehabilitation of Children (2021 – early 2022). 20 children participated in the study, including 1 orphan child who lost both parents due to their death, and 19 children who were left without parental care (17 boys and 3 girls). The average age of the children was 13.7 years.

All children had the conclusions of a neurologist and an inclusive resource center. According to these data, cerebral organic or multiple etiology was found in the examined children. In addition to mental retardation, most

²³ Rogol A.D. Emotional Deprivation in Children; Growth Faltering and Reversible Hypopituitarism. *Frontiers in endocrinology*. 2020. № 11. P. 1664–2392.

²⁴ Healing the Unaffirmed: Recognizing Emotional Deprivation / C.W. Baars et al. N.Y. : Alba House; Revised, Updated edition, 2020. 221 p.

children have general underdevelopment of speech, dysgraphia, behavioral abnormalities, and 2 children with mild mental retardation. In the neurological status of 17 children, scattered organic microsymptoms were noted.

Several methods were employed to study deprived teenagers, including observation, conversation, qualitative analysis, and quantitative analysis. Psychological testing and the survey method were the primary methods. The main criterion for selecting methods was the adequacy of the reflection of personality characteristics of deprived teenagers. The reliability and validity of the results is ensured by the adequacy of the chosen methods of the subject and the research task, mutual verification of the obtained results using different methods, unity of quantitative and qualitative analysis of the obtained experimental data. Psychodiagnostic unit:

1. Map of D. Stott's observations.

2. Patho-characteristic diagnostic questionnaire (PDO) A.E. Lychko

3. Methodology of tendency to addictive, aggressive, delinquent behavior (A.N. Orel).

4. Methodology of self-assessment of anxiety diagnosis by Ch.D. Spielberger, Yu.L. Khanina.

The research results were conducted qualitatively and quantitatively.

As a result of the observation, inflated indicators were found for the following parameters (Fig. 1):

– mistrust of people, things, situations; teenagers are very anxious to be disciplined, tend to lie a lot; greet educators, pedagogues and er. adults, when they pay attention; want to be noticed.

– hostility towards adults, mood swings; may express anger or suspicion in response to greetings.

– antisociality, selfishness; do homework when forced by educators; show indifference to teachers' questions; take other people's things without permission; disinterest in the approval or disapproval of adults.

– hostility towards children; conflict, offend other children; interfere with other children in games, laugh at them, like to scare them.

– emotional tension; infantilism in speech and games; comes from separate lessons.

– mental retardation.

Maladaptation in behavior was manifested in the following syndromes:

– mistrust of new people – the child does not approach the tutor or teacher on his own initiative; too shy; easily becomes "nervous", cries, blushes if she is asked a question; easily removed from active participation in the game; speaks indistinctly, mumbles, especially when greeted.

– hostility towards adults, maladjustment was manifested in aggressiveness (shouts, threats, use of force), in damage to public property; vulgarity; negative attitude to comments; lies without any reason and without difficulty; in the theft of money, sweets, valuable objects; disobedience, poor discipline.

– hostility towards children: the child's maladjustment manifests itself in harassment of weaker children; other children, as a rule, do not like or even do not tolerate such a child; the child is mainly in bad relations with other children; hides or destroys objects belonging to other children; is fighting.

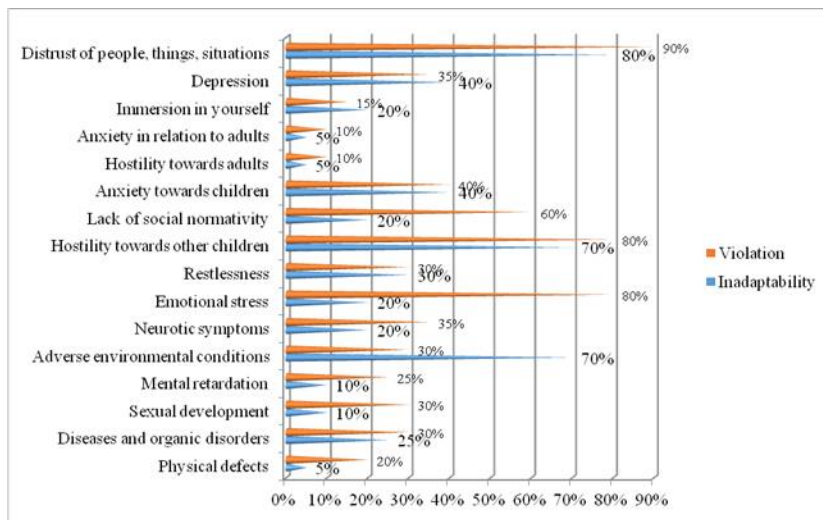


Fig. 1. The results of the study of deprived teenagers according to D. Scott's observation map

Thus, it can be concluded that the majority of orphans and children left without parental care had behavioral disorders in antisocial, hostile attitudes toward children and adults, mistrust, emotional stress, and cognitive disorders, in connection with which they showed maladaptation to the environment.

According to the results of the PDO A.E. The face was revealed (Fig. 2):

20% – labile type. The main feature is the extreme variability of mood and general emotional state, for no apparent reason. They treat peers positively, try to help others. Teenagers of this type need support, are sensitive.

15% – cycloid type. This type of accentuation is manifested cyclically, when the hyperthymic phase is replaced by depressive manifestations – from plus to minus. Each phase has its own "weaknesses". Teenagers of the cycloid type are irritable, prone to apathy. Prefer to spend time at home than among peers. They react painfully to comments, often suffer from prolonged depression.

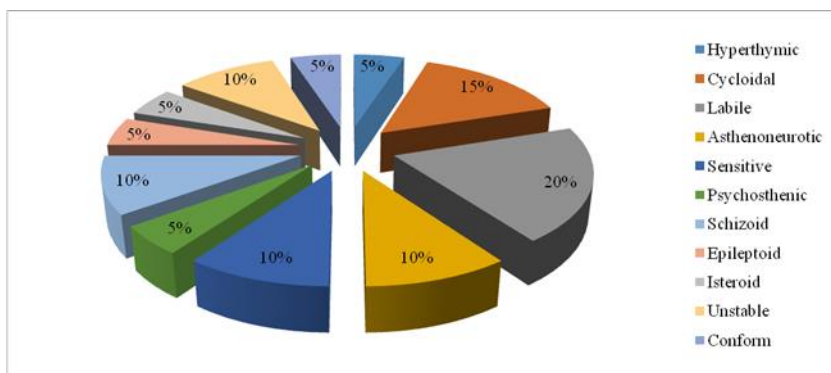


Fig. 2. The results of the examination of adolescents according to the diagnostic questionnaire (PDO) by A.E. Lychko

10% – asthenoneurotic type. Adolescents with this type of accentuation are susceptible to hypochondria, which is characterized by exaggerated worries about possible diseases, increased fatigue and irritability, which is particularly manifested during excessive mental stress. Feeling drowsy and broken often without any reason. When others are under the hot hand, irritation can be very strong, but it changes dramatically with remorse and even tears. When one's well-being and mood are good, they manifest confidently and optimistically, which is related to the manifestation of hypochondria.

10% – sensitive type. Their characteristics include anxiety, timidity, isolation, and closure. It is difficult for them to relax in a noisy company and to find a common language with a person they do not know, however, in a close environment it is a discovery and sociable teenagers. Obeying is their trait and they frequently make friends with older individuals. It's important to be responsible and have high moral standards. Teenagers of this type are shy and avoid communicating with strangers.

10% – schizoid type. This type of accentuation can be characterized by the lack of "internal unity". This is indicated by a combination of features: coldness and sensitivity, closedness and talkativeness, inactivity and purposefulness, attachment and apathy, the depth of the inner world and the superficiality of its manifestation. The type is considered to have a low need for communication and isolation from others, which are the most striking features. These traits are greatly exacerbated and become noticeable during adolescence. The feeling of coldness is caused by a low capacity for intuition and empathy. The contradiction of these teenagers is manifested in the fact that they will open up to a stranger sooner than they will be frank with close people, because communication with peers brings discomfort, they are often friends with adults. Their personal experiences are kept hidden with care.

10% – unstable type. The interest in educational activities, professions, and the future is extremely weak among teenagers with unstable accentuation. At the same time, they have a love for entertainment and a lifestyle that is permissive. They live in the real world, do not make plans for the future, and do not strive for achievement. The inability to follow socially acceptable forms of behavior is a sign of lazy instability. The labile type is similar to the speed of nervous process flow.

5% – Epileptoid type. A striking feature of this type is dysphoria – a spiteful-angry state in which anger and aggression accumulate, and after some time are thrown out in the form of prolonged outbursts of anger. Characteristic inertia is present in all aspects, including life values, emotional sphere, and movements. These traits are often manifested in strong jealousy, often without a foundation. They are not fond of empty dreams and prefer to live in reality rather than indulge in illusions. Epileptoid accentuation is a social adaptation that is one of the most challenging.

These teenagers are cruel – there are many instances of them torturing animals or abusing younger people. In early childhood, children who are whiny and capricious need a lot of attention. The regime activity conditions are comfortable for them and they know how to please the management.

5% – steroid type. demonstrative, self-centered, needs the attention of others, plays to the public. The hysteroid type adores praise and admiration for itself, so in the company of peers it often becomes the leader – however, it is rarely a leader in a professional environment. Such teenagers perceive hatred and negative opinions about their personality much better than a neutral attitude and even indifference. They have a strong inclination to remain unnoticed. Suggestiveness is crucial, but it won't exist if the suggestion doesn't emphasize dignity and admiration.

5% – hyperthymic type. Excessively active, restless. Constant communication is necessary for him because he has many friends. It's difficult to bring up, undisciplined, superficial, and prone to conflicts with teachers and adults. My goal is to maintain a good mood and avoid being scared of change most of the time. He/she displays a significant amount of vital energy and optimism in stressful situations. Overestimating one's capabilities can be a result of high vitality. Being unpicky with acquaintances can result in negative consequences such as antisocial behavior and the formation of bad habits.

5% – psychosthenic type. Indecisive, afraid to take responsibility. Self-critical. Prone to introspection, keeps records of his/her victories and defeats, evaluates the behavior of others. He/she is more mentally developed than his/her peers. He has a tendency to take impulsive actions without thinking about the consequences. The tendency to obsessive states is one of the most significant characteristics of this type of accentuation. Various fears and phobias form from childhood. Formalism and pedantry are also exhibited. The confidence generated by this behavior is the belief that if everything is planned in advance, nothing bad will happen.

5% – conformal type (K). such a teenager does not like to stand out from the crowd, he/she follows his peers in everything. Conservative. Prone to betrayal, as he/she finds an opportunity to justify his behavior. The method of "survival" in the team is adaptation to authorities. Any job is suitable for such teenagers, as long as it is not related to the need to take the initiative.

Thus, it can be concluded that the majority of orphans and children left without parental care are extremely changeable in their moods, sensitively feel the attitude of those around them, have a hard time bearing loss or rejection by significant persons, quite pronounced infantilism is often observed.

Table 1

Results of examination of adolescents according to the method of tendency to addictive, aggressive, delinquent behavior (O.M. Orel)

Scales	Test norm	Tolerance	Value (average)	Expressiveness
Scale of installation on socially desirable responses	2.27	2.06	5.45	high
Scale of propensity to overcome norms and rules	7.73	2.88	6.71	test norm
Additive Behavior Propensity Scale	9.23	4.59	8.6	test norm
A scale of propensity for self-harm and self-destructive behavior	10.36	3.41	13.2	test norm
Aggression and violence propensity scale	12.47	4.23	14.2	test norm
Scale of volitional control of emotional reactions	8.04	3.29	9.1	test norm
The scale of propensity to delinquent behavior	7.17	4.05	13.6	high
The scale of acceptance of the female social role	7.17	4.05	8.6	test norm

According to the diagnosis, the Scale of propensity for delinquent behavior showed high results, which indicates the tendency of teenagers to engage in delinquent behavior. The scale reveals the potential of the delinquent, which can only be realized in a teenager's life under certain circumstances. The Scale's high scores indicate a high readiness to engage in delinquent behavior.

Thus, high indicators on the scale of attitude to socially desirable responses indicate high vigilance of the subjects in relation to the psychodiagnostic situation and questionable reliability of the results on the main scales. It was also noted that younger teenagers (14 years and younger) are not able to provide socially desirable answers for a long time.

According to the results of determining the level of anxiety, it was found that most subjects can be classified as highly anxious, tend to perceive a threat to their self-esteem and life in a wide range of situations and react with a very pronounced state of anxiety. They need to shift the emphasis from external demandingness, categoricalness, high importance in setting tasks to a meaningful understanding of activities and concrete planning.

On the basis of the obtained results, the following problem areas were identified in deprived teenagers – this is the impoverishment of the cognitive sphere; emotional disorders in the form of various deprivation states, as well as deep and persistent distortions of the formation of emotions (impaired emotional response, inability to empathize, etc., etc.); volitional disorders, from reduced activity to pronounced passivity, weakness and depletion of motivational motives; communicative disorders.

CONCLUSIONS

Mental deprivation is a mental state that arose as a result of such life situations, where the subject is not given the opportunity to satisfy some of his basic (vital) mental needs sufficiently and for a long enough time.

The reasons for mental derivation are: emotional immaturity and deviation of character, mental retardation, retardation and defects of sense organs in parents, unwanted children, neurotic and mental disorders of the mother.

Psychological studies of the level and features of intellectual development of children raised outside the family show that the level of development of attention and memory does not have significant deviations from the average statistical norm. The main reasons for the decline in intellectual and social development of deprived children are environmental influences, pedagogical neglect, not hereditary factors, anatomical and physiological disorders of the central nervous system. The lack of high-quality, meaningful communication with adults is one of the reasons why children are not influenced adequately.

The distinction between problematic adolescents and those with certain manifestations of maladjustment in society is often made, especially among children who grew up outside their family. Early mental deprivation, unfavorable conditions of a child in a disintegrated family, hereditary burden in their totality become the factors that condition the formation of the personality of orphans and children left without parental care. Studies have observed pronounced disorders in the emotional sphere, in addition to frequent violations in intellectual development. In general, their origin is the early deprivation of one of the fundamental human needs of love, acceptance, and respect. The effects of blocking it are varied and, in general, have a negative impact on a person's personal development. These teenagers are characterized by their impaired emotional experiences, inability to subtly distinguish their emotions, and inability to recognize other people's emotions.

Among the many problems that require the fastest possible solution, the problem of rehabilitation of deprived teenagers was at the forefront. The most

important are: a) the organization of educational and educational space in accordance with the characteristics of the psychophysical development of children and adolescents; b) the formation of a multivariate educational process that will facilitate the selection of an educational program adequate to the capabilities of the adolescent body; c) creation of a system of social and psychological support for children's development at all stages of ontogenesis; d) preserving and increasing the health of children and adolescents.

Modern psychological rehabilitation of deprived children should be aimed at activating the process of development, increasing the level of health, and enabling them to adapt to the environment. Negative emotional and personal manifestations, deformation of value orientations, and a decrease in intellectual development are characteristics of the personal development of deprived adolescents. It has been proven that there are virtually no healthy children among adolescents who are in residential institutions. Considering deprived development in the main psychological syndromes (underdevelopment, asynchronous development, and damaged development) is desirable. One of the conditions for optimizing the life potential of deprived teenagers is their rehabilitation through personal growth, psychophysiological capabilities, preservation of mental health, compensation and correction of violations in the process of their development.

The development and health-improving space requires the organization of a rational environment that consists of psychological, correctional, social-developmental, and health-improving units. The health-preserving approach, which is based on the concept of preserving and increasing health, determines the route of rehabilitation of orphans, the main vectors of which are diagnostic, rehabilitation and corrective measures.

SUMMARY

The scientific study is focused on analyzing the specific effects of mental deprivation on the mental health and well-being of children. The analysis of the scientific literature showed that the idea that the violation of the specific bond between the mother and the baby causes numerous deviations in the child, such as anxiety, basic anxiety, basic mistrust of the world, etc., first arose within the framework of the theory of object relations. The study of the influence of such deviations on the subsequent formation of personality in children deprived of parental care led to the emergence of the theory of interpersonal relations, the theory of attachment and the theory of deprivation, which are in the continuum of development and rather complement each other. The following general provisions are common: deprivation of parental, primary maternal care, love, negative early experience of emotional relationships with significant relatives contribute to the appearance of various deviations in the child's mental and personal development. The empirical study examined the peculiarities of the manifestation of mental disorders in children who were found to be in conditions of mental deprivation. It was

revealed that the majority of children who were left without parental care had behavioral disorders in antisocial, hostile attitudes towards children and adults, mistrust, emotional tension and cognitive disorders, due to which they showed maladaptation to the environment. Loss or rejection from significant persons can be difficult for children who suffer from mental deprivation. A pronounced infantilism and tendency to antisocial behavior are frequently observed.

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