

UDC 159.92
DOI: 10.52534/msu-pp1.2025.91

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Psychological characteristics of various types of mental deprivation in individuals with prolonged stays in residential institutions

Article's History:

Received: 13.10.2024
Revised: 22.02.2025
Accepted: 26.03.2025

Suggested Citation:

Hryhoriev, O. (2025). Psychological characteristics of various types of mental deprivation in individuals with prolonged stays in residential institutions. *Scientific Bulletin of Mukachevo State University. Series "Pedagogy and Psychology"*, 11(1), 91-103. doi: 10.52534/msu-pp1.2025.91.

Abstract. In the context of the state's strategy for deinstitutionalisation, the issue of deprivation related conditions in closed residential institutions – conditions that hinder rather than foster personal development and socialisation – remains critical and requires thorough analysis, recommendations, and alternatives. This article aimed to examine the deprivation experienced by individuals who have been in residential institutions for an extended period. The application of scientific methods such as analysis, synthesis, comparison, abstraction, and generalisation has enabled an exploration of the specific features of this phenomenon within the broader issue of prolonged institutionalisation in specialised social care facilities. The study also considered the conceptualisation of deprivation within the framework of human sciences. It has been established that deprivation arises when vital needs remain unmet over an extended period, exerting a negative impact on personality development at various levels of the organisation and across multiple domains of life. It hindered adaptive tendencies in individuals facing adverse living conditions. The study revealed that temporality is a crucial structural component of self-awareness in individuals in residential institutions. The relationship between deprivation and adaptation processes was described. It was noted that deprivation can manifest both as a process and as a consequence of prolonged unmet fundamental needs within institutional settings. The findings may serve as a foundation for developing a systemic approach to strategies aimed at integrating residential institution inhabitants into society. Additionally, they can be applied by psychologists, social workers, and other institutional staff to foster independent living skills and enhance quality of life

Keywords: deprivation; isolation; fundamental personal needs; personal adjustment; personal maladjustment

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INTRODUCTION

The study of personal deprivation within the context of social care institutions is highly relevant due to its significant impact on an individual's emotional and psychological state, cognitive development, and adaptive capabilities. Research in this area contributes to the development of effective psychological support and prevention methods to mitigate the negative consequences of deprivation. This is crucial for improving the quality of life for people living in such institutions. Within the Ukrainian system of residential institutions, the study of deprivation is particularly pressing. It requires careful analysis of the specific living conditions experienced by children and adults who suffer from a lack of social interaction, emotional support, and

the development of autonomy. This analysis is essential for developing alternative approaches to organising the lives of residents in these types of facilities.

Furthermore, mental deprivation, especially during childhood and adolescence, is a significant phenomenon that directly influences personality formation, adaptive abilities, and social behaviour. This becomes particularly significant within the context of the deprivation environment inherent in the residential institution system, which has a long history in Ukraine and is being brought to the forefront by structural changes in the educational and social spheres. Research on deprivation in psychology has been conducted by numerous scholars. Notably, I. Bretsko (2018) and



O. Sasovska (2021) laid the groundwork for the theoretical and psychological understanding of social deprivation. Their research demonstrated the impact of early separation from parents or caregivers on a child's emotional development. Contemporary studies on deprivation focus on deepening knowledge about sensory and cognitive deprivation. For example, N. Smith *et al.* (2018) advanced understanding of the effects of sensory deprivation on cognitive processes. O. Sidorenko & L. Hryshchenko (2023) investigated the impact of cognitive deprivation on student learning, and Y.M. Vizniuk (2018) explored the specific features of self-perception and social identity in deprived adolescents.

Significantly less research focuses on deprivation within social care institutions due to their remote locations, limited accessibility, and isolated nature. These institutions – namely, children's homes, children's residential homes, shelters for children, orphanages, general education boarding schools for orphans and children deprived of parental care, social rehabilitation centres for children with disabilities, social and psychological rehabilitation centres for children, psychiatric and neurological residential schools, geriatric care homes, and residential care homes for elderly adults and individuals with disabilities – are recognised as places of detention. This means they are locations that individuals cannot leave of their own volition or are unable to exercise that volition due to physical or material constraints. This circumstance prevents free public access to such institutions, thereby impeding scientific research. Existing studies on personal deprivation in institutional settings predominantly focus on children and adolescents in children's residential homes and general education boarding schools for orphans and children deprived of parental care. However, the range of individuals experiencing institutional deprivation is considerably broader, leaving many groups still under-researched in psychological studies.

Contemporary researchers, such as D. Goshovska *et al.* (2023), have dedicated considerable attention to studying deprivation and its impact on the ontogenesis and sociogenesis of children in closed social institutions. Their research emphasises that mental deprivation in these settings arises from restricted opportunities to satisfy basic needs: emotional, social, sensory, and cognitive. The researchers note that these children often experience emotional deficits due to a lack of personalised attention and care from adults, as well as social isolation, which causes difficulties in developing autonomy, forming self-esteem, and acquiring social skills. The authors also point to the long-term consequences of deprivation, including delayed mental development, low adaptability to social life, and an increased susceptibility to psychosocial problems in adulthood. They highlight the necessity of implementing individualised rehabilitation programmes that would promote the emotional and social development of children in social care institutions. The authors underscore the importance of creating a supportive environment that compensates for the deficit of basic needs and provides conditions for harmonious development.

N.V. Tsumareva (2021), in her research, extensively studied the emotional deprivation of young school-aged children raised in residential institutions and its impact on their development. She established that emotional deprivation in these settings is a systemic phenomenon that causes serious disturbances in the psychological, emotional, social, and behavioural domains. These disturbances include a reduced level of emotional resilience, a tendency towards anxiety and withdrawal, and difficulties in forming social connections. Consequently, the ability to adapt and integrate into society is diminished. The researcher also points to the slowing of physiological development in these children due to a lack of adequate stimulation and the underdevelopment of cognitive abilities. To address these issues, she developed a model of psychological support for foster families, which involves comprehensive work with children and their new caregivers. The problems of social deprivation in institutional settings have been addressed in the articles of H. Sand *et al.* (2024) and O. Sasovska (2021). These researchers emphasise the link between deprivation and a decline in cognitive activity, communication skills, and the development of antisocial behaviour. The research of H. Slozanska & N. Horishna (2021) highlights the negative impact of residential institutions on child development. These scholars stress that children's exposure to the depriving environment of large institutional settings leads to delays in psychological, cognitive, emotional, and social development. The authors identify key issues, including isolation from society, the development of an inferiority complex, low social maturity, and difficulties with integrating into society and forming families in the future.

While many studies have focused on the general aspects of deprivation, its psychological mechanisms, particularly within the depriving environment of Ukrainian residential institutions, remain under-researched. The complex socio-economic situation, which leads to an increase in the number of children and adults in these institutions, highlights the need for research into this phenomenon. The purpose of this article was to reveal the content of the various types of deprivation experienced by individuals who have prolonged stays in social care institutions.

MATERIALS AND METHODS

To achieve the aim, a combination of scientific-theoretical approaches and methods was employed. These methods ensured the exploration of the problem of diverse deprivation in social care institutions and its impact on personal development and adaptation. The comparative-genetic approach allowed for tracing the evolution of the study of the deprivation phenomenon. It also facilitated the identification and systematisation of contemporary theoretical approaches to defining deprivation, its essential characteristics, and contributing factors in Ukrainian and international scientific traditions. The structural-functional approach provided the opportunity to analyse the complex phenomenon of deprivation, considering its structural organisation and functional interrelationships.

The use of analysis and synthesis enabled the identification of key aspects of the depriving environment, such as social, emotional, sensory, and cognitive deprivation. Abstraction and generalisation methods contributed to the formation of a systematic view of the impact of diverse deprivation on individuals in conditions of prolonged stays in closed institutions. A theoretical analysis of scientific sources was conducted, which allowed for the development of a clear understanding of the concept of deprivation, its types, and consequences. The use of deduction allowed for examining the multifaceted phenomenon of deprivation from its abstract representation to the specific conditions in which the variability of its manifestations unfolds. The inductive method helped to generalise the role of deprivation in the development of individuals in social care institutions.

The choice of these methods was driven by the necessity to study the wide range of impacts of a depriving environment on both children and adults who experience prolonged isolation. The methods used allowed for the identification of critical aspects of deprivation, including

prolonged isolation, insufficient emotional contact, and a deficit of sensory enrichment. Through these methods, it became possible to construct a logical sequence between key concepts. Particular attention was paid to the impact of restrictive regimes and a lack of personalised attention on the development of children and adults. The primary materials consisted of contemporary international and Ukrainian scientific research on the phenomenon of deprivation, as well as observations of the living conditions of residents in social care institutions and the organisation of daily life within these facilities.

RESULTS AND DISCUSSION

The concept of “deprivation” is a complex interdisciplinary scientific category studied across various fields of knowledge, including Medicine, Biology, Philosophy, Psychology, Social work, Pedagogy, Law, and others. In each of these areas, deprivation acquires a specific meaning, reflecting its impact on particular aspects of human life and activity (Table 1).

Table 1. Interdisciplinary approach to the concept of “deprivation”

Field of study	Meaning of the concept of “deprivation”	Sources
Biology and Medicine	Deficiency of necessary conditions for physiological functioning (biogenic deprivation)	V. Kobylchenko & I. Omelchenko (2022)
Philosophy	Existential experience of insufficiency or loss of meaning	G. Huber (2002)
Legal sciences	Factors determining juvenile delinquency	D. Gurina (2015)
Sociology	Determinant and consequence of reform processes; failure of society to fulfil its functions in protecting and supporting the full existence of children	O.V. Brovko & M. Yatsiuk (2019)
Social work	Social exclusion or restricted access to basic resources, social needs, and contacts	A. Giddens (1991); Z. Bauman (2000); O. Krasnytska (2021)
Social pedagogy	Deprivation, limitations, insufficiency of conditions, material and spiritual resources necessary for the survival and development of children; limited opportunities for mastering an autonomous social role	I. Zvereva (2015); A.O. Polyanychko (2008)

Source: compiled by the author

In scientific tradition, the concept of deprivation is interpreted as a state in which an individual is deprived of the opportunity to satisfy their sensory, emotional, or cognitive needs. Deprivation is understood as a mental state that arises under the influence of complex existential conditions and is characterised by the limitation or absence of opportunities to satisfy basic life needs. Despite the lack of a unified perspective and definition of this concept in psychological science, it is undeniable that various interpretations are united by the context of deficit, deprivation, limitation, and dissatisfaction. Researchers from different scientific fields agree unanimously on the thesis that deprivation causes negative consequences for individuals at various levels of their organisation and in areas of their lives.

In psychological science, the concept of mental deprivation is frequently used. Numerous studies have highlighted the consequences of mental deprivation, which manifest in the form of deficiency and dysfunction of mental development (Langmeier & Matejcek, 1984; Bretsko, 2018). This phenomenon is primarily considered through its external

determination by social factors. Psychological science employs the concept of “mental deprivation”, which, on the one hand, refers to a mental state arising from the lack or dissatisfaction with vital mental needs, and on the other hand, to the situations and circumstances of an individual’s conditions and functioning (Kobylchenko & Omelchenko, 2022).

Scholarly sources indicate the particular vulnerability of the child’s psyche to the influence of deprivation (Polyanychko, 2008). The study of social deprivation began in the 19th century, with observations of deprivation phenomena in children deprived of parental care and placed in orphanages. The concepts of maternal deprivation and hospitalism were introduced into scientific discourse. A. Freud (1965) understands maternal deprivation as a lack of emotional bonds between mother and child. The concept of play deficit is also used to denote a state of dissatisfaction with a child’s basic need for play as the child’s primary activity. A. Freud interprets maternal deprivation through “separation anxiety”, which manifests as a child’s protest against separation from the mother. According to the researcher,

typical situations of maternal deprivation include residence in residential facilities for evacuated children during war-time, in hospitals without maternal presence, and peace-time, in orphanages and children's homes.

In the 20th century, the theory of relative deprivation was developed (Killian, 1984). According to this concept, aggressive behaviour and antisocial manifestations among young people are explained by both objective and subjective forms of deprivation, which include psychological and social factors. Subsequently, the concept of deprivation was studied concerning other areas of human activity due to historical events, scientific progress, social changes, and transformations in social institutions, within which humans were included. With the development of research technologies and methodologies, scientists gained more tools to observe the consequences of biogenic deprivation. An increasing number of social experiments were conducted. With the onset of societal crises, researchers began to analyse the consequences of unemployment (professional, material deprivation). The re-evaluation of the functioning of institutions that cared for disadvantaged children and adults raised the issue of the impact of a depriving environment on personal development. With the exploration of space, researchers were able to observe the processes that occur with isolated groups of people in depriving situations of prolonged stays on space stations in conditions of weightlessness. Various expeditions and extreme situations provided scientists with new knowledge about the mechanisms of diverse deprivation. This explains the variety of types of deprivation proposed by researchers.

The concepts of "frustration" and "isolation" are closely related to the term "deprivation" in terms of their psychological meaning. However, deprivation (i.e., a mental state caused by an individual's life in conditions of prolonged deprivation or significant limitation of opportunities to satisfy vital needs) is a more prolonged and persistent phenomenon than frustration. Isolation refers to a state in which an individual or group is separated from social contacts or sensory stimuli. This can be the result of external circumstances or an individual's conscious choice. Isolation can lead to limited social interaction and sensory perception, which, in turn, can affect the psychological and mental state of an individual. Thus, isolation can be one of the causes of deprivation, but not every instance of isolation leads to deprivation, and not every instance of deprivation is the result of isolation. In the context of examining the issue of individuals living in residential institutions within the social welfare system (children's homes, children's residential homes, geriatric care homes, psychiatric and neurological residential schools), the discussion encompasses both frustration of needs, isolation from the outside world, and various forms of deprivation.

It is important to note that deprivation can be viewed both as a process, during which the effects of depriving factors unfold over time and as a result, in the form of a specific state. Deprivation, as noted by D. Goshovska & Y. Goshovsky (2022), is both a cause and a consequence

of personal and socio-psychological maladjustment among inhabitants of residential institutions, directing an individual's psychological development towards dysontogenesis. The author also makes a very important point regarding the duration of deprivation. At the theoretical-empirical level, it was proven that the duration of deprivation negatively impacts personal development. The researcher notes that temporality is a powerful root cause of the basic constructs of an individual's self-awareness, and therefore, it can be argued that there is a relationship between the duration, time, and extent of an individual's deprivation and the success of their future personal development.

It is also important to clarify what is meant by the concept of a "depriving situation". A depriving situation is defined as living conditions in which the satisfaction of basic physiological and psychological needs becomes impossible. This can be caused by individual physical limitations or by the influence of a combination of extreme circumstances that hinder proper "sensory enrichment". In psychology, such circumstances are referred to as an "impoverished environment", which is characterised by a lack of stimuli necessary for the harmonious development and functioning of the psyche. Depriving living conditions create extreme situations for individuals, to which their psychophysiological organisation is not adapted.

In psychology, it is common to distinguish the following types of deprivation: motor (spatial, locomotor-kinesesthetic, psychomotor), sensory (stimulus), informational (cognitive, deprivation of meaning), social (identity), maternal, professional, temporal, sleep deprivation, and monotony. Generalising the multiplicity of types of deprivation, it is necessary to supplement this list with the following types: familial, sexual, gender, communicative, extreme, economic (material), nutritional, institutional, total-partial (limited), overt-latent, external-internal, permanent, temporal (time-related, early, late), experimental, institutional, role-based, spiritual-somatic, organismic, sub-ethnic, and cultural. The approach to the typology of deprivation by J. Langmeier & Z. Matejcek (1984), who propose four types of deprivation (stimulus, meaning, emotional attitude, and identity), is based on which of the mental needs is chosen as the baseline and forms the essence of the deficiency. Among these needs, researchers include: the need for a certain amount of impressions, for a change in the modality of stimuli, for ensuring conditions for learning, for primary social connections (primarily with the mother), and for social self-realisation, mastering social roles, and value orientations. Y. Koreneva (2021) classifies deprivation by duration of action: short-term (due to illness, rest, work in specific conditions), protracted (work of astronauts or researchers at remote stations, stay in specialised institutions due to loss of health and ability to work), and long-term (self-isolation for religious reasons, membership in sects, institutional living due to illness).

However, according to N. Dmitriyuk (2015), the accumulation of various types of deprivation leads to the unification of an individual's psychological structure, reducing

their individual uniqueness. An individual is usually under the influence of several interrelated types of deprivation, which can interact, combine, or cause each other. The content of these types of deprivation is discussed in more detail, considering the specific characteristics of a person's life in residential institutions. First and foremost, *sensory* and *motor deprivations* are distinguished in the typology of deprivation. Sensory deprivation arises as a result of "stimulus hunger" – the inability to satisfy an individual's basic need for sensory impressions. It is caused by the limitation of external polymodal stimuli, including visual, auditory, tactile, olfactory, and other sensory influences. Motor deprivation is the result of a sudden restriction of physical activity due to illness, injury, or changes in living conditions, leading to a state of chronic hypodynamia. The consequences of motor deprivation are characterised by deformations that, in terms of depth of impact and complexity of overcoming, exceed the physiological disorders directly caused by the disease or traumatic injury.

Children who end up in shelters or residential institutions experience the full severity of sensory and motor deprivation. The specific characteristics of sensory and motor deprivation in these settings are determined by the organisation of childcare. Due to a shortage of staff, physical contact with the child is limited to feeding and sanitary-hygienic procedures. Sensory stimuli are confined to the space of the bed. The child experiences polymodal deprivation, including emotional, maternal, and tactile deprivation. Older children, although they have toys, do not adequately satisfy their basic need for play and interaction with significant adults. Through adults, children develop an understanding of their own emotions, learn to calm down, explore the boundaries of their bodies, and develop cognitive abilities. A child's motor activity promotes learning, exploration of the new, and the unfolding of a cascade of neurophysiological and cognitive processes important for the transition to the next stage of development and the formation of necessary new formations of a particular age period. Depriving influences significantly slow down ontogenesis, not to mention cases where a child has congenital developmental disabilities or injuries that complicate adaptation and deepen deprivation in a residential institution. Guided by the logic of diversifying visual stimuli, staff often attempt to colour the rooms of children's rooms. However, this practice often has the opposite effect – sensory (visual) overload (Shynkaruk, 2002).

When discussing adults living in specialised closed institutions within the social protection system, sensory deprivation is caused by the monotony of their small rooms with minimal furniture, the absence of personal belongings, photographs, and a lack of variety in their activities (a common pastime being limited to watching television with only a few channels in a communal room), a monotonous and impoverished diet (as the state allocates minimal funds for food), and limited access to current external information. In more severe cases, when residents, for example, in psychiatric and neurological residential schools,

have a pronounced and profound mental deficiency, some institutions practice locking people in a single room all day, where they sit on benches or lie on the floor, as they are unable to stay in their own rooms. Thus, they experience hypodynamia, sensory deprivation, and monotony in a confined space without the ability to influence it. In cases where people have free access to their rooms, but the institution lacks comprehensive rehabilitation programmes and well-planned leisure activities, individuals often choose to simply lie in bed all day. Cases of injury, the presence of diseases, or amputations that significantly reduce mobility or make movement entirely impossible are not uncommon. There are frequent instances where "bedridden" residents are placed on floors other than the ground floor, and in the absence of sufficient staff to assist, elevators, or means of transportation, these people may not leave the institution's grounds for years.

Humans require activation not only of visual and auditory analysers but also stimulation of tactile, temperature, muscle, taste, and other receptors. In conditions of sensory deprivation, inhabitants of residential institutions experience disinhibition of the cerebral cortex at the physiological level, which is accompanied by the appearance of hallucinations and perceptions that the subject perceives as reality. These phenomena may include visual visions (flashes of light, images of faces), auditory sensations (noises, music, voices), and tactile sensations (crawling ants, heat flows). The situation is further complicated by the fact that residents of psychiatric and neurological residential schools have mental disorders, including those with productive symptoms. Conditions in which a person experiences sensory deprivation only exacerbate the course of an existing disorder.

The deficit of sensory information activates a person's need for sensations and strong emotional experiences, which develops the phenomenon of sensory and emotional hunger (Tsumareva, 2021). This contributes to the activation of imagination and figurative memory, acquiring a compensatory protective character. The ability to store and reproduce vivid and detailed images of previously perceived objects or sensations becomes a means of adaptation. However, prolonged sensory deprivation leads to changes in the psycho-emotional state: lethargy, depression, and apathy, which can alternate with euphoria. Memory, sleep-wake rhythm, and thinking processes are disrupted, leading to trance states, hallucinations, and difficulty concentrating and analysing problems sequentially.

Y.M. Vizniuk (2018) hypothesised, based on learning theory, that in conditions of isolation from the natural environment and insufficient stimuli, a child cannot engage in the continuous process of re-evaluating them, creating models and strategic schemes based on them to interact constructively with the environment. Deprivation in early childhood makes it impossible to form such effective models. In later life, the maintenance of models becomes vulnerable, as these models and strategic actions are constantly changing, corrected, and regulated. This important

thesis explains, in particular, the process of skill loss among residents of closed residential institutions. Experimental studies confirm that sensory deprivation can provoke temporary psychosis or mental disorders (Yatsenko *et al.*, 2015). In prolonged deprivation, organic disorders arise: insufficient brain stimulation causes degenerative changes in nerve cells. This indicates the existence of a biological mechanism that links sensory and emotional deprivation with degenerative processes and even lethal outcomes. Thus, sensory deprivation, like physical deprivation, can cause irreversible consequences in the human body, sharing common biological and psychological characteristics.

Sensory deprivation also manifests as a deficit of information or impressions among inhabitants of residential institutions. Insufficient emotional stimulation, lack of communication, and sensory stimuli provoke mental and somatic disorders, exacerbating feelings of isolation. In childhood, emotional stimulation is critically important for full mental development and well-being in adulthood. The lack of sensory experiences causes emotional deprivation, the consequences of which are similar to sensory deprivation, but it is more difficult to recognise in everyday life. Emotional deprivation often underlies depression, loneliness, difficulties in socialisation, and also causes aggressive behaviour and addictions. Adaptation of the organism to the environment requires maintaining a constant information balance between the environment and the individual. Disruption of this balance due to information overload or underload (sensory isolation) can lead to significant functional mental disorders. Information deprivation is divided into personal (information about oneself, and one's environment), professional (information important within a professional group), and mass (distributed in mass media). Its consequence is *cognitive deprivation*, which manifests in thinking disorders, disorientation, and inability to make effective decisions. Cognitive (meaningful) deprivation is formed by an overly variable and chaotic structure of the external world with a lack of organisation of its content, which prevents the ability to understand, predict, and influence what is happening externally.

Individuals who stay in residential institutions for extended periods experience the full spectrum of cognitive deprivation. The specific characteristics of cognitive deprivation in inhabitants of residential institutions can be explained by their limited access to diverse information and interaction with the outside world. The emergence of information deprivation is facilitated not only by limited social isolation and a restricted and stable circle of contacts that individuals have in residential settings but also by the frequent absence of means of communication with the outside world (telephone or computer with internet access); difficult or non-existent access to sources of information; standardised communication between staff and residents; and limited self-expression, which impoverishes cognitive experience and skills in solving non-standard problems. This, in turn, causes disturbances in cognitive processes, including problems with thinking, disorientation in

spatial and temporal contexts, and inability to make informed decisions. The absence of an ordered and understandable structure of external information also deepens the chaotic perception of the world, making it impossible to predict events and influence them.

However, there is another extreme when there is the possibility of using means of communication with the outside world, such as the Internet. O. Sasovska (2021) explored the relationship between multifactorial deprivation in children with visual impairments and the emergence of internet addiction. Deprivation can stimulate self-absorption, isolation in the inner or virtual world, and escape into virtual space. Immersion in the internet is an attempt by the child to find safety and comfort. The researcher indicates that the conditions of residential institutions, including cultivated conformism, limitation of subjectivity, and difficulties in forming personal autonomy and identity due to the absence of family warmth and care, encourage children to actively seek role models on the Internet.

Sensory and cognitive deprivation are often accompanied by *social deprivation*. J. Langmeier & Z. Matejcek (1984) were among the first to introduce the concept of social deprivation and used it in studies of child development outside the family. By this concept, the authors understand social isolation and limited opportunities for mastering an autonomous social role. Contemporary psychologists expand the understanding of social deprivation to include the limitation of opportunities to observe the performance and assimilation of social roles (Bevz & Doroshenko, 2003; Bevz, 2018). Also, the consequences of social isolation or reduced living space (Bilynska & Tur, 2006), and the insufficiency of social influences (Krupnik, 2012). An individual living in the isolated micro-society of a residential institution has a stable environment within their room and ward. Exiting the territory is often minimised or impossible. During the period of additional isolation during the coronavirus pandemic, residents often could not even contact their relatives and guardians in person. The circumstances of prolonged confinement in a small social group are accompanied by increased anxiety, fear, and depression, and ecstatic affective states and euphoria may also develop. The public and volunteers do not have free access to the residential institution. Often, residents of the institution do not have relatives or friends who can visit them, and it is common practice for the director of the institution to be the official guardian. Society has become accustomed to not noticing those who live in residential institutions, and their residents do not participate in the social life of the community.

If added to this, the absence of means of communication, individuals living in institutions develop a sense of isolation and a state of *communication deprivation*. During visits to residential institutions, the residents' acute need for conversation and contact with a new person is immediately felt. People do not want to end their communication, follow behind, and sometimes surround in groups. The lack of communication is particularly acute in geriatric care homes, especially if residents are immobile

or bedridden and unable to move freely around the institution. In such cases, the only social environment for a person is their roommate and staff. Y.M. Terletska (2014) proposed a division of social deprivation, understood as the result of the dissatisfaction of certain groups of social needs, into the following subtypes: a) by content of needs: socio-spatial, age-related, prestige, self-affirmation, loss of meaning, freedom of choice, social stratum, gender, hopelessness, status-role, non-recognition, communication, and interaction; b) by factors of social influence: family, preschool, school, street, special institutional (schools, boarding schools, colonies, etc.), student, cult (confessions, sects), ethnic, social, professional; c) by time: short-term, protracted, long-term, lifelong; d) by volition: voluntary, forced, compulsory; e) by degree of awareness: conscious, partially conscious, unconscious; f) by degree of isolation: complete, partial, relative.

The unsatisfied need for social contact is exacerbated, and with prolonged deprivation, the protective mechanisms of the psyche may be activated. Prolonged social deprivation intensifies the need for communication, sometimes leading to the creation of an imaginary interlocutor through the personification of objects or engaging in dialogue with oneself. These phenomena are explained by the dialogical nature of human consciousness. In a state of loneliness, regulatory influences of society, such as approval, condemnation, or encouragement, are weakened, forcing a person to reproduce them independently through the exteriorisation of their own reactions. By expressing thoughts aloud, a person can perceive them as external, which is a protective reaction within the bounds of psychological normalcy. Speaking to oneself aloud in stressful situations is considered an effective way to prevent neuroses.

The reaction generated by social isolation, namely *the feeling of the presence of an outsider* (a person feels as if someone is watching and accompanying them), is quite interesting. This condition is associated with emotional tension, fears, and an increased need for communication. Research conducted among people in geographical and social isolation (Maksymenko, 2012) reveals in them traits of introversion, a focus on internal experiences, weak reaction to external stimuli, autistic and schizoid manifestations, emotional lethargy, distorted perception and judgment, as well as superficiality and selectivity of social contacts.

Over the relatively long history of studying this concept, science has accumulated several interesting experiments on the mechanisms and manifestations of human deprivation in various circumstances of life and activity: in conditions of space tests and weightlessness, extreme situations, forced isolation from society or a limited group of people, during scientific expeditions in mountainous and marine areas. However, the results of such experiments generally indicated that deprivation leads to negative consequences in personal development, and attempts by the psyche to compensate for distress by activating protective mechanisms, sometimes leading to irreversible phenomena. For example, studies of the lives of people at polar stations

concluded that the key factor of mental stress is not so much exhausting work and cold climatic conditions, but the limited territory of the station and the stability of the team, that is, the very same social deprivation (Yatsenko *et al.*, 2015).

In conditions of social deprivation, a person may exhibit atypical behaviour not only due to isolation from society but also due to the phenomenon known as the “aquarium phenomenon”. It is characterised by constant publicity, observable behaviour, and being in the spotlight of colleagues or neighbours. People in a social environment change their behaviour compared to how they behave alone, which is confirmed by numerous observations, including through hidden cameras. In the process of interaction, a person performs various social roles. The realisation that their behaviour is being observed forces them to constantly control their actions, not going beyond the limits of the given role and role function. This, in turn, causes prolonged internal tension, accompanied by the suppression of their own emotions and desires. Similar conditions are observed in the social environment of a residential institution. People can live in such an institution for decades, with relatively unchanged roommates or ward mates. Problems with privacy in residential institutions are one of the most painful: often there is no opportunity to be alone, rooms are mostly not locked (staff explain this as a safety measure), and even during sanitary-hygienic procedures, in the absence of elementary partitions or curtains in bathrooms, achieving privacy is very difficult. This creates considerable tension for the individual. The aforementioned features of the organisation of everyday life in residential institutions can create the mentioned “aquarium phenomenon”, when inhabitants of residential institutions cannot be alone, without the supervision of roommates, staff, or video surveillance.

The need to constantly interact with the unchanging social environment of a residential institution leads to information fatigue among communication partners. This phenomenon was vividly manifested in extreme conditions, namely in the confined space of a submarine crew. It was observed that from the beginning of the formation of a social group, its members show an active interest in each other, exchanging mostly biographical information. Subsequently, the circle of communication expands, and there is an active joint discussion of current events, impressions, and interests. However, gradually, mutual interest decreases (Yatsenko *et al.*, 2015). It can be concluded that social deprivation of residents of social protection institutions can be caused not only by isolation from the social environment and its absence (information deprivation) but also by the presence of a constant environment (roommates/ward mates, staff), within which a person is isolated and experiences information fatigue, which negatively affects their well-being.

It is necessary to note the general trend of developmental delays in children living in residential institutions. H. Sand *et al.* (2024), studying the impact of residential education upbringing in conditions of psychosocial deprivation on infants, found that despite good physical care, psychosocial deprivation increases the risks of developmental

disorders, affecting language and social skills the most. A longer stay in residential institutions is a risk factor for developmental delays. Researcher O. Krasnytska (2021) proposes to classify social deprivation depending on the nature of isolation. Social deprivation thus has several varieties:

1) *forced isolation* – arises from circumstances beyond the control of the individual or society (e.g., isolation of a ship's crew on a deserted island or an expedition lost in the taiga or desert; situations of child abandonment);

2) *compulsory isolation* – imposed by society regardless of the will of individuals who are in closed groups (e.g., prisoners, patients undergoing compulsory treatment, or conscript soldiers, residents of orphanages or boarding schools; isolation during a pandemic; placement of a person in residential institutions by relatives and loss of capacity);

3) *voluntary-forced or voluntary-compulsory isolation* – associated with achieving a significant goal that requires limiting contacts with society (e.g., professional closed groups, sports boarding schools, military schools and lyceums; individuals who recognise the need for psychiatric treatment to improve their well-being).

4) *voluntary isolation* – driven by the individual's choice to belong to a closed group (e.g., monks, sectarians, individuals who consciously choose alienation as a way of self-realisation; in some cases, elderly people choose to move to a geriatric care home in the absence of relatives who can care for them).

However, the researcher notes that social isolation does not always cause social deprivation. In many cases, particularly in conditions of voluntary or voluntary-compulsory isolation, the presence of a goal important to the individual contributes to the harmonious development of the personality, forming a mature, spiritually resilient, and internally rich individual without signs of deprivation syndrome. The author of this article considers it important to add: that even in cases of voluntary or compulsory-voluntary isolation of a person who enters the impoverished environment of a residential institution and experiences prolonged exposure to a depriving situation, with a lack of compensatory mechanisms and resources (both internal and external), the person has a high risk of experiencing the negative consequences of various types of deprivation.

As P.G. Yaremko (2022) rightly emphasises, depriving living conditions are extreme for humans, as their psychophysiological system is not adapted to such influences. The limitation of educational and social factors leads to disruption of the mechanisms of regular mental development, which ensures its stability and consistency. As a result, development acquires an irregular character, which negatively affects the processes of self-regulation, control of effectiveness, and correction of mental activity. This causes disorganisation of behaviour, disruption of its integrity and purposefulness.

It is advisable to distinguish between *primary deprivation* in residents of closed institutions, which is formed as a result of orphanhood, abandonment, or upbringing in a deviant family, and *secondary deprivation*, which is

manifested in the educational regime of the children's institution, its principles of restriction and punishment. There is a problem of regression in attempts to solve the problem of deprivation and child orphanhood from the level of foster families and family-type children's homes to the level of institutional forms of education and upbringing of children due to the socio-economic difficulties of martial law, related migration processes, and an increase in the number of orphans whose parents have died or are gone missing.

Primary deprivation in a child is associated with maternal and family deprivation. Early maternal deprivation forms complex pathological changes in the child's psyche. These children are characterised by disorders of the emotional-volitional sphere, intellectual developmental delay, uneven cognitive maturation, and speech disorders, especially expressive speech. Deprivation depression (apathetic or masked and phenomena of deprivation pseudo-autism) in children's home residents is observed much more frequently than in children growing up in families (Kononova, 2009). O. Stepanov (2006) notes that children who have experienced maternal deprivation, regardless of age group, often demonstrate undifferentiated speech, superficial contact with the environment, underdevelopment of the emotional sphere (blockage of feelings of pity, compassion, shame), and inability to recognise their own guilt. Reduced work capacity, attention and memory disorders are also characteristic. In psychology, this complex of symptoms is known as orphanhood syndrome, which reflects a delay or distortion in the formation of mental functions and the emotional sphere of personality.

The consequences of early maternal deprivation in children in social protection institutions often transition into social deprivation in adulthood, manifested in self-isolation, inability to build full-fledged social relationships, and a tendency towards aggressive or deviant behaviour. Emotional deprivation in early childhood forms a basic alienation from society, rejection of its values, and perception of the environment as threatening or hostile. The basis of these destructive attitudes is a deficit of basic trust, which arises as a result of partial or complete loss of maternal care.

Secondary deprivation in children and adults is caused by the conditions of staying in closed institutions. This type of deprivation is also called institutional deprivation. Institutional deprivation acts as a negative factor in the ontogenesis and sociogenesis of a child. The specificity of a closed social protection institution is its regime, isolation, and restrictions. Having experienced early deprivation, a child only reinforces unfavourable behavioural tactics and strategies. Relative isolation, which is a key determinant of institutional deprivation, leads to the formation of conflicting self-awareness in children. This significantly affects the adequacy of their behavioural reactions, which are often accompanied by emotional instability, cruelty, indifference, and aggressiveness. As O.V. Chistiak (2018) notes, adult-child communication in a residential home setting is distorted. Communication in the context of raising orphans is characterised by emotional limitations, a focus on negative

aspects of evaluation, and a shift of emphasis from practical activities to disciplinary aspects. This causes an increased need for attention, goodwill, and positive emotional contact in the child. Educators face difficulties in interacting with pupils who simultaneously seek emotional closeness and show aggression towards adults. The combination of aggressiveness with an inability to take responsibility forms a consumerist attitude towards adults and a tendency to shift the resolution of their problems to others.

It is common for a child with developmental disabilities or mental disorders to follow a fairly standard chain: first, they enter a children's home (up to 3 years old), then a children's residential home (from 4 to 18 years old), and then they are transferred to a psychiatric and neurological residential school (from 18 years old), where they can stay for decades or the rest of their lives. Early primary deprivation is compounded by secondary deprivation caused by the closed, isolated, and regimented nature of the institution, the specifics of the educational process, and the inadequacy or often absence of the necessary support from specialists who could partially compensate for developmental setbacks, learning difficulties, and loss of self-care skills. If a child, upon reaching the age of 18, is released from a social protection institution into independent life, the consequences of deprivation, disorientation, absence or unstructured knowledge of the surrounding world, and the lack of necessary self-care, planning, social connection, and professional skills immediately become apparent. The young person cannot find a job, manage finances reasonably, plan (including their expenses), create social connections, or stand up for themselves. Very quickly, the person begins to "capsulate", lose faith in their own abilities, and show signs of self-alienation and depressive tendencies.

Institutional deprivation of inhabitants of residential institutions is also caused by crowded living in monotonous conditions, which instils in children certain identification standards and chronotypes (our recreation room, our dining room, our classroom). Inhabitants of residential institutions tend to feel limited in their ability to control their own private space and organisation of time, without developing an understanding and experience of the phenomenon of privacy. The author's experience of visiting such institutions has shown that often even clothing in residential institutions is not personalised: today it is worn by one person, tomorrow by another. As a result, children and adults may ignore concepts such as "own-foreign", and "private-public", which can lead to the formation of antisocial behaviour.

Y. Koreneva (2021) studied the problems of deprivation in permanent confinement due to the pandemic. The author notes symptoms that accompany a person in conditions of forced group isolation: asthenia of the nervous system, as a result, conflicts and communication difficulties; chronic feelings of loneliness as a result of social deprivation, depression, poor sleep quality, anger, irritability, low mood (Brooks *et al.*, 2020), exacerbation of chronic diseases, the decline in cognitive functions, cardiovascular diseases; social isolation is even associated with the risk of

premature death. A group of researchers studying the phenomenon of deprivation, isolation, and strategies for overcoming them (Smith *et al.*, 2018) indicate that the longer the isolation lasts, the more prolonged the consequences, accompanied by avoidance strategies, symptoms of post-traumatic stress, and anger; there is a paradox of social proximity and separation: close proximity of people for a long time causes stress.

Separately, psychological literature considers a type of deprivation known as *family deprivation*. This condition arises when one family member feels a lack of satisfaction with their current needs due to the unwillingness or inability of other family members to provide it. This situation leads to mental tension, which can have negative consequences for both the individual and their immediate surroundings. Deficient family (non-family, institutional, surrogate) communication is considered by Y.M. Vizniuk (2018) as one of the most important determinants of the complication of identity acquisition by a deprived child, in particular, due to the lack of reference identification models for the assimilation of constructive behavioural patterns.

Studies in the context of the raised problem, which touch on another type of deprivation experienced by inhabitants of residential institutions, namely *professional deprivation*, are of interest. People in residential institutions usually lose their ability to work, and sometimes they have never mastered a profession or acquired a professional identity. Pedagogical neglect of children in institutions and formal receipt of a certificate, which further makes it impossible for the child to acquire knowledge and skills that would help in employment, is a common phenomenon. M. Jahoda (1997) developed a model of latent deprivation (latent function of employment and unemployment), according to which the mental health of unemployed individuals is worse compared to employed ones. This is due not only to the absence of an explicit function of employment, such as earning income, but also to a deficiency of five latent functions of employment: structured time, social contacts, collective purpose (awareness of one's usefulness to others), status, and activity. According to M. Jahoda, unemployment has two main consequences for a person: 1) reduced income and the risk of poverty; 2) exclusion from the material and social context provided by the workplace. Exclusion from the labour market leads to emotional stress and deterioration of mental health, as basic human needs are no longer met. These needs are: the need for structured, not empty time, for purposeful activity, not a feeling of uselessness, for a defined place in society, not exile, for entry into the network of society, not exclusion from it. Modern cross-cultural studies by K.I. Paul *et al.* (2023), based on meta-analytical methods that tested the assumptions of this theory, confirm that employed people have a higher level of all five latent functions, as well as the explicit function, compared to unemployed people (including pensioners). Thus, the assumption that employment best provides support for these latent functions and the realisation of these needs has been confirmed (Wacker, 2012).

These studies illustrate the importance for a person experiencing the consequences of professional deprivation in long-term residential institutions to have involvement in a collective purpose, acquire professional identity and status, have social contacts that help realise their own activity, and also have income. Inhabitants of residential institutions have the opportunity to participate in work on the auxiliary farm and perform certain types of work of their choice, but people do not receive official wages for this, and mostly they do this due to a lack of other options for spending time (unless there is abuse by the institutions of the opportunity to involve people in various types of work under the guise of work therapy). Summarising the analysis of the variety of types of deprivation experienced by a person in residential institutions, it should be noted that their content is generally similar. Types of deprivation intertwine, act simultaneously, and reinforce each other. The mental state of a deprived person is usually characterised by an increased level of anxiety, fear, and a feeling of deep dissatisfaction with themselves, their environment, and life in general. Typical manifestations include a decrease in vitality, and persistent depressive states, which can be accompanied by episodes of unmotivated aggression. The degree of deprivation impacts on an individual varies in each individual case. It is very important to consider the duration of the depriving impact of the institutional environment on the personality of its residents. The duration of the depriving situation determines the depth of harm caused by it, determines the prospects of personal development and the time required for recovery. If the deprivation is short-lived, it transforms into a depriving experience, which determines further strategies and reactions of the individual to similar circumstances.

Prolonged stays in residential institutions are often accompanied by the hidden influence of mental deprivation, which penetrates the inner world of the individual and negatively affects their life. This influence disrupts adaptive mechanisms and complicates the socialisation of these individuals. Given this, early diagnosis of deprivation manifestations and timely psychocorrective work becomes particularly relevant. The earlier professional psychological support begins, the higher the chances of successful restoration of psycho-emotional balance and return to a full life. At the same time, effective adaptation of individuals to society requires a gradual transition from the institutional model to a form of supported living. This approach allows for minimising the impact of various types of deprivation, creating conditions for the development of autonomy, the formation of emotional bonds, and integration into society.

An important step in reforming the system of residential institutions is the introduction of alternative forms of supported living. This model involves providing individuals in need of social support with living conditions in small communities with an individual approach to their needs, integration into the social environment, and support in gaining independence. This approach helps reduce the level of deprivation, form emotional stability and social adaptation, and is an important stage in ensuring a full life for individuals

after leaving an institutionalised environment. The introduction of systematic diagnostic and psychocorrective work, combined with the transition to supported living, are important factors that contribute not only to compensating for deprivation consequences but also to improving the quality of life of individuals in social care institutions.

CONCLUSIONS

Based on theoretical analysis, it has been established that deprivation is a borderline state that arises in situations where an individual cannot satisfy their basic life needs over a prolonged period. This state leads to serious consequences for mental health, as the individual experiences the simultaneous impact of various types of mental deprivation, which mutually reinforce each other. The system of residential institutions, functioning as places of detention, accumulates a significant number of negative factors that hinder the harmonious development of the personality of its residents. The remoteness of residential institutions, their isolation, the inability of individuals to leave their place of residence, regimentation, uniformity, lack of privacy, stable micro-environment within the institution, specifics of the educational process, prolonged stay in an impoverished environment, and isolation from the cultural and social life of society are the features that determine the content of various types of deprivation experienced by inhabitants of the residential institution system. The polymodal nature of deprivation influences and its prolonged effect on the ontogenesis and sociogenesis of children and adults is characteristic.

The negative consequences of deprivation on an individual are multifaceted and sometimes irreversible. They include reduced self-esteem, difficulties in self-identification, disruption of mental functions and personal development, as well as difficulties or impossibility of social adaptation. Children deprived of parental care are particularly vulnerable to the effects of mental deprivation. In conditions of prolonged stay in residential institutions, these effects can be amplified by the lack of emotional support and adequate social contacts and the influence of an impoverished environment. Therefore, it is important to implement measures for timely diagnosis and psychocorrection to mitigate the negative impact of various types of deprivation on the psyche of individuals in such institutions. Further research on deprivation should focus on evaluating the effectiveness of psychocorrective methods and developing individualised rehabilitation programmes for individuals with experience of prolonged deprivation. It is important to study the impact of supported living on reducing deprivation syndromes and developing adaptive potential, as well as to improve approaches to the social integration of residents of social care institutions.

ACKNOWLEDGEMENTS

None.

CONFLICT OF INTEREST

None.

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**Психологічні особливості різновидової психічної депривації особистості,
яка довготривало перебуває в інтернатних закладах**

Анотація. В контексті вибору державою стратегії деінституалізації проблема деприваційних, а не таких, що сприяють розвитку та соціалізації особистості, умов перебування в закритих інтернатних установах системи соціального захисту населення є гострою і потребує аналізу, напрацювання рекомендацій та альтернатив. Стаття присвячена проблемі депривації особистості, яка довготривало перебуває у закладах інтернатного типу. Використання таких наукових методів, як аналіз, синтез, порівняння, абстрагування та узагальнення дозволило розкрити особливості досліджуваного явища в розрізі проблематики довготривалого перебування особи в спеціалізованих установах соціального захисту населення. Розглянуто розуміння явища депривації у системі людинознавчих наук. Встановлено, що депривація настає при довготривалій неможливості задовольнити життєво важливі потреби, чинить негативний вплив на розвиток особистості на різних щаблях її організації та у багатьох сферах її життєдіяльності, перешкоджає адаптаційним тенденціям особистості, яка опинилася у несприятливих умовах життя. З'ясовано, що темпоральність є важливою складовою структурою самосвідомості особистості, яка перебуває в установах інтернатного типу. Описано взаємозв'язок між депривацією та адаптаційними процесами. Зауважено, що депривація може бути як процесом, так і наслідком дії несприятливих обставин пролонгованого незадоволення життєво необхідних потреб особистості в інтернатних закладах. Отримані результати досліджень можуть лягти в основу напрацювання системного підходу до розробки стратегій інтеграції мешканців інтернатних закладів у суспільство, а також бути впроваджені психологами, соціальними працівниками та іншим персоналом установ для розвитку навичок життєвої самостійності особистості й покращення якості її життя

Ключові слова: депривація; ізоляція; базові потреби особистості; адаптація особистості; дезадаптація особистості