



PSYCHOLOGICAL AND SOCIAL OBSTACLES ON THE PATH OF SOCIALISATION OF PRESCHOOL CHILDREN WITH FUNCTIONAL MENTAL LIMITATIONS (ACTUAL EXPERIENCE IN THE REPUBLIC OF KAZAKHSTAN)

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Abstract

Research objective – to investigate psychological and social obstacles to the child's socialization preschool age with functional mental limitations. For solution delivered tasks in work was used methods theoretical and empirical (pilot), in which 39 mothers raising children aged 2.8 to 5 years participated, who underwent a periodic medical examination or sought help from a rehabilitation center. The research was conducted on the basis of the Public Association of Disabled People “Kenes” Center for Social Adaptation and Labor Rehabilitation in Almaty, Republic of Kazakhstan, which provides comprehensive services. The empirical method was Questioning mothers at initial consultations and studying anamnestic data in the prenatal and postpartum periods and analyzing subsequent factors of child development. Psychological- medical-social diagnostics aimed to comprehensively assess the medical-biological, psychological and social components, which allows us to make a judgment about the presence of stability and the degree of restriction of certain categories of life activities and social isolation of the child and family. According to our survey, all causes of developmental delay, in our opinion, can be divided into prenatal (problems of intrauterine development) and postnatal (postnatal period, the duration of which is approximately 1 month after birth). By the nature of the risk, the causes can also be divided into: risks associated with the mother's health (heredity, chronic diseases, etc.), risks associated with the child's health (presence of a cyst or other pathologies confirmed by medical and instrumental studies), risks of an external nature/intervention (birth trauma, aggressive rapid birth, or vice versa - prolongation of the labor period, prolonged fetal dehydration, reactions to vaccination, anesthesia).

We have determined that a fairly high percentage of mothers (71%) see the cause of a child's developmental delay in preventive vaccinations, which, in our opinion, requires further study.

Keywords: functional mental limitations, dysontogenesis, risk factors for developmental delay in preschool children.

Relevance

Relevance of the system studies of the human psyche and mental functions is one of the priority areas in the field of theoretical, empirical and clinical studies in the field of natural sciences and humanities, including psychology, which enables solving a number of important academic and applied research tasks, such as: Study of the features of the



formation, functioning, and development of the psyche as a systemic formation; study of the features of the early ontogenesis of the nervous system; determination of the relationship between the biological and social in the structure of the psyche; study of the patterns of mental development; study of the significance of the rate of mental development, the concepts of the normality and pathology of mental development in the prenatal, postnatal, and neonatal stages of personality development; study of the factors of mental pathology development and the risks of pathology development; the relevance and significance of the rehabilitation of children with functional mental limitations in the system of social relations, etc. Study of the personality as a subsystem of the psyche gives a new scientific knowledge about the social nature of humanity.

Awareness of the complexity and variety of human mental development and the desire of scientists to explain its nature has resulted in creation of a number of development theories. Each theory analyses important aspects of the formation of the personality, but none of them has managed to describe human mental development in all its complexity and diversity. To analyse and differentiate the content of these theories, the following problematic aspects are taken into account: correlation of the roles of biological and social factors of mental development, activity/passivity of the individual in mental development, continuity or discreteness of mental development.

In currently realities, as never before, children form a resource potential of the state, and their mental health is emphasized as important for rebuilding a new Ukrainian statehood and for the vector of social policy, as a condition for the formation of a socially oriented state: “Children are important agents of change and building our future. Their protection, ensuring their security, as well as providing them with opportunities to succeed in life and contribute as citizens to a prosperous and peaceful Europe is a moral imperative and our shared responsibility” [1], reads a joint statement by the participants of the event at a meeting with the European Union delegation on 20 April 2023.

Providing health care, including mental health, is one of the main functions of the state. While the main task of medical diagnostics is to establish a diagnosis, the main task of the psychological and pedagogical area is to compensate for the developmental defect as much as possible, relying on the resource potential of the child’s personality and capabilities.

In modern English-language scientific literature, the following terms are most often found: “global developmental delay”, “developmental retardation”, “developmental disability”, “speech language delay” (Dornelas L. F., 2015). The main peculiarity of this concept in English-speaking countries is that the term is used to refer to disorders in children aged 0 to 5 years and is defined as a significant retardation in one or more areas: gross/fine motor skills, speech language development, cognitive functions, social interaction (Simeonsson R., Sharp M., 1992; McDonald L. et al., 2006; Fenichel M., 2009). After a child reaches the age of 5, he/she is tested using the Wechsler method, sensory stimulus techniques, the medical history data of the mother and child are studied, and the

diagnosis of “developmental delay” is normally replaced with a diagnosis of “intellectual disability”.

The concept of “limitation” is considered from different points of view and, accordingly, is interpreted differently in different professional spheres related to a person with a developmental disorder: in the medical field, social science, the field of social law, pedagogy, and psychology. “Children with disabilities” allows considering this category of persons as those who have functional limitations, unable to perform any activity as a result of a disease, derivation or development disability, an atypical medical condition. Any development defect creates certain functional limitations causing the loss of individual functions, which leads to a significant restructuring of mental development on new grounds, thereby disturbing the normal course of the process of involving a child in social and cultural interaction. In fact, atypical development caused by a defect significantly complicates assimilation into the cultural environment. The child development below the age norm is observed mostly in the early stages of the formation of mental activity. The disorders that occur in childhood do not disappear without a trace, but can increase over time without proper help.

The aetiology of the pathology of the development of mental functions in children is determined by multiple-factor: on the one hand, a variety of biological causes (intoxication, infections, injuries, etc.) can play an important role in causing the rate of development of brain mechanisms to be disrupted, and on the other hand, adverse social factors, including family upbringing and the consequences of pathogenic family inheritance, instability of parenting style, parents’ over-expectations, mentality of the subculture in which the child is raised, social living conditions and education, force-majeure circumstances (epidemics, war, migration, refugee status) etc. Thus, we define a child with functional mental limitations as one who has a violation of the rate of mental development in the following range of mental functions: cognitive (cognitive processes), relative (subject-object relations and communication) and/or regulatory (provides regulation of all types of activity (play, education, labour), as well as all forms of his/her behaviour) with retardation in its development compared to the accepted psychological norms for a given age without structural damage to the brain, but with minimal brain dysfunctions.

Purpose and Methodology

The study objective is to investigate psychological and social obstacles to the socialisation of a preschool child with functional mental limitations.

To solve the tasks set in the work, the following methods of theoretical and empirical (pilot) study were used:

a) Theoretical methods — analysis, classification, types, generalisation of monographic studies and publications of domestic and foreign scholars in the field of philosophy, sociology, psychology and pedagogics, general and special pedagogics;

- International and domestic regulatory documents in the field of inclusive education and the rights of children with disabilities;

- Domestic and foreign informative collections and reference books, including ICD-10



and DSM-5;

- Internet information resources;

b) Empirical methods — conducting surveys among families for primary consultations, who raise children with functional mental limitations, and study of the medical history data of mothers at pre- and post-natal stages.

The study was conducted on the basis of the Kenes Public Association of Disabled People of the Centre for Social Adaptation and Labour Rehabilitation in Almaty, Republic of Kazakhstan (hereinafter referred to as the Kenes Centre), which provides comprehensive services.

On 6 February 2023, Agreement No. 75 “Creation of a scientific and methodological service aimed at the prevention of severe disabling conditions among children with development pathologies under the public social contract” was concluded between the Department of Employment and Social Programs of the city of Almaty and the Kenes Centre, within which the study was carried out.

In accordance with the goal and objectives, a questionnaire surveys and interviews were conducted with families raising children aged between 2.8 and 5 years, who underwent periodic medical examinations or requested help from the Kenes Centre.

The criteria for inclusion of respondents in the study were the following:

- 1) History of delayed speech development in a child aged under 3 years;
- 2) Symptoms of emotional and/or behavioural disorders;
- 3) Retardation in mental and/or motor development.
- 4) Informed consent of parents to participate in the study.

The surveyed families included those who applied to the outpatient clinic service of the Kenes Centre for the diagnosis of possible personality disorders and functional mental limitations in preschool children. The sample includes 39 families raising preschool children with functional mental limitations without organic brain damage (according to ICD-10, the following range of children’s diagnoses was selected: “Mental Developmental Disorders” (F80-F89); “Specific Language and Speech Disorders” (F80), Attention Deficit Hyperactivity Disorder (ADHD) (F90, F90.0, F90.1, F90.8, F90.9)).

All patients were examined by a paediatrician, neurologist, and speech therapist. At all the stages of the study, the author independently carried out the study of clinical, socio-psychological, psychomotor, and emotional-behavioural factors in the formation of disorders with functional mental limitations. A package of documents, which included an anamnestic card of the child and a social passport of the family, were executed for each respondent.

Results

By analysing the theories of personality mental development, we can distinguished the following ones:

1) Biogenetic — considers the individual with certain anthropological properties, who goes through various stages of maturation as the phylogenetic program is implemented in ontogenesis (biogenetic theories of S. Hall, M. Hutchinson, psychoanalytic approach of S.

Freud);

2) Sociogenetic — emphasises the study of the processes of human socialisation, the assimilation of social norms and roles, the acquisition of social attitudes and value orientations (learning theories of J. Watson, B. Skinner, A. Bandura), according to which a person acquires various forms of behaviour through learning;

3) Representatives of the personogenetic approach (A. Maslow, K. Rogers) focus on the problems of activity, self-awareness and creativity of the individual, the formation of the human “self”, self-realisation of personal choice, and the search for the meaning of life;

4) Theories of cognitive development (J. Bruner, J. Piaget) are in an intermediate position between biogenetic and sociogenetic approaches, since the genotypic program and the social conditions in which this program is implemented are considered the leading determinants of development;

5) The ecological systems model (W. Bronfenbrenner) has become a popular and influential theory of development, which considers mental development as a dual process of restructuring by the individual of his living environment and experiencing influence by elements of this environment. Among Ukrainian scientists, Yu. M. Shvalb, O. L. Vernik, O. O. Vovchik-Blakytna, O. V. Rudomino-Dusiatska work within the framework of the environmental approach to psychological studies, exploring the topic of personal determinants of environmentally oriented life activities.

When a child with functional mental limitations comes into the psychologist’s view, it is quite difficult to be satisfied with only one approach of mental development for further psychodiagnosis. The biogenetic approach is important, because the physical basis of the psyche is the brain. So, they use analysis of the data obtained through clinical and instrumental diagnostics, such as the results of EEG of the child (preferably in dynamics), early results of brain ultrasound; the child’s medical history card. The pre-birth and postnatal card of the mother are also studied, a card of hereditary diseases is compiled, on the basis of which certain factors are identified that could provoke the psychopathology of the child’s development. Within the framework of the sociogenetic approach, an attempt is made to diagnose defects in personal development and deviations in behaviour, to study emotional-volitional control, while within the framework of the environmental approach, social activity and the level of involvement in social interaction, the influence of the environment and various social institutions on the development of an individual are studied. Based on the personogenetic approach, a multi-modal team of specialists in the rehabilitation process assesses the level of awareness of the individual, the degree of formation of the “self” concept and the stage of development based on the degree of satisfaction of the individual’s needs. This generates a problem at the level of diagnostics and subsequently the correct construction of a rehabilitation pattern. Consequently, the main problem is related to improving the effectiveness of diagnosis and quality of comprehensive medical-psychological-pedagogical care for children with functional mental limitations.

Based on observations: children with functional mental limitations experience difficulties in socially communications and acquiring friendly relations; they behave



aggressively due to the inability to adequately engage in social interaction and explain their intentions due to general underdevelopment of speech; they have problems with focusing attention and other mental processes. The impairment of mental functions in children with functional mental limitations is not total but mosaic. Therefore, timely diagnostic examination, identification of the form of mental development delay, the degree of functional mental limitation and execution of an appropriate pattern of personal development within the framework of an inclusive developmental environment will, in most cases, allow achieving the maximum corrective effect and significant improving the quality of life of the child, and for the majority, in case of early diagnosis and remedial care, allow prevention of severe disabling conditions, which are often acquired in relation to the main defect in connection with maladaptation, deprivation or untimely provision of a rehabilitation complex of services.

In this regard, it is appropriate to talk about preventive measures for a number of reasons: the dynamics of growth of children with mental development problems is increasing, including due to untimely and late referral to specialists; some of the children undergo rehabilitation, they have many disorders in addition to the main diagnosis, and it would be realistic to help them at an early age with timely psychodiagnosis of dysontogenesis, when the brain is still plastic and is at the stage of active formation. Depending on the nature of the disorders in the conditions of special education and a properly organised inclusive environment, they can be overcome, mitigated, compensated and even prevented. The social factor is a priority in this process (L. S. Vyhotskyi, S. P. Yevseyev, T. O. Vlasova, N. O. Rubtseva, L. V. Shapkova, M. D. Yarmachenko).

Developed countries in Europe and the USA have long been focusing their efforts on the prevention of disability among children and therefore pay great attention to early detection and providing assistance to children with functional mental limitations, namely children with mental retardation, children of the "risk group" and preschool children with mental disorders. Retardation in one or more areas (physical, sensory or mental development) leads to delays in mental development and functional mental limitations of the child with high probability, while timely assistance holds promise for the child to be integrated into society, involved in the processes of inclusion in kindergartens, schools and in the future to be a full member of social interaction.

Consequently, the priority of the state in the field of social services should be a multidisciplinary assistance to the child in the early stages of his/her development, identification of child's personal potential and own resources for further execution of the individual development plan, support of the family in difficult life situations (related to raising a child with functional mental limitations) both in the healthcare sector, social protection, and as in the field of pre-school and school education within the framework of the organisation of a developmental inclusive environment.

The social significance of this problem demonstrates the need to determine the organisational, psychological, and pedagogical conditions for the developmental potential

of an inclusive environment for preschool children with functional mental limitations.

The clinical study of functional mental limitations presents certain difficulties, because in these cases we are talking about structural features and patterns of dynamics, developmental anomalies — disorders of mental ontogenesis.

Selective effect, lack of specialists’ focus on goals, pursuit of a “trendy” specialist instead of an integral system of rehabilitation activities — all these only feed the parental ego and tighten the functional mental limitations of a preschool child. Often parents see only the tip of the iceberg, for example, speech problems, and start working with only one specialist, without understanding that the problem is complex.

We consider it important to emphasize that human health care, especially for children, is one of the key functions of the state. Parents, in turn, need to know that the state provides such services, so depriving a child of the right by parents to receive assistance from the state in the form of rehabilitation measures means depriving him or her of the right to development.

Table 1 shows the step-by-step organisation of the work of government institutions with children with functional mental limitations.

Table 1. Algorithm for organising work with preschool children with functional mental limitations (using the example of work in Almaty, Kazakhstan)

			BUILDING THE INDIVIDUAL PATH OF CHILD DEVELOPMENT
		PROVISION OF INFORMATION	Fulfilment of a comprehensive remedial care program
	INITIAL CONSULTATION at the rehabilitation centre at the place of residence	Informing parents about the further remedial care process and the rules for visiting the centre.	Internal interdisciplinary council of specialists
IDENTIFICATION	Diagnosis and assessment of a child’s psychomotor development	Conclusion of a contract for receiving comprehensive psychological and remedial care, and psychomotor services	Execution of a development plan and assignment to the group according to the principle of an individual-differential approach.
Identification of children with developmental disabilities	Determination of the degree of defect and developmental delay according to the KSA (knowledge, skills and abilities) assessment protocol.	Informing about cooperation and assistance in rehabilitation from the family.	Determination of the resource potential of the child and family



Cooperation with the Education Administration of Almaty (the department of preschool inclusion and the psychological and pedagogical correction centre (PPCC), remedial care offices of psychological, medical and pedagogical commissions (PMPC)) to refer children in need to the correctional centre at their place of residence /registration	Primary comprehensive consultation for children with mental developmental delay: - Analysis of medical findings; - Analysis of the social situation of development and conditions of family upbringing; - Advanced developmental diagnostics	The terms of cooperation, including the frequency and types of services provided will be specified in the contract.	- Determination of the individual's resource, methods and techniques of group work depending on the needs of the child and family - Selection of a complex of individual remedial care programs by specialised doctors.
Specialists from district clinics, paediatricians; specialists from the PMPC commission.	The centre's interdisciplinary team of specialists: psychiatrist, neurologist, child psychologist, methodologist, early development specialist, special education teacher, exercise therapy specialist	The interdisciplinary team of specialists of the rehabilitation and correction centre	The interdisciplinary team of specialists of the rehabilitation and correction centre: special needs teacher, child psychologist, family psychologist, speech therapist, psychomotor specialist and exercise therapy specialist.

Stage one — identification of a child's developmental delay, delay in the development of some mental functions and behavioural patterns (the so-called mental dysontogenesis) in preschool age does not start with a doctor's office or other patronage-related specialists, but as a result of observation and comparison of the child with other peers in public places by the mother herself or relatives: on playgrounds, at somebody else's house, in a kindergarten, etc.

Often, the staff of the preschool institution indicates the peculiarities of development. It is good when this kind of information is provided professionally, with explanations of further actions for the mother, in the form of a "road map", but sometimes the preschool institution simply refuses to provide further services. Most often, mothers of such children respond with feelings of irritation, anger, and rejection of the information provided; the

parents are left face-to-face with all that without psychological support and assistance.

Parents often strive in every possible way to send a child with functional mental limitations to a kindergarten for typical children (not even to an inclusive group), with the assumption that such a child will learn the speech and behaviour patterns of a typical child. At that, parents do not think that their children require special treatment, which is provided in specialised institutions that have knowledge of the specifics of such children and appropriate psychological and pedagogical tools. In regular kindergartens for typical children, a teacher only directs the development of child's mental functions in the right direction, while in a remedial kindergarten these functions have to be rebuilt (built-up), and sometimes "to be formed from scratch", where the specialist is a guide and mentor for such a child in learning the world around him or her, starting with elementary social and everyday skills.

It should be noted that the faster the family passes through the stages of denial to acceptance of the child's mental development, the higher the chance of a positive outcome of rehabilitation.

Stage two — the initial consultation of children with functional mental limitations is based on the analysis of medical findings, the analysis of the social situation of the development and conditions of family upbringing (family sociometry and analysis of family roles) with the use of the protocol of advanced diagnostics of psycholinguistic development. The roadmap for a parent raising a child with special educational need (SEN) is a consultation with a psychological, medical and pedagogical commission (PMPC) or a specialised remedial centre, which must make a comprehensive assessment of the child's development at a given age stage. In the process of habilitation of a child with general mental retardation, the work with his/her family, the initial contact with which occurs at the initial consultation, is of particular importance for a psychologist. Involving the family in the process of habilitation and rehabilitation is a mandatory condition. A child with general or partial mental retardation is a big challenge for the whole family. When visiting doctors, psychologists, rehabilitation specialists, speech therapists and other specialists involved in the child's habilitation, parents often try to find the causes of development retardation. Typically, they offer their own versions and expect to confirmation.

Psychological, medical and social diagnostics aims to comprehensively assess the medical, biological, psychological and social components, which make possible to judge about the presence of stability and the degree of limitation of individual categories of life activity and social isolation. The clinical doctrine on prediction of functioning in society and patient's future working capacity in psychiatry is developed on theoretical principles common to all medicine. For example, classification of the degree of disability is not based on anatomical principle or on a mechanical calculation of the percentage of disability but on the actual ability to perform a job without harm to health. Thus, scientists note that the basis of psychological, medical and social conclusion constitutes a clinical picture, compared with the demands from society, living conditions and professions to the mental functions of the person.



According to our survey conducted during the initial consultation at the Kenes Centre (Almaty), vaccination is the most common answer among respondents among various reasons (71%, n=39). The data are given below in Table 2.

Table 2. The causes of child development retardation according to respondents (mothers)

N %	Description of the cause
71%	Because of vaccination, approximately from 1 to 2 years there was a developmental delay resulted in the following developmental regression: stop of talking, responding to a significant adult, there was a retardation in actions and reactions or vice versa — hyperactivity.
11%	Events that occurred related to family members: divorce, loss of a parent or significant adult during pregnancy or early preschool age, moving.
9%	Diseases: Covid, acute respiratory virus infection and other diseases during pregnancy that require the use of antibacterial therapy.
1%	The presence of a cyst identified after the birth of a child, diagnosed by ultrasound, and other neoplasms in various brain structures.
5%	It's difficult to answer.

During the initial consultation, both mothers and fathers made assumptions about heredity (“my sister also started talking late”), harmful habits of one of the spouses, and childhood traumas. Later, one of our respondents said that she had measles in the last trimester of pregnancy, another mentioned that she was hospitalized as a victim of a traffic accident with minor injuries. Sometimes parents also blame obstetricians-gynaecologists or other medical personnel who deliver babies.

Foreign and domestic studies confirmed that the pathology of the perinatal period, which includes stimulation of the woman’s birth activity, emergency caesarean section surgery and low birth weight, lack of autonomous breathing activity, with the need for resuscitation measures on the part of the child, also play a significant role in the formation of speech pathology. In addition to the listed factors, gestational stage anaemia and large fetus of more than 4.000 g are reliably associated with speech disorders (Luria A. R.). The determining risk factors among perinatal pathology are complications of the labour stage (Lukashevych I. P. et al., 2008). With reference to the official results of ultrasound examination, the delay in the maturation of the cerebral cortex due to acute hypoxia of the labour stage and birth trauma should be considered a key point in this case.

Stage three — provision of information. Parents must sign a document about the further remedial care process and the rules for visiting the centre. By signing, they agree to the terms of cooperation, which include the frequency, types of services and

responsibilities of the parties to the rehabilitation process. It is important to take into account the family's trust in specialists and rehabilitation methods, to interact with the methodologist to clarify the goals and objectives of rehabilitation, to be fully involved in the rehabilitation process, and to cooperate with the psychologist.

Stage four — development of an individual development pattern. The plan is developed by a team of interdisciplinary specialists based on the principle of an individually differentiated approach.

Conclusion

The relevance of the topic of psychological and social obstacles for families raising children with functional mental disorders is proved by the number of theses defended in recent years: Mushkevych M. I. "Psychological Support of Families with Problem Children" (2020), Honcharenko N. A. "Peculiarities of psychological assistance to parents of children with attention deficit hyperactivity disorder" (2021), Sklianska O. V. "Formation of social interaction in children of early age with disabilities with their primary caregiver." (2019), Maksymov M. V. "Psychology of development of reflexive personality skills in primary school age." (2020), Tsymbalenko O. O. "Psychological features of communication ability formation in children with communication disorders" (2021) [2,3,4,5,6].

According to our survey conducted during the initial consultation at the Kenes Centre (Almaty), vaccinations (71%) and stress factors (11%) are the most common answers of respondents among various causes, such as: divorce, loss of a parent or significant adult during pregnancy or early preschool age, moving; 1% named the presence of a cyst identified after the birth of the child, diagnosed by ultrasound, and other neoplasms in various brain structures, and 5% of parents could not find any cause to explain the child's existing functional mental disorders.

All of the above causes, in our opinion, can be classified as prenatal (problems of intrauterine development) and postnatal (postpartum period, the duration of which is approximately 1 month after birth). By nature, the causes can also be classified as follows: risks associated with the mother's health (heredity, chronic diseases, etc.), risks associated with the child's health (presence of a cyst or other pathologies confirmed by medical and instrumental examinations), risks of an external nature/intervention (birth trauma, aggressive rapid birth, or vice versa — prolongation of the labour stage, a long anhydrous period of the fetus, reactions to vaccination, anaesthesia).

We have determined that a fairly high percentage of parents (71%) see the cause of the child's developmental delay in preventive vaccinations, which, in our opinion, requires further study of what this indicator is associated with. The "début" of the delay falls on the DPT vaccination (according to the vaccination calendar, the child of approximately 1.5–2 years old receives this vaccine). With reference to the information provided by the Committee for Consumer Rights Protection in the Republic of Kazakhstan: across countries of the former Soviet Union, Kazakhstan is the only country that, on the recommendation of the National Advisory Committee on Immunization, has switched to DTP vaccines containing acellular pertussis component despite the fact that such vaccines are



significantly more expensive than whole-cell vaccines. In addition to that, the DPT vaccine is part of combined five- and six-component vaccines, which provide protection against several infections simultaneously during immunization. In Kazakhstan, the list of infectious diseases against which vaccination is introduced is approved by the Resolution of the Government of the Republic of Kazakhstan “On approval of the list of diseases against which preventive vaccinations are carried out, the Rules for their implementation and population groups subject to routine vaccination” No. 2295 dated 30.12.2009.

In our opinion, the delay in mental and speech development at the age from 1.5 to 2 years becomes more noticeable than at the early age. At the age from 1.5 to 2 years, the social situation of development, which is the driving force of dynamic changes in mental development in a certain period (L. S. Vyhotskyi) forms such a neoplasm as the need for speech and language, the need to interact with the immediate environment. This is a clear diagnostic sign for parents.

According to a survey and conversation at the initial consultation at the Kenes Centre, the following are the main problems that a psychologist faces and continues to work with:

- Non-acceptance of the child’s diagnosis by the family; 9% — diseases: Covid, acute respiratory virus infection and other diseases during pregnancy that require the use of antibacterial therapy,
- Overstated expectations of a child with functional mental limitations, or vice versa — disappointment and blow to hopes, and high level of social pressure from outside;
- Transfer of responsibility to specialists or other persons involved in the rehabilitation process (sometimes searching for alternative, unproven, invalid, unscientific methods of remedial care);
- Illusory nature of the future (“the child will outgrow”);
- “Mythification”, endowing the child with qualities that he does not have or playing along (“he, like Einstein, also started talking late”; “at home, she understands everything, listens to me carefully”, “I read about Asperger’s syndrome. This is our case”, etc.);
- Denial of reality (avoiding PMPC, postponing examination);
- Stigmatization regarding the work of psychiatrists (unwillingness to have a child examined by a psychiatrist, since this is a “stigma” throughout life, deliberate non-use of medications prescribed by a psychiatrist).

As a result, parents do not form a comprehensive picture of mental development, there is no unified understanding of the goals and objectives of rehabilitation, there is a pursuit of “collecting” diagnoses, spot consultations of “top” specialists (“in trend”), the search for the guilty party is intensified. All these actions are destructive in nature in relation to the child, and only reflect the parents’ own feelings of guilt and attempts to ease their experiences.

Thus, depending on the parents’ decision, such a child can become a chronic psychotraumatic factor in the family or a unifying factor capable of bringing joy. It all depends on the family’s attitude towards this child, the correct understanding of the tasks

of upbringing, remedial care and approach. It is very important that the family has an adequate level of claim to the child. Parents often find themselves unable to accept such a child or have high expectations and are overly busy with the child. The child fails to cope; this irritates the parent and child, which makes the child worry excessively about his failure, suffer and as a result, the child often develops neurotic disorders that threaten with behavioural disorders and aggressiveness. At that, neurotic symptoms are aggravated, depression and psychosomatic disorders often occur. In addition to that, in our practice, we often meet parents, in particular mothers, with an impaired attachment and the lack of emotional contact with the child, or with infantile features who do not realise the full depth of the problem and the degree of their responsibility. Often, such parents measure attention by material values or satisfy only basic needs of the child's personality: food, clothes, and higher needs for love, care, games, conversations are omitted (next to each other, but not together, under supervision: physically the mother is near, but there is no emotional connection). Positive emotional environment and awareness of parents create a huge resource for building mental health of the child.

Therefore, at each stage from the identification of mental dysontogenesis in preschool child with functional mental limitations to the final stages of the rehabilitation route the family faces difficulties, both psychological and social. A psychologist is a mandatory member of the multi-modal rehabilitation team at each stage. The work of a psychologist is important at every stage, including diagnostics of rehabilitation potential, counselling, psychological support of the family, sometimes it is crisis intervention, psychological support for families raising a child with functional mental limitations, psychological correction of the emotional-volitional sphere, which contributes to personal growth, restoration of cognitive, motivational, emotional resources of the child's personality. Family involvement and a conscious attitude towards the characteristics of a child's mental development enhance the child's rehabilitation potential and increase resistance in overcoming difficulties on the path to socialisation.

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PSYCHOLOGICAL AND SOCIAL BARRIERS TO THE SOCIALIZATION OF PRESCHOOL CHILDREN WITH FUNCTIONAL MENTAL DISABILITIES (EXPERIENCE FROM THE REPUBLIC OF KAZAKHSTAN)

Abstract

Relevance. The problem of mental development of preschool children without pronounced mental pathology is becoming increasingly relevant every year. In special psychology and corrective pedagogy, one of the most important and urgent issues is the study of the features of the development of higher mental functions during childhood. In recent years, there has been a noticeable increase in the number of children with delayed mental development, and therefore with functional mental limitations, caused by biological, socio-psychological, environmental, and other factors, as well as their complex

combinations, which in one way or another lead to significant obstacles on the path to the socialization of the child.

Methodology. To solve the set tasks, the study used theoretical and empirical (pilot) research methods:

a) theoretical methods – analysis, classification, types, generalization of monographic studies and publications of domestic and foreign scientists of philosophical, sociological, psychological-pedagogical, general and special pedagogical orientation;

- international and domestic normative-legal documents in the field of inclusive education and the rights of children with disabilities; domestic and foreign informational collections and reference books, including ICD-10 and DSM-5;

informational resources of the Internet network;

b) empirical methods – surveys of families raising children with functional mental limitations and the study of anamnesis data of mothers in the pre- and postpartum periods. The representative sample consists of 39 mothers of preschool children with functional mental limitations without organic brain damage (according to ICD-10, the selected range of diagnoses for children: “Mental developmental disorders” (F80-F89); “Specific speech and language disorders” (F80), ADHD (F90, F90.0, F90.1, F90.8, F90.9)) from inclusive groups of the Social Adaptation and Labor Rehabilitation Center “Kenes” (Kazakhstan, Almaty).

Results. Analyzing the theories of mental development of personality, the following can be distinguished:

1. Biogenetic, which considers the individual with certain anthropological characteristics who goes through different stages of maturation as the phylogenetic program is realized in ontogenesis (biogenetic theories of S. Hall, M. Hutchinson, psychoanalytic approach of S. Freud);

Sociogenetic – focuses on studying the processes of socialization of a person, assimilation of social norms and roles, acquisition of social attitudes and value orientations (learning theories of J. Watson, B. Skinner, A. Bandura), according to which the acquisition of various forms of behavior occurs through learning;

Representatives of the personogenetic approach (A. Maslow, C. Rogers) focus on issues of activity, self-awareness and creativity of the individual, formation of the human “I,” self-realization of personal choice, and search for meaning in life; Cognitive theories (J. Bruner, J. Piaget) occupy an intermediate direction between biogenetic and sociogenetic approaches, since the main determinants of development are considered to be the genotypic program and the social conditions in which this program is realized;

2. A popular and influential developmental theory is the ecological systems model (U. Bronfenbrenner), which considers mental development as a dual process of restructuring by the individual of their life environment and experiencing influence from the elements of this environment. Among Ukrainian scientists working within the ecological approach to psychological research are Y.M. Shvalb, O.L. Vernik, O.O. Vovchuk-Blakytynaya, O.V.



Rudomino-Dusyatska, studying the topic of personal determinants of ecologically oriented life activity.

Conclusions. At every stage—from the detection of mental dysontogenesis in a preschool child with functional mental limitations to the final steps of the rehabilitation pathway—the family faces difficulties of both psychological and social nature. At each stage, the psychologist is an essential member of the multimodal rehabilitation team. The work of the psychologist is indispensable at every phase: including diagnosis of rehabilitation potential, counseling, psychological support of the family, sometimes crisis intervention, psychological assistance for families raising a child with functional mental limitations, psychological correction of the emotional-volitional sphere, which promotes personal growth, restoration of cognitive, motivational, and emotional resources of the child's personality. Family involvement and conscious attitude toward the child's specific mental development enhance the rehabilitation potential and strengthen the child's resilience in overcoming difficulties on the path to socialization.

Keywords: functional mental limitations, dysontogenesis, risk factors of developmental delay in preschool children.

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