

– обращаться за помощью, развивать сеть социальной поддержки на принципах паритета и взаимного уважения, при необходимости консультироваться с психологом или терапевтом.

Эти шаги могут помочь создать более здоровые и сбалансированные отношения как с собой, так и с окружающими.

Таким образом, личностная дифференциация является важным предиктором здоровых межличностных отношений в семье. Развитие этой способности способствует созданию атмосферы доверия, уважения и поддержки, что в конечном итоге ведет к более крепким и удовлетворительным семейным связям. В контексте семейных отношений она играет важную роль в установлении здоровых межличностных связей. В семейной системе дифференцированность проявляется как способность человека быть эмоционально независимым, сохраняя при этом здоровые связи с другими. Это означает умение отделять свои чувства и мысли от чувств и мыслей других членов семьи.

Эмоциональная зависимость как основа созависимости и дифференцированность представляют собой принципиально разные характеристики взаимодействия в семье. Понимание этих различий может помочь людям улучшить свои отношения и достичь большей эмоциональной независимости и гармонии в личной жизни, повысить качество межличностных отношений в семье.

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FEATURES OF ATTACHMENT DISORDERS IN PRESCHOOL AND SCHOOL-AGE CHILDREN IN SOCIAL-PEDAGOGICAL CENTERS

The article presents the results of an empirical research on the features of attachment in children residing in social-pedagogical centers (SPCs). Special attention is paid to a comparative analysis of attachment indicators and interpersonal relationships in preschool and school-age children. Using statistical methods (Student's t-test for independent samples), significant differences between age groups were identified across a number of key parameters.

The results indicate the specificity of attachment disorders depending on age, which must be taken into account when developing psychological and pedagogical correctional programs. The article is addressed to psychologists, social pedagogues, SPC specialists, and other professionals in the field of child protection.

Keywords: attachment, maternal deprivation, social and pedagogical centers, preschool children, school-age children, interpersonal relationships, statistical significance, comparative analysis.

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ОСОБЕННОСТИ НАРУШЕНИЯ ПРИВЯЗАННОСТИ У ВОСПИТАННИКОВ СОЦИАЛЬНО-ПЕДАГОГИЧЕСКИХ ЦЕНТРОВ ДОШКОЛЬНОГО И ШКОЛЬНОГО ВОЗРАСТА

В статье представлены результаты эмпирического исследования особенностей привязанности у воспитанников социально-педагогических центров (СПЦ). Особое внимание уделено сравнительному анализу показателей привязанности и межличностных отношений у детей дошкольного и школьного возраста. С использованием статистических методов (t-критерий Стьюдента для независимых выборок) выявлены значимые различия между возрастными группами по ряду ключевых параметров. Результаты свидетельствуют о специфике нарушений привязанности в зависимости от возраста, что необходимо учитывать при разработке психолого-педагогических коррекционных программ. Статья адресована психологам, социальным педагогам, специалистам СПЦ и другим работникам сферы защиты детства.

Ключевые слова: привязанность, материнская депривация, социально-педагогические центры, дети дошкольного возраста, дети школьного возраста, межличностные отношения, статистическая значимость, сравнительный анализ.

The problem of the formation and disruption of attachment in children deprived of parental care or raised in adverse conditions remains one of the most pressing issues in modern psychology and pedagogy. As noted in the classical works of J. Bowlby and subsequent research, a secure attachment to a significant adult in early childhood serves as the foundation for healthy psychological development, the formation of a positive self-concept, and the capacity for empathy and relationship-building [1]. Attachment disorders, often caused by maternal deprivation, maltreatment, or instability of the family environment, lead to serious personality distortions: increased anxiety, aggressiveness, difficulties in social adaptation, and a negative self-image and worldview.

A special risk group consists of children temporarily or permanently placed in residential institutions, such as social-pedagogical centers (SPCs). While performing a protective function, these institutions often cannot compensate for the lack of individual, emotionally rich communication with a stable adult. However, to improve the effectiveness of psychological support, it is important to consider the age dynamics of these disorders. The perception of family, the need for communication, and the forms of maladjustment can differ significantly between preschool and school-age children, due both to stages of psychological development and accumulated (often traumatic) experience.

The study involved 30 children from the Gomel State Social-Pedagogical Center, aged 5 to 15 years. In accordance with the research objectives, the sample was divided into two age groups:

- group 1 (preschoolers): 13 children aged 5–6 years;
- group 2 (schoolchildren): 17 children of primary and secondary school age (7–15 years).

The following diagnostic methods were used:

- the projective "Family Drawing" technique (L. Corman) was used to assess the emotional perception of the family situation, the child's position in the family, and the presence of conflicts and anxiety.

- R. Gilles' "Film Test" method is aimed at studying the child's system of interpersonal relationships. It assesses 13 scales combined into two blocks: *Specific-personal relationships*: attitude towards mother (1), father (2), parents as a whole (3), brothers/sisters (4), grandmother/grandfather (5), friend (6), teacher/caregiver (7); *Personality characteristics*: curiosity (8), desire for communication in groups (9), desire for leadership (10), conflict/aggressiveness (11), reaction to frustration (12), desire for solitude (13).

Student's t-test for independent samples was used to test the statistical significance of differences between the groups of preschoolers and schoolchildren.

As a result of qualitative analysis of the family drawings of SPC children, the following were identified:

- omission of family members (53 % of children), which may indicate conflictual relationships or emotional rejection;
- absence of the author in the drawing (26.6 %), indicating feelings of inferiority or rejection within the family;
- aggressive depiction or crossing out of parents (16.6 %), reflecting traumatic experience of interaction;
- distancing between figures, use of barriers, indicating emotional disunity.

These data visualize the depth of attachment disorders and serve as an important context for interpreting quantitative results.

A comparative analysis of interpersonal relationships and personality characteristics according to R. Gilles' method and the summary results of statistical analysis are presented in Table 1.

Table 1 – Comparative Analysis of R. Gilles' Method Indicators in Preschoolers and Schoolchildren (SPC) (M ± SD) and Results of Student's t-test

Scale No.	Indicator	Preschoolers (n = 13) M±SD	Schoolchildren (n = 17) M±SD	t-criterion	p-value	Significance Level
1	2	3	4	5	6	7
1	Attitude towards mother	6.31±2.43	6.00±2.45	0.34	0.735	Not significant
2	Attitude towards father	3.31±1.84	3.29±1.86	0.03	0.977	Not significant
3	Attitude towards parents as a whole	4.08±1.55	4.47±1.33	−0.74	0.465	Not significant
4	Attitude towards brothers/sisters	5.15±3.63	3.06±2.83	1.83	0.048	p < 0.05
5	Attitude towards grandmother/grandfather	6.23±4.81	3.35±3.91	1.84	0.046	p < 0.05

End of table 1

1	2	3	4	5	6	7
6	Attitude towards friend	1.15±0.80	1.24±0.83	-0.30	0.767	Not significant
7	Attitude towards teacher	2.85±1.21	3.29±1.31	-0.98	0.337	Not significant
8	Curiosity	3.92±0.86	4.41±0.71	-1.78	0.086	Not significant
9	Desire for communication	2.54±1.39	2.53±1.70	0.02	0.984	Not significant
10	Desire for leadership	1.38±0.87	1.24±1.03	0.40	0.691	Not significant
11	Conflict/Aggressiveness	4.46±1.61	4.71±1.65	-0.44	0.665	Not significant
12	Reaction to Frustration	3.62±1.71	3.24±1.68	0.62	0.539	Not significant
13	Desire for Solitude	7.00±3.16	6.65±3.26	0.30	0.766	Not significant

According to the data presented in Table 1, the following can be noted. Statistically significant differences were found in *the attitude towards brothers and sisters* (Scale 4): this indicator is significantly higher in preschoolers ($M = 5.15$) than in schoolchildren ($M = 3.06$), $p < 0.05$. This may indicate that for preschool children in conditions of deprivation, emotional bonds with siblings (real or symbolic, projected onto peers in the center) play a more important compensatory role. At this age, when the need for close emotional contact is extremely high and relationships with parents are impaired, brothers and sisters can become objects of secondary attachment. In schoolchildren, this connection weakens, possibly due to accumulated experience of competition for limited adult attention resources, as well as a greater orientation towards the external social world.

Significant differences were also found in the Attitude towards grandmother and grandfather (scale 5): a significant difference was also revealed: the indicator is higher in preschoolers ($M = 6.23$) than in schoolchildren ($M = 3.35$), $p < 0.05$. This result is consistent with the qualitative analysis data of the drawings and indicates the specificity of the perception of the extended family. For many preschoolers from dysfunctional families, grandparents are often more stable and emotionally warm figures than parents. They may be associated with care and safety. Schoolchildren, having broader social experience and possibly a more realistic understanding of the family situation, demonstrate a less idealized Attitude towards these relatives.

Thus, the differences are *statistically significant* in the sphere of relationships with the extended family environment (siblings, grandparents). *The absence of significant differences* on the scales of attitude towards parents (mother, father, parental couple) indicates that **basic disruption of primary attachment** is a common, cross-cutting characteristic for SPC children regardless of age. Both age groups demonstrate a similar, relatively low or ambivalent level of orientation towards parents, which confirms J. Bowlby's theory about the depth and persistence of the consequences of maternal deprivation.

No significant age differences were found in key personality characteristics related to maladjustment: **conflict/aggressiveness (Scale 11)** and **desire for solitude (Scale 13)**

are at a high level in both groups. This confirms the conclusion about the formation of a defensive behavioral model in such children, combining aggressive outbursts to attract attention (even negative) and withdrawal into oneself as a reaction to frustration and distrust of the world.

Thus, **age-specific features are manifested not in the depth of attachment disruption to parents or the general level of maladjustment, but in the ways of emotional compensation**. Preschoolers, to a greater extent, try to “cling to” available objects of secondary attachment within the family system (siblings, the older generation). Schoolchildren, losing this illusory support, demonstrate a more evenly distributed and possibly more superficial system of relationships, which is consistent with the described phenomenon of an “affectionless character”.

According to M.I. Lisina’s concept, throughout preschool and school age, forms of communication with adults successively change from situational-business to extra-situational-cognitive and personal [2]. In children from SPCs, this sequence is disrupted. The identified high orientation of preschoolers towards grandparents can be interpreted as a “fixation” on the need for benevolent attention (characteristic of early stages), which they try to satisfy in the center's conditions through available, often idealized, adults. In schoolchildren, the underdevelopment of extra-situational-personal communication, based on trust and mutual understanding, manifests itself in general withdrawal and difficulties in verbalizing experiences, which is confirmed by high scores on the “desire for solitude” scale.

Thus, attachment disorders in SPC children are systemic, affecting not only the emotional but also the cognitive-communicative sphere. This requires a comprehensive approach to correction, where, along with creating a stable environment and building trusting relationships with a significant adult, special psychotherapeutic methods are necessary to work with deep-seated experiences, trauma, and negative working models.

Taking into account the age differences, the following can be recommended for work: **with preschoolers:** identify and support positive connections with brothers/sisters, grandparents, if they are a resource for the child. These connections can become a bridge for establishing contact with a psychologist. In correctional work, use play techniques that enact the roles of brother/sister, caring for younger ones, which will help work through both positive experiences and jealousy and competition. To form a prototype of a secure attachment, it is necessary to create conditions for stable, predictable communication with the same adult (caregiver, volunteer). In work **with schoolchildren**, the emphasis should be placed not on restoring an idealized family image, but on developing skills for building social relationships outside the family context. For this age, group work aimed at developing empathy, cooperation, and constructive conflict resolution will be effective. This helps compensate for the lack of positive peer communication experience, and inclusion in career guidance and developmental activities allows the child to feel competent and valuable outside the parent-child relationship system. Assistance in recognizing and verbalizing their feelings and experiences related to the family is also important for reducing levels of internal aggression and anxiety.

Gentle ways of working with the traumatic and negative experiences of SPC children can include the integration of art therapy methods and MAC (Metaphorical Association Cards) into correctional work (Table 2).

Considering the identified features and age specificity, projective and expressive methods, which allow bypassing resistance and verbal limitations, and safely expressing complex feelings, can show high effectiveness in working with SPC children.

Table 2 – Art Therapy Methods for Working with Children in SPCs

Art Therapy Methods	For Preschoolers	For Schoolchildren	Important Condition
1	2	3	4
Isotherapy	Exercises “ <i>Drawing of a Safe Place</i> ”, “ <i>My Strongest Emotion</i> ” (in the form of a color/stain/creature). These techniques help symbolize and contain anxiety, aggression, and fear. <i>Joint drawing</i> (psychologist and child on one sheet) can serve as a metaphor for building reliable relationships, synchronization, and support.	More complex techniques: creating a series of drawings “ <i>Me in the Past, Present, and Future</i> ” for working with identity; the “ <i>Mandala</i> ” technique for reducing emotional tension and integrating the self-image. Collage on the theme “ <i>My Resources and Support</i> ” helps visualize what (or whom) the child can rely on, actualizing even weak positive connections.	Any technique (art therapy, fairy tale therapy, MAC) should be applied not in isolation, but in the context of <i>building stable, trusting relationships</i> between the child and the psychologist/teacher. The very process of joint creative activity, attention to the child’s images and metaphors, and their acceptance without criticism is already therapeutic and works to restore basic trust in the world of adults. Group forms of work with these methods also contribute to the development of social intelligence, empathy, and cooperation skills among the children.
Fairy Tale Therapy	<i>Composing and acting out fairy tales</i> about heroes who got lost but found a home, about animals that care for others’ offspring. This allows working through themes of loss, rejection, and gaining new care in a metaphorical form. Ready-made therapeutic fairy tales can be used, but the process of jointly creating a story is more important, <i>where the child can influence the plot and give the hero the resources they themselves need.</i>	The technique “ <i>A Fairy Tale About My Life</i> ” – creating a metaphorical autobiography through images of fairy-tale characters, roads, obstacles, and helpers. This promotes comprehension of one’s experience, distancing from trauma, and searching for inner strength. <i>Analysis of classical fairy tales</i> (“The Ugly Duckling”, “Cinderella”) with an emphasis on the theme of injustice, overcoming, and finding one’s place can be a powerful tool for identification and catharsis.	

End of table 2

1	2	3	4
Method of Metaphorical Association Cards (MAC)	<p><i>Universality for both ages:</i> MACs are a gentle, non-directive tool. For children from SPCs, with their distrust of direct questions, this is a safe way to “reveal” their internal relationship models:</p> <p><i>“My Family in Images”:</i> the child is asked to choose from a deck of cards with abstract or object images a card for each family member (including themselves) and explain their choice. This reveals deep, unconscious perceptions and emotional emphases in the family system.</p> <p><i>“Figure of a Significant Adult”:</i> choosing a card that could become a “helper” or “support”. This allows assessing whether there is an image of a reliable figure in the child’s mental space and what qualities it possesses.</p> <p><i>“Path and Obstacle”:</i> the child lays out cards symbolizing their current state, desired future, and obstacles on the way. This helps in goal setting, discussing difficulties, and finding internal and external resources to overcome them.</p>		

In summary, the conducted study using statistical analysis confirmed the presence of profound attachment disorders in children from social-pedagogical centers, and these disorders are persistent and have age-specific features in the ways of emotional compensation. It has been established that disruptions in primary attachment to parents are common to preschool and school-age children and are manifested in high levels of anxiety, aggressiveness, and a desire for solitude. Preschoolers in conditions of deprivation significantly more often than schoolchildren emotionally orient themselves towards brothers/sisters and grandmothers/grandfathers. This indicates age dynamics in the strategies of emotional compensation for disrupted parent-child relationships.

Considering these differences is an important condition for increasing the effectiveness of psychological and pedagogical support for children in SPCs. Correctional work should be differentiated: for preschoolers – based on the possibilities of forming secondary attachments; for schoolchildren – with an emphasis on developing social competence and processing traumatic experience. The ultimate and most important goal remains creating conditions for the child to acquire a permanent supportive family, as no institutional care, even of the highest quality, can fully compensate for the loss of a reliable emotional connection with a significant adult.

This imposes special requirements on psychological and pedagogical support. The diagnostic stage, based on projective methods and standardized tests, should logically transition into the stage of correctional and developmental work.

Integrating methods of isotherapy, fairy tale therapy, and MAC into this work appears to be a highly effective direction. These methods meet the key needs of children with disrupted attachment: they allow working with preverbal traumatic experience, safely expressing ambivalent and negative feelings, and creating new, more adaptive internal images of the self and relationships. For preschoolers, the emphasis should be on sensorimotor

expression and metaphorical enactment of themes of care and safety through fairy tales and drawing. For schoolchildren, techniques aimed at comprehending experience, constructing a narrative of their life, and developing reflection through work with metaphorical cards and complex art objects become more productive.

The ultimate goal remains not simply correcting an individual symptom, but creating conditions for forming a new experience of reliable relationships. The therapeutic alliance with the psychologist, a supportive atmosphere in the group, and, ideally, gaining a permanent accepting family – these are the "building blocks" from which a new, healthier working model of attachment can be built, giving the child a chance for full psychological and social development.

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