

# FEATURES OF AGE DYNAMICS OF DEVIANT BEHAVIOR OF CHILDREN AND TEENAGERS WITH NEUROSIS-LIKE STATE OF RESIDUAL-ORGANIC GENESIS

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## Abstract

*The study presents the identification and study of the characteristics of the formation and dynamics of various forms of deviant behavior in the clinic of neurosis-like states of residual-organic genesis, that is guided by the principles not previously used in the study of the studied pathology. Behavioral disorders were studied in a comparative aspect in two clinical variants, which are asthenohyperdynamic and astheno-adydynamic manifestations of the cerebrotensive syndrome, which is a part of the structure of a neurosis-like state. The age dynamics of behavioral disorders was studied at different stages of ontogenesis, including childhood, prepubertal and puberty, by comparing the obtained data labeled by the subheadings "Period of the first age crisis", "Period of the second age crisis" and "Puberty period". The study found that age response forms reflect the low personal resources of adolescents and the massiveness of negative social influences. As the analysis of clinical material has shown, during puberty, violations in the sphere of cravings became more distinct. Disorders in the sphere of inclinations at this age are closely correlated with the features of the somato-endocrine metamorphosis and with the unfavorable influence of socio-psychological factors. Lack of sexual desire was in direct proportion with a pronounced delay in puberty. Violations in the sphere of sexual desire, reflecting the nondifferentiation of the sexual attitudes of adolescents with delayed puberty, were characteristic of those studied with pronounced volitional immaturity, in particular with such signs as suggestibility, a tendency to imitation. During puberty, the clinical picture of the studied adolescents revealed more clearly the qualitatively new pathological properties of the personality due to the development of excitable, unstable, less often labile and hysterical manifestations. In contrast to psychopathic behavior in sick children and adolescents, no correlation was found between the first signs of deviant behavior and cerebrotensive disorders. In all cases, behavioral disturbances are caused by unfavorable micro-social factors. Based on the follow-up data, the study has found that the studied group of sick children and adolescents is characterized by both favorable dynamics (22) and a negative outcome (20 patients). This suggests that the pubertal period is characterized by a polymorphism of behavioral disorders and is one of the decisive factors in the prognosis of the further development of the child.*

**Keywords:** asthenohyperdynamic & astheno-adydynamic manifestations, cerebrotensive disorders, deviant behavior, neurosis-like states, micro social factors, psychopathic behavior, residual organic genesis pathological personality traits.

## Introduction

The identification and study of the characteristics of the formation and dynamics of various forms of deviant behavior in the clinical framework of neurosis-like states of residual-organic genesis are subject to certain principles not previously used in the study of the studied pathology.

In the study behavioral disorders were compared according to two clinical options. These options were asthenohyperdynamic and astheno-adydynamic manifestations of the cerebrastenic syndrome, which is a part of the structure of a neurosis-like state. The age dynamics of behavioral disorders was studied at different stages of ontogenesis, including childhood, prepubertal and puberty, the data obtained were compared for two groups involved in the study. During the research, the clinical picture as a whole was studied in parallel with the received information about the dynamics of various forms of disturbing behavior. Symptoms due to organic brain damage, psychopathology inherent in the main critical phases of development, particular qualities of maturation asynchrony, social - psychological aspect of personality development were diagnosed.

Of significant importance for the research was to establish a correlation between the clinical features of the disorders and deviant behavior. The value of comparing identified forms of impaired behavior in two clinical variants, despite the same name of the syndrome and pathogenesis, is determined by a number of significant differences that play an important role in the tactics of rehabilitation measures.

Thus, the principles used in the work allowed to fully trace the formation and dynamics of various forms of behavioral disorders inherent in the subjects of both groups, to identify the most characteristic for each of groups, to determine the causes of the formation of behavioral disorders and the criteria for subsequent treatment and their medical and pedagogical impacts.

### *The Purpose of the Study*

The purpose of the study is to identify the formation, dynamics, and causes of various forms of deviant behavior in the clinical picture of neurosis-like states of residual-organic genesis, to substantiate the principles and content of the necessary therapeutic and medical and pedagogical influences.

The implementation of this goal requires contribution to the further development of the effectiveness of child and adolescent psychiatry, clinical psychology and psychotherapy. First of all, it is the promotion of mental health stability, as it is justified by The International Association for Child and Adolescent Psychiatry and Allied Professions' (IACAPAP) (Hodes & Gau, 2016); the creation of unique innovative ways in the field of studying the psychopathology of children and adolescents (Almonte C. & Montt, 2019); recognizing the importance of building a space that integrates youth mental health protection (McGorry, Tretnowan & Rickwood, 2019); and the need to differentiate depressive disorders in children and adults in the new classification of ICD-11, which will be submitted for approval by Member States at the World Health Assembly in May 2022 (Alotaibi, 2015; American Psychiatric Association, 2014 & American Psychological Association Society of Clinical Psychology (APA), 2017).

## Methodology of Research

The research methodology embraced the selection of groups of subjects with signs of early organic brain damage, analysis of anamnestic data, including the definition of the main criteria for cerebral residual organic failure in this category of sick children and adolescents. It was a longitudinal study with a two-phase mirror collection of data on patients to compare their dynamics over 12 years. The study covered the period of development of children from 3 to 15 years. The stages of the study were the periods of the first and second age crisis of children with signs of early organic brain damage. The research methods covered the identification of manifestations of depression in childhood as it relates to adaptation and other clinical components (Garaigordobil, Bernaras, Jau-reguizar, & Matxinbarrena, 2017), as well as identification of these signs in depressive adolescents (Foster & Mohler-Kuo, 2018).

Of great importance in the selection and application of research methods was the analysis of the experience of conducting longitudinal psychological studies of children and adolescents, which were completed and published by 2014-2015. (Brent, Brunwasser, Hollon, Weersing, V. Clarke, Dickerson, ... Garber, 2015; Cairns, Yap, Pilkington & Jorm, 2014; Gutiérrez, B., Bellón, Rivera, Molina, King, Marston, & Cervilla, 2015).

The content of manifestations of early organic brain damage in their dynamics from the childhood period to the late adolescence was compared with the results of the formation of self-control in children during their schooling (Duckworth, Gendler, & Gross, 2014) and with the parallel study whose results were published in 2015 (Hankin, Young, Abela, Smolen, Jenness, Gulley, ... Oppenheimer, 2015).

Methods of summarizing the data correlated with the previously developed guidelines (American Psychiatric Association, 2013) and with the structure of mental disorders (Kim & Eaton, 2015), which confirmed the validity of our methods.

### *The Period of the First Age Crisis*

The group included 82 persons with the signs of early organic brain lesion.

Analysis of the anamnestic data of the group's members allowed to determine the characteristics of the psychophysiological development of children, regarded as evidence of cerebral residual organic failure. These were the delay in the development of fine motor skills (66%), speech function delay with an irregular development formula (vocabulary restricted by 10-15 words up to the age of 3 followed by an abrupt change - 25%); in somewhat late period the features above combined with sound pronunciation defects and tied tongue. In the vegetative-instinctive sphere, there was a decrease in the food instinct (12%), dysfunction of the digestive organs (15%), sleep-wakefulness rhythm, along with prior arousal before bedtime (45%). The above disorders are vivid manifestations of the so-called "organic neuropathy". Existing effects of organic brain damage increase in the period of the first age crisis which is characterized by immaturity and functional imperfection of the nervous system, by the deep restructuring of its interaction with the endocrine system, by formation and expansion of the second signal system connections. Thus, the phenomena of neuropathy become more pronounced, the cerebrale symptoms grow stronger and are manifested in irritable weakness, increased fatigue, often combined with enuresis (34%), stuttering (11%). Against this background, a violation of psychomotor activity expressed in hyperactivity is clearly manifested. For children with the disorder, inherent are increased motor activity, alleviated background of mood, and rapid satiety by various activities. Although game actions are adequate, interest in the game quickly fades away, the ability to play alone is absent in the majority of patients. Diseased children are dominated by the desire to find a partner due to increased communicability. However, even in this situation the sick children don't conclude the game, throw away boring toys in the state of excitement, alternate loud laughter, and short cries, start fights. Along with pronounced excitability, children in some cases are characterized by aggressiveness, stubbornness. These features form fertile ground for the development of reactions of affectively excitable type and hysterical forms of response. Increased hyperactivity was registered due to emotions both positive and negative and also due to physiological factors. The latter are unsatisfied hunger, thirst, urge to urinate, manifestations of repeated exogenous-organic hazards.

Referring to the analysis of data on the hereditary alcoholism of one or both parents (63%); microsocial conditions consisting in deprivation of parental rights of one or both parents (13%), absence of one of parents (59%), conviction (17%), parasitism (16%), constant conflicts in the family (71%), one cannot deny the fact that the contingent under examination belongs to special category of children who early on felt a rather significant imprint of a very unfavorable family microclimate. In essence, the observed children stayed without supervision, they were not only timely examined by specialist doctors, but were not observed by them for a long period, until the beginning of school, and of course did not receive timely and targeted treatment. The great majority of such children were not ready for school (54%). It was not only due to psychophysiological features, manifested by the weakness of inhibitory processes, by the obstruction of the formation of complex and in-

tercentral connections, providing an arbitrary regulation of behavior and all mental activity. Our study, significant for the observables of this group, revealed the pronounced cerebrastenic symptoms, manifested in increased fatigue, exhaustion, insufficient memory in combination with the unfavorable dynamics of the influence of the previously mentioned micro-environmental factors.

Thus, characterizing the clinical manifestations in the group in the first age-critical phase of development, it can be concluded that the severity of the described above disorders correlated with the massiveness of early and repeated exogenous-organic injuries, with the nature of microsocial conditions and caused significant difficulty in the adaptation of the children and adolescents of the group among peers.

### *The Period of the Second Age Crisis*

During the second age crisis that had due to existing biological particular features a great impact on the dynamics of the disorders on the children and adolescents in the group, there is a significant complication of the clinical picture. The pronounced polymorphism of clinical symptoms is caused by strengthening of psychoorganic disorders and by the increased weight of emotional-volitional disorders. So, the following was found: weak concentration, distractibility, and uneven pace of mental performance, lack of conceptual thinking, weakness of logical memory, superficiality, and inconsistency of judgment. Perception remained superficial and incomplete; representations were noted to be unstable and fragmented.

In the emotional-volitional sphere, manifestations of superficial feelings and instability of sympathies prevailed. As a rule, reactions to any impression were short-lived, with naivety and increased curiosity. The motor disinhibition intensified, restlessness, randomness, unpredictability, inability to work out a certain strategy and tactics of one's behavior were more pronounced. Being very sociable, for a rather short period of time, children and adolescents found themselves in the center of attention of their peers; however, due to their inability to productively realize the opportunities, they quickly lost their interest and respect. To return very short-term leadership positions, children often used physical strength, rudeness, and shouts.

However, the main difficulties in behavior were associated with the beginning of schooling, the development of a new dynamic stereotype. Taking into account that the overwhelming part of the subjects (54%) haven't mastered the knowledge that determines the basis of further education at school, as well as neurodynamic disturbances characteristic of the group, the phenomena of their school failure were expressed universally. Fatigue and headaches (15% of observations) manifested, as a rule, by the end of the first lessons, and in 39% of observations by the end of the day. As the satiation increased, at the same time increased the arousal. The analysis of the pedagogical characteristics of the examined children testified to the loss of interest in the knowledge gained in the classroom, which was manifested in restlessness and violations of the discipline. The latter expressed in random questions during the explanation of the teacher, in aimless walking around the class, shouting, clowning. These children and adolescents responded to the persistent remarks of teachers by violent, but short-lived affective reactions (17%). Cerebrastenic symptoms, clearly manifested during this period, that by itself largely define the behavior deviations, further aggravated the existing disorders. Inherent in the group features such as subordination, increased compliance with the influence of socially negative environment combined with adverse micro environmental effects.

Considering that the contingent of examined children received treatment and studied in a psycho-neurological boarding school and spent most of the time (6 days out of 7 weekly) there, an analysis of the surrounding microenvironment and of the reasons contributing to the occurrence of decompensation was conducted. The reasons under study were an active rejection and ignoring of this contingent by the teachers and the school team of, constant disciplinary action without clarifying the reasons for the committed offenses, forced labor, and study, lack of engagement and participation in work according to age, personal characteristics, interests, and ultimately mental state. The result was craving for pleasure, a desire to avoid study and labor. Thus, the rate of conflicts with teachers, associated with regime requirements (43%), and the rudeness towards teachers and

educators (26%) increased. Inherent in such children lack of fixation both on a reprimand and on encouraging for their actions made it impossible to develop satisfactory forms of social behavior.

The reactions of protest, imitation, opposition, groupings observed at the stage were rudimentary and expressed in the form of “hysterical rolling”, of crying, of primitive destructive tendencies, and elementary actions “in spite”; attempts to commit suicide were staged, things belonging to certain persons were set on fire.

The listed behavioral disorders inherent in the examined category of children still more significantly worsened the existing academic failure (67%). Thus, a vicious circle of mutual influences of school failure and impaired behavior was created, forming disadaptation and pedagogical neglect, causing further difficulties in social adaptation. It should be noted that during phase II of critical development, in the 1/3 of the observed groups school disadaptation and persistent failure were so expressed that this contingent of children was diagnosed with “Mild mental retardation” (11%) or with the “Early organic brain damage with intellectual deficiency” (13%); the auxiliary school program was recommended.

As the analysis of the data has shown, the symptoms described above were temporary, closely correlated with the biological features of the second age crisis, with the early and repeated exogenous-organic hazards, and with adverse microsocial conditions. In this regard, we should talk only about a temporary aggravation of the severity of the mental state of our subjects, justly qualified as a phenomenon of decompensation in children with cerebral residual organic failure. In the genesis of decompensations, in addition to the pedagogical and psychological unpreparedness of the studied subjects to the beginning of schooling, significant roles play the changing of the dynamic stereotype, the lack of a differentiated approach on the part of teachers, and inadequate requirements to the children.

Thus, taking into account all said above, it may be concluded that the transfer to auxiliary schools was unjustified, since the requirements imposed by the education program of such schools led to insufficient engagement of children’s potential, to greater pedagogical neglect teaching, to aggravated behavioral disorders expressed by lack of discipline with a high rate of breakdowns of classes, violation of regime rules of the school.

The interpersonal relations in the studied category of children allow making the following generalizations that help to support all stated above: the majority in the group lacked understanding of their illicit condition. There was also no sufficient attachment to the close ones, no vivid experiences of school failures. Along with the stated above, the children of the studied group were characterized by a negative attitude towards teachers, by the desire for dominance.

## Research Results

Based on the analysis of the material under study, we found that by the beginning of puberty, on the background of the leveling of cerebrastenic symptomatology in sick children and adolescents, behavioral disorders were caused by personality deviations. The distinct development of the pathocharacterological syndrome observed in 33 adolescents was promoted by the effect of unfavorable environmental and long-lasting psychogenic factors (incomplete family (59%), frequent family conflicts (71%), parents’ vagrancy (16%), hypo custody (46%), neglect (26 %), and strict conditions of education (16%). Of significance here were revealed deficiencies in the boarding school, manifested in the absence of emotional warmth on the part of teachers and educators, in the formalism of compliance with the school regime that borders on hyperprotection and at the same time opens ways for hidden neglect, cruel relationships among peers, and the spread of evil influence. The pathocharacterological reactions of protest and opposition, imitation, grouping with older asocial people observed in the studies contingent led to delinquency. As can be seen in the table data at the given period the delinquent behavior was characterized by escapes from home (24%), school leaving (42%), and by vagrancy. Here we also have registered minor thefts (33%), smoking (13%). All the data is presented in Table 1.

**Table 1. Characteristics of the delinquent behavior of the studied (number of people, %).**

No.	Delinquent manifestations	Before puberty			Puberty		
		Group I n = 82	Group II n = 64	Control n = 25	Group I n = 82	Group II n = 64	Control n = 25
1.	School and home escapes	54 (65.85)	-	-	56 (68.29)	-	-
2.	Vagrancy	18 (21.95)	-	-	31 (37.80)	-	-
3.	Begging	39 (47.56)	-	-	28 (34.15)	-	-
4.	Minor thefts	27 (32.93)	-	-	35 (42.68)	-	-
5.	Cash extortions	21 (25.61)	-	-	37 (45.12)	-	-
6.	Gamble	9 (10.98)	-	-	21 (25.61)	-	-
7.	Robbery	13 (15.85)	-	-	29 (35.37)	-	-
8.	Vehicle theft	-	-	-	7 (8.54)	-	-
9.	Contact with the antisocial group	17 (20.73)	-	-	30 (36.50)	-	-
10.	Alcoholism	11 (13.41)	-	-	27 (32.93)	-	-

It is important to note that the manifestations of delinquency in patients presented in Table 1 combined with such personality types as hyperthymic-explosive, unstable, affective-labile, and hysteroid. Pathological forms of deviant behavior clinically correlate with the identified psychopathic state. In its occurrence important role play repeated craniocerebral traumas and long-term somatic diseases, unfavorable microenvironmental factors, in particular, family distress, manifested by insufficient guardianship, neglect related to alcoholism of one or both parents, conditions of an incomplete family, as well as deficiencies of treatment and control.

Given the tendency to develop a preferred way of responding at a prepubertal age, manifestations of psychopathic syndrome with increased affective excitability were observed in 11 cases, and with mental instability - in 8 cases.

In the emotional sphere of such children, a lowered background of mood prevailed with intermittently occurring dysphoria. In response to disciplinary measures, they made escapes and revealed pronounced reactions of anger with an aggressive focus on others. However, the affective outbreaks were short-lived, accompanied by a critical assessment, complaints about the inability to maintain self-control. Disorders in the affective sphere revealed themselves as vagrancy, homosexual relations, episodic alcohol consumption, and smoking. Sadistic tendencies were observed not only in relation to animals but also to peers and younger children.

Thus, the analysis of clinical symptoms in general, that manifested themselves during the second age crisis, showed that the studied group was characterized by complication and modification of behavioral disorders causing school and social maladjustment.

The data obtained in the study indicate that for the contingent of patients under study show that signs of cerebral residual-organic deficiency facilitate the occurrence of delinquency, and the presence of adverse environmental and psychogenic factors directly contributes to the manifestation of delinquent behavior.

#### *Puberty Period*

In this most important, difficult and unique age period, the severity and polymorphism of behavioral disorders is determined by the massiveness of nonspecific age-related psychopathological symptoms, the appearance of psycho-endocrine disorders exaggerated by the manifestation of the psychological crisis of maturation. At the same time, at this stage, behavioral disorders were clearly exposed and occupied one of the leading places in the clinical picture of the studied group.

Based on the findings of the study, it is necessary to emphasize that the majority of adolescents (35%) have behavioral disorders due to personality deviations and in much less degree due to cerebral dispensation. At puberty, the leveling of cerebrastenic symptoms is observed. However, due to various adverse factors, periods of decompensation are possible. According to our data, such adverse effects can include:

- disharmonious passing of puberty period,
- overload in the study and physical overload,
- severe somatogenic factors,
- recurrent traumatic brain injury, regardless of severity.

The manifestations of deviant behavior were observed against the background of conditions designated as “pubertal asthenia”. The asthenic radical contributed to the stabilization of the inability of purposeful volitional actions, low work capacity, and productivity, rapid satiety of all activities, instability of behavioral stereotype. Adolescents, who revealed early pedagogical neglect, at the stage of the negative phase of puberty, became even more unsuitable in terms of education. The sum of information and knowledge of the examined persons was significantly limited, and, as a rule, did not correspond to the received education, although the potential capabilities of the intellect and learnability were sufficient. The absenteeism in classes, departure from school, and vagrancy characteristic to such a contingent increased. The lack of a tendency towards the development of social maturity, the detected defectiveness of moral and ethical attitudes largely determined the frequency of behavioral disorders aggravating school and social disadaptation.

Some types of cerebrastenic and vegetal-histonic symptoms were determined against the background of somato-endocrine metamorphosis, which proceeded in normal terms, but disharmoniously in 58.5% of observations; with the acceleration of puberty – in 23.2%, and with retardation in 7.3%. Symptoms such as headache occurred in this period in 45% of adolescents, fatigue - 51%, exhaustion in 61%, irritability - in 54%. There were sleep disorders (25%), fears (15%), and obsessions (7%). Of particular interest is the pronounced increase in vegetovascular changes characteristic of the pubertal period. In the group, a significant number of adolescents at this age showed certain signs of these disorders. Clinical manifestations such as a tendency to fluctuations in blood pressure, dizziness, increased sweating, palpitations, motion sickness in transport, and nosebleeds prevailed among vegetovascular disorders. These features are summarized in Table 2.

**Table 2. Characteristics of the psychological crisis of maturation.**

Manifestations of the psychological crisis of maturation	Number of observations (abs. number, %)		
	Group I <i>n</i> = 82	Group II <i>n</i> = 64	<i>p</i>
a) Inclination to reflection			
1. Egocentric sense of justice	11 (13.4)	-	
2. Denial of authority	17 (20.7)	3 (4.6)	
3. Opposition	21 (25.6)	1 (1.6)	
4. Criticism against adults and others	25 (30.5)	-	
5. Want for new experiences	7 (8.5)	-	> .05
b) Inclination to autoreflection			
1. Painful perception of self	-	8 (12.5)	
2. Pursuit of exclusivity	2 (2.4)	11 (17.2)	
3. Interest in sexual relationships	27 (38.5)	16 (25)	
4. Tendency to the psychological complexes	7 (8.5)	15 (23.4)	> .05
c) Teenage hobbies	39 (47.5)	8 (12.5)	> .05
d) Adolescent introversion and vulnerability	6 (7.3)	42 (65.6)	> .05

Manifestations of the psychological crisis of maturation	Number of observations (abs. number, %)		
	Group I <i>n</i> = 82	Group II <i>n</i> = 64	<i>p</i>
e) Nonspecific age response forms			
1. Inclination to active protest reactions	36 (43.9)	3 (4.6)	
2. Inclination to reactions of passive protest	2 (2.4)	18 (28.1)	
3. Inclination to reactions of compensation	-	26 (40.6)	
4. Inclination to reactions of overcompensation	-	15 (23.4)	
5. Inclination to reactions of emancipation	19 (23.1)	3 (4.7)	
6. Inclination to imitation	10 (12.1)	26 (40.6)	
7. Inclination to group with peers	25 (30.5)	10 (15.6)	
8. Inclination to group with the younger	4 (4.9)	15 (23.4)	
9. Inclination to group with the older	21 (25.6)	7 (10.9)	
10. Inclination to asocial environment	18 (21.9)	6 (9.4)	> .05

The data of the study, presented in Table 2, indicate that a significant place in the clinical picture of this group of sick children and adolescents belongs to mood disorders. So, in almost 55% of adolescents, we found the lability of emotional tone. Increasing it with euphoria was not common - in 16% of cases. The most characteristic feature of the psychological crisis of maturation was the frequent manifestation of dysphoria with a tendency to violent affective discharges and aggressive focus. Dysthymic episodes were much less frequent (4%). Dysthymic episodes and states of dysphoria were short-lived (from 1 to 3 hours). Conflicts with teachers, accompanied by accusations of the latter of bias and injustice, played a significant role in this.

It should be noted that mood data not only contributed to obtaining information on a more complete clinical picture but also demonstrated a correlation with behavioral disorders. In this period, in the early residual-organic states, personal disturbances of a mosaic type were especially pronounced. The mosaic of personalities was created by the hyperthymic-explosive (42%), unstable (23%), hysteroid-unstable (12%), labile-affective (13%), and labile-unstable (10%) types of models of various forms of deviant behavior.

Important role in characterizing the main group of the study played the analysis of behavioral disorders during puberty; growth of their rate was due to the phenomena of the psychological crisis of maturation.

The characteristic of deviant behavior suggests the presence of its manifestations in almost all studied groups (86%). A large percentage of various forms of delinquent behavior have been found.

Analysis of presented in Table 2 clinical manifestations of the psychological crisis of maturation that is of great practical interest for our study shows that the main theme here is the inclination to opposition registered in the majority of observations. The most massive for the group were the reactions of active protest (43.9%) as a means to express an ability to resist and often reflected the desire to act "in spite". It should be stressed that unfavorable microenvironmental impacts, in particular, incorrect upbringing with constant conflicts in the family, contributed to the development of the "protective-aggressive style of behavior"

Practically with the same frequency, sick children and adolescents showed reactions such as forming groups with elder persons (25.6%) and with asocial environments (21.9%). The former case was to compensate an acute sense of insecurity due to physical pressure by stronger and more aggressive children and adolescents of the same age, and the latter amended for own pain and humiliation by projecting them into the external environment and by the illusion of greater impunity.

As our analyses of clinical data have demonstrated all reactions took, as a rule, asocial forms and were one of the reasons for the increase in deviant behavior.



## Conclusions

Thus, the age response forms reflect the low personal resources of adolescents and the masiveness of negative social influences. It should be noted that the increasing asociality of this contingent caused by “early socialization” led to the fact that the phenomenon of vagrancy was often detected in the positive phase of puberty. As the analysis of the material showed, the tendency to steal in adolescents did not have the character of true kleptomania. The tendency to theft existed only within the framework of social licentiousness and was due to the peculiarities of the psyche manifested as susceptibility to negative influence, suggestibility and inclination to subordination.

As the analysis of clinical material has shown, during puberty, violations in the sphere of cravings became more distinct. As it's known, adolescence is considered to be the age of “puberty as such”, when normally awakening of sexuality occurs, typical of this age, which is still rather immature. Disorders in the sphere of cravings at this age are closely correlated with the peculiarities of the somato-endocrine metamorphosis and with the unfavorable influence of social and psychological factors.

Disorders of sexual desire in group I were manifested by early sexual relationships (15%), masturbation (12%), joint masturbation with peers (4%). Lack of sexual desire was in direct dependency with a pronounced delay in puberty. Violations in the sphere of sexual desire, reflecting the lack of differentiation of the sexual attitudes of adolescents with delayed puberty, were characteristic of those with pronounced volitional immaturity, in particular with such markers as suggestibility, and a propensity to imitate.

During the period of negative pubertal crisis and against the background of all listed disorders in the group prevailed the so called “socialized forms” of behavioral disorders associated with the violation of affections, those were fairly stable due to their fixation which had the type of pathological habit. The most frequent pathologies of affections in the group were vagrancy and alcohol consumption. It's worth mentioning that in the dynamics of the formation of vagrancy on the initial stages, long-term absences from school occurred within the framework of a weakly pronounced personal reaction, high suggestibility, curiosity, thirst for entertainment, and lack of moral standards. As a rule, escapes and vagrancy combined with delinquent actions present in Table 1, such as theft and hooliganism leading to social disadaptation. Delinquency growth was facilitated by the education that included overprotection, strictness, and neglect; teachers and educators showed wrong attitude to the sick children and adolescents, not taking into account their health and well-being; the attitude had manifested itself in the neglect or in the too strong and strict control and also in the lack of timely and adequate therapeutic and pedagogic actions.

As for the tendency of adolescents to drink alcohol, as one of the manifestations of delinquency, in 25.2% of observations, there was an episodic consumption, and 5.6% of cases, according to statistics, were a part of emerging alcoholism. Almost all persons under monitoring formed groups in accordance with their places of residence. There was no intimacy with somebody adult or with parents, upbringing characterized by neglect and lack of care. In some cases, adolescents witnessed conflicts between the parents, their alcoholism, and quite often criminal behavior. Due to the peculiarities of the family microclimate, such forms of behavior were perceived by them as due, without causing a critical attitude or experience, therefore they could not be considered as psychotraumatic factors.

Under the influence of unfavorable psychogenic factors and the influence of asocial persons, vagrancy treatments were performed, accompanied by alcoholism, smoking, and legal violations. The attitude towards those familiar was negative. By the age of 16–17, the preferred way of a pathological response to the environment was formed, asocial behaviors became stable. Said features of the formation of pathological character traits were characteristic in 35% of adolescents in the described group. During puberty, the clinical picture of those under investigation increasingly clearly showed the qualitatively new pathological characteristics of the personality of adolescents due to the development of excitable, unstable, less often labile and hysteroid manifestations, which contributed to the clinical completion of the psychopathic syndrome (23%) and to the pathological personality formation. As an analysis of the data has shown, pathologically proceeding puberty, the presence of

repeated exogenous-organic hazards and negative microsocial conditions formed an unfavorable backdrop that counteracted the positive dynamics of patients with the above pathology. At this stage, psychopathic syndrome with increased affective excitability was diagnosed in 5 subjects, the one with mental instability - in 3. A reduced mood backdrop and dysphoria were characteristic to this contingent of patients. Explosiveness with aggression showing on its background served as the obligatory symptom. There was a significant increase in conflicts with others, boldness and intolerance towards peers and adults; escapes from home and school were noticeably more frequent. The Disinhibition of the instincts manifested itself by early sexual feelings, homosexual relationships, sadistic tendencies towards animals and people. Observed forms of delinquency were characterized by street fights and hooliganism, theft, alcohol abuse, sexual excesses; all this led to severe school and social disadaptation.

Pathological personality formation observed in adolescents of the group (6 patients) was determined by the attributes of residual organic nature, which under such unfavorable conditions as the low care, neglect, and tight relationships served as the background for the said formation. Manifestations of the above pathology largely depend on the clinical variant of personal characteristics. According to our data, 4 of the 6 observed pathological personality formations were of the affectively excitable type. In such patients, there was an increased readiness for conflict, a tendency to violent affective discharge, inadequate in strength to the external influence that caused it, often accompanied by aggressive actions, opposition to others. Observed behavioral disorders caused school and social maladjustment.

Pathological personality formation with predominance of symptoms of mental instability was discovered by us in the remaining 2 patients of the group. In these cases, the behavior of the subjects directly depended on desires and impulses, heightened suggestibility, subordination to extraneous influence and was expressed by vagrancy, theft, smoking and alcohol abuse, refusal to attend school and work.

Unlike psychopathic behavior, patients showed no correlation between the first signs of deviant behavior and cerebrastenic disorders. In all cases, behavioral disturbances were caused by unfavorable micro-social factors.

It should be noted that the additional hazards of a biological nature, in particular traumatic brain injuries observed in 3 adolescents of the studied group, in combination with the wrong conditions of upbringing (low care, hard treatment, neglect) contributed to the formation of organic psychopathies.

Based on the follow-up data, we can argue that the studied group of sick children and adolescents is characterized by both favorable dynamics (22) and negative outcome (20 patients). The adverse dynamics manifested in personality disorders (were observed: 3 cases of an emotionally unstable type, 5 cases of anxiety disorder, and 2 of the hysterical type).

Thus, summing up all the above, it can be argued that the pubertal period is characterized by the polymorphism of behavioral disorders and is one of the decisive points in terms of their prediction.

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Received: April 18, 2019

Accepted: June 26, 2019

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