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## **Influence of familial dysfunction on the psychophysical development of children and adolescents**

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*The article presents results of a theoretical methodological analysis of the problem of familial dysfunction as a factor influencing the mental health of children. It shows that peculiarities of family relationships may play a defining role in the formation of psychosomatic symptoms, change the character of a child's socialization. It describes the influence of peculiarities of different parenting styles on the psychophysical development of children and adolescents.*

**Keywords:** *familial dysfunction, psychophysical development, somatic symptoms, parenting styles, gender specificity.*

### **Introduction**

At present, psychosomatic disorders (somatic diseases caused by psychogenic factors) are becoming more widespread among children and adults; in fact, they are the most widespread non-infectious disorders in this category of patients. The rate of such disorders varies from 15 to 60% among the population in general. Up to 40-68% of all children's and adolescents' complaints to pediatricians are connected with various psychosomatic diseases and symptoms [1, 2].

The aforementioned facts confirm the need in purposeful study of the psychological aspect of this problem, especially of the influence of disharmonic family relations on etiopathogenesis of psychosomatic disorders in children and adolescents. The study of causes of such diseases within a family system will allow an early enough diagnosis of a family symptom – emotional stress and anxiety that a child endures due to internal and external causes. External causes may be as follows: child's involvement in the parental conflict, child's freedom of choice blocked by parents, child's assumption of responsibility for family problems etc.; internal causes include child's physical and mental diseases. The study of disease causes will also allow revealing pathologic relations between children and parents and giving differentiated recommendations to both parents on their parenting style with their son or daughter.

### **State of the problem**

## **STUDY OF FAMILIAL DYSFUNCTION AS A FACTOR INFLUENCING MENTAL HEALTH**

A family is seen as a group of its members living in one territory, which consists of interaction between them and transforms each of them. When life activity of a family is disturbed (dysfunctioned), needs of its members usually remain unsatisfied; this hinders personality development, causes mental stress, anxiety etc. [3, 4]. Familial dysfunctions include familial role maldistribution, familial boundary violation etc.

Family factors of mental disorders have been specially studied since 1940; they have revealed a connection between specificity of family communication (communication style in a family) and mental diseases. Since 1980s, researchers have been interested in parenting styles, family stresses, family rules and values [5]. At the same time a range of authors rightly mentioned that national and foreign studies paid most attention to isolated factors and did not provide a complex evaluation. Works of H. Sadowski, B. Ugarte, J. Kolvin (1999) and E.G. Eydemiller and V. Yustitskis (1999), based on the complex approach, are an exception to the rule [5-7]. Moreover, most studies were based on patients' self-evaluation reports. Usually, real families were objects of research only when children and adolescents with depression or anxiety symptoms were studied [8].

Level of satisfaction of emotional psychological needs of spouses (needs in respect, feeling of significance and value of their ego, care, endearment, attention etc.) as a factor of child's mental health were studied separately. It was revealed that disharmonic marital relations influence emotional well-being of children. Children's deadaptation on the level of behavior may manifest itself in the reduced activity, lack of self-confidence, anxiety, low self-appraisal and non-differentiated self-image. Emotional ill-being may increase children's susceptibility to mental and psychosomatic disorders, reduce level of adaptation to social conditions of their development [9-12].

A comparative analysis of family relations of patients with somatoform disorders, which are largely formed by mental factors (stresses, conflicts in the long-term anamnesis), and healthy subjects was conducted. It revealed that patients with somatoform disorders lived with parents who combined emotional disconnection and high level of criticism with family structure failures. Non-constructive attitude to children's emotional reactions and high level of stressogenicity were prevalent in families of children with somatoform disorders. Accumulation of traumatic experience in 3 generations of family history (violence, fights, early death of family members), excessive criticism of children, intolerance to their failures expressed by parents and, at the same time, ban on expression of negative feelings were revealed. This resulted in a specific way of interpreting and experiencing life situations connected with the escape from emotional experiences and their transformation into somatic symptoms. Such relationships were characteristic of both patients' and their parents' families [13, 14].

According to S. Minukhin, the situation when the inter-generational intimacy of people (intimacy between representatives of different generations, e.g. between parents and children) is stronger than the intra-generational (intimacy between representatives of one generation, e.g. between spouses) favors the dysfunction, which may result in various kinds of developmental disorders both of the whole family system and of children involved in these coalitions [15].

Representatives of systemic family psychotherapy distinguish between the following peculiarities of family relations, which play the crucial role in the formation of pathogenic situations:

- ◇ higher significance of intra-family events than of events in other spheres of life;
- ◇ family member's peculiar openness and, thus, susceptibility to various intra-family stimuli, including traumatizing stimuli;
- ◇ the whole long duration of family relations creates especially "favorable conditions" for long-acting, consistently repetitive mental traumas [3, 4].

## **THEORETICAL APPROACHES TO UNDERSTANDING SOMATIZATION CAUSES IN CHILDREN AND ADOLESCENTS**

There are more than 300 single- and multifactor conceptions explaining the nature of origin of psychosomatic diseases [6].

There are characterologically oriented conceptions, which explain the nature of origin of psychosomatic diseases by characterological, personality peculiarities; and psychophysiological conceptions based on systematic psychophysiological checks, which explain the specificity of diseases. Personality-oriented conceptions focus on the person's interaction with internal factors, above all – with defense mechanisms. Homeostatic theories are based on the homeostatic approach (psychology); early development pathologies and theories of object relations may be distinguished within it (homeostatic approach means that both a person and a family strive for internal balance, equanimity and constancy). Neurohumoral theories proceed from psychosomatic pathology being a manifestation of the general non-specific adaptation syndrome, which is why they explain diseases by the body's internal environment disorders. Complex theories, which take into consideration both somatic and psychological factors of somatic diseases' pathogenesis, are clinical hypothesis of formation mechanisms of psychosomatic disorders by A.B. Smulevich and theses of D.N. Isaev on the connection of emotional stress with psychosomatic disorders in children [6].

According to Y.F. Antropov, a range of factors takes part in origination and formation of various kinds of psychosomatic pathologies in adolescents:

- ◇ affective pathology;
- ◇ hereditary load of psychosomatic and mental diseases;
- ◇ personality peculiarities;
- ◇ inferiority or functional overstress of a particular organ or system etc. [16].

Thus, chronic stress with peculiarities of increased emotional reaction is the main initiating agent of psychosomatic disorders in different organs and systems. Emotional distress somatization process, i.e. transformation of psychological stress into physical discomfort, malaise or disease, is a typical reaction mechanism in childhood and early adolescence [17].

Such psychological features as egocentrism [18], infantilism with increased dependence on the people around [19], emotional immaturity, latent or manifest aggression, alexithymia (inability to verbally express one's feelings and emotions) [19], excessive control over emotions [20] are distinguished among children's premorbid peculiarities predisposing to the development of psychosomatic disorders.

Ethological conception highlights emotional connection of mothers with their children. D.N. Isaev mentions that it is necessary to take into consideration the father's role, as he affects the child not only directly, but also through the mother by helping to establish family climate [1].

Representatives of the culture-historical approach assign the key role in the formation of psychosomatic symptoms to child's socialization character and course and underline the importance of "children-parents" relations in distinguishing the main development stages of corporeal (somatic) functions in the course of ontogenesis [21, 22].

A child's interaction with the mother, who dowers the child's corporeal states (such as feelings of hunger, pain, discomfort etc.) with psychological, human sense, is crucial on the first stage of development. Corporeal manifestations are the only means of communication between a child and an adult in this period. Communicative plane of corporality vanes with age, however, it does not totally disappear and may become actual and serve as the source of hysterical conversion's psychosomatic symptoms, which function as the communicative message in body language, in case of a somatic disease [21]. Further, children master their bodies, which they use to manipulate surrounding objects. On this stage they learn modes of emotional reaction to stimuli, modes of enduring pain and behavioral reactions to it; children also start concentrating their attention on certain organs and systems and master modes of psychological regulation of emotional and corporeal states. All these early acquired stereotypes become stable and rather rigid; later they may become actual in certain emotive circumstances.

Adolescence as a stage of ontogenesis has a range of peculiarities: motivational sphere transformation, reflection ability formation and such neoformations as self-attitude (attitude to oneself), self-determination (active process of understanding oneself, one's stand in society and destination in life), self-actualization (cognition of oneself) and voluntary regulation of

one's corporeal states (conscious and deliberate management of one's corporeal states) take place at the same time as disharmony and irregularity, derangement of the relative mental and physical balance attained on the previous stage of ontogenesis and change in bodily responsiveness. Increased attention and sensitivity towards the sphere of interpersonal relations makes an adolescent more vulnerable and susceptible to unfavorable influence of the dysfunctional family environment. Psychosomatic development should result in a psychosomatic norm phenomenon which forms in one's lifetime. It is a mentally mediated corporeal process and is voluntarily regulated (i.e. corporeal process should function together with mental processes and be voluntarily regulated by a person) [21-24].

## **MODERN EMPIRICAL STUDIES OF HOW FAMILIAL DYSFUNCTION AFFECTS PSYCHOPHYSIOLOGICAL DEVELOPMENT OF ADOLESCENTS**

The study of how peculiarities of parenting styles affect psychophysiological development of children and adolescents revealed the following.

- Difficulties in direct expression of emotions cause children's use of somatic complaints as the easiest (in comparison with the verbal) means of expressing distress; this impedes the development of ability to reflection in a child (i.e. the basic property of a subject, which makes recognition and regulation of one's activity possible). Deficiency in reflexive psychological means may later result in a stable pathogenic alexithymic stereotype of psychological regulation (a firmly established mode of expressing one's emotional states using somatic symptoms) or hysterical formation mode of psychosomatic disorders' symptoms in difficult life situations.
- Presence of the parental "disease-conditioned behavior" in a family is expressed by certain means of reacting to symptoms of child's somatic and emotional disorders with predilection to noticing only somatic symptoms. Children quickly master and repeat such behavioral patterns of the adults, who may over- or underestimate seriousness of their complaints. Fulfillment of children's wishes when they have somatic complaints, not when they address parents with other requests, e.g. looking for parental love and care, significantly correlates with the increase in the number of children's complaints and is associated with psychosomatic symptoms in the parents' anamnesis [25, 26].
- Parental directivity (flat, no-objection form of communicating with a child) initiates the increase in children's internal conflict and results in their fixation on somatic symptoms. Miseducation in early childhood, namely, cruel treatment, lack of care, denial, correlates with the increase in the number of children's somatic complaints. Regular stress situations in a family connected with marital disharmony, conflicts and so forth also lead to the increase in the number of symptoms.
- Combination of standardization and mainly punishments in socialization secures the mechanism of fixation on somatic symptoms (concentration on these symptoms and their fixation); this reflects deep level of psychological ill-being. This is reaffirmed by low self-confidence, strong internal conflict and disposition to self-accusation in children [27].
- Disturbed attachment undermines children's ability to reflection and integration of internal experience, thus stimulating them to use psychosomatic symptoms as a call for resolving a difficult situation in a family. Severer and multiple cases of deliberate invocation or imitation of symptoms indicate serious difficulties in the relationship. Surface and immature parenting style is often registered as well.
- The study of how familial dysfunction affects physically healthy and somatically burdened adolescents determined that somatically burdened adolescents had difficulties with conscious management of their physical functions. It was revealed that parental upbringing tactics, similar in content, affect socialization of physical functions (mastering of attitude towards one's physical functions, mastering the ability to regulate them) in these 2 groups' children differently. Thus, excessive directivity (authoritarianism, masterfulness) of parents of somatically burdened children results in high level of regulation of physical functions (i.e. in a well-developed ability to voluntarily regulate one's physical functions), of parents of healthy children – in their fixation. A tendency to use somatic symptoms as means of communication in a group of somatically burdened children is significantly associated with

fixation on physical functions – excessive attention and concentration on processes taking place in the body and prevalence of parental encouragement strategies [28].

Studies of gender specificity of parenting styles' influence on psychophysical development of adolescents revealed the following:

- In boys, ability to regulate one's physical functions largely depends on self-attitude. In case of an attitude towards socially desirable behavior, they perceive attitude of the people around towards them as positive; good control over emotional manifestations increases their self-worth. In comparison with girls, boys have higher self-management parameters; this indicates that they consider themselves to be the sources of their activity and its results [29].
- In case restrictive influence prevails in the family, boys feature good emotional-volitional control, however, the risk of fixation on some somatic manifestations accompanied by low self-confidence, self-attachment and self-worth parameters increases.
- Parental strategy of demonstrating behavior models and encouraging physical functions during socialization may provoke boys' tendency to use somatic symptoms as means of communication; stronger manifestation of tendency towards dependent and deviant behavior; weak formedness of emotional-volitional structures. Interestingly, both excessive intrusion of models and imbalanced encouraging and restrictive parental policy cause low degree of efficiency of physical functions and reduction in self-management – reduction in the ability to voluntarily manage one's physical functions and behavior [29].
- According to data of different researchers, one of the peculiarities of adolescence in girls is an increasing number of somatic complaints [30]. Such a phenomenon may be caused both by the accepted gender socialization peculiarities in the society and by the less developed self-management in girls.
- If girls seek to overcome norms and regulations, there is a tendency to use somatic symptoms as means of communication and manipulation. Exaggeration of the corporeal communicative function – inclination to using somatic symptoms as means of communication and trying to attract attention by means of these symptoms – is noted in case the family model of physical functions' socialization is overloaded with various models. It is especially aggravated by the fact that most fathers and mothers prefer to see subordinating forms in behavior of girls more than in behavior of boys, regardless of peculiarities of their personality behavior. Thus, overload of the family model of physical functions' socialization with various models in girls causes inclination to using physical symptoms to attract attention and as a pretext for communication [29].

## **Conclusion**

Negative influence of familial dysfunction on psychophysiological development of children and adolescents is indisputable.

Parenting styles may serve as environmental resource factor for successful socialization of adolescents, including their physical functions, but may also appear as a somatization risk factor.

The main family factors predisposing the appearance of somatic disorders are presence of somatic symptoms in many family members; insufficient verbal expression of emotional problems, including conflicts; difficulties in establishing behavioral restrictions for children; "disease-conditioned behavior"; somatoform disorders, anxiety or depression in the parents' anamnesis.

Determination of peculiarities of parenting style in case a child features psychosomatic symptoms is a relevant theoretical-and-practical task, which allows making psychotherapeutic and psychocorrective interventions better differentiated.

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