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PSYCHOLOGICAL TRAUMA OF CHILDREN OF DYSFUNCTIONAL FAMILIES

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Abstract

The relevance of the research topic relates to the importance of family influence on the development of children's personality. At the same time certain family problems are seen among the causes of children's psychological trauma. We conducted empiric research to study the nature of children's psychological trauma of dysfunctional families. The following methods were used to achieve our goal: observation; conversations with class teachers and children; parents' survey; testing with the help of the following techniques: 'Analysis of Family Relationships'; 'Kinetic Family Drawing'; children's fears identification method 'Fears in the house'; methods of mathematical and statistical data processing (Pearson Correlation Analysis and Student's T-test). It was found that what dysfunctional families have in common is predominantly unbalanced parenting. Children in dysfunctional families suffer from a number of fears that does not correspond to their age norm. It shows their infantilization and natural ageing process slowdown. It was established that parents of dysfunctional families contribute to the development of psychological trauma in their children. The collected data allow us to draw conclusions which might be used by practicing psychologists developing programs on family relationships improvement, parent and child relationship therapy. The results of this study can also be used for teaching parents constructive ways of interaction with children and for pedagogical activity in educational institutions.

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Keywords: Psychological trauma, traumatization, dysfunctional family, parenting.



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1. Introduction

The relevance of the research topic relates to the importance of family influence on the development of children's personality. At the same time certain family problems are seen among the causes of children's psychological trauma. Family as a cause of child's psychological trauma was studied in different times by Russian (Vygotskiy, 1983; Lisina, 2009) and western researchers alike. The representatives of the psychoanalytic school drew attention to the early experience of parents' interaction with children and different types of psychological trauma in childhood (Freud, 2003; Horney, 2002; Bowlby, 2003; Ainsworth, 1989, etc.)

Several studies, based on years of observation, note that the traumatic behaviour of parents towards their children is often secondary, i.e. drawn from their own experience (King & Smith, 2016; Spitzer, Meyer, & Herrmann-Lingen, 2016; Zerach, Kanat-Maymon, Aloni, & Solomon, 2016; Shrira, 2016; Dalgaard, Todd, Daniel, & Montgomery, 2016; Brüne, Walden, Edel, & Dimaggio, 2016; Rücker, Büttner, Fegert, & Petermann, 2015; Zerach, 2015; Schilling, Weidner, Schellong, Joraschky, & Pöhlmann, 2015). Many recent works emphasize that early childhood relationship between a mother and child determines their relationship with other people in the future. In other words, the events in early childhood have long-lasting consequences, including the impact on parenting (Gozman & Shlyagina, 1985; Smirnova & Radeva, 1999; Buyanov, 2000; Minullina & Akramova, 2013; Florou, Widdershoven, Giannakopoulos, & Christogiorgos, 2016).

2. Problem Statement

2.1. Russian scientific and pedagogical literature review

The majority of psycho-pedagogical works are devoted to the adult trauma, however, very little attention is paid to the analysis of children's psychological trauma.

Family as a cause of child's psychological trauma was studied in different times by such notable Russian psychologists, teachers and sociologists as Vygotskiy (1983), Lisina (2009).

The commonly accepted classification of psychological trauma does not yet exist in scientific literature as there are various opinions. Bryazgunov (2008) writes that child traumas have a strong negative influence on the mental development of the child because of his/her inability to give a response to a traumatic event (such as 'abandonment', 'rejection', 'deprivation', 'betrayal', 'sexual abuse', 'humiliation').

Researchers identify a number of factors contributing to the traumatization of children. Asanova (1996) includes the harsh treatment to children in the list of such traumatizing factors and highlights its main forms that have practical implications.

Numerous empirical studies showed that the main pathogenic family factor is violent relationship between parents and children. Mekhtikhanova (2008) described four types of education in the family that creates high risk of addictive behavior: hyper-protection, hypo-protection, extreme demands imposition, unpredictable parental emotional reactions. Gor'kovaya (2015) names chronic traumatization among other important psychogenic traumas of childhood and adolescence.

In several longitudinal studies it is noted that the traumatic behavior of parents towards their children is often secondary, i.e. drawn from their own experience. Many recent works emphasize that the

early relationship between mother and child determines his/her further relationship with other people. In other words, the events of early childhood have long-lasting consequences, including impact on parenting (Gozman & Shlyagina, 1985; Smirnova & Radeva, 1999; Buyanov, 2000; Minullina & Akramova, 2013).

2.2. Analysis of the foreign written studies.

The studies focused on children's psychological trauma and the nature of dysfunctional families have several directions in international literature.

The representatives of the psychoanalytic direction drew attention to the early experience of parent-child interaction and different types of psychological trauma in childhood (Freud, 2003; Horney, 2002; Bowlby, 2003; Ainsworth, 1989, etc.)

A number of works have been devoted to the study of intergenerational transmission of posttraumatic stress (from parents to children) as a source of their psychological trauma.

Thus, the impact of parents' PTSD on children in military service families and the formation of secondary trauma is discussed in the work of King & Smith (2016).

The works of some authors indicate the negative impact that the post-traumatic stress disorder of the former POW fathers has on the mental health of children over several generations (Zerach et al., 2016). Shrira (2016) studied the formation of secondary trauma of children whose parents promote negative and destructive ideas about aging and death.

Dalgaard et al. (2016) devoted their study to potential risk and protective factors related to psychological trauma of children. The authors examined the relationship between family communication style in regards to the past traumatic experiences of parents and children's affection towards them. The study revealed a very close relationship between parental psychological trauma and children's affection.

The second direction of research is devoted to the peculiarities and nature of psychological trauma of children facing adversity. The nature of psychological trauma of teenagers with cerebral palsy is reflected in the study by Florou et al. (2016).

The study of psychological trauma among children and adolescents in juvenile detention is presented in the works of Rücker et al. (2015). The authors found that 50% of children and adolescents do not wish to return to their parents in the family after their release from prison, as their parents are the sources of further secondary traumatization.

The third area of research is focused on the family factors that exacerbate psychological traumatization of children with the subsequent development of somatic and mental pathologies. The relationship between low family unity, frequent family conflicts and dysfunctional beliefs of adolescents about their future career is indicated in the works of Lustig & Strauser (2017). They revealed that family trauma causes teenagers to have difficulties in making decisions, high level of anxiety and frequent conflicts with others.

It should be highlighted that the research of Florou et al. (2016) is focused the relationship between psychological trauma of children abused in family and subsequent development of coronary heart disease.

Schilling et al. (2015) specified the influence that different patterns of mistreatment (such as mild trauma, multiple traumas without sexual abuse, multiple traumas with sexual abuse) have on the likelihood

of mental disorders. However, as the authors note, the degree of children's trauma is associated with the severity of mental disorders.

The study of the family functioning and the risk of children developing dependent behaviour is presented in the research by Bellon-Champel & Varescon (2017). It was found that appropriate monitoring, clear family rules, a low level of family conflict and harmonious relationships between parents and child are the factors that protect teenagers from psychoactive substances abuse. The study also notes the intergenerational transmission of family trauma and the low quality of the relationship between a teenager and his/her father.

Pellerone, Tomasello, & Migliorisi (2017) also defined the relationship between dysfunctional patterns in the family, parent-child affection and the development of child alexithymia that followed their psychological trauma. The relationship between early psychological traumatization of children and following anorexia was noted in the study by Lucarelli, Ammaniti, Porreca, & Simonelli (2017).

Mohammadi, Zandieh, Dehghani, Assarzadegan, Hollaway, & Hagedoorn (2017) found evident impact of family dysfunctionality on the occurrence and duration of headaches that children can have in a situation of distress. According to the results, functional family buffers the level of distress. In dysfunctional families, children suffer more because they do not receive adequate help and support from family members.

According to other authors, dysfunctional parenting (negative climate in the family, disturbed marital relations) affects the formation of non-constructive strategies of children's emotional regulation (Thomsen, Lessing, & Greve, 2017), and can cause emotional disorders (Pellerone, Iacolino, Mannino, Formica, & Zabbara, 2017).

Thus, both acute trauma and chronic traumatic exposure in the family, which carry high risks predisposing children to non-adaptive reactions, have significant impact on the formation of children's psychological trauma.

3. Research Questions

3.1. Research base

The research was conducted at the Municipal budgetary general education institution 'Russian-Tatar school № 111', Sovetskiy district, Kazan.

The study involved 92 children of primary school age (7 – 8 years old) and their parents (92 adults). The total number of the sample is 184. The sample consisted of two groups: 1) children from functional families (46 children, including 24 girls and 22 boys); 2) children from dysfunctional families (46 children, including 24 girls and 22 boys). Questionnaires and interviews with class teachers helped to include children with signs of family problems to the second group. The latter are the children from troubled families with unbalanced parenting; children from families experiencing external or internal crisis (change of family composition, divorce, illness, death, loss of employment, housing, livelihood, etc.); children from asocial families (alcoholism, negligence of children's needs).

3.2. Stages of research

The empiric study proceeded in several stages. At the first stage, the study sample as well as research methods were defined. Psychological testing of children was discussed with teachers and parents. The time

and place of study were also determined at this stage. Methodology, materials and protocols were prepared. At the second stage dysfunctional families were identified. The study of family relationships was conducted at the third stage. The fourth stage was devoted to the study of children fears in functional and dysfunctional families. At the fifth stage the study of the relationship between parental behavior and the level of children psychological traumatization in functional and dysfunctional families was conducted. The sixth stage was given to quantitative and qualitative processing of survey data, results estimation and their interpretation. After statistical processing of the results (comparative and correlation analysis) was carried out and the conclusions on the empiric study were formulated.

4. Purpose of the Study

Empiric research was conducted to study the features of children psychic trauma in dysfunctional families.

Objectives of the study: analysing theoretical sources on the chosen subject; choosing methods and techniques of the research; conducting empirical research; making recommendations on the identified features.

The hypothesis of the study was the assumption that psychic trauma of children in dysfunctional families is determined by the parents' personality deformation that shows in inadequate styles of parenting.

5. Research Methods

The range of complementary methods were used to test the hypothesis: a) theoretical: analysing written sources on the chosen subject; b) empiric: observation; conversations with class teachers and children; survey among parents; testing with the help of the following methods: ('Analysis of Family Relationships' (Eidemiller, 1996); 'Kinetic Family Drawing' (Burns & Kaufman, 2000); methods of children's fears identification 'Fears in the house' (Zakharov, 1997); c) methods of mathematical and statistical data processing: Pearson Correlation Analysis and Student's T-test.

6. Findings

Dysfunctional families were identified with the methodology of 'Analysis of Family Relationships' (Eidemiller, 1996). The results are presented in Figure 01.

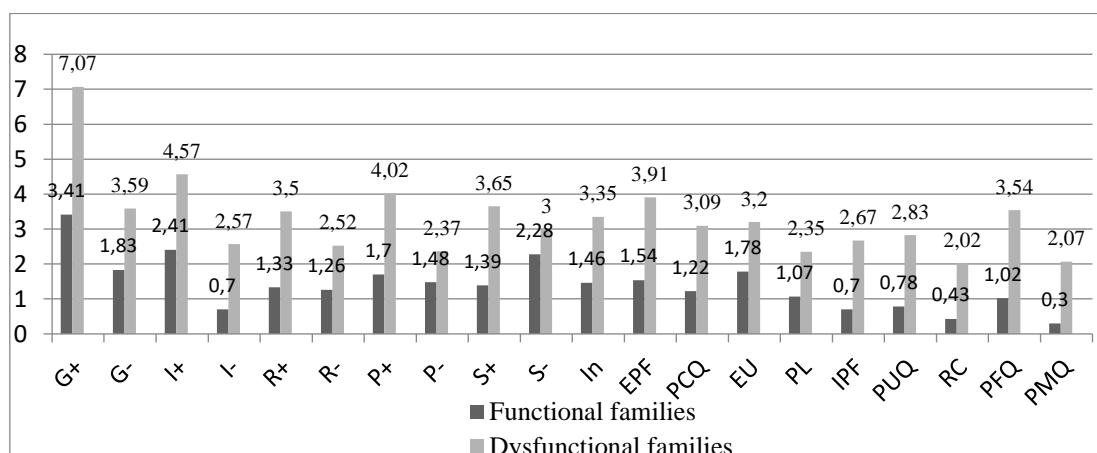


Figure 01. Intensity indicators in the questionnaire of the AFR in functional and dysfunctional families

Note: G+ – hyperprotection; G- – hypoprotection; I+ – indulgence, I- – ignoring the needs; the R+ – excessiveness of requirements – responsibilities; R- – deficit of requirements-responsibilities; P+ – excessive requirements-prohibitions; P- – deficit of requirements-prohibitions; S+ – excessiveness of the sanctions; S- – minimal sanctions; In – instability of parenting style; EPF – expansion of parental feelings; PCQ – preference of child qualities; EU – educative uncertainty of parents; PL – phobia of losing a child; IPF – immaturity of parental feelings; PUQ – projection of parent's own unwanted qualities on the child; RC – bringing spouse conflict to child education PFQ – preference of female qualities; PMQ – preference of male qualities.

Comparative statistical analysis showed that the levels of unbalanced parenting and personal problems of parents are significantly higher in the group of dysfunctional families. Dysfunctional families, more often than functional ones, are characterised by hyperprotection and hypoprotection, indulging, and ignoring the child needs, excessiveness and deficit of requirements-responsibilities of the child, excessiveness and deficit of requirements-prohibition for the child, inadequate or excessive sanctions and punishments imposed on children, the instability and inconsistency of parenting.

Dysfunctional families, more often in comparison to functional families, represent expansion of parental feelings, preference of child qualities to adolescent ones, parents' lack of knowledge in the area child psychology and education, phobia of losing a child, immaturity of parental feelings, projection of parent's own unwanted qualities on the child, bringing marital conflicts into parenting, the preference of male or female qualities in the child. The data obtained are observed in other studies (Gozman & Slavina, 1985; Buyanov, 2000). We investigated the family relationships with the use of 'Kinetic Family Drawing' method (Burns & Kaufman, 2000). The results are presented in Figure 02.

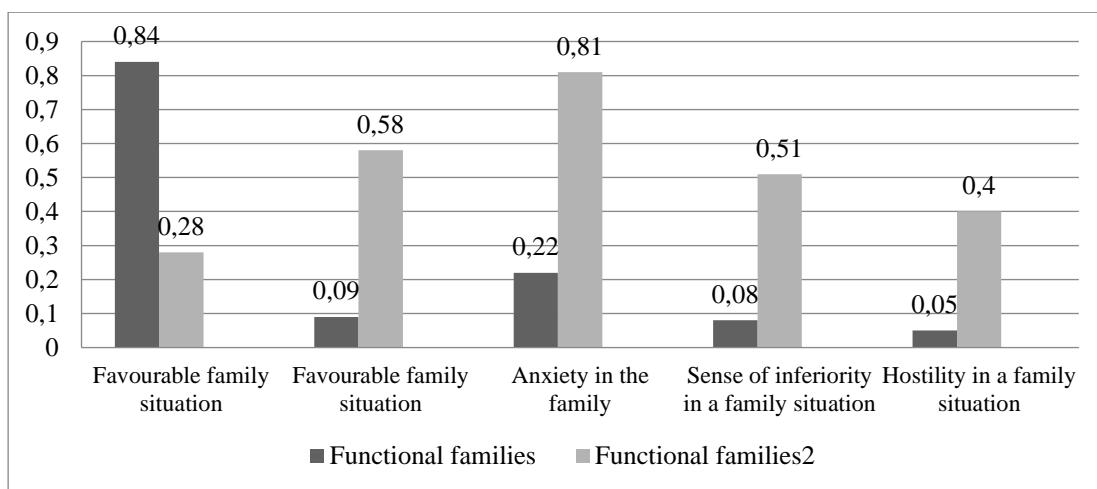


Figure 02. Indicators rating in functional and dysfunctional families according to the 'Kinetic Family Drawing' method.

The testing results showed that the drawings of children from functional families reflected prosperity in family environment; there are occasional signs of conflict and virtually no signs of hostility.

The drawings of children from dysfunctional families reflected more signs of distress in family environment. The children expressed signs of conflict, anxiety in the family setting; children experience a sense of inferiority in the family.

Comparative statistical analysis showed the differences in all indicators of the kinetic family pattern in the two groups at a high significance level. Family situation is much more favorable in functional

families. The situations are marked by anxiety, conflict, hostility and a sense of inferiority in dysfunctional families.

The fourth stage was devoted to the study of children fears with the use of 'Fears in the houses' method (Zakharov, 1997). Comparative data of various fears frequency in two groups of children are presented in Table 01.

Comparative statistic statistical analysis showed that children in dysfunctional families have much more fears (64.5%) than children in functional families (41.9%). Children in dysfunctional families have a greater degree of all fear categories. They are more afraid of various elements, fairy-tale characters, parents, people (adults), attacks and loneliness, being late and making mistakes. That is, the children regard adults as posing a threat; they don't feel protection even from the closest people – parents. The obtained data are confirmed in several other works (Zakharov, 2000; Akhmetzyanova, 2013; Minullina, Akramova, & Gurianova, 2015).

The fifth stage was devoted to the study of the relationship between the characteristics of family education and level of psychic trauma of children in functional and dysfunctional families.

Table 01. Comparative data of various fears frequency among the children from functional and dysfunctional families.

Fears	Quantity		F-test	Fears	Quantity		F-test
	Group 1	Group 2			Group 1	Group 2	
Fear of loneliness	10	25	3,3**	Fear of depth	19	33	2,99**
Fear of attack	30	42		Fear of closed space	17	30	2,74**
Fear of getting sick	26	36	2,26*	Fear of flames	27	40	3,15**
Fear of certain people	22	33	2,36**	Fear of fire potential	31	45	4,40**
Fear of mother or father	1	5	1,80*	Fear of open spaces	13	21	1,74*
Fear of fairy-tale character	26	36	2,26*	Fear of doctors	9	17	1,87*
Fear of nightmares	17	32	3,19**	Fear of blood	15	35	4,34**
Fear of darkness	10	22	2,68**	Fear of injections	12	24	2,60**
Fear of animals	23	37	3,13**	Fear of pain	17	33	3,42**
Fear of transport	9	17	1,87*	Fear of sudden sharp sounds	22	37	3,34**
Fear of elements	29	37	1,87*	Fear of making mistakes	22	38	3,62**
Fear of heights	16	30	2,96*	Fear of being late	21	41	4,72**

Note: * when $p \leq 0,05$; ** when $p = 0,01$.

The functional families revealed the following important relationships. Parental negligence of the child's needs is positively correlated with the feeling of anxiety in the family ($r_s = 0,35$; $p \leq 0,05$), i.e., the

less the parents satisfy the emotional contact and communication needs, the higher is the anxiety of the child in the family. The excessiveness of parental sanctions and punishments is negatively correlated with a conflict in the family ($r_s = -0,35$; $p \leq 0,05$). The stricter is the parenting style and the harsher is the punishment, the lower is the level of conflicts in the family. The deficit of requirements-responsibilities is positively correlated with hostility in the family environment ($r_s = 0,34$; $p \leq 0,05$). The fewer is the amount of responsibilities that parents demand from the child, the greater is the hostility in the family.

The group of dysfunctional families revealed the following features. The less the parents satisfy the emotional contact and communication, the more anxious is the child ($r_s = -0,39$; $p \leq 0,01$). The more parents tend to pamper the child and uncritically satisfy all his/her whims, the less favorable is the family situation for the child ($r_s = -0,33$; $p \leq 0,05$). The less the parents set limits for the child behavior, the less favorable and more hostile to the child is the family atmosphere. ($r_s = 0,32$; $r_s = -0,29$; $p \leq 0,05$). The projection of conflict between parents on parenting can increase the level of anxiety in the family ($r_s = 0,41$; $p \leq 0,01$).

As a result the main objective of the study which was to study the peculiarities of children's psychological trauma in dysfunctional families has been achieved.

7. Conclusion

The study produced the following results. Dysfunctional families are predominantly characterized by unharmonious parenting styles (hyperprotection and hypoprotection, indulging and ignoring the needs of the child, the instability of parenting style, immaturity of parental feelings, projection of parent's own unwanted qualities on the child). Dysfunctional families, more often than functional ones, experience anxiety, conflict, hostility, and often marked by sense of inferiority in regards to their family.

Thus, we confirmed the hypothesis that the psychological trauma of children in dysfunctional families is determined by the parents personality deformation that shows in inadequate styles of family education. In the process of research psychological trauma features of children in dysfunctional families were studied. It was found that dysfunctional families are predominantly characterized by unharmonious parenting styles. Children from dysfunctional families suffer from a number of fears that do not correspond with age norm. It reveals their tendency to infantilization and natural ageing process slowdown. Conflict relationships in dysfunctional families trigger children's anxiety, increasing and perpetuating their fears. Parents of dysfunctional families by using unharmonious parenting styles in relation to their children, contribute to the formation of their psychological trauma.

The article may be used by practicing psychologists for developing programs on family relationships improvement, parent-child relationship therapy, teaching parents constructive ways of interaction with children, and also for pedagogical support in educational institutions.

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