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**Psychological characteristics of personal functioning of families with problem children**

**Charakterystyka psychologiczna funkcjonowania rodzin z dziećmi problemowymi**

**Abstract**

The presented article describes the main personal and interpersonal characteristics of family members with problem children. The empirical study covered the use of projective tests "Self-portrait", "Non-existent animal", "Family picture", "Man in the rain", "House. Tree. Man". Theoretically, a dysfunctional family can cause and aggravate various neuropsychological and psychosomatic symptoms, personality disorders and social adjustment of family members. It is empirically proven that members of dysfunctional families with troubled children have feelings of instability, psychosomatic manifestations, suspicion, distrust, difficulties in communicating and interacting with others, anxiety, fear, aggression, impulsivity, passivity, emotional and intellectual immaturity, sexual problems, coldness in relations, rigidity, tension, disturbances in social and psychological adaptation, tendency to avoid problems. It is substantiated that dysfunctional families with problem children do not have such characteristics of personal and family functioning as cohesion of family members, positivity of the family climate, interaction of family members, resistance to stress. It is stated that the main task when working with such a family is to provide psychological assistance in solving these problems and difficulties of various kinds. It is assumed that the results obtained will form the basis of the optimal model of psychological support of both, the individual and the whole family system.

**Key words:** dysfunctional family, problem child, personal characteristics, family characteristics.

**Streszczenie**

Artykuł opisuje główne cechy osobowe i interpersonalne członków rodziny z problemowymi dziećmi. Badanie empiryczne obejmowało wykorzystanie testów projekcyjnych „Autoportret”, „Nieistniejące zwierzę”, „Obraz rodziny”, „Człowiek w deszczu”, „Dom. Drzewo. Człowiek”. Literatura przedmiotu wskazuje, iż rodzina dysfunkcyjna może powodować i pogarszać różne objawy neuropsychologiczne i psychosomatyczne, zaburzenia osobowości i dostosowanie społeczne członków rodziny. Wykazano empirycznie, że członkowie rodzin dysfunkcyjnych z dziećmi problemowymi odczuwają niestabilność, objawy psychosomatyczne, podejrzliwość, nieufność, trudności w komunikacji i interakcji z innymi, lęk, strach, agresję, impulsywność, bierność, niedojrzałość emocjonalną i intelektualną, problemy seksualne, chłód w relacjach, sztywność, napięcie, zaburzenia adaptacji społecznej i psychologicznej, tendencję do unikania problemów. Rezultaty pokazały, iż dysfunkcyjne rodziny z problemowymi dziećmi nie przejawiają takich cech funkcjonowania osobistego i rodzinnego jak spójność członków rodziny, pozytywny klimat rodziny, interakcja członków rodziny, odporność na stres. Stwierdzono, że głównym zadaniem podczas pracy z taką rodziną jest zapewnienie pomocy psychologicznej w rozwiązywaniu wyżej wymienionych problemów i trudności z nimi powiązanych. Zakłada się, że uzyskane wyniki będą stanowić podstawę optymalnego modelu wsparcia psychologicznego zarówno systemu indywidualnego, jak i całego systemu rodzinnego.

**Słowa kluczowe:** rodzina dysfunkcyjna, dzieci problemowe, właściwości osobowe, charakterystyka rodziny

**INTRODUCTION**

According to the criterion of functioning, the families are divided into functional (harmonious) and dysfunctional (disharmonious). A well-functioning family meets the most important needs for security and safety, acceptance and approval, growth and change, etc., which contributes to the development of each family member and the family as a whole. In a functional family, age difficulties, features of different types of character accentuations, etc., are largely smoothed out and do not lead to social maladaptation of its members, and the inevitable crisis situations are successfully overcome. A harmonious family promotes the development of a kind of "psychological immunity" to adverse environmental influences, higher resistance to mental trauma.

On the other hand, a dysfunctional family can cause and exacerbate a variety of neuropsychological and psychosomatic symptoms, personality disorders, and social adjustment of family members. A dysfunctional family activates the mechanisms of pathologizing family heritage - the formation, fixation and transmission of patterns of maladaptive emotional and behavioral response from one generation to another (Baidenko, 2004; Bardier, 2002; Bednenko, 2009). In a dysfunctional family, its members ignore traditions and norms that do not correspond to their views, show signs of adaptive-maladaptive behavior, prone to avoidance, adaptation, rivalry, maladaptive patterns of behavior.

The instability of the family climate creates psychological problems in the functioning of the family as a separate social institution, the microenvironment for the creation of the child's semantic sphere. These can be personal problems between parents, which affect the projection of negative attitudes towards the child, and the transfer to the child consciously or unconsciously of their own negative traits and values, uncertainty in their own educational influence, effectiveness, ability and as a result - refusal to raise a child. Such conditions for the formation of the semantic sphere, especially for preschoolers and primary school children, are unfavorable and can lead to child problems.

**Psychological features of families with problem children**

In our study, we interpret the concept of "problem child", referring to the wording of the Oxford Dictionary of Psychology, where it is described as characterized by behavior in which her parents and other adults can not interact effectively with her (Reber, 2003). Also, we took as a basis the definition of R. Sharma, which describes that a problem child is the one whose behavior and personality differs from the norm: who steals, deceives, insults the weak and the small, and so on. According to the author, these children are included in the group of "normal", provided that such behavior is short-lived, not burdened by heredity and environment (Sharma & Sharma, 2006). Thus, a "problem child" is one that creates inconvenience for the functioning of adults (parents, grandparents, educators, teachers, others), as it is burdened by such characteristics as excessive shyness, activity, aggression, inattention, disobedience, tearfulness, excitability, impulsivity, isolation, irresponsibility, etc.

Originally the psychological characteristics of family members with problem children began to be studied by foreign psychologists in the middle of the twentieth century. Among the problems that came to the attention of researchers were: the peculiarities of the impact of emotional and social stress resulting from problematic behavior of the child on family members, their inappropriate behavior due to impaired development of the child. Most Western authors describe a wide range of neurotic and mental disorders in family members with problem children. Researchers are interested in the level of expression and duration of emotional stress, the tendency to social isolation and alienation of members of such families, the problem of stability of each member and the family as a whole, changes in social status and more.

According to O. Zakharov, it is worth remembering that neurosis in children is a kind of way to compensate for unresolved problems of parents. The author notes that the more pronounced the character changes in parents are, the less they’re likely to rebuild the relationship between themselves and the children, as well as seek psychological and psychotherapeutic help. An unfavorable situation also arises when one of the parents wants to ask for help, and the other categorically objects to it, considering the child's problems insignificant and caused by the imagination of the spouse. The latter role is played by parents who treat their children severely and in an authoritative way, sometimes even due to excessive custody and lack of sanctions from the mother (Zakharov, 1998).

In their work, E. Eidemiller and W. Justickis note that the amount of difficulties that arise before the family and threaten its life can be divided, primarily, according to the strength and duration of their actions. Various consequences of the impact of hardships on the family members affect different areas of their lives - the roles and functions of the family, marital relations, etc. are violated. As a rule, as a result of a traumatic situation, certain needs are not met. This, in turn, inhibits the development of personality, causes nervous and mental stress, anxiety and depression. One of the important consequences of disorders is their psychotraumatic effect - adverse effects on the mental health of the individual (Eidemiller & Justickis, 1999). Dissatisfaction, mental stress, anxiety cause family instability and become a source of great desire to change everything (Eidemiller & Justickis, 1999).

In addition to the so-called "normative stressors", E. Eidemiller and W. Justickis identify specific problems that cause a chain reaction of adverse changes in the family. First, family members are usually unprepared for difficult events, so they feel helpless. Second, all major areas of family life are disrupted. The child's condition can be perceived as an obstacle that distorts the satisfaction of the need for fatherhood and motherhood. Despair experienced by family members disrupts their emotional stability and mental health. When devoting all their time to raising a child, often in such a family, the marriage partners forget about the need for leisure and recreation. The function of primary social control is also distorted, stretching indefinitely (Shipitsina, 2005).

That is, the difficulties faced by family members who have a problem child are associated with both a drastic change in lifestyle and the need to solve many problems that are different from the usual difficulties. The pathogenic impact of this situation is particularly great, as it has far-reaching, adverse consequences for the family and its members. Impaired "normal" development of the child causes great stress in family members in the form of practical problems, heavy workload, difficulty sleeping, feelings of dissatisfaction, sadness, stress, anxiety, guilt and helplessness. Among the main dysfunctional symptoms observed in family members S. Maslach considers the symptoms of stress (Maslach et al., 1997). Therefore, anything that can help make life easier for family members gives them extra strength and time to cope with the problems of children and each other.

Often family members of problem children lack the strength to change the situation in the marital subsystem or to find something positive for themselves personally. Married partners with broken relationships cannot resolve the contradictions and conflicts that arise in their family life on their own. As a result of the long-term conflict, they have a decrease in social and psychological adaptation, lack of ability to work together, in particular, the inability to coordinate in matters of child rearing. The level of psychological stress in the marital subsystem tends to increase, leading to emotional disturbances, neurotic reactions of partners, and the emergence of the feelings of constant anxiety. We can conclude that the disharmony of marital relations creates an unfavorable background for the emotional development of the child, who observes the relationship of two adults close to her, and this situation can be a source of pre-neurotic patho-characterological radical.

According to E. Eidemiller, L. Petrovskaya, V. Justickis, one of the main causes of conflict, ie disharmonious interaction is the inadequacy in perception of each other of the marriage partners (Petrovskaya, 1989; Petrovskaya, 1977; Eidemiller & Justickis, 1999). If we delve deeper into the reasons for such non-acceptance, we should point out that from the times of the first systematic study of behavioral disorders and delinquency of the individual and the processes of his life, the main correlates of childhood behavioral disorders were identified (McCord, 1979; Rutter, 2006; Wetzel & Robbins, 2016). Many of the characteristics identified in these studies (poverty, disadvantage, large family, parental mental disorders, severe and inconsistent parenting, conflict, divorce) later demonstrated a strong association with behavioral disorders in many other samples. (Yatsenko, 2006; Karnes et al., 1983).

Behavioral disorders, especially in childhood, mostly occur in families that often experience external adverse circumstances, where marital relations are strained and their options for resolving conflict situations are less than optimal (Berezan et al., 2013). It is worth noting the detrimental effect on the development of the child of adverse circumstances in the family, caused by conflicting relationships between adult family members - marriage partners. A child raised in a dysfunctional family grows up to be a complex person.

**ВASIC RESEARCH**

In order to restore personal and partner interaction between members of a dysfunctional family the crucial factor is, especially in a case of developmental disorders in a child, the ability of an adult to test the reality, which includes the ability to realistically and deeply assess themselves and others. For a positive relationship to develop, it is important to develop the ability of an adult to separate and distinguish between personal and partner-related internal mental experiences and external stimuli that evoke certain behaviors and emotions. Therefore, the personal maturity of an adult is an important component that determines the development of these relationships. According to the tradition that has developed in our country, the situation in a dysfunctional family that has a child with developmental problems is considered in most cases through the prism of the child's own problems. Despite the fact that recently the scientific and practical psychological studies aimed at studying the development of the family, its impact on various areas of personality have gained traction (S. Maksymenko, Z. Kisarchuk, T. Yablonskaya, etc.), the nature of the relationship between the spouses, the parent team and the parents and children and the child's personal development has not yet been sufficiently studied. It is still considered sufficient to limit the methodological recommendations to parents with regard to the education and advice on raising a child. However, as practice shows, despite the efforts of the specialists, such developments are insufficient, as one aspect that requires special attention is excluded from the field of view - personal and interpersonal features of the functioning of families with problem children. In our opinion, the solution to the problem of psychological adaptation of families in this category, the acquisition of their "comfortable niche" should be sought out in the implementation of psychological impact not only on the problem child, but also on adult family members. In this regard, the purpose of our study is to determine statistically significant differences in the level of expression of personal and interpersonal factors of the subjects, differentiated by the criterion of family functioning “a dysfunctional family”.

**METHOD**

The empirical stage was carried out using statistical analysis, which involved comparing the frequency of expression (presence / absence) of personal characteristics of the subjects themselves and the characteristics of their family functioning. The initial empirical facts were the psychological characteristics of the subjects, measured using a set of projective psycho-diagnostic tools, namely projective tests "Self-portrait" (Kandaurov, 1988), "Non-existent animal" (Muzychenko, 2013), "Family Picture" (Burns & Kaufman, 2000), "Man in the Rain" (Romanova & Potemkina, 1992), "House. Tree. Man ”(Buk, 2000). The sample consisted of 464 people aged 20 to 60, of whom 282 women and 182 men.

To determine the significant differences in the frequency of expression (presence / absence) of the characteristics of personal and family functioning in family members of problem children, a binomial test (Binomial Test) was used (Bujul, 2002).

**RESULTS OF THE RESEARCH**

For the family members of problem children – the representatives of the dysfunctional type of family, a reliable distribution according to frequency of expression (presence / absence) of the following characteristics of personal and family functioning were: "feelings of instability" (p <0,001), "suspicion, distrust" (p <0,001) , "Difficulties in communication and interaction with others" (p <0.001), "anxiety, fear" (p <0.001), "high self-esteem" (p <0.001), "low self-esteem" (p <0.001), "impulsiveness" (p <0.001), "passivity" (p <0.001), "emotional and intellectual immaturity" (p <0.001), "sexual problems" (p <0.001), "coldness of relationships" (p <0, 001), "cohesion of family members" (p <0.001), "interaction of family members" (p <0.001), "rigidity" (p <0.001), "stress" (p <0.001), "depressive tendencies "(P <0.001)," conflict "(p <0.001)," predisposition to psychopathy "(p <0.001)," desire to avoid problems "(p <0.001)," resistance to stress "(p <0.001), "competition between parents or siblings" (p <0.01), "insecurity, self-doubt" (p <0.05). The following are statistically significant results of the analysis of the frequency of expression of the characteristics of personal and family functioning in subjects with a dysfunctional family type (see Table 1).

Table 1

**Comparative analysis of the frequency of expression of the characteristics of personal and family functioning in subjects with a dysfunctional family type**

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristics** | **Category** | **Empirical Proportion**  | **Importance level** |
| **Feelings of instability** | Present | 84 | 0,000 |
| Absent  | 28 |
| **Psychosomatic manifestations** | Present | 70 | 0,010 |
| Absent | 42 |
| **Suspicion, distrust** | Present | 78 | 0,000 |
| Absent | 34 |
| **Difficulties in communication and interaction with others** | Present | 89 | 0,000 |
| Absent | 23 |
| **Anxiety, fear** | Present | 101 | 0,000 |
| Absent | 11 |
| **Aggressiveness** | Present | 71 | 0,006 |
| Absent | 41 |
| **Impulsiveness** | Present | 86 | 0,000 |
| Absent | 26 |
| **Passivity** | Present | 81 | 0,000 |
| Absent | 31 |
| **Emotional and intellectual immaturity** | Present | 85 | 0,000 |
| Absent | 27 |
| **Sexual problems** | Present | 83 | 0,000 |
| Absent | 29 |
| **Coldness of relationships** | Present | 98 | 0,000 |
| Absent | 14 |
| **cohesion of family members** | Present | 12 | 0,000 |
| Absent | 100 |
| **Positivity of the family environment** | Present | 42 | 0,010 |
| Absent | 70 |
| **Interaction of family members** | Present | 9 | 0,000 |
| Absent | 103 |
| **Rigidity** | Present | 86 | 0,000 |
| Absent | 26 |
| **Tension** | Present | 100 | 0,000 |
| Absent | 12 |
| **Depressive tendencies** | Present | 39 | 0,002 |
| Absent | 73 |
| **Flaws in socio-psychological adaptation** | Present | 67 | 0,047 |
| Absent | 45 |
| **Predisposition to psychopathy** | Present | 45 | 0,047 |
| Absent | 67 |
| **Predisposition to avoiding problems** | Present | 99 | 0,000 |
| Absent | 13 |
| **Resistance to stress** | Present | 37 | 0,000 |
| Absent | 75 |

Let's analyze the identified patterns in descending order of their reliability.

Members of the families with problem children - members of the dysfunctional type of family, reliably have the following characteristics of personal and family functioning: "feeling of instability" (loss of ground underfoot, instability of the system of principles and worldview); "Psychosomatic manifestations" (disorders of the functions of organs and systems, in the origin and course of which the leading role belongs to the influence of psycho-traumatic factors); "Suspicion, distrust" (excessively cautious attitude towards people, unformed basal sense of trust in the world); "Difficulties in communication and interaction with others" (problems in establishing an effective process of communication and interaction with others); "Anxiety, fear" (tension, worry, excitement, nervousness as a feeling of uncertainty; the inner state is due to the threat of real or perceived disaster); "Aggression" (tendency to verbal, physical aggression, negativism); "Impulsiveness" (actions and deeds under the manifestation of instantaneous emotional outbursts); "Passivity" (inactive human attitude to the facts and situations of the environment); "Emotional and intellectual immaturity" (inability to establish connections between phenomena and events, unconstructive attitude to stressful situations); "Sexual problems" (sexual maladaptation, tension in sexual relations), "coldness of relationships" (lack of sincere warm relations between family members); "Rigidity" (inflexibility, unwillingness to rebuild under the influence of certain circumstances); "Tension" (constant tension of vital psycho-emotional tone); "Disorders in socio-psychological adaptation" (psycho-emotional, psychosomatic disorders, disorders in the domestic sphere, personal adaptation, in establishing effective relationships); "Tendency to avoid problems" (lack of desire for cooperation and compromise, as well as the tendency to achieve their own goals).

On the other hand, members of the families with problem children - members of the dysfunctional type of family, are not characterized by the following characteristics of personal and family functioning: "cohesion of family members" (their assembly to solve a problem); "Positive climate of the family" (favorable family background for various activities, support for each other); "Interaction of family members" (the presence of effective interaction between them); "Depressive tendencies" (mood dysphoria, hypothymic psychotype); "Predisposition to psychopathy" (tendency towards impulsive affective uncontrolled outbursts of aggressive behavior); "Resistance to stress" (endurance to the effects of environmental stressors).

**DISCUSSION**

Probably, the basis of the obtained results is the interpretation of the term "dysfunctional family", which is a source of maladaptive behavior of one or more of its members, which does not provide the necessary conditions for their personal growth. According to modern family psychological research, dysfunctional families are characterized by: denial of any problems in the family, lack of intimacy, use of shame to motivate individual behavior, harsh family roles, sacrificing individual family identity and individual needs - the needs of the family in general. Family myths in a dysfunctional family do not correspond to reality, and humor, tender care, optimism are rare. Conflicts are closed in this environment and there is a chronic hostility of some family members towards others.

It is worth noting the detrimental impact on the development of the child of the adverse circumstances in the family caused by conflict between adult family members. A child raised in a dysfunctional family grows up to be a complicated person. N. Maksimova identifies groups of problems, among which we have identified those that indicate certain violations of the marital system, which, of course, stimulate the child's problems (Maksimova, 2011): 1. Personal problems of marriage partners: anxiety, depression, feelings of inferiority and more. 2. Problems in the relationship: the husband (wife) is dissatisfied with their relationship with a partner (or children). 3. Problems directly related to the child: bad behavior, communication difficulties, aggression, etc. 4. Problems in the relationship of extended family members: one of the extended family members is ill or creates difficulties for one or both spouses (Maximova, 2011). Dysfunction of such family systems leads to many psychological symptoms and negative social ramifications for its members.

**CONCLUSION**

Thus, the analysis of theoretical sources and the conducted empirical research allowed us to generalize that members of families with problem children - representatives of the dysfunctional type of a family are reliably characterized by: "feelings of instability"; "psychosomatic manifestations"; "suspicion, distrust"; "difficulties in communicating and interacting with others"; "anxiety, fear"; "aggressiveness"; "impulsiveness"; "passivity"; "emotional and intellectual immaturity"; "sexual problems"; "coldness of relations"; "rigidity"; "tension"; "disorders in socio-psychological adaptation" and "tendency to avoid problems."

The task of working with such a family is to provide psychological assistance in solving these problems and difficulties of various kinds. It is assumed that the results will be the basis of the optimal model of psychological support for both the individual and the entire dysfunctional family system.

**REFERENCES**

Baidenko, VI (2004). Competencies in vocational education (to develop a competency-based approach)]. *Higher education in Russia*, 11, 5–11.

Bardier, H. L. (2002). *Why does a psychologist look like a cat: the subtleties of psychological assistance to children.* Moscow: Genesis.

Bednenko, H. B. (2009). Beauty and the Beast: Socio-role and intrapsychic analysis of a fairy tale*. 1st International fairy-tale therapeutic festival "Psychology of a fairy tale and Tale of Psychology": articles.* 51–58.

Burns, R. S., Kaufman, S. Kh. (2000). *Kinetic drawing of a family*. Moscow: Smysl.

Buk, J. (2000). *Test "House, tree, man"* (DCH). Moscow : EXMO-Press.

Biuil, A. (2002). SPSS: *The Art of Information Processing: Analysis of Statistical data and the Restoration of Hidden Patterns*. St. Petersburg: DiaSoftYuG LLC.

Zakharov, AI (1988). *Neuroses in children and psychotherapy*. St. Petersburg: SOYuZ.

Kandaurov, O. Z. (1988). *Self-portrait as a confessional genre*. Moscow: Art.

Maksymova, N. Yu. (2011). *Family counseling: a textbook*. Kiev: Personal.

Muzychenko, H. F. (2013). *Projective technique "Non-existent animal". Guidance and results of psychodiagnostic research of adult patients with various disorders of the emotional and personal sphere*. St. Petersburg: Rech.

Reber, A. (2003). *Oxford Explanatory Dictionary of Psychology*. Moscow: Veche AST.

Petrovskaya, L. A. (1989). *Competence in communication. Socio-psychological training.* Moscow: Izdatelstvo MGU.

Petrovskaya, L. A. (1977). *On the conceptual scheme of socio-psychological analysis of the conflict.* Moscow: Moskovskiy gosudarstvennyiy universitet.

Berezan, N. O., Hobod, I. Yu., Lunchenko, N. V., Radivilovskyi, Z. L. (2013). *Psychological service and PMPK of the education system (according to the results of the 2012-2013 academic year).* Kiev: Nika-Center.

Romanova, E., Potemkina, O. (1992). *Graphic methods in psychological diagnostics.* Moscow: Didakt.

Shipitsyna, L. M. (2005). *An "uneducated" child in the family and society. Socialization of children with intellectual disabilities.* St. Petersburg: Rech.

Eydemiller, E. G., Yustickis, V. Yu. (1999). *Family psychology and psychotherapy. St*. Petersburg: Peter.

Yatsenko, T. S. (2006). *Fundamentals of deep psychocorrection: phenomenology, theory and practice: a textbook.* Kiev: Vyshha shkola.

Karnes, M., Shwedel, A., Williams, M. (1983). *Combining instructional models for young children. Teaching Exceptional Children*, 14, 128–135.

Maslach, C., Jackson, S. E., Leiter, M. P. (1997). *Burnout Inventory. Evaluating stress: A book of resources.* Lanhan, MD: The Scarecrow Press.

McCord, J. (1979). *Some child-rearing antecedents of criminal behavior in adult men*. Journal of Personality and Social Psychology, 37 (9).

Rutter, M. (2006). *Categories, Dimensions, and the Mental Health of Children and Adolescents.* Annals of the New York Academy of Sciences, 1008, 11–21.

Sharma, R. N., Sharma, R. (2006). *Child Psychology.* Atlantic Publishers and Distributors.

Wetzel, E., Robins, R.W. (2016). *Are parenting practices associated with the development of narcissism: Findings from a longitudinal study of Mexican-origin youth.* Journal of Research in Personality, 63, 84–94.