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Lesya Ukrainka East European National University in Lutsk. Practical  
and Clinical Psychology Department

MYROSLAVA MUSHKEVYCH

ORCID: 0000-0002-3268-5767  
mira\_mush@yahoo.com

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*Psychological Characteristics of Emotional Functioning  
of Families with Problem Children*

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Charakterystyka psychologiczna emocjonalnego funkcjonowania rodzin z dziećmi problemowymi

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ABSTRACT

The presented article describes the main emotional 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.

**Keywords:** dysfunctional family; problem child; personal characteristics; family characteristics

## 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; Maksymova, 2011). 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 cannot interact effectively with her (Reber, 2003). Also, we took as a basis the definition of Ram 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 20<sup>th</sup> 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 Aleksandr 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, Eidemiller and 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 (*ibid.*).

In addition to the so-called “normative stressors”, Eidemiller and 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 (Mushkevych, 2018). Among the main dysfunctional symptoms observed in family members, Christina Maslach, Susan Jackson, and Michael Leiter (1997) consider the symptoms of stress. 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 (Mushkevych, 2016).

According to Larisa Petrovskaya (1989, 1977) as well as Eidemiller and Justickis (1999), one of the main causes of conflict, i.e. disharmonious interaction is the inadequacy in perception of each other of the marriage partners. 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; Wetzell, 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, Shwedel, Williams, 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, Hobod, Lunchenko, Radivilovskyi, 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.

### BASIC QUESTION

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, 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 (Mushkevych, 2019). 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 (Mushkevych, 2020). In this regard, the purpose of our study is to determine the statistically significant psychological characteristics of emotional and family functioning in 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” (Berns, Kaufman, 2000), “Man in the Rain” (Romanova, Potemkina, 1992), “House. Tree. Man” (Buk, 2000). The sample consisted of 464 (282 women and 182 men) people aged 20 to 60.

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

## RESULTS

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 emotional and family functioning were: “feelings of instability”, “suspicion, distrust”, “difficulties in communication and interaction with others”, “anxiety, fear”, “high self-esteem”, “low self-esteem”, “impulsiveness”, “passivity”, “emotional and intellectual immaturity”, “sexual problems”, “coldness of relationships”, “cohesion of family members”, “interaction of family members”, “rigidity”, “stress”, “depressive tendencies”, “conflict”, “predisposition to psychopathy”, “desire to avoid problems”, “resistance to stress”, “competition between parents or siblings”, “insecurity, self-doubt”. The following are statistically significant results of the analysis of the frequency of expression of the characteristics of emotional 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	Proportion	<i>p</i>
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	

Table 1. cont.

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	

Source: Author's own study.

The presented results show a lot of emotional and interpersonal problems in family with problem children. Members of the families with problem children 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 for the obtained results is the interpretation of the term “dysfunctional family”, which does not provide the necessary conditions for personal growth, but is a source of maladaptive behavior of one or more of its members. Dysfunctional families are characterized by the denial of any problems in the fam-



ily, lack of intimacy, harsh family roles, sacrificing individual family identity, and individual needs – the needs of the family as a whole. Family myths in a dysfunctional family do not correspond to reality, and humor, tender care, optimism are rare. Conflicts are forbidden and there is a chronic hostility of some family members to others (Baidenko, 2004; Bardier, 2002; Bednenko, 2009; Maksymova, 2011).

Dysfunctional families go through polarization of relations: either the desire for complete fusion, symbiosis, control, or disunity and indifference (Maksymova, 2011; Zakharov, 1998). Dysfunction in the family is created by too rigid boundaries (when there are few connections between the family and the environment, then stagnation in the system is formed) or very blurred boundaries (when family members have too many connections with the environment and too few among themselves). In the case of a symbiotic relationship, the partner is considered their property, hence the conflicts arise. In such a married couple, one controls and does not let go, and the other emotionally merges with him, identifies with him, dissolves in him and actually loses his identity, ceases to live his life. In the studied dysfunctional families, the attitude towards people is wary, distrustful, dominated by contempt or envy, rivalry, hostility, fear, feelings of loneliness, uselessness. Due to the polarization of relationships and boundaries, members of a dysfunctional family have extremely limited resources and at the same time are unable to solve problems on their own (Eydemiller, Yustitskis, 1999; Mushkevych, 2019, 2020).

Conflicts and quarrels are a characteristic form of communication in a dysfunctional family, because members of a destructive family have not developed skills to listen and hear. Accusations, claims, insults and shouting are a form of aggressive communication. Unconstructive communication inhibits the development of personal maturity of family members, complicates the process of family adaptation and acts as a risk factor for the development of neuropsychiatric disorders (Mushkevych, 2019; Rutter, 2006; Wetzell, Robins, 2016).

Communication disorders, unclear messages, conflicting rules and regulations in such families lead to increased anxiety and instability, contributed to the development of depression, personality disorders and disunity in family members. Indirect and uncertain communication in such families is carried out from the position of fear, flattery or accusation, which often stimulates dissatisfaction with family relationships (Mushkevych, 2020; Rutter, 2006).

It is worth stating the detrimental effect on the development of the adverse circumstances on the child in the family caused by conflict between adult members. Dysfunction of such a family system leads to many psychological symptoms and negative social phenomena in children. The patterns of personal and interpersonal functioning learned in the parental family are fixed and transferred to one's own life. There is a so-called pathological family inheritance, which is passed down from generation to generation. A specific characteristic of a troubled family is the reproduction of family unhappiness, i.e. the creation of deformed and dis-

torted relationships and behaviors, which are repeatedly observed by individuals from childhood in the parental family and perceived as the norm, and then transferred to their own family (Mushkevych, 2016; Sharma, Sharma, 2006).

## CONCLUSIONS

The analysis of the theoretical literature and the results of the empirical study concluded that a dysfunctional family is not able to successfully perform family functions and solve problems. The conflict of interests and needs of family members is sharp and covers important areas of life, which creates constant tension. Family members adopt the hostile position, enter into conflicts, creating an atmosphere of tension, high risk of stressful situations, as a result of which, first of all, directly or indirectly, the child suffers. Manifestations of dysfunction occur repeatedly, regularly, not limited to episodic moments, so they become a family scenario in which the negative coexistence of family members develops.

The generalization of certain statistically significant psychological characteristics of personal and family functioning of the subjects, differentiated by the criterion dysfunctional family identified reliable indicators: “feeling 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”, “tendency to avoid problems”.

Dysfunctional families do not have such significant characteristics of personal and family functioning as “cohesion of family members”, “positive family climate”, “effective interaction of family members”, “resistance to stress”. But, despite the inherent for dysfunctional family, increased excitability, anxiety and lack of constructiveness in solving family problems, the study did not reveal statistically significant characteristics such as “depressive tendencies” and “predisposition to psychopathy”.

The task of working with a dysfunctional family that has sought help is to provide psychological support in solving selected problems and difficulties of various kinds. It is assumed that the results obtained will form the basis of the optimal model of psychological support for both, an individual and the entire dysfunctional family system.

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## STRESZCZENIE

W artykule opisano główne cechy emocjonalne i interpersonalne członków rodziny z problemowymi dziećmi. Badanie empiryczne zostało przeprowadzone z wykorzystaniem testów projekcyjnych „Autoportret”, „Nieistniejące zwierzę”, „Obraz rodziny”, „Człowiek w deszczu”, „Dom. Drzewo. Człowiek”. Literatura przedmiotu wskazuje, że rodzina dysfunkcyjna może powodować i pogarszać różne objawy neuropsychologiczne i psychosomatyczne, zaburzenia osobowości oraz dostosowanie społeczne członków rodziny. Wykazano empirycznie, że członkowie rodzin dysfunkcyjnych z dziećmi problemowymi odczuwają niestabilność, występują u nich objawy psychosomatyczne, podejrzliwość, nieufność, trudności w komunikacji i interakcji z innymi, lęk, strach, agresja, impulsywność, bierność, niedojrzałość emocjonalna i intelektualna, problemy seksualne, chłód w relacjach, sztywność, napięcie, zaburzenia adaptacji społecznej i psychologicznej, mają tendencję do unikania problemów. Rezultaty pokazały, że 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 do rozwiązania 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