Human Development . Family and parenting influences

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Curriculum

2.4 Other aspects of family relationships and parenting practices. The influence of parental attitudes compared with parenting practices.

Systemic theory including supportive systems in development, and aspects of distorted family function: e.g. discord, overprotection, rejection, and enmeshment.

The impact of bereavement, parental divorce and intra-familial abuse on subsequent development and mental health of the child. The relevance or otherwise of different family structures including cultural influences on family and stages of family.

Also: parental mental illness, resilience/vulnerability, nature vs. nurture

Nature or nurture?

• Task:

What aspects of: Family life
Family relationships
Parenting

Influence development and why?

Nature or nature?

 A complex interplay between intrinsic factors of the child; and environmental factors- which include family relationships, peers and wider societal influences

Intrinsic Factors

- Genetic vulnerability
- Prenatal environment
 - Substance misuse
 - Maternal stress

Presence of physical disability/ illness in the child

Temperament of the child

Family/parenting factors

- Early relationship with carer giver- Attachment
- Early environment
 - Post natal depression
 - Maternal anxiety/stress
 - Domestic violence
- Parental psychopathology
 - Mental illness
 - Drug misuse
 - Personality disorders

Other family influences

- Family functioning
- Parenting style
- Stage of family life cycle
- Life events-predictable e.g. bereavement
- Life events- unpredictable/ traumatic e.g. abuse

Attachment

- An affectionate bond between two people that endures through time and space and serves to join them emotionally
- The deep and enduring connection established between child and caregiver in the first three years of life. It is a learned ability, the result of on-going two-way interactions characterised by protection, fulfilment of needs, limits, love and trust
- Attachment is the base from which children explore, and their early attachment experiences form their concepts of self, others and the world
- Through a positive two-way relationship children learn to regulate their mood and responses, soothe themselves and relate to others

Attachment

• Immediate and long-term benefits to mental health result if an infant or young child should experience a warm, intimate and continuous relationship between child and mother (or permanent mother substitute), in which both find satisfaction and enjoyment

Strange situation test

- Developed to assess attachment relationships between caregiver and child between 9 and 18 months
- Developed by Mary Ainsworth
- Child is observed playing for 20 minutes, during which time a sequence of events occur involving the carer and a stranger entering and leaving the room. The purpose is to raise the child's stress and so observe the activation of their attachment behaviour. The amount of exploration- i.e. how much the child plays throughout is also observed.
- (Mary Main- later developed adult attachment interview-categories mirror those from strange situation test)

Categories of attachment

- Ainsworth developed the following categories of attachment:
- Rates in non clinical populations
- Secure (type B) -55-60%
- Insecure –avoidant- (type A)-20%
- Insecure- ambivalent /anxious (type C)- 10%
- Disorganized (type D)- later added by Main and Solomon -up to 15%
- These proportion are remarkable similar across cultures- secure is usually 55%-60% although rates of other types can vary slightly

Consequences of disrupted attachments

- In general, insecure attachment patterns are best thought of as risk/vulnerability factors for later problems, including mental health disorders-rather than predictive factors.
- Little evidence about links between infant attachment patterns and later adult psychopathology.
- Some studies have shown that those adults with preoccupied/ ambivalent attachment-have higher rates of mood disorder, anxiety and borderline personality disorder
- Disorganized attachments in young children- are associated with later high levels of aggression in middle childhood/adolescence, and possibly predict a higher level of mental health difficulties in later life. Studies have shown link with more hostility in later adult relationships

Parental sensitivity

- Attachments do not just depend on the child, but on the care giver style. Can be thought of in a number of ways e.g.
- Sensitivity-----insensitive
- Acceptance------Rejection
- Co operation_____interference
- Accessibility_____Ignoring

How do families function?

• Task:

• If you were to assess how a family functions, what dimensions/ characteristics do you think is important to think about?

Family functioning-system of assessment

- Structure
 - Boundaries- clear, diffuse, rigid
- Communication
 - Clear, indirect, masked
- Affective involvement
 - Empathic, disengaged, enmeshed
- Roles in family
- Task completion
 - Basic care; developmental tasks; crises
- Parental behavioural control
- Stage of family life cycle
- Belief systems of family
- Social and cultural influences

Parenting style-effect on development?

Authoritarian

- Rigid, harsh, demanding
- ...low self-esteem and social withdrawal

Authoritative

- Firm, responsive, shared decision-making
- ...self-reliance and sense of social responsibility

Permissive

- Overly responsive, unpredictable limit-setting
- ...poor impulse control and aggression

Neglectful

- Non-involvement
- …low self-esteem and impaired self-control

Parenting style-effects

- Coercive cycles of parenting is particularly associated with oppositional and non compliance in children (Patterson)
- Loebar and Stouthammer-Loebar (1986) found that youths with antisocial and criminal behaviour were more likely to have families with the following characteristics
 - Repetitive patterns of conflict between parents and children
 - Neglect e.g. inadequate parental supervision; unable to exert discipline in the home
 - Drug/alcohol abuse in the home; or modelling of antisocial behaviour in the home
 - Family climate of discord and conflict ranging from arguments to acts of violence

Family life cycle

- Families can be thought of as having life cycles consisting of different stages
- Each stage involves different emotional/developmental tasks to be achieved by family.
- Models of family life cycle very dependant on cultural context-has been a fairly western model
- Stresses thought to likely at times of life cycle change-so may be associated with development of symptoms in family members

Life cycle stages

- Unattached young adult
- Couple formation
- Family with young children
- Family with adolescents
- Launching children and moving on
- Later life

How influences interact

Vertical stressors

SYSTEM LEVELS

1. Social, cultural, political, economic

(gender, religion, ethnicity, etc.)

2. Community, work mates

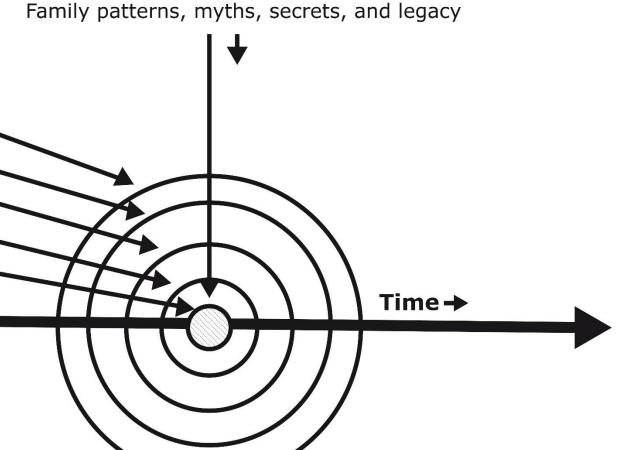
3. Extended family

4. Nuclear family

5. Individual

Horizontal stressors →

- 1. Developmental (life cycle transitions)
- 2. Unpredictable (early death, chronic disease, accident)



Divorce

- Confusing picture re long term outcomes
- Hethington-study on divorce and marriage in families with children aged 4 and 6
- First year post divorce-high levels of distress. Boys more problems than girls
- But by 2 years, doing better than children who stayed in high conflict families
- Remarriage-also associated with peaks in distress-improved after 2 years
- Effect of gender- some evidence that boys have poorer outcomes e.g more externalizing problems- especially if coercive relationship with mother
- Age- some evidence that younger children have high levels of immediate distress but better outcomes in longer term
- Adolescents-poorer adjustments to remarriage- still problems after 2 years in relationship with step parents

Divorce

- However...
- It is difficult to tell whether poor outcomes are associated with the divorce itself or related to
 - Pre-existing marital discord/violence.
 - Continuing poor relationship between parents
 - Effect of discord on child rearing practices e.g. level of supervision
 - Parental psychopathology both pre and post divorce
 - Subsequent impact on social economic status, having to move schools, loss of contact with extended family etc.

Bereavement

- Few studies of long term developmental impact
- Bereavement has impact via a number of processes e. g. immediate grief reaction; loss of attachment figure; effect on quality of caregiving; impact on surviving parent; social economic changes.
- Consequences for child will vary according to age; cognitive level; availability of other supports
- Brown and Harris- seminal work on relationship between loss of a parent between ages of 10 and 14- and later development of depression in women.

Bereavement

- But they also found that it was the presence of other factors (lack of confiding relationship with husband, 3 or more children under 14, lack of full/part time job) that increased likelihood of depression in those women who had suffered bereavement. This was possibly due to the effect of-increased sense of failure, low self esteem
- This illustrates the importance of risk factors as vulnerability markers that interact with other issues to increase likelihood of psychological conditions/ mental illnesses.

Effect of parental mental illness

- Difficult to separate out from associated social/environmental factors e.g. low social economic status, job insecurity, marital discord.
- Some increased risk of illness in the child likely to be genetically determined
- But it is not possible to attribute specific problems in the child to particular parental diagnoses.
- Parents with psychiatric diagnosis may have other comorbid conditions e.g. drug misuse, personality disorders —which impact on the child's development.
- Parental mental illness may affect child's development through a number of ways e.g development of attachment, poor levels of parental supervision, emotional withdrawal, high level of discord.

Resilience

- Initial work by Werner et al (1971) and Werner and Smith (1971, 1982, 1992) but many other studies have also looked at this.
- Factors linked to improved outcomes for children, in the face of chronic adversity -Child factors
 - Activity levels
 - Sociability
 - Intelligence
 - Capacity for problem solving
 - Competence in social and academic spheres

Resilience

- Factors improving outcomes-Families that sustained affective ties and provided emotional and cognitive support to children under stress
- Factors improving outcomes- External social supports e.g. school, church, community groups
 - Increased individual sense of competence
 - Increases self worth
 - Develops internal locus of control

Resilience

- Increasing evidence of genetic component to resilience.
- Probably via effect on underlying neural circuitry, neuroendocrine functions and neural chemistry that mediate response to stress and influence other psychological functions important in resilience.
- e.g- Regulation of Hypothalamic- pituitary axis