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Psychiatric Disorders in Children of Dysfunctional Families

Thesis
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List of contents

List of Tables.....	I
List of figures.....	II
List of Abbreviations.....	III
Introduction & Aim of the Work.....	١
Review of Literature.....	٤
Functional Family	٤
Normal Psychological development.....	١٢
Dysfunctional Family.....	٢٥
Dysfunctional Family & Psychiatric comorbidity	٦٣
Subjects and Methods.....	٨١
Results.....	٨٦
Discussion.....	١٢٤
Summary & Conclusion.....	١٣٨
Recommendations.....	١٤٢
Structured Program.....	١٤٣
References.....	١٥٣
Appendix.....	
Arabic summary.....	

List of Tables

Table (١):	Theories of personality and psychopathology: Psychoanalysis.	١٧
Table (٢):	Erikson's stages of psychosocial development.....	١٩
Table(٣) :	Sullivan's life stages.....	٢٢
Table (٤):	Children's Reactions to Separation and Divorce.....	٥٤
Table (٥):	Socioeconomic levels and total score for each level.....	٨٣
Table (٦):	Comparison of sex between cases and controls.....	٨٧
Table (٧):	Comparison of age between cases and controls.....	٨٧
Table (٨):	Comparison of birth order between cases and controls.....	٨٨
Table (٩):	Comparison of SES between cases and controls.....	٨٨
Table (١٠):	Comparison of behavior check list between cases and controls.....	٨٩
Table (١١):	Comparison of depression inventory test between cases and controls.....	٩٠
Table (١٢):	Comparison of child anxiety scale between cases and controls.....	٩٠
Table (١٣):	Comparison of parental type between cases and controls.....	٩١
Table (١٤):	Comparison of general home atmosphere between cases and controls.....	٩١
Table (١٥):	Comparison of ICD-١٠ parameters between cases and controls.....	٩٢
Table (١٦):	Relation between child behavior check list variables and age in the patient group	٩٤
Table (١٧):	Relation between age and child anxiety in the patient group.....	٩٥
Table (١٨):	Relation between age and child depression in the patient group.....	٩٥
Table (١٩):	Relation between age and ICD-١٠ parameters in the patient	

	group using Chi-Square test	٩٦
Table (٢٠):	Relation between Sex and child behavior check list variables in the patient group	٩٨
Table (٢١):	Relation between Sex and child anxiety scale in the patient group	٩٩
Table (٢٢):	Relation between Sex and child depression inventory in the patient group.....	٩٩
Table (٢٣):	Relation between Sex and ICD-١٠ variables in the patient group.....	١٠٠
Table (٢٤):	Relation between Birth order and child behavior check list variables in the patient group	١٠١
Table (٢٥):	Relation between birth order and child anxiety in the patient group.....	١٠٢
Table (٢٦):	Relation between birth order and child depression in the patient group.....	١٠٢
Table (٢٧):	Relation between birth order and ICD-١٠ variables in the patient group	١٠٣
Table (٢٨):	Relation between SES and child behavior check list variables in the patient group	١٠٤
Table (٢٩):	Relation between SES and child anxiety in the patient group	١٠٥
Table (٣٠):	Relation between SES and child depression in the patient group.....	١٠٥
Table (٣١):	Relation between SES and ICD- ١٠ variables in the patient group	١٠٦
Table (٣٢):	Relation between Family background (home atmosphere) and child behavior check list variables in the patient group.....	١٠٨
Table (٣٣):	Relation between Family background (Parents types) and child behavior check list variables in the patient group.....	١٠٩
Table (٣٤):	Relation between Family background and child anxiety in the patient group	١١٠

Table (۳۵):	Relation between Family background and child depression in the patient group	۱۱۱
Table (۳۶):	Relation between Family background (home atmosphere) and ICD-۱۰ variables in the patient group	۱۱۲
Table (۳۷):	Relation between Family background (Parents types) and ICD-۱۰ variables in the patient group.....	۱۱۳

List of Figures

Fig (١):	An ecological Model of human development.....	١٣
Fig (٢):	Rate of divorce and marriage rate in Egypt from ١٩٦٠ to ٢٠٠٤.....	٤٦
Fig (٣):	Pia chart shawing the sex within the group of cases.	١١٤
Fig (٤):	The chart shows the age in controls and cases.....	١١٥
Fig (٥):	The chart shows the Birth order in controls and cases.....	١١٦
Fig (٦):	The chart shows the different SES in controls and cases.....	١١٧
Fig (٧):	The chart shows the Behavior Checklist in controls and cases.....	١١٨
Fig (٨):	The chart shows the Child Depression Inventory in controls and cases.....	١١٩
Fig (٩):	The chart shows the Children Anxiety Scale in controls and cases.....	١٢٠
Fig (١٠):	The chart shows the Parental type in controls and cases.....	١٢١
Fig (١١):	The chart shows the Home atmosphere in controls and cases.....	١٢٢
Fig (١٢):	The chart shows ICD-١٠ parameters in controls and cases.....	١٢٣

Summary And Conclusion

Children are shaped by the world around them. For children, nothing has greater influence on their development than their family. Families filter children's experiences with others and provide nurture and care that strongly influences early child development. Families determine the quality of a young child's world and shape the foundations for later development.

The family dynamics is one of the most important elements affecting healthy child development. Positive family functioning can help mitigate the influence of other factors in child development, such as family income and family structure.

Emotional and behavioural problems in children are more common when their parents are fighting or splitting up. This can make a child very insecure. 'Babyish' behaviour (e.g. bedwetting, 'clinginess', nightmares, worries or disobedience) may be caused by the separation. This behaviour often happens before or after visits to the parent who is living apart from the family. Teenagers may show their distress by misbehaving or withdrawing into themselves. They may find it difficult to concentrate at school.

This is a case control study carried on ۵۰ children (male & female) selected from the age group ۶-۱۲ years and belonged to

different socioeconomic standard. Twenty five newly admitted children were selected from those attending the Al-Moasah association. They were of low socio-economic standards. Their parents type was as follows: ٤ living together, ١٦ separated, ٤ fathered died and ١ mother died.

Another ٢٠ children were gathered from the file system of the social workers in different primary schools suffering from those having family problems. They were of average and high socioeconomic standard. Their parent type was as follows: ٢٢ living together, ٢ separated and ١ father died. This study was carried over the period of ١٠ months from January ٢٠٠٥ to March ٢٠٠٦.

Another ٥٠ children were matched for age, sex and socio-economic standard were chosen from primary schools were taken as controls.

All children were subjected to the following after taking the consent of the parents or the caregivers:

١- Data collection by thorough medical history.

٢-Clinical examination for any physical illness, congenital abnormality and neurological examination were performed.

٣-Psychiatric interviewing of the child and the parents or the caregivers to detect any psychiatric symptomatology according to ICD-١٠ diagnostic criteria

٤- Assessment of familial background according to ICD-١٠ diagnostic criteria

٥-Assessment of socioeconomic status (El-shakhs, ١٩٩٥). This was determined by applying a questionnaire to parents of the child

٦- Child behaviour checklist (Quay&Peterson, ١٩٨٧)

✓- Test of depression according to Child depression inventory***Λ-Children anxiety scale***

In this study, as regard parent type a statistical significant difference was found between patient cases and controls group as regards general home atmosphere .

Within the group of cases, when we compare the family background to the behavior check list, the home atmosphere showed a positive correlation with conduct behavior, anxiety and social aggression.

The parent type showed a positive correlation with attention deficit, conduct behavior, anxiety and social aggression . As regard child anxiety scale, a positive correlation was found between both parameters of family background: home atmosphere and parent type. Also the depression inventory test showed positive correlation with parent type and home atmosphere . As regard ICD-١٠ parameters, the home atmosphere showed a positive correlation with conduct, depression and anxiety.

As regard ICD-١٠ parameters, both home atmosphere and the parent type showed a positive correlation with conduct, depression and anxiety.

Analysis of behavior check list between patient group and control group showed a statistical significant difference as regard conduct behavior, anxiety and social aggression.

As regards the depression inventory test and child anxiety scale statistical significant difference was found between patient cases and controls group.

On comparing ICD-١٠ parameters between case and control a statistically highly significant was found as regards anxiety, a statistically significant difference was found as regards depression and conduct.

From this study it was concluded that there was a positive correlation between dysfunctional family and child psychiatric comorbidity.

Recommendations

١. Increase the awareness of parents about the normal child development and learn them how to acquire the skills of effective parenting.
٢. Understanding factors that contribute to healthy family relationships and life styles to provide safe and secure home.
٣. Get help to dysfunctional families by increasing services as :
 - Mental health organization and hotlines.
 - Family network organizations.
 - Community based psychiatric care.
 - Family resource centers and support ing groups.
 - Health services.
 - Protection, advocacy groups and organization.
٤. To interact the two programs in this study.
٥. Strengthen of the effects to promote an effective relation between the family and the school.

Discussion

Parental conflict affects many children and their families. When the problem is handled well, the adverse impact on children is minimised. Where children are drawn into parental conflict, the effects can be profoundly damaging for them. Evidence shows that children in this situation are likely to do less well in life. They are more likely to do less well at school, to truant or to run away from home. But these risks can be reduced if parents can resolve parenting issues in an amicable fashion (*Falconer et al., ٢٠٠٤*).

In this study, on comparing the age between patient group and control group, there were no statistical significant difference found (table ٧, fig ٤). On comparing the age within the group of cases we notified that in the patient group, the age showed a positive correlation with some of the behavior check list parameters (conduct behavior, anxiety and social aggression ($p < ٠,٠٥$) (table ١٦). No correlation was found between the age and the child anxiety scale (table ١٧), and the depression inventory test (table ١٨). As regard ICD-١٠ parameters, the age showed a positive correlation with depression and anxiety ($p < ٠,٠٥$) (table ١٩).

This was in agreement with many researches that suggests that children's responses to their parents' divorce and separation vary widely. Indeed, some children may become happier and less distressed when their parents separate (*Amato and Rezac., ١٩٩٤*). Younger elementary school-aged children (٥ to ٨ years old) can understand the meaning of divorce enough to become depressed (*Beardslee and Gladstone., ٢٠٠١*), grief-stricken and sad over the loss of family. Many continue to wish for parental reconciliation.

They may also feel profound conflict of loyalties (*Gilman et al.*, ٢٠٠٣). They are egocentric enough to see divorce as a personal rejection, but may be mature enough to place the blame elsewhere, usually on a parent. Studies show that children at this age may suffer in school and in their social relationships (*Beardslee and Gladstone.*, ٢٠٠١). Half of their teachers in one study reported behavior changes. Older elementary school-age children (٩ to ١٢ years old) may also be depressed, sad and grief-stricken, but are also more likely to blame and be angry with one or more parents. Children at this age can also see the world from the parents' point of view, however, may start to struggle parent or younger siblings (*Voice and support* ٢٠٠٤).

Younger children's responses to their parents' separation seem more acute, and early studies showed that divorce had the most adverse impact on young children (*Grych and Fincham.*, ٢٠٠١). However, many studies confound children's age at the time of divorce with the length of time passed since divorce, and age of assessment. One North American study found that young adults in low-conflict divorced-parent families were less well-adjusted than youngsters in high-conflict families whose parents divorced (*kelly.*, ٢٠٠٠). The California study found that after ١٠ years, the children who were younger at the time of separation had adjusted better than children who were older at that time (*Amato and Rezac .*, ١٩٩٤).

In this study, on comparing sex between patient group, there were no statistical significant difference observed (table ٦, fig ٣). In the patient group, no correlation was found between the gender and any of the studied parameters: the behavior check list (table ٢٠), the child anxiety scale (table ٢١), the depression inventory test (table ٢٢) and the ICD-١٠ parameters (table ٢٣).

Our results was in agreement with those of *Amato and Rezac., (1994)*. They concluded that boys suffer no more detrimental consequences than girls do. Also, a large nationwide study in the United States recently found no gender differences linked to divorce (*Kelly., 2000*). The most recent research would appear to contradict the conventional view that divorce has more negative impacts on boys than on girls. One meta-analysis of studies that distinguished the impacts of divorce on girls and boys found more negative impact on boys than on girls, but only with respect to certain measures: social relationships, loneliness and cooperativeness. Another study found that adjustment and achievement in boys and girls after their parents' divorce varied by age, time since the divorce, type of parenting, and the type and extent of parental conflict (*Voice and support., 2004*).

Our results were inconsistent with those of *Messer and colleagues (2007)*. They examined sex differences in correlation of disruptive behavior disorders (DBDs), in preadolescent children & outcomes after initial assessment. They found that boys and girls were equally exposed to most social and family risks of DBDs with little evidence of differential sensitivity to these risks. Boys were exposed more to neurodevelopmental difficulties, attention-deficit/hyperactivity disorder, and peer problems and had lower rates of prosocial behaviors; together, these factors and physical punishment could account for 54% of the observed sex differences in DBDs. At follow up, outcomes for girls and boys with DBDs were very similar. Our results were different because we examined only 50 cases aged 6-12 years, while the authors examined 1440 cases with children aged 9-10 years old.

In this study, on comparing birth order between patient group and control group, there were no statistical significant difference observed (table ٨, fig ٥). In the patient group, no correlation was found between the birth order and any of the studied parameters: the behavior check list (table ٢٤), the child anxiety scale (table ٢٥), the depression inventory test (table ٢٦) and the ICD-١٠ parameters (table ٢٧).

A relationship between ordinal position of birth and a variety of psychopathologies has been suggested by. The belief that first borns experience more mental illness has been widespread. In a study in which first born males were found to obtain lower psychological wellbeing scores than their laterborn counterparts, no differences were found between female of different birth orders **Sulloway (١٩٩٨)**.

Skinner., (١٩٩٧) stated that the relationship between birth order position and psychopathology is well researched, but remains poorly understood due to contradictory findings. During childhood, first borns are over represented among problem children. It is thought by some that they have a greater vulnerability to stress, addictive substance abuse and sensitivity to pain in adulthood. First born female adults have been found to score higher on dimension of hypochondria than later born women. This has been associated with being raised by parents lacking child- rearing experience.

In this study, on comparing socioeconomic standard between cases and controls we found no statistical significant difference (table ٩, Fig ٦). In the patient group, no correlation was found between the socioeconomic standard and any of the studied parameters: the behavior check list (table ٢٨), the child anxiety scale