

# Growing-Up in a Family or Alternative Care

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**Summary**

*Growing-up consists of complex processes of growth, development and maturing. A child can't grow-up alone; a child needs its family to feel loved, safe and accepted. Parents create a family and they are the ones that create emotional climate – the most important factor in healthy development. Parenthood is the most complex mission life can offer us. Most parents achieve that «mission» with love and success, unconditionally and constantly, «learning» parenthood lessons day by day.*

*Some parents fail in doing it. Emotional climate created in insufficient parenthood is not a safe environment for children and adolescents to grow-up in. In such families the climate is filled with conflicts, and developmental processes follow «wrong paths», slow down or are stopped. Clinical practice in child and adolescent psychiatry demonstrates a spectrum of psychological/ mental difficulties in children that grew up in such families.*

*Some disfunctional parents can learn to be better parents, often with help of experts in the field. Some parents accept «parenthood lessons» with difficulties.*

*In such situations, institutional interventions, that have to evaluate parental competencies and decide on alternative models of care, are complex and demanding tasks that seek high level of expertness in all members included in the process. Isolating a child from its primary family is not an easy decision. It is even harder to yield that decision in the right moment and not harm developmental processes in child/adolescent that are already «undermined».*

**Key words:** children and adolescents, developmental processes, parenthood, alternative care

### **Sažetak**

*Odrastanje obuhvaća složene procese cjelokupnog rasta, razvoja i sazrijevanja. Dijete ne može odrastati samo. Ono treba svoju obitelj u kojoj se osjeća voljeno, sigurno i prihvaćeno. Obitelj stvaraju roditelji i oni kreiraju emocionalnu klimu - najvažniji čimbenik zdravog razvoja. Roditeljstvo je najsloženija zadaća koju nam život nudi. Većina roditelja tu „zadaću“ uspješno, bezrezervno, postojano i s ljubavi ostvaruje, ”učeci lekcije roditeljstva u hodu”.*

*Neki roditelji u tome ne uspijevaju. Emocionalna klima koju kreira insufijentno roditeljstvo nije siguran prostor u kojemu djeca i adolescenti mogu zdravo odrastati. U tim obiteljima se stvara ozračje bremenito konfliktima, u kojemu razvojni procesi djece kreću „krivim putem“, usporavaju se ili zaustavljaju. Klinička praksa dječje i adolescentne psihijatrije pokazuje čitav spektar psihičkih/ psiholoških poteškoća djece iz ovakvih obitelji.*

*Neki disfunkcionalni roditelji uspijevaju naučiti biti bolji roditelji, najčešće uz pomoć stručnjaka. Neke roditelje je teško naučiti roditeljstvu.*

*U tim situacijama intervencija institucija, koja treba procijeniti roditeljske kompetencije, te donijeti odluku o alternativnim oblicima skrbi složen je i zahtjevan zadatak koji traži visoku razinu stručnosti svih sudionika u tom procesu. Izdvajanje djeteta iz primarne obitelji nije nimalo laka odluka. Još je teže tu odluku donijeti u pravo vrijeme i ne naškoditi već ionako „uzdrmanim“ razvojnim procesima djece/adolescenata.*

**Ključne riječi:** djeca i adolescenti, razvojni procesi, roditeljstvo, alternativna skrb

## Introduction

Growing up includes complex processes of overall growth, development and maturation from the birth of a child to the attainment of maturity status. (Blos, 1962) A child cannot grow up alone. It needs a family in which it feels loved, safe and accepted. The family is created by the parents, and they create the emotional climate in which the child grows up. Families differ in many ways - primarily by personality traits of the parents, upbringing styles, systems of moral values and norms of behavior. (Tadic, 1981)

### Parenthood

To be a parent is a desire that belongs to the dialectic of narcissistic conflicts. The parent, in the parental role, identifies with his own parents, acts on its own way, and is able to feel how he/she creates and how much fulfillment he/she gains from this creation. (Nikolic, 1988) Parenting is the most complex task that life offers us, a role in which we give ourselves unreservedly, constantly and with sincere love, a role that we all “learn on the go”. (Graovac, 2010)

Most parents respect their children, accept their parental role responsibly, respect the importance of both parents for the child’s development, and do not set up competitively. Most parents worry if they are “good enough” in parenting, because parenting is not just a positive or a negative experience, it changes following the developmental cycles of the family and the developmental processes of the child. Parenting is accompanied by ups and downs and crises. (Pernar, 2010)

It is very important that professional help is available for parents who need guidance and support in fulfilling their parental role. The quality of parental care depends on the personality traits of the parents, interpersonal relationship of the parents, the harmonization of their parenting styles, as well as the experiences of the parents during their own growing up.

Parents’ expectations focused on their children, as well as on their own parental role, represent significant factors in shaping and realization of the parenthood.

The theory of social learning points to basic features of parenting - respect for the child’s developmental readiness, the predominance of reward and gratification over punishment and frustration, showing love and respect, clear and consistent rules, open communication and age-appropriate level of freedom given to the child in decision making. (Hay et al., 2010, Berneir, 2010)

Healthy parenting necessarily involves parental authority and the emotional availability of parents. It gives a lot of love and warmth, but also control. The described parenting style is unquestionably appropriate for the child's early development, because it sets boundaries that are important in upbringing. Healthy parenting encourages development of the child's characteristics (curiosity, self-confidence, independence and good school success), democratic authority, communication skills with the child, encouraging the child with respect for his/ her individual characteristics, not insisting on the right of the adult to which the child must adapt. Children raised in conditions of the described parenting style will develop feelings of trust, honesty, respect and mature responsibility. (Vasta, 1997) For proper development, the most important thing is the emotional climate in the family environment in which the child grows up. (Nikolic, 1988)

Some parents fail to be good parents. In the spectrum of immature behaviors of parents, role "swapping", developmental interferences, child neglect, violence against children or in front of children are often observed. Denial of emotional availability of parents is a feature of dysfunctional families and presents a risk for developmental processes of the child. The emotional climate created by insufficient parenting is not a safe space in which children can grow up healthy. In these families, an atmosphere of conflict is created, which results in children's developmental processes going "wrong", slowing down or stopping. The clinical practice of child and adolescent psychiatry shows a broad spectrum of psychological / mental difficulties of children raised in such families.

Some dysfunctional parents manage to learn to be better parents, most often with the help of professionals. Sometimes it is very difficult to teach some parents on parenting.

### **Attachment**

The emotional climate in the family is very important for the proper development of good and secure attachment - one of the fundamental characteristics of a healthy personality. Describing the importance of attachment, Bowlby (1982) states: "For mental health, it is believed that it is essential that a young child feels a warm, intimate and lasting relationship with his/ her mother (or permanent surrogate mother) in which they both experience joy and satisfaction." (Bowlby, 1982)

Attachment is a natural bond between a child and his/ her mother, a specific type of communication that enables development of a close emotional relationship, where they influence each other, adapt to each other and pave the way for the development of attachment. Experiences of interaction with the mother are grouped together and create a system of representations that shapes the child's behavior. Attachment is important for emotional regulation.

Young children are not able to regulate emotions on their own, the mother is the child's regulator of affects. (Pernar, 2008) Safely attached children have a sense of security, trust in others, positive expectations, sensitivity to inner states, empathy. Attachment disorders result in disorganization of behavioral patterns and impairment of capacity for self-regulation of stress and affect. (Vlastelica, 2014) Insecurely attached children show a spectrum of behavioral pathology - from avoidance or ignore, through angry rejection mixed with seeking of intimacy and contact, to confused, aimless and disorganized behavior.

### **Assessment of parental competencies**

Assessing parental competencies and deciding on alternative forms of care is a complex and demanding task that requires a high level of expertise of all participants in the process. Separating a child from the primary family is not an easy decision. It is even more difficult to make this decision at the right time, considering possible consequences on previous and further developmental processes of children and adolescents.

The examples that follow below illustrate the complexity of assessment of parental competencies, as well as the possible consequences on children's development in situations when decisions are made too quickly or too slowly.

*Vignette 1 - an example of the effects of too slow institutional interventions: Assessment of parental competencies of a single father of two boys (8 and 4 years old) one year after children were temporarily placed in the institution.*

Parents are characterized by a chaotic model of family life in the primary and secondary family, impulsiveness, unplanned parenthood. The mother left her partner and children, according to the father she never took care of children, he took care of everything and "everything was fine" until they started going to school. The first report of the social care center, which states the opposite, dates from the time when the younger child was 2.5 years old. From the moment the older boy started going to school, there were a number of reports from the school professional staff that point to marked difficulties in adjusting to and engaging in the minimum tasks that were required.

During the first semester of first grade, school reports indicate serious problems of the boy who “is unable to sit for long, disturbs other students in the classroom, rolls on the floor of the classroom and school hallways, stabs them with pencils, pushes, beats, disrupts order, destroys other students’s belongings, steals, shouts, uses inappropriate vocabulary, does not listen to the content of the school hours, does not take notebooks or books out of the school bag even though his teacher demands he does so, runs away from the classroom, and lately even refuses to go home ... “

The Social care center initiates the process of assessing parental care.

Significant family dysfunction is observed during parenting assessment. Both parents had a difficult upbringing, achieved poor school success, dropped out of school early, were employed occasionally for shorter periods of time, and therefore did not provide for the necessary socio-economic conditions for the family. Their partnership is superficial, burdened with contradictions, role swapping, shaped by the pathology of similar, immature partners. The psychological/ mental profile of the father has characteristics of personality disorder, with limited possibilities of treatment and correction of behavior due to the ego syntony of his pathology.

Both children show behaviors that belong to the pathology of Attachment Disorder - disorganized, confused, aimless and aggressive behavior. Children are at a high risk, and developmental processes could not “wait” for possible parental corrections that could take several years.

The psychological development of children with attachment disorder in the described example shows that pathology in children already exists, and in the future we can expect progression in the direction of psychopathological disorders during childhood, adolescence and adulthood - from behavioral disorders/ personality disorders to psychotic disorders.

*Vignette 2 - an example of the effects of too rapid institutional interventions: Assessment of parental competencies in a complete family with three children (15, 14 and 12 years of age).*

The Social care center, based on the school’s notice, is initiating procedure with a suggestion of separation of the oldest daughter for one year, because she, for the second time, repeated the same class.

The medical documentation recorded daughter’s health problems in the last two years, three surgical procedures, one surgical procedure in preparation, psychosomatic symptoms and difficulties, frequent medical examinations and follow-up. Until then, the child had been successful in fulfilling school obligations and manifested adequate behavior.

After occurrence of health problems, she often misses school. The school notes difficulties in cooperation of school staff with parents. The family doctor's report does not indicate elements of child neglect.

Family milieu analysis indicates specific family dynamics. In addition to the health problem of the oldest daughter, one son is a child with special needs, and the youngest son is hypersensitive, prone to psychosomatic reactions.

The daughter was, with justification, absent from school after surgical procedure, and when she returned to school, she felt that others do not believe her and that they do not want to help her, she felt cheated. The new retraumatization is intensified with the change of school.

In their parenting style, parents are protective of all their children, which is certainly partly due to the increased involvement of parents towards the child with special needs. Namely, their experiences of seemingly "banal" situations that have realistically progressed into serious and life-threatening health situations in the case of their middle child, have justifiably made them more cautious. School professional staff "trivialized" psychosomatic disorders and exert "pressure" in order to help, which leads to the opposite effect - a drop in school achievement and repetition of class on two occasions.

School failure, observed isolated from specific family circumstances, may seem as a result of insufficient parenting, but parenting analysis, in this case, shows otherwise.

Parents nurture a specific way of dealing with stress – the father practices exercise and "suffering", and the mother is sensitive, subdepressed, easily cries. Family style contains the message that difficulties should be dealt with "in a quiet and patient way" protecting each other. The father, while protecting both mother and children, takes on the heavier part of parenting. Family dynamics and patterns of coping with difficulties in which suffering dominates form a fertile ground for psychosomatic reactions in response to stressful situations.

But in the family, there is closeness, attachment and sharing of life's difficulties that need to be respected. Families need help – support for the parents and help children to better cope with stressful situations. Analysis of family relationships and family dynamics shows no signs of child neglect. In conclusion - there is no basis for separating the child.

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Too rapid interventions by the institutions in this example bring new stressors for parents, lead to destabilization of parents and parenthood, which leads to new traumatization of all family members, including parents and all children. In other words, there is a retraumatization of the whole family, which results in increased anxiety, increased depression of all family members, which forms fertile ground for an increase in psychosomatic reactions as a way of coping with stressful situations in children. Separating a daughter for a year is a “threat” to the family, which leads to a “thickening” of the family, which, observing the expected developmental processes (the daughter is in early adolescence) leads to regression. The developmental tasks of adolescence would, in the case of separation of the child from the family, have to be “on hold”, with subsequent difficulties in terms of identity development, which would result in “delayed adolescence”.

## Conclusion

Parental emotional health is key to healthy parenting. “If a child has healthy parents, he/she will learn healthy principles: that love means protection, care, loyalty, sacrifice. If he/she has emotionally unhealthy parents, the child will unconsciously incorporate a clear lesson of their problematic relationship: that love suffocates, that anger instills fear, that addiction is humiliating, or one of a million other harmful variations” (Lewis, 2009)

Healthy parenting creates a healthy emotional climate in the family in which the path of attachment development is paved and flows along developmental lines towards strengthening security, developing independence, ownership of inner experiences, and understanding oneself and others. Dysfunctional parenting paves the way for risky development of children and adolescents.

The process of assessing parental competencies is a complex and demanding task that requires a high level of expertise of all participants in the process. Therefore, expert assessment of attachment in the parenting assessment process is extremely significant and useful. Separating a child from the primary family is not an easy decision. It is even more difficult to make this decision at the right time and not to harm the already “shaken” developmental processes of children / adolescents.

## References

1. Berneir, A., Carlson SM., Whipple N. (2010). *From External Regulation to Self-Regulation: Early Parenting Precursors of Young Children's Executive Functioning*. Child Development, 1, 326-339.
2. Blois, P. (1962). *On Adolescence: Psychoanalytic Interpretation*. New York: Free Press of Glencoe.
3. Bowlby, J. (1982). *Attachment and Loss: Attachment*. New York: Basic Books.
4. Freud, A. (1958). *Adolescence. Psychoanal.* Study Child, 13, 255-273.
5. Graovac, M. (2010). *Adolescent u obitelji*. Medicina Fluminensis, 46(3), 261-266.
6. Hay, DF., Pawlby S., Waters CS., Perra O., Sharp D. *Mothers' Antenatal Depression and Their Children's Antisocial outcomes*. Child Development, 1, 149-165.
7. Lewis, T., Amini F., Lannon R. (2009). *Opća teorija ljubavi*. Zagreb: Profil International.
8. Nikolić, S. (1988). *Mentalni poremećaji djece i omladine*. Zagreb: Školska knjiga.
9. Pernar, M. (2010). *Roditeljstvo*. Medicina Fluminensis, 46(3), 255-260.
10. Pernar, M., Frančišković T. (2008). *Psihološki razvoj čovjeka*. Rijeka: Medicinski fakultet Sveučilišta u Rijeci.
11. Tadić, N. (1981). *Psijhijatrija djetinjstva i mladosti*. Beograd: Naučna knjiga.
12. Vasta, R., Hai MM., Miller SA. (1997). *Dječja psihologija*. Jastrebarsko: Naklada Slap.
13. Vlastelica, M. (2014). *Rani odnos majka-dijete u svjetlu neuroznantsvenih spoznaja*. Zagreb: Medicinska naklada.