CHAPTER I

FAMILY CONFIGURATION OF CHILDREN WITH BEHAVIOUR DISORDERS

INTRODUCTION

It is an appalling picture one could come across while working with Child guidance clinics, where one could often have to confront parents coming with all sorts of complaints of their children; the child is very naughty and uncontrollable, he is truanting from school, he picks up quarrels with other children, he is very inactive, shy and timid. The reasons behind these behaviours have been studied by researchers from different angles and they have come out with varied findings.

The growth and development of the child, is a continuous process that begins long before the child makes its entrance into this world. A child's development is mainly dependent on two factors, the heredity and the environment. The hereditary factors are determined at the time of conception and determined once and for ever. The environmental factors which influence the development of the child are of two types. 1) the prenatal environment and 2) the environment in which the child is born. The prenatal environment is the one which influences during the prenatal period where the physical and mental health of the mother, contributes to the growth and development of the foetus. Factors such as poor nutrition, infectious diseases, drugs, Rh Blood factor, age and emotional factors of the mother may contribute to
abnormalities in the physical and mental health of the child. Certain conditions during the process of child birth may also affect the child. For example, in the case of a prolonged complicated labour, the baby may not get sufficient blood supply, and his brain may get damaged, leading to abnormal behaviour.

The social environment plays a major role in determining the behaviour of the child. This environment includes his family, neighbourhood, friends and the socio-cultural factors. Each society has its own set of rules and regulations or norms which people follow knowingly or unknowingly. A particular behaviour considered normal in one society may be stamped as a problem behaviour in another society. Society also moulds him to develop certain moral, social and religious values. When a child conforms to the expectations of his parents and society, he is accepted and rewarded. But if he goes against any of the norms, he is punished and labeled as a problem child. Thus the socialization and the socio-emotional development of the child develop his behaviour pattern.

**Socialization and Development of Behaviour Patterns**

The socialization and socio-emotional development of the child is largely affected by the parental influences and the family experiences. Children result from the satisfaction of sexual needs of the parents and have to be reared by the family, which appears to offer the best milieu for their upbringing. The family supplies the care of two adults, an insurance against the loss of one. The adults are of both sexes, thus allowing adjustments to both
sexes. When the child is the product of a profound act of affectional cooperation, the child is cherished as an expression of this act and protected thereby. The family as the unit of child rearing is universal. Rearing includes physical care, education, discipline and socialization. The child learns his first lessons of socialization within his family and his social behaviour and attitudes reflect the treatment he receives from his parents in his home. The adult interaction with their child depends on their ethical, and religious codes, their own emotional make-up, desires, needs and frustrations in life. It is also influenced by family traditions, standards and surrounding community patterns. The adjustments, family relations and natural attitudes of parents give the child an assurance of stability, security, emotional maturity and ability to adjust to new or unforeseen circumstances. Psychologically, it is significant that the child is loved, wanted and accepted by his parents, as they are his main source of security. While dealing with a child, one should not lose sight of the importance of the family on the child's life. Parental attitudes and emotional climate of the family as a whole has profound influence on the growing child. In other words the dynamics of human interaction in the home provide the children with experience which lay the foundation for later adjustments. Supporting this, Adler theorized (1952) that, "family structure determined the nature of parent-child interactions which in turn influenced the development of relatively enduring personality traits".

Behaviour Problems:

A behaviour problem is a deviant behaviour of a child which does not conform to the expectations of the society and is considered detrimental
to the welfare of self, family and the society (Kale. S.V. 1978). Some of
the major behaviour problems seen commonly in growing children are
lying, stealing, thumb sucking, bed wetting, temper-tantrums, shyness and
submissiveness, truanting, scholastic backwardness, eating disorders,
(anorexia or obesity) psychogenic vomiting, aches or pains, hyperactivity,
stubbornness, fits, inferiority complex, jealousy, certain speech disorders,
mental retardation, day dreaming, phobia, nail biting, nightmares and so on.
Problems of children are receiving far more attention at the present time.
Among them, psychological problems are one entity. Nearly every child has
psychological problem at some point in his life and this could be called a
"behaviour problem" of the child during that period. Behaviour problems
are a child's way of reacting to a different environment, and are indeed a
cry for help, perhaps a danger signal arising from adverse surroundings.

Development of Behaviour Problems

Each child reacts to his/her environment in his/her own way. When there
is a clash between the two—the child and the environment—a behaviour
problem results. Even if it is the same environment, reactions of different
children are different. One child may develop a particular deviant behaviour,
another might develop another deviant behaviour, while a third may not
have any unusual behaviour. Hence to understand the behaviour of a child,
every aspect of his life has to be thoroughly studied.

According to Leavitt (1948) there are three major ideas implicit in
explaining human behaviour. The first is the idea of "causality", the idea
that, human behaviour is caused. Causality is implied, in the belief that,
environment and heredity affect behaviour. Second is the idea of
"directedness", the idea that, human behaviour is not only caused, but is also pointed towards something-a goal. The third is the idea of "motivation". that underlying behaviour there is a 'motive' or a 'need'.

Based on the above mentioned ideas of Leavitt (1948) on behaviour, the child's needs for emotional security, warmth, love are to be satisfied by the parents, to develop appropriate goal directed behaviour. It also helps to think of behaviour as an effect to eliminate stress by seeking goals that neutralise the cause of stressors. When the child is denied satisfaction of these needs, the child tend to develop behaviours which are not appropriate and goal directed.

* In this study, behaviour problems and behaviour disorders are used synonymously.

Causes of behaviour Problems

A child from the moment of entrance to this world is influenced by his social environment of parents, siblings, peer group and teachers. In other words, the child is socialized through the interaction of the above environmental factors. This socialization process depends on the organic and physical status of the child, the socio-cultural factors and the family in which the child is born and brought up. Any fault in the factors mentioned above may affect the socialization of the child and in turn result in behaviour problems. Each factor can be examined separately.

The Organic and Physical Status of the Child

A child who enjoys good health is more confident and emotionally stable than a child who is physically weak or is suffering from certain abnormalities. Children suffering from physical illness and physical
handicaps may feel inferior to healthy and normal children. This also may lead to behaviour problems and scholastic backwardness and their partial or complete withdrawal from other members in the society. In conditions where endocrine glands do not function normally, or the child is born premature, his development may be hampered.

Research in the area of organic and physical status of the child has brought out results which show relationship between behaviour disorders and trait like characteristics of the child. Lamb (1976) found that, children with behaviour disorders are frequently found to have been more 'difficult babies' than their normal peers. As babies, these children show irregularity, irritability, reactivity and emotional liability. Zeanah (1985) found that the mother's experience during the delivery of the child, such as, difficult birth (medical complications) is predictive of her later perceptions of infant temperament.

Another group of research brings out relationship between the components of the child's different behaviour patterns. In order to explain these studies, two issues are to be explained, and they are 'Response chains' and 'Response classes'. A 'response chain' is a temporarily sequenced set of behaviours in which each behaviour functions as the stimulus for the next behaviour. E.g.: behaviour such as fire setting and stealing are functionally related in occurrence to observed rates of unsupervised wandering of children in the streets. Reducing unsupervised wandering can successfully reduce the occurrence of fire setting and stealing (Patterson et.al.1984). 'Response classes' refer to a group of behaviours that may have no temporal relationship, but tend to function in a similar way under
similar conditions. E.g.: punching and kicking may be seen to be part of the
general response class of physical aggression. Research has consistently
shown that children with behaviour problems tend to have poor peer
relationship, (West et al. 1973) and deficiencies in prosocial behaviours
such as comforting and sharing. (Barrit et al. 1977) found that, poor
childhood peer relationships are predictive of later adolescent and adult
psychopathology.

**Socio-cultural Factors and Childhood Behaviour Disorders**

These factors include peer group, neighbourhood, the school environment
and the cultural values of the society. Family is the primary agency for
socializing the child. Then comes peer group, neighbourhood and school
environment. Once the child begins to go to school, the behaviour and the
attitude of the teachers and school environment contribute to the
development of child's personality. If he is in the company of antisocial
behaviour, there are more chances of his getting involved in these
behaviours.

The culture of the society in which the child is brought up also has an
impact on his development. In a society which is male dominated, male child
is given more love and attention than the female child. As a result, females
are submissive and more introvert, whereas males are more confident and
have stronger personality. Superstitions also have ill effect on the child's
development. For eg:- mental illnesses are said to be caused by evil
spirits. Instead of such a child getting medical treatment, he is subjected
to evil treatment, which further deteriorates his condition.
Family and Behaviour Problems

Although a number of factors may be associated with the development and maintenance of behaviour disorders in children, of primary importance is the family environment. That is, the moment-to-moment interactions, that the child has with his or her primary caregivers. Supporting this, a number of studies had been conducted on the family interaction patterns, family relationship especially between parents by a number of Western as well as Indian researchers. The disturbed patterns of family relationship reflect themselves in a child's behaviour.

Safer (1971) found that, children with behaviour problems came from homes with lack of parental union and lack of parental cohesion. Researchers focussed on the multifactorial dimensions of psycho-social interactions of family, like relationship pattern, communication style, material dimensions, authority structure and role functioning on the development of behaviour problems among children. (Bateson et.al (1958), Ackerman (1956), Collins et. al. (1971), Ferreira et.al (1967) Haley (1964).

The research into the treatment of behaviour disorders, strongly supports the view that, certain changes in the family environmental conditions such as parenting styles, family stress arrest the problem behaviour in children. Demonstrations of change in the child's behaviour, following programmed change in the parent's behaviour indicate that the disorders has family environmental components (Patterson (1984a)). A study regarding the parental treatment and the adjustment of the child in school, conducted by Lavoic (1978), found that, the children who feel free to confide with their parents showed better adjustment than their counterparts who could not
freely confide with their parents. There is often the danger of parents denying each other. Pointing out each other's mistakes, pitfalls and inadequacies, and taking sides with children are situations dangerous for the healthy emotional development of the child. Rejection by the parents fosters a distorted and devaluated self concept and self image for the child. He may feel helpless, inferior and insecure according to Anthony, E.J. (1970). His relationship inside as well as outside the home are anxious and fearful according to Kersen et al. (1967) and Siegelman (1965). Parentally rejected children feel neglected, isolated and alone. They frequently attempt to gain acceptance and positive social relationships through a variety of attention seeking behaviours like temper tantrums, disobedience, lying, stealing etc, as reported by Conway (1966). Coppersmith (1976) and Mussen et al. (1963), studied the school adjustment of children in relation to their family climate and found that, the parents of the maladjusted students had given them insecurity, rejection and monotony.

Parents are assumed to function as a role model for the child's adjustments to life. If the parents are not well adjusted, this gives the child a poor model to imitate and is likely to lead to problem behaviour similar to that of his parents. (Phillips 1956). It is reported by Brandon (1968), Greer and Cawley (1966), Wolf and Acton (1968), Broody (1969), Britton (1962) Lo (1956), that, parent child relationship in general, and mother child relationship in particular and her own personality is responsible for behaviour disorders in children. Bowlby (1951) reported that, if a mother herself suffered serious emotional deprivation in her childhood, essential mother love component is lacking and the baby in turn
is subjected to the same pathogenic experiences as herself. Dunbar (1943) reported that faulty attitudes, which stem from personality structure of the parents are responsible for psychological problems among children.

Forehand and associates (1975) found that, mothers of children with behaviour disorders emit higher frequencies of commands to their children than mothers of children without any problem. Dolphin et.al (1976) repeated this finding and also supported the finding that, the majority of instructions or commands are given in a threatening and hostile manner. It is also found that, parents of such children ascribe more negative consequences for their child's behaviour. Bandura (1973) has provided convincing proof that the child who is regularly exposed to the conflicts among the family members initiate that specific behaviour after witnessing others perform the behaviour. Cummings et.al. (1985) and Johnston et.al. (1985) further gave evidence that, children, particularly boys may show a stress reaction associated with aversive behaviours, aversive voice, content, tone and physical aggression in response to open parental disagreements.

When we examine the studies conducted in India, they also support the same. Marfatia (1973) is the pioneer author who reported that, the behaviour problems of children are influenced by the culture of the family by way of child rearing practices, interaction patterns and family relationship systems. Alan Desouza (1974) reviews all the possible family environmental factors that surround the child which contributes to its development starting from conception. They are 1. the natal period 2. birth 3. the early upbringing 4. the parents 5. the family 6. the child 7. the cultural
factors. Neighbourhood and the mass media of communications. Soman S.K (1989) added some more factors which contribute behavioural problems. The author writes, behaviour problems may be caused by one or more factors. The health, appearance, intelligence and the whole personality of the child, the economic, social and cultural standings of his parents, the interpersonal relationship in the family, the child’s experiences in school and in the neighbourhood play an important role among many other factors.

Nagaraja Jaya (1970) sheds light on the family environment and its influence on children. She writes, "child and his family environment is an integrated unit inseparable from one another in health or sickness. The pathogenic unhealthy patterns of family relationship reflect themselves in a child’s behaviour. When one speaks of mental health one should include the dynamics of family group, the inter relations of an individual to individual in a family set up. Disruption in the constellation of the family is bound to claim its toll and in the present day situation, where family is changing its pattern at a remarkably rapid rate, and it is claiming its victims too rapidly".

There are studies which throw light into the personality factors of children and parents. Singh et al. (1977) found that, it is not the personality characteristics of the children alone nor of the parents, but it is the interaction among parents and children which cause the development of symptoms of behaviour problems. Singh (1976) studied the personality structure of the parents while studying the etiology of behaviour problems.
among children. He found that, the personality structure of the parents, especially of mothers as one of the important factors which causes behaviour problems among children.

Hence the findings of the research studies emphatically say that, family is the most significant of all social groups and the child is the central figure of this institution and the impact of the family on the personality of the child has a life long influence. Since the child identifies with the family members, he loves, he imitates their patterns of behaviour and learns to adjust to life as they adjust. These findings of the research studies strongly establish that, no single factor or theory can fully account for the development of childhood behaviour disorders. It can be said that, it is multidetermined and that, a comprehensive understanding may involve analysis at the biological, psychological, sociological and political understanding. Also these findings establish the family as the most significant of all social groups and the child as the central figure of this institution. The impact of the family on the personality of the child has a life long influence. As mentioned earlier, the comprehensive study of the family is required to understand the multifactorial and multidetermined influence on the development of behaviour disorder among children.

**Formulation of the Problem**

In this context, the researcher has formulated the concepts of the study. The variables in the family affecting the behaviour of the child are innumerable and they overlap each other intricately. Hence, in order to identify the variables in the family which relate to behaviour disorders in children the family environment are to be studied in detail. Family is
perceived as functioning as a self-regulating open system, with its own unique history and structure. Its structure is constantly evolving through the dynamic interactions between the family's mutually interdependent individuals and larger subsystems of the society. To expand this further, the family's main representative, the father-husband, is assumed to be strong and active, providing for his wife and children not only the means of livelihood, but also love and protection as the means for emotional security. The mother-wife, connected with the husband in a lasting marriage is assumed to accept this as a pre-requisite for her happiness, which in turn enables her to love her children with tender unwavering motherliness. It is assumed that, if this is lacked in a family, it will result in behaviour disorders in children.

To be precise and clear, the concepts are to be defined. The Oxford Dictionary offers the following definitions for family: (1) The body of persons who live in one house or under one roof including parents, children, servants etc., (2) the group consisting of parents and their children whether living together or not, in wider sense, all those who are nearly connected by blood or affinity. But, in clinical situations, concern should be with individuals who have emotional significance as a group. This, most commonly, is the family. In this context, a blood tie may be secondary to an emotional tie. For example, a servant who has given intimate attention to the child may have more significance for them than the natural parents. Thus, in clinical practice, the concept of the family may have to be widened considering this kind of situations.
In this study, family configuration is considered as the structure, functioning and relationship among the family members. These three variables, family structure, family functioning and family relationship constitute the family configuration and it is assumed that, these variables are related to behaviour disorders in children.

According to Ackerman (1958) the configuration of the family determines the forms of behaviour that are required in the roles of husband and wife, mother and child. Through mothering and fathering, the child acquires his/her specific role and its meaning, with in a defined family structure. Thus, the family moulds the kinds of person it needs, in order to carry out its functions and in this process, each child reconciles with his past conditioning and his present role expectations. Family structure constitutes the first variable in family configuration which the researcher has selected for this study. Structure of the family has been defined differently by different authors. Accordingly, structure is the arrangement of roles of which a social system is composed. Structure can be divided into relational and unit categories. The most significant unit of social structure is not the person but the role, in more complex social systems or subsystems of the society. Relational components of structure are those comprising of the stable elements in the relations between units, (Parsons et.al 1955). Structure also refers to the repetitive patterns of interaction that become routine and for the most part operate out of the awareness of the family members. Thus structure is distinguished from process by its resistance to, or slower rate of, change rather than by any physical properties. In other words, structure gives a form to the family. Family type
is a term derived out of family structure which help us to distinguish from another type of family. Robert- G-Green (1985) explained family structure as the nature of power structure, the parental coalitions and family member's closeness to each other. Another explanation of family structure is that, it is a solitary group within which status rights and obligations are defined primarily by membership and by the ascribed differentiations of age, sex and biological relatedness.

The second variable selected in this study is the family functioning. The functions of a family have been found to vary over time, with the stage of development and with the life cycle of the family. The universal functions of the families are to provide sexual activity to raise children, to provide care, love and nurturing and discipline and to provide a supportive environment to the family. Function is the usage that has evolved from the contribution that an activity or an item makes the whole, the consequence of the activity or item for the system being considered. Family functioning includes production activities, such as income generating activities, home making activities, learning activities, regarding social and cultural norms and expectations, education, health and nutrition, social activities, cultural activities, as well as other activities by which family seeks to meet its own needs. If we consider the above activities of the families and their distribution among the family members, we find that, women may bear the responsibilities of household and child related functions and men may bear responsibilities for economic and remunerative activities. Thus the term 'function' not only includes tasks and activities but also implies the existence of important roles and relationships as well. These functions, roles and
relationships often said to create a sense of security, belongingness and purpose, which create psychological and emotional strength in the family, are essential to its stability, cohesion and continuity.

Expressed in other words, the family functions as facilitating, mediating, adapting and confronting system for its members who have different aspirations, capabilities and potentials. The primary tasks of families are to develop their capacities to socialize children, to enhance competence of their members to cope with the demands of other organizations in which they must function, to utilise these organizations and to provide the satisfaction and the mentally healthy environment intrinsic to the well being of the family.

In accordance with the widely accepted distinction among behavioural scientists between 'instrumental' and 'expressive' functions of social units (Parsons and Bales 1955) researchers have distinguished economic and house keeping functions from mutual support and socialization function. (Geismer et.al. 1962, Billingsley 1969). Families in need of therapy generally refer more to the fulfillment of expressive functions than to instrumental function. The reason for this is suggested by Geismer et.al. (1962) who studied both expressive and instrumental functioning of families. They found that poor functioning of families was associated with problems in interpersonal relations among family members, rather than, with instrumental activities such as making a living, maintaining the health of the family and running the household. Thus they concluded that, 'family disorganisation is a process that has its origin in problems in the area of intrafamily relationship.

Minuchin (1975) conceptualised family
functioning slightly different from the above concept. Minuchin conceptualised family functioning by family role assignment and performance, family boundaries, interactional processes within the family and family life cycle issues.

The third concept selected in this study by the researcher is Family Relationship. Relationship is the key to family life and it contribute to the personality development of its members. The term 'relatedness' 'relating' and relational system are referred to the qualities and patterns of the processes that take place between persons. Within a given role relationship, such as husband-wife, a variety of processes and qualities of relating evolve over time, even though the "relationship" is in a sense unchanged. Thus, the family relationship is the relationship between father-mother, father-children, mother-children and children-children. These set of relationship exists in the family, but the quality of relating among these relationships vary as the process in the family changes. These processes occur in the families as a result of the relationship dimensions of interactions. Hence the researcher here assumes that, the relationship dimensions of group behaviour which influence satisfaction of group members in their task performance exists in families also. Thus, the relationship dimensions are taken as the aspect of family, which influence the functioning of the families. Hence, the researcher conceptualises that, the concept of family relationship in this study is explained as the relationship dimension of the family and it influences the family functioning to give quality to the functioning.
From these three basic concepts of family, such as Family Structure, Family Functioning and Family Relationship the study has been conceptualised. It is assumed that, these three concepts or variables constitute the Family Configuration and variation in these three concepts may influence the behaviour of the children brought up in these families. Thus the variation in the Family Configuration or the three concepts of families are associated with the behaviour disorders among the children.

Based on this, the researcher has formulated the study as given below:

Family Structure,

Family functioning ---> Family Configuration ---> Behavioral Patterns

Family Relationship

Based on this, the researcher has formulated the study. In order to make it more clear an extensive review of literature has been done on the above three variables, which is discussed in Chapter II.