

The Family and Mental Health

Families shape the quality of our lives. Emotional links among family members stretch across households and decades, influencing our outlooks on life, motivations, strategies for achievement, and styles for coping with adversity. Family relations are the earliest and most enduring social relationships. As a result, family life experiences deeply affect the competence, resilience, and well-being of each of us.

Most people think of the family's influence as extremely positive. To an important minority, family effects are profoundly negative. Indeed, families provide the context for some of the most severe violence in our society and for long-term patterns of physical and emotional abuse that can have dire effects on the mental health of adults and children. Among married women, for example, one in ten will be seriously assaulted by her husband at some time during the course of marriage, and an unknown number of husbands will suffer similar abuse by their wives.

Why should family relationships so often give rise to pain and conflict instead of support and harmony? Answering this question requires understanding the factors that lead to effective and ineffective family interactions. Researchers have found it useful to examine closely the specific relationships that make up family life, such as those between parents and children or husbands and wives. They have also examined the structural and cultural differences among families; this diversity, too, has important implications for mental health.

Caregivers and Children

The nature of the family and interactions within it provide a vital context for studying mental health and disorder. Even in the development of schizophrenia, a mental disorder with known biological underpinnings, the quality of the family environment can have a powerful influence. Recent findings from Finland have shown that the children of parents with schizophrenia are significantly more likely to develop a severe mental disorder themselves when raised in dysfunctional adoptive families than in healthy, supportive adoptive families. Specifically, among the 126 adopted children with family histories of schizophrenia, 8 later developed a severe mental disorder, and all 8 were reared in dysfunctional families. Further research is needed to understand the causes of this association.

Such findings highlight the multiple biological and social influences from genes to social interactions of family life on mental health. They also demonstrate how basic research on families can help in identifying multiple paths to mental illness, which can then be targeted for treatment and prevention programs.

In many species, responsibility for caring for the young rests with the mother. In some,

extensive care is given by others, often adult males, older siblings, or members of other generations. Research with both animals and humans has shown that caregiving behavior provides a rich mixture of stimuli to the offspring that often affects both physical and psychological development. For example, holding and touching infants not only provides the sensory stimulation and protection essential for physical growth and survival, but also conveys the comfort and security necessary for early social and emotional development.

These aspects of caregiving provide the foundation for the most critical and time-intensive aspect of caregiver-child relations: the process of socializing children. Although schools, friends, and the media also are involved in this process, instilling in children the beliefs, values, and suitable behaviors of their society remains a fundamental function of the family. Recent research indicates that how caregivers go about this process contributes to a range of developmental outcomes. At the negative end of the spectrum, these include low self-esteem, academic failure, and conduct disorder.

Researchers have also found that childhood problems that stem in part from poor caregiving practices, such as emotional distress and conduct problems, are strong predictors of mental disorders in adulthood. Findings such as these underscore why understanding fundamental family dynamics is an important basis for developing prevention and intervention programs for mental disorders.

Effective Versus Ineffective Caregiving

What distinguishes effective from ineffective caregiving? Scientists have identified two fundamental aspects of caregiving that are particularly important for children's adjustment or maladjustment. The first concerns how much warmth, nurturance, and acceptance (versus hostility and rejection) caregivers convey to children. The second concerns how much control, structure, and involvement (versus permissiveness and detachment) caregivers display toward children.

Not surprisingly, extreme coldness, open hostility, or rejection by caregivers often contributes to children's emotional distress, aggression, and delinquency. In contrast, high levels of caregiver warmth are associated with children's elevated self-esteem, compliance with caregiver demands, internalized moral standards, cognitive competence, and social adjustment.

Researchers have found that the behavioral impact of these critical caregiving practices is shaped as well by how accurately children perceive their caregivers' behavior and whether they accept the caregivers' demands. The children's acceptance depends, in turn, on caregiver warmth, although warmth alone is not sufficient for effective child socialization. Caregivers must also be effective managers of child behavior a skill that is quite compatible with warmth. Giving children developmentally appropriate levels of structure and control helps them attend to and focus on important features of the environment and acquire the skills necessary for self-control and self-management. Effective management and guidance are distinct from controlling, manipulative, or punitive caregiving.

Considerable scientific evidence indicates that high levels of control, especially power assertion (high demands accompanied by frequent physical punishment) can have harmful consequences for children. Thus, researchers have further refined the concept of control to distinguish between two types: authoritative and authoritarian. Authoritative control, which provides structure, sets reasonable standards for child behavior, and communicates involvement, encourages children to develop age-appropriate independence, cooperation, and social competency. Authoritarian control, which combines rigid and harsh enforcement of rules with poorly reasoned and dictatorially set standards, discourages the development of these positive attributes.

Research has revealed two complementary ways by which excessive and rigid control discourages social competency. First, when control is excessive, children tend to view their prosocial behavior (such as sharing, being kind, working hard in school, not lying or cheating) as a means of avoiding punishment rather than as an expression of their own values. Thus, when the risk of punishment is removed, such children may increase their level of antisocial or maladaptive behavior. By contrast, when caregivers exert just enough control to induce compliance, most children will continue to behave prosocially even when authority figures are absent. Second, converging evidence from laboratory and field research indicates that home and school situations that are excessively controlling rather than supporting autonomy undermine children's persistence, competence, self-regulation, and overall ability to deal effectively with life's problems.

Taken together, these research findings indicate that caregiver warmth and control have important, though not always obvious, consequences for child development. For example, unconditional rewards or the overuse of positive, extrinsic rewards, such as giving money or presents for good grades, may actually undermine a child's intrinsic love of learning. Similarly, using rigidly set standards and harsh punishment may interfere with a child's self-motivated adherence to social values. Caregiver control that conveys both warmth and control by setting well-reasoned standards and showing involvement has been found to promote children's social competence, mental health, and well-being.

Reciprocity Within Families

Research on caregiving originally was guided by the assumption that socialization was a one-way process: Caregivers shaped and molded children's behavior through rewards and punishments and by "modeling" (setting examples for behavior). During the past few decades, however, studies have shown that caregivers and children influence one another and mutually shape the socialization process. Persistently aggressive and strong-willed children, for example, can eventually wear out their caregivers until the adults gradually become more permissive toward their aggression. Temperamentally difficult children are especially likely to interfere with effective caregiving during times of family stress, such as divorce or unemployment.

Growing recognition of the mutual influence of caregivers and children has led to several important research advances in understanding family behavior. By carefully observing the minute details of caregiver-infant behavior, researchers have documented that even very young infants can participate in sophisticated and synchronized patterns of interaction with their caregivers. Healthy infants as young as 1 month coordinate their social and attentional behaviors with those of the caregiver in ways that encourage appropriate levels of stimulation.

Caregivers, for their part, can display exquisite sensitivity to infant behavior, making finely tuned adjustments in their own physical, verbal, and emotional responses to promote coordinated and sustained interaction. Because this interactive ability has been shown to be essential for children's adaptive development, many ongoing early-intervention programs for distressed caregivers and their infants are now designed to encourage more appropriate and coordinated interaction.

Detailed analyses of how family members influence and affect one another have clarified another family process that is directly relevant to mental health: intra-family conflict. Earlier studies had shown correlations between high levels of family conflict and increased family disruption, psychological distress, and psychopathology in both parents and children. Now, more intensive study of family conflict has revealed specific interactive styles related to these distressing outcomes.

Specifically, the risk of distress and dissolution is usually low in families in which the adults have low-intensity conflict exhibiting mild forms of verbal anger but maintaining a sense of mutual respect. Risk is high, however, among families in which adults consistently escalate the hostility and intensity of conflict. Two specific patterns typical of such high-intensity conflict have been identified: when one adult belligerently pursues an increasingly angry and withdrawn partner, and when both partners engage in mutually hostile conflict. In general, families that show high levels of hostility and conflict without counterbalancing warm and supportive behaviors are at high risk for a wide range of developmental and relationship problems.

Research has revealed that children in families with high-intensity conflict are at greater risk than other children for developing "internalizing disorders" (e.g., depression) and "externalizing disorders" (e.g., conduct problems). Identifying the specific behavioral and physiological mechanisms that link family conflict to psychopathology in children is a high priority for future research.

Recent research suggests that the quality of the parent-child relationship may have important consequences for parents and their children throughout their lives. For example, parents gain the greatest psychological benefit from the transition to an empty nest when they have developed and maintain good relations with their children. Extreme hostility and conflict or detachment in parent-child relations may reduce intergenerational support when it is most needed by youth during early adulthood and by parents facing the disabilities of old age.

Source: National Institute of Mental Health

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