

Parent - Child Relationship and Behavioural Problems in Adolescents with Remitted Bipolar Affective Disorder

Noorjahan. K

Abstract

Bipolar affective disorder describes a category of mood disorders defined by the presence of one or more episodes of abnormally elevated energy levels, cognition, and mood with or without one or more depressive episodes. It is estimated that 1%-1.5% of children have bipolar disorder, and among adults with the disorder, one third to one-half report that their mood episodes began during childhood or adolescence. Early onset affective disorder can be precipitated by many factors among which family has an important role. Parent child relationship quality has major role in the development of adolescent's behaviour as well as in the emergence of adolescent depressive symptoms. The aim of the study was to know the parent child relationship and behavioural problems of adolescents with remitted Bipolar Affective Disorder. Purposive sampling technique was used for sampling. 30 adolescents who are diagnosed as bipolar affective disorder currently in remission as per ICD-10 (DCR) criteria were selected from Central Institute of Psychiatry. Child- Parent Relationship Scale and Child Behaviour Check List were applied on all participants. Data were analysed by SPSS software 16.0 version. Chi square, t- test and Pearson's correlation were used to analyse the data. The study shows that there is a significant relationship between child parent relationship and externalizing and internalizing problems of adolescents with bipolar affective disorder currently in remission

Key words: Parent child relationship, behavioural problems, adolescent; bipolar affective disorder.

Introduction

It is estimated that 1%-1.5% of children have bipolar disorder, and among

Noorjahan.K, Assistant Professor, Department of Social Work, WMO College, Muttil, Wayanad. Email: nooriknj@gmail.com.

adults with the disorder, one third to one- half report that their mood episodes began during childhood or adolescence (Joyce, 1984; Lish et al, 1994). Family has most crucial and instrumental role in providing protective as well as nurturing services to the people. It plays a significant role in the healthy growth and development of human beings. For having a fruitful as well as contended life, every individual has to have an access to good parenting and optimum cares from the significant others especially at their growing age. Good family and parent child relations make healthy children and constitute over all public health. By action and by example, parents shape the lives of their children from birth to adulthood. Close parent-adolescent relationship, good parenting, shared family activities and positive parent role modelling all have well-documented effects on adolescent health and development (Singh & Singh, 2001)

Studies had been done on the role of different factors of family environment like, global family functioning, family interaction pattern, parent-child relationship dyad, parenting strategies, family belief system, burden of care and stigma. But very few studies have been done so far in the context of early onset bipolar disorder and moreover such study has not been done in India.

“Adolescence is a period of transition when the individual changes physically and psychologically from a child to an adult”. This transition involves psychological, emotional, social and intellectual changes. Family and parents have a clear role to play on adolescents. Behavioral problems both externalizing and internalizing have been found in adolescents because of many problems. Parenting style, parental involvement, attachment security, parental alcoholism and single parenthood, marital discord between parents are found to be the most crucial reasons for various behavioral problems in adolescents (Susan & Kelly, 2005; Mona El- Sheikh, 2005; Peggy Keller & Cummings et al, 2005).

Interpersonal Conflict and Behavioural Problems of Children

Cumming and Davies (2002) reported that frequent interpersonal conflict is a risk factor for child adjustment problems. Cummings et al (2002) reported that in response to both stimulated inter adult and parental marital conflict; children frequently exhibit sadness and fear. Cockeneberg and Forgays (1996) reported that increased sadness was positively related to internalizing

problems in boys in the context of marital discord; where as Croccknberg and Langrock in 2001 reported that increased anger was a vulnerability factor for internalizing symptoms.

There is evidence that children who are securely attached tend to be more psychologically healthy in terms of behavioral symptomatology than children who are insecurely attached. In a study on relationships among attachment and temperament in early childhood and later behavioral problems, it was found that children who were insecurely attached to their mother in early childhood tend to exhibit more internalizing as well as externalizing problems (Perrehunbert et al, 2002). Similarly, in a longitudinal study of the stability of internalizing and externalizing problem behaviours using growth modeling (Dekovic et al 2004) found that for internalizing and externalizing problem behaviors, a poor-quality-child relationship predicted high levels of difficulty.

Parental Involvement in Behavioral Problems of Adolescence

According to Flouri and Buchanan (2003) parental involvement may have a protective effect against psychological maladjustment in adolescents from non intact families and against psychological distress in women. Marcus and Betzer (1996) found that adolescent boys anti social behavior was related to poor father-son attachment

Sheck (2002) developed measures of family functioning. The author examined the association between family functioning and adolescent adjustment in 1,519 Chinese adolescents. Result showed that family functioning is significantly related to measures of adolescent psychological well being, school adjustment and problem behavior (delinquent and substance behavior)

A study examined the effects of child temperament and stressful family functioning on child behavior problems among preschool children, ages 2 to 5years. It was found that children with more difficult temperament who were in high- conflict families had the most internalizing and externalizing behavior problems (Tschann et, 1996)

Method and materials

The present study was conducted at the Centre for Child and Adolescent Psychiatry Unit, CIP, Ranchi. The aim of the study was to know, the relationship between parent child relationship and behavioral problems of ado-

lescents with Bipolar Affective Disorder, currently in remission. The present study included 30 adolescents, who were diagnosed as bipolar affective disorder currently in remission according to ICD 10. The adolescents with remitted bipolar affective disorder and their families were selected from Centre for child and adolescent psychiatry of CIP by using purposive sampling. The study criteria for patient group included

- 1) Age ≥ 13 years but < 18 years.
- 2) Meeting the criteria for bipolar affective disorder, currently in remission according to ICD 10 DCR.
- 3) P-YMRS scoring below 13, CDI scoring below 13,
- 4) Both genders.
- 5) Parents staying with patients for more than two years.
- 6) Parents and patients those who gave consent for study. The researcher has used socio demographic interview schedule to understand the background of the clients.

Parent Child Relationship Scale (PCRS) (Rao, 1985)

Parent child relationship scale (PCRS) has been developed by Dr. Nalini Rao. The tool contains 100 items categorized into ten dimensions namely, protecting, symbolic punishment, rejecting, object punishment, demanding, indifferent, symbolic reward, loving object reward and neglecting. The data available on the items of the scale can be grouped in to fairly universal dimensions of children's experience of family interaction with two parent factor. Child Behaviour Checklist for ages 4-18 (Parents Version) (Achenbach, 1991)

The Child Behaviour Checklist (CBCL) was a parent-report questionnaire which the child was rated on various behavioural and emotional problems. The scale helps to assess internalizing (i.e., anxious, depressive, and over controlled) and externalizing (i.e., aggressive, hyperactive, noncompliant, and under controlled) behaviours. Several subareas were measured including social withdrawal, somatic complaints, anxiety and depression, destructive behaviour, social problems, thought problems, attention problems, aggressive behaviour, and delinquent behaviours.

Besides of these main questionnaires Parent Version of the Young Mania Rating Scale (P- YMRS) (Gracious et al, 2000) and Children's depression inventory (CDI) (Kovacs, 1992) were also used for selecting the sample

Procedure

The patients fulfilling the inclusion criteria were taken up for the study. Written informed consent was taken from the parents after explaining the objectives and procedure of the study in detail. Parent version of young mania rating scale was applied on the parents of the adolescents with bipolar affective disorder and child depression inventory was applied on the adolescents with bipolar affective disorder. Socio- demographic data was recorded by using the semi structured perform. After that for assessing child parent relationship child parent relationship scale was administered on the adolescents. For assessing the behavioural problems child behavior check list was applied on adolescents.

The analysis was done using the software statistical package for the social science (SPSS, version 16.0) for windows. Descriptive statistics were used to describe various sample characteristics. Person two tailed correlation coefficient was used to correlate between the variables

Results and Discussion

Socio demographic characteristics

Table 1: Socio Demographic Details of Respondents.

Variables		Responses	Percentage %
Sex	Male	21	70.0
	Female	9	30.0
Family Type	Nuclear	23	76.7
	Joint	7	23.3
Religion	Hindu	24	80.0
	Others	6	20.0

Table 1 shows the socio-demographic details of the respondents. 70 % of the respondents were male and 30 % were females. 80% of the respondents were from Hindu religion and only 20 % were Muslims. 76.7% of the respondents were from nuclear family while 23.3 were from joint family.

Table 2 shows correlation between child father relationship and child behavior checklist. It is found that symbolic punishment is positively correlated with externalizing problems by 0.01 level. it is found that neglecting is positively correlated with attention problem (with $p \leq 0.05$)

Table 2: Relationship between fathers –child relationship and behavioural problems

Domains	Withdrawal	Anxiety& Depression	Aggressive behaviour	Attention problem	Internalizing problem	externalizing
Symbolic punishment	-0.077	0.123	0.303	0.268	0.026	0.477**
Rejection	-0.092	-0.079	0.265	0.046	-0.118	0.336
Object punishment	-0.268	-0.053	0.195	0.054	-0.057	0.255
Neglecting	0.090	0.142	-0.080	0.392*	0.042	0.033

*p≤0.05, **P≤0.01

Table 3: Relationship between mother – child relationship and behavioural problems

Domains	Withdrawal	Anxiety& Depression	Aggressive behaviour	Attention problem	Internalizing problem	externalizing problem
Symbolic punishment	0.008	0.171	0.534**	-0.404*	0.141	0.576 **
Indifference	-0.019	-0.304	-0.101	0.026	-0.251	0.037
Object punishment	-0.249	0.073	0.313	-0.083	0.071	0.346
Neglecting	0.151	0.005	-0.273	0.212	0.029	-0.185

*p≤0.05, **p≤0.01, ***p≤0.001

The above table shows correlation between results of mother- parent relationship with child behavior checklist. Here it is found that symbolic punishment is negatively correlated with attention problem and it is positively correlated with aggressive behavior, thus externalizing problems

Discussion

The present study tried to assess the relationship between parent child relationship and the behavioural problems of adolescents with bipolar affective

disorder currently in remission. Among 30 respondents 70% were males and 30% were females. 80% of the respondents were from Hindu religion where as 20 % were Muslims. While considering the distribution of the family type, it is found that 76.7% of patients were hailing from nuclear family while 23.5% of them were from joint family.

As mentioned earlier, to assess parent child relationship between adolescents and parents Parent Child Relationship Scale (Rao, 1985) is used. Parent Child relationship scale contains ten domains such as projecting, symbolic punishment, rejecting, object punishment, demanding, indifference, symbolic reward, loving, object reward and neglect. More over this scale measures father's and mothers' relationship with child separately

Pearson correlation test was used to know the inter relationship between variables. Result reveals significant findings between child parent relationship and behavioural problems of adolescents. The result shows that symbolic punishment from father is positively correlated with externalizing problems of the adolescents. Moreover, neglecting by father is positively correlated with attention problem. It means, when symbolic punishment and neglecting increase from the father's side externalizing problem and attention problem increase respectively and when symbolic punishment and neglecting decreases, externalizing problem and attention problem decreases.

Now, symbolic punishment from mother's part has a strong positive correlation with aggressive behavior thus with externalizing problems, and a negative correlation with attention problem. When symbolic punishment increases aggressive problems also increase and thus externalizing problems also increases. But result is showing a negative correlation with attention problem

Previous studies reported that, parental rejection and lack of involvement are two of the parenting factors that have been identified as predictors of children's externalizing behavior (Loeber & Dishion, 1983; Loeber & Stouthamer-Loeber, 1986). It is also reported that parental rejection and hostility was reported to be related with childhood depression (Bryce et al, 2007). Lack of emotional warmth, rejection and over protection are found to be associated with phobic disorders and high level of rejection found to be more associated with agoraphobia (Arrindell et al, 1983).

Now to conclude, the study suggests strong relationship between behavior-

al problems of adolescents with remitted bipolar affective disorder and their attachment with parents both mother and father as expected

Conclusion

Relationship between parents and adolescents is critical for the development of adolescent's psychological well being and personality. Positive parenting helps to develop specific qualities in. As it was found in the study, parent- child relationship and behavioural problems of adolescent with bipolar affective disorder currently in remission have a strong relationship. For overcoming this, proper interventions need to be implemented. Positive parenting helps to develop specific qualities in adolescent's behaviour where as troubled relationship may cause maladaptive behaviour in them.

Suggestions for Mental health Professionals

- Plan a long term comprehensive treatment for children with bipolar affective disorder even for remittance period which incorporate systematic psychological and psycho social interventions.
- Psychiatric social workers and clinical psychologists shall do initial assessment of parenting style and child –parent relationship of children with bipolar affective disorder in order to find out the need of parental training and to plan further.
- An intervention program can be designed exclusively for families having children with bipolar affective disorder with special focus on the parental training and techniques to enhance parent child relationship and promotion positive family atmosphere.
- Parental training shall be clearly planned and scientifically scheduled based upon any theoretical approach like behavioural or cognitive behavioural approach. These training shall be either individually tailored or designed as group therapy method depending upon the needs of the need and nature of the parents and children.
- Besides parental training, behaviour modification shall be applied to adolescents to strengthen their relationship with their family including parents.
- It is very important to make sure that these interventions are properly and timely following up and getting monitored

The quality of comprehensive treatment in our mental health institution really needs a revision. Though the parental training and behaviour modification techniques are year old concept and well suggested intervention areas in child psychiatric settings, how effectively these interventions are being implemented by professional is doubtful. So there should be more studies and programs on the practical implication of these intervention programs.

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