

## The disruptive behavior disorders and the coexisting deficits in the context of theories describing family relations

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### Summary

**Aim.** The aim of the study is to understand behavior disturbances and widely comprehended deficits attached to it, with regards to quality of family relations.

**Method.** To explain the etiology and the consequences of the diagnosis of disruptive behavior disorder the authors analyzed literature which allowed combining the theory of attachment and the theory of deficits. In the first part of the script the authors described Bowlby's theory of attachment, which arranges attachment behaviors in behavioral attachment system. To expand comprehension of the subject they mentioned psychoanalytic and system concepts. The second part of the paper is devoted to the definition of deficit phenomenon and determining its different areas on the basis of observations made by the researchers dealing with this matter.

**Conclusion.** In authors' opinion the deficits occurring in children suffering from disruptive behavior disorder are connected with improper family relations. The disruptive behavior disorders may be a way of defense against narcissistic injury as well as motor discharging of the emotional difficulties.

attachment theory / disruptive behavior disorders in children and adolescents / deficit

### INTRODUCTION

The children and adolescents suffering from disruptive behavior disorders show various deficits including different areas. These deficits seriously disturb relations and environmental functioning. Authors' observations, arising from the family meetings, show frequent dysfunctions in the area of environmental stabilization and predictability of parental discipline practices. These diffi-

culties considerably influence the child-parent relation that impacts child's social functioning.

It is important to emphasize that while examining patients with disruptive disorders authors more often observed emotional and functional deficits than conflicts in the structure of children's forming personality. However the presence of the intrapsychic conflicts did not exclude occurring of deficits areas (for instance in social functioning or impulses control).

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### Disruptive behavior disorders – definition and etiology

The disruptive behavior disorders are impaired patterns of behavior that are antisocial and negatively influence child's development. The disorder is diagnosed more often in males than females (3:1) [1]. Conduct disorders are characterized by recurrent and persistent patterns of be-

havior such as violating the basic rights of the others or in the extreme form exceeding age-appropriate societal norms and rules. The classification requires that symptoms should be present for at least 6 months [2]. To establish diagnosis and classify symptoms of disruptive disorders the authors used valid classifications of Mental Disorders ICD-10 and DSM IV. The aim of this publication is not to classify disruptive disorders but to understand the mechanisms of their origins and the way they influence limitations in child's functioning. Therefore the basic classification of DSM-IV is being shown.

DSM-IV classifies disruptive disorders into [3]:

**Oppositional Defiant Disorder – ODD** – recurrent and persistent patterns of oppositional, hostile and defiant behaviors lasting at least 6 months.

**Conduct Disorder – CD** – recurrent and persistent patterns of behaviors characterized by violating basic rights of others or age-appropriate societal norms. Three or more symptoms (occurring within 6 months, and one of them within 12 months) such as (a) aggressive conduct that causes or threatens physical harm to other people or animals, (b) non-aggressive conduct that causes property loss or damage, (c) deceitfulness or theft, and (d) serious violations of rules.

For more detailed criteria of DSM IV please refer to the attached literature.

Considering the complex etiology of conduct disorders, there is no clear dependence between occurrence of conduct disorders and influence of environmental and genetic factors. There is no one particular gene responsible for revealing conduct disorders. Studies showed tendency to inherit the vulnerability, for instance lower ability to control impulses (impulsive, temperamental aggression). 30 to 60 % of human temperament depends on genetic factors, the other aspects are combination of the predictor factors – upbringing and social, individual experience. Studies performed on mono and dizygotic twin pairs did not show clear genetic basis of these disorders. Frequency of conduct disorders in particular families can rather result from similar environment than common genes. There is no obvious relationship between temperamental dimensions and occurrence of conduct disorders. There are studies that exclude this connec-

tion, but there are also investigations that confirm dependence between impulsiveness and irritation in infants and conduct disorders of early beginning (following Moffit 1993) [4]. The studies demonstrate that in the group of patients diagnosed with disruptive disorders aggression while solving problems results from difficulties in understanding of social interactions [5]. The researchers dealing with the subject point to the relationship between family relations, parent-child interaction quality, inconsistent discipline and monitoring practices. [1, 2, 4, 5].

### Family and psychological factors

Disruptive disorders may be the result of strict upbringing, disabled supervision and inconsistent rules. [1] Psychoanalytic researches emphasize association between child's pattern of attachment, sense of security and quality of maternal care. The relationship between the existence of psychic traumas, the ability of solving intrapsychic conflicts and the quality of internal world and their influence on symptoms that disrupt child's development were also mentioned [6]. The mental life of the individual is shaped by transforming a real world. The content of intrapsychic structures and interactions between biological, mental and social factors are very personal. Considering that human development is determined by instinctual libido, one's behavior depends on ability to balance and control libidinal drive, internalization of moral norms and tolerance of frustration [7]. Spitz describes disruptive disorder as a consequence of emotional difficulties arising from separation or lack of contact with the authority figure. System concepts include family (stage of the family life) and child development (separation-individuation concerns), as well as intrafamilial circular interactions. The disabilities in functioning incline to take a closer look on the cause and effect mechanisms influencing development and sustaining symptom [8, 9]. It should be noted that behaviors described as symptom of disorder in connection with family functioning observation become expression of child's needs. [10] In authors' belief the correlation between pathological behaviors, disturbed relations with authority figures and intrapsychic child's predispositions is

of some importance to occurrence of pathological behaviors. Independent therapeutic theories underline the meaning and role of relation-family factor in the etiology and treatment of disruptive disorders.

### **Meaning of the attachment theory in pathological and destructive behaviors**

Lack of secure attachment in the child's development leads in consequence to disorders of relation interactions, low self-esteem, difficulties in self-control, difficulties in learning and disorders of mental and physical well-being [1]. Proper child's development is connected with quality of family functioning and lack of inherited organic brain diseases [11]. Fongay introduces the concept that disorders of interpersonal relations and emotional difficulties arise from inadequate child's supervision [12]. Bowlby's attachment theory explores ability to create strong emotional relations with chosen figures. The need for the attachment is one of the most basic characteristics of the human nature. The attachment patterns become organized in attachment behavioral system which is a result of reactions on external and internal child's signals. Developing personality is formed on the basis of „internalized cognitive structures“. Experiencing self and child's functioning is dependent on internal working models and representation of attachment figures, self and their reciprocal interactions [13]. Early experiencing of configuration of object relation, anxiety and defense mechanisms are not transient phenomena but tend to maintain lifelong [14]. Psychoanalytic object relation theories describe meaning of object shaping images (authority figures) in the child's development. The model of libidinal structure of object relation (Z. Freud, A. Freud, Hartman, Kernberg) describes how libido and aggression drives influence internal objects of oneself and the others. The model of object relation theory (Klein, Sullivan, Guntrip, Winnicott) establishes influence of parental care quality and parental attitude on shaping the pattern of object relation with authority figures and consequently interpersonal relations [7].

### **Definition and structuring of deficit**

In the attempt to characterize emotional and functional deficits observed in the process of personality development in children and adolescents diagnosed with disruptive disorders, the authors referred to the concept of deficit described in the attached literature. Fred Pine (2003) describes deficit as „inadequate environmental care – usually of primary caregivers“. He differentiates between the concept of deficit and defect. Pine claims that the deficit concerns failure in educational environment and the defect is its consequence [15]. Dictionary of psychoanalysis explains the definition of ego defect in the following way: „it is insufficiency or failure in one or more ego functions“. This term is used to describe the result of such event in development that negatively influences all ego functions, but especially mental defense and adaptation mechanisms“ [16]. In the literature the concept of the deficit and the defect is used interchangeably. Proper parenthood or adequately supporting environment determines the correct development of the individual [17]. Heinz Kohut believes that unsatisfied need for reflection and idealization significantly influences child's development and its self-esteem [18]. As a result of disrupted attachment child unconsciously internalizes itself as not worth of attention or love. The consequences of this fact are observed in relation difficulties, low self-esteem or attempt to compensate through narcissistic defense mechanisms. [15] In Bowlby's opinion children that experience separation or separation anxiety also experience an intense anger. The fears of expressing it or parental punitive attitude causes anger suppression and direct it to the other objects. As a result of suppression mechanism, anger reaches dysfunctional level [19]. The children diagnosed with disruptive disorders in consequence of inability to express anger show it in the way of self and others destruction.

### **The types and the areas of deficits observed while working with patients diagnosed with disruptive behavior disorder**

The influence of the constitutional factors (correlated with maturation, experience and devel-

opment) is strongly marked in the early stage of ego development. Disruption in this stage of development can cause ego pathology in the form of: disability to distinguish self from object, difficulties in shaping of identity, difficulties in shaping defense and adaptation mechanisms, difficulties in modulation of libidinal impulses, failure in the area of cognitive function and exploring reality [16]. Meissner (1978) lists following ego defects: instinct, decreasing defense mechanisms, disruption and defects in the other areas of ego functioning and integrity, developmental defects, narcissistic defects, defects and disruptions in the area of object relation, organization and pathology of false self and forms of identity dispersion [20]. The other areas of deficit are for instance superego deficits (when we want to describe indifference to others feelings e.g. anti-social personality), symbolization (for instance in psychosomatic disorders, disorders with destructive acting out predominance), disability of self-calming in consequence of internal caregiver loss or upbringing deficits [17]. Green and Ablon (2008) created CPS – Collaborative Problem Solving Model. The authors support using the model to treat impulsive children in order to understand difficulties showed in children and adolescents suffering from disruptive disorders. Deficit in keeping impulses and behaviors under control is characteristic for these groups of patients. In their model, Green and Ablon divide cognitive factors into five areas leading to occurrence of adaptive and non-adaptive behaviors. Observed deficits are described in the following categories:

**Social abilities** – difficulties in flexibility, adaptation capacity, irritation tolerance, problems solving [21].

**Emotions control abilities** – observed as irritation, depression and/or anxiety implied as an affective disorders adjusting reaction to frustration (also perception of social norms and adaptation) [21].

**Cognitive adaptation abilities** – characterized by inflexible pattern in particular situations. Failure in taking into account actual situation, focusing on details, “black-white” thinking, experiencing frustration in the unpredictable situations are clearly visible [21].

**Language processing abilities** – dysfunctions in the area of pragmatic language such as dif-

iculties in naming emotions and needs (and in consequence difficulties in recognizing other people’s emotions) as well as problems in organizing and suiting possible response options. This leads to difficulties in sustaining the conversation and lack of basic vocabulary to undertake social interactions [21].

**Executive abilities** – concern deficits in the area of working memory, separation of emotions, organizing and planning, as well as changing cognitive attitude. Deficits in these areas can impair child’s ability to follow adults’ instructions in adaptive manner [21].

The authors consider described deficits appearing in the emotional, cognitive and social areas as a result of inadequate stimulation in particular developmental stages which are a consequence of improper stabilization in family environment and relation with authority figures.

## CONCLUSION

The analysis of presented literature and multiple clinical experiences gained while working with patients suffering from disruptive disorders and their families inclined authors to the following conclusions:

1. The review of the comprehension of disruptive disorders, in terms of attachment theory, the atmosphere of family environment and observed deficits, challenges therapists to appropriately adjust the individual psychotherapy and structure the therapeutic environment to meet children’s needs and developmental abilities. The aim of the therapy is to help young patients to decrease emotional, cognitive and social deficits as well as reform pathological behaviors and initiate changes in the structure of family relations.
2. Children suffering from disruptive disorders exhibit symptoms which are the result of attachment disorders and which exert influence on patients’ deficits and dysfunctions in the range of social and cognitive abilities or emotional regulation.
3. Disruptive disorders (interpreted as a manifestation of defenses) are protective and compensating for narcissistic injury (feeling of being worse, fear from rejection, fear from un-

dertaking developmental rivalry and feeling of inadequacy).

4. Disruptive disorders become the way of discharging emotional problems. Presented disorders should be interpreted in the context of absence of developmental functioning mechanisms, which is a consequence of impaired relations with authority figures and inadequate "emotional background" to fulfill social expectations. The theory of attachment and theory of deficit are crucial in understanding of pathological developmental processes. Analysis of child's attachment and assessment of its functioning level (both social and intrapsychic) allows to undertake actions that are the most adequate for reducing the results of occurring disorder.

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