

The psychological issues of parental separation in children

Bouchra Aabbassi ^{1,*} and Abdeslam Benali ²

¹ *Child and adolescent psychiatrist, Psychiatric Hospital Ibn Nafis, Marrakesh, Morocco.*

² *Research team for mental health, University Hospital Mohamed VI, Marrakesh, Morocco.*

World Journal of Advanced Research and Reviews, 2021, 09(01), 281–285

Publication history: Received on 12 January 2021; revised on 20 January 2021; accepted on 22 January 2021

Article DOI: <https://doi.org/10.30574/wjarr.2021.9.1.0022>

Abstract

Parental separation is a risky traumatic experience for the child regardless of his age. To overcome this ordeal, the child sets up functional or adaptive mechanisms, enabling him to continue his development; on the contrary, giving rise to emotional symptoms, behavioral disorders and / or school sufferance. The expression of this suffering will depend on several factors (the age of the child, his level of development, personality and that of his parents, family background, nature of parental disagreement, the place of children in the conflict, the quality of the relationship between the parents and that of the child-parent relationships after separation). Today's readings on parental separation and its psychological effects multiply and intersect to provide a more comprehensive look at this worrying phenomenon.

Keywords: Parental separation; Divorce; Child; Psychological effects

1. Introduction

Parents are an inseparable biological and emotional unit for the child. It is for this reason that their separation is always an ordeal to overcome. The child goes through a first phase where anguish predominates (anger, denial, aggression, sadness, powerlessness) and a second phase where he tries to control it and accept his new life to set up adaptive mechanisms enabling to pursue his development harmoniously; on the contrary, non-functional giving rise to symptoms arising from the emotional, family, relationship and/or school registers [1,2,3]. Nowadays, the separation of couples concerns all social environments, different generations, different cultures and social spheres: in the United States, the frequency of divorce affects more than one million children each year. It appears that 43% to 50% of marriages result in divorce, and 50% of american children will experience their parent's divorce [4]. In the European Union, the divorce rate of 1.9 in 2009 almost doubled from 1.0 divorces per 1,000 population in 1970 to 1.9 divorces in 2009 [5].

2. The clinical issues

The influx of patients suffering in a context of parental separation has meant that medico-psycho-social workers, clinicians, including systemic therapists and individual psychotherapists of children, have had to address this issue. The first research dates back to the 1960s and 1970s. The attention shifted to marital conflict. The various studies noted that the child's difficulties seemed to be related to the relationship he had established with his parents and the high number of conflicts that prevented any form of parental cooperation after separation [6,7]. In the 1990s, the authors reported that children can be a source of hardship, emotional suffering and conflict in the marital couple. Sometimes these conflicts involve the mobilization of emotional and cognitive resources of the family; other times they put the family in crisis [2,4]. Today, a new clinical issue is reported in the international literature where separation appears as a risk factor to the mental pathology of the child and the adolescent but without having a precise linear etiological link (insomnia, anorexia, phobias, anger, aggression, withdrawal), in school (learning difficulties, behavioural disorders), or

* Corresponding author: Bouchra Aabbassi
Psychiatric Hospital Ibn Nafis , UH Mohamed VI, Marrakesh, Morocco.

in the social environment (conduct disorders, behavioural disorders, character disorders and academic difficulties) [3, 8, 9]. Also, many authors established correlations between parental separation and reactive disorders, depressive disorders and personality disorders outside neurosis and psychosis [4, 6, 8,10]. Psychotic disorders are in fact weakly related to the parental separation clinic. Indeed, the genesis of this severe disorder calls for a multifactorial, developmental and biologically related pathogenesis, in which an event such as parental separation alone cannot be a trigger or genesis of the disorder. However, acute but rare psychotic decompensations in adolescence following parental separation in the most serious cases were reported [6, 8, 9,10]. Several factors interact to determine a child's reaction to separation from their parents:

3. The age of the child at the time of separation and consultation:

In infants, it is in the physical absence of one of the parents that he discovers the separation of his parents. The risk is great to observe a strengthening of the mother-child relationship with some difficulty in creating a sufficient emotional relationship with the father. The child is also sensitive to the psychological state of his parents, to changes in their behaviour and life rhythms. He then expresses through his body what he cannot verbalize: sleep disorders, eating disorders, restlessness, colic, etc.[11].

Between one and three years of age, separation anxiety, sadness, sleep disturbances, regression in cognitive and motor acquisition, phobic fears, instability may appear [11,12]. Between the ages of three and six, seeing one's parents argue, oppose, and separate can constitute an incestuous desire to dismiss one of the parents in order to possess the other. Parental separation comes to realize some of the oedipal wishes of the child. Reality meets the fantasy and this leads to psychic trauma. The child will react with a movement of guilt and some symptoms t may appear (school failure, self-punitive behaviour disorder), depressive states (a neurosis of abandonment which is characterized by alternating depression with the regret of the family unit, the feeling of being small, weak, vulnerable and then at other times of aggressive phases) [12].

Between the ages of six and twelve, the child's behaviour will be marked by instability, the externalisation of suffering by accusing others, the establishment of relationships based on blackmail and manipulation. In other situations, the child may present an attitude of hyper maturity: he takes charge of himself alone, plays little, is hyper adapted to the demands of adults and asks little to adults. Other symptoms en such as sadness, depression, phobias, a sense of being able to foster reconciliation or parental separation. School performance is not necessarily bad, since schools are sometimes the only rewarding investment environment for children [12].

When separation is concomitant with adolescence, the process of separation-individuation is hampered. The adolescent may feel responsible for the well-being of one or both parent(s) and become a support or therapist [13]. The act of suicide, the use of toxics, sexual drift and school dropout seems possible if the young person is at stake in parental conflicts and thus does not promote the listening, stability and availability of those around him.

4. The child's place in the family after separation

In the best case, the child will be able to keep his place, if the parents are not too caught up in their conflict [12]. The child feels a certain security in parental love and is allowed to remain "child". On the other hand, the "adult" child is the one whose parents did not allow him or her to remain a "child" and the "messenger" child maintains the link between his or her parents who are no longer able to communicate other than through him or her. He spends a lot of energy adapting to one or the other parent. He is exhausted for other activities specific to his age [14]. The child may be unconsciously held responsible for the separation. It is the "scapegoat" child; it will confine itself to a role of victim, multiplying situations of rejection and inducing mistreatment, moral abuse and situations of exclusion [11,13]. He is sometimes asked to substitute himself for one of the parents, to treat the one who is depressed the "child therapist", is the confidant or accomplice of one of the "child protector" parents. The child may also be taken as a witness or hostage in the conflict. The "avenger" child is determined to take sides in the parental war [11, 15].

5. Position within Siblings

This factor is essentially involved in the child's adjustment. The role of the elder is often difficult because it is torn between the parental and fraternal systems [6, 8]. Ayad and colleagues, Beverina and colleagues reported an overrepresentation of older children who were more at risk of conditions requiring consultation when parents were separated [8, 12].

6. Family history

Parental separation is part of family history and changes the course of family history. The parental breakdown can be the expression of a persistent dysfunction between the father or mother and her own parents. A parent who has not found his place in the triangulation with his own parents cannot potentially place himself satisfactorily between his parents and his children. The breakdown can then reinforce the attachment to the family of origin, the responsibility for the failure being projected on others [16].

7. Degree and nature of parental conflict:

The more acute the conflict between the parents, the less available they are to listen to their child and the less likely the child will develop anxiety. The high intensity of conflict is associated with increased anxiety in the baby and child; in adolescents, the severity of the conflict leads to an increase in behaviour, and sufferings such as depression, anxiety, low self-esteem [6, 8, and 16]. Indeed, the way in which the child can accept the separation depends in large part on the way it is managed by his environment, on the trace which he imagines leaving or not in them despite the separation. All the authors stress the quality of child-parent relationships and the quality of life in the new family structure as the main determinant of the child's adaptation [15, 17, and 18].

8. Parental experience of separation

Once the separation decision is made, parents may be less able to perceive the reactions of their children because are busy with the difficulties of the moment. The parental function cannot then be properly realized, because the child is not recognized as a subject but as an issue of conflict. Separation also requires a change of position and the mother can be led to play all the roles, her role, the father's role, or both. For his part, the father is invited to imitate the mother, at the risk of not knowing where and when he is a father [15, 17]. Also, parental conflicts lead to a deterioration of parental quality. Sometimes mothers are less warm, less empathetic and fathers are less involved in their parenting role [17]. And in the event of a judicial decision concerning the granting of primary custody and access, the parent hosting function is strengthened; while the visiting parent sees his or her parenting function weakened. On the host parent's side, there is sometimes a desire to break the child's contact with the other parent. He may also want to pursue revenge in the case of a history of spousal abuse. The risk is that the child will be manipulated [18, 19]. Other parents, who feel particularly abandoned, decide to exclude the other parent from the child's life [14]. Sometimes the visiting parent may want to extend his access in quantitative or qualitative terms but he may also adopt an attitude of abandonment of the parental function, for the sole purpose of being able to meet the former spouse and to recover him. The risk is that the child becomes part of a strategy. It is instrumentalized child.

9. Socio-economic adaptation and type of accommodation after separation

Although this is not a general rule, marital breakdown often means a decrease in income, economic instability, a decline in living standards, increased professional activity outside the home and reduced availability for work. In addition, these changes are often accompanied by moves, with all the difficulties, for the child, of adaptation to a new neighborhood, a new school and a new network of relationships. Entrusted to the mother, the child often remains domiciled in the same place, continues to attend the same school, frequents the same classmates and maintains his habits. In other cases, the child moves away from his usual place of life, he must also adapt to a new living environment and to forge new relationships [4, 12, 20]. In alternating custody, the child must adapt to two lifestyles, two places of life, two bedrooms, two families which, for some, means a constant feeling of not having a home, which could weaken the internal security of the child [2, 13].

10. The therapeutic aspects

An environmental and a mental securing space is a fundamental aspect of care. It is important that both parents are present to announce the separation decision. Very quickly, the child needs to know what will change in his daily life. The spoken word and respected, the regularity of his life organization are essential in helping it adjust to the changes that occur after parental separation. They allow him to anticipate the concrete events that punctuate his day and to keep control of them. In this context, the ability of parents to control their affects and explain to him what is happening in his life is essential. If he perceives his parents' desire to keep him a central place in their life, the child regains confidence in his ability to arouse their love and he can project himself again into the future [15, 17, 20]. Family medico-psychosocial centers, as front-line workers, play a crucial role in screening for signs of adjustment disorder and signs of physical or psychological suffering. They can direct the children concerned to mental health professionals, thus allowing

early treatment and avoiding the entry into psychopathology [3, 20]. If the child appears to be in real danger and his physical and moral safety must be protected, a report must be made to the administrative authorities (justice, general council). During the psychological assessment in a therapeutic setting, the child's expression is important: it requires a moment of building confidence and the creation of a space in which he can feel free to speak in a secure environment [18]. The therapist must take into account, on the one hand, a reality of family breakdown, and on the other hand, all the possible sources of identification which are therefore available to the child, for example stepfathers or stepmothers [15,18]. The work with the parents, together or separately, aims first of all to build a bond of trust. Recognizing and understanding their experience following the separation allows them to be mobilized effectively. The subsequent challenge will be to educate them, by making them aware of the risks of conflict on their child. It is important that the child keeps his place of child, that both parents respect his concerns (schooling, outings, leisure) and do not involve him in their conflicts. Helping parents to remain parents to their child will ensure a better outcome for the child. As adults, these children do not appear to differ significantly from adults raised in intact families. The authors specifically note the dramatic changes that have occurred in the five or six years following separation in children's reactions. These changes go in the direction of a better adaptation to their new life. It should therefore be emphasized that the consequences of a breakdown of a union can be only temporary and that the separation can be beneficial, for the child, as a solution to the family crisis [6, 11, 15, 20].

11. Conclusion

Parental separation can be a painful experience for the child but it can sometimes be only a transitional stage that the child manages to overcome by adapting to his new reality. Better knowledge of the child's reactions to this social reality should facilitate the early detection of mental disorders requiring specialized care and thus promote their prevention by acting on the factors of poor prognosis. A common reflection of all professionals working with children and adolescents should target the help of parents to remain a parental team despite their conflicts and the definition of a path allowing the child to live a quality bond, all by being respected in his rhythms and his needs, in order to avoid that the child becomes the stake of the conflicts of adults.

Compliance with ethical standards

Acknowledgments

There is no acknowledgement for us to write.

Disclosure of conflict of interest


The authors declare that they have no conflicts of interest in relation to this article.

References

- [1] Lansford J. Parental Divorce and Children's Adjustment. *Perspectives on Psychological Science*. 2009; 2: 140-152.
- [2] Berger M. *L'enfant et la souffrance de la séparation*. Paris :Dunod. 1997.
- [3] Halayem MB, Regainog J, Ben Amot B. Divorce, conjugopathie et troubles psychologiques chez l'enfant. *Maghreb Med*. 1995; 4: 297.
- [4] Chraïbi S, Barrère J, Lasmolles R, Perrot.C. Séparation parentale, recomposition familiale : répercussions dans la clinique de l'enfant. *Cahiers de psychologie clinique*. 2008; 31: 69-88.
- [5] Séparation des parents et droits de l'enfant: Enjeux psychologiques. *Analyse CODE Août*. 2010.
- [6] Beverina M. Comment garçons et filles vivent-ils le divorce de leurs parents? *Journal Pédiatr Puéric*. 1994; 7: 219–226.
- [7] Bourrat M. Séparation parentale et mode de garde : droit à l'enfant ou droit de l'enfant ?*Neuropsychiatr Enfance Adolesc*. 2014; 62: 1-2.
- [8] Ayadi H, Moalla Y, Ben Ahmed S, Walha A, Laaribi H, Ghribi F. Divorce parental et troubles psychopathologiques chez l'enfant et l'adolescent.: Étude comparative tunisienne. *Neuropsychiatr Enfance Adolesc*. 2002; 50: 121-127.

- [9] Martin T, William B, Carey M. The Pediatrician's Role in Helping Children and Families Deal with Separation and Divorce. *Pediatrics*. 1994; 94: 119-121.
- [10] Wallerstein J. Children of divorce: Preliminary report of a ten-year follow up of older children and adolescent. *J Am Acad Child Adolesc Psychiatry*. 1985; 24: 545-53.
- [11] Darcourt L. La clinique des enfants : la place du divorce. *La lettre de l'enfance et de l'adolescence*. 2009; 78: 19-33.
- [12] Vangyseghem S, Appelboom J. Répercussions psychologiques du divorce parental chez l'enfant. *Rev Med Brux*. 2004; 25: 442-8.
- [13] Poussin G, Lebrun E. *Les enfants du divorce : psychologie de la séparation parentale*. Paris:Dunod. 1997.
- [14] Charritat JL, Leverger C, Parmantier V. Séparations conflictuelles et nouvelles formes de maltraitance. *Arch Pediatr*. 2008; 15: 486-488.
- [15] Martin-Lebrun E, Poussin G, Barumandzadeh T, Bost M. Conséquences psychologiques de la séparation parentale chez l'enfant. *Arch Pediatr*. 1997; 4: 886-892.
- [16] Baude A, Zaouche Gaudron C. Le développement de l'enfant en résidence alternée: revue de la question. *Neuropsychiatr Enfance Adolesc*. 2010; 58: 523-531.
- [17] Derdeyn P. Children in Divorce: Intervention in the Phase of Separation. *Pediatrics*. 1977; 60: 1 20-27.
- [18] Martin-Lebrun E, Poussin G, Barumandzadeh T, Bost.M. Conséquences psychologiques de la séparation parentale chez l'enfant. *Arch Pediatr*. 1997; 4: 886-892.
- [19] Zivi A. Du divorce à la recomposition familiale. *Journal Pédiatr et Puéric*. 1994; 7: 44-48.
- [20] Aabbassi B, Nicolis H. Psychopathologie développementale et familiale de la separation parentale. *Enfances et Psy*. 2016; 71(3): 150.

Author's short biography

	<p>Doctor Bouchra AABBASSI</p> <ul style="list-style-type: none">• Professor of child and adolescent psychiatry• University Hopsital Center Mohamed VI , Marrakesh, Morocco• Psychoanalyst, psychotherapist• Expert on child and adolescent psychiatry• University teacher on Medical University of Marrakesh , Cadi Ayad <p>Adresse : Psychiatric Hospital IBN NAFIS, 40000 Marrakesh , Morocco.</p>
---	---