How does the psychological and physical presence of parents impact their children?

TRAPE by

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Introduction

The psychological and physical presence of parents plays a huge role in shaping a child's emotional, cognitive and social development. Yet, the importance of the parent-child relationship is often overlooked or even stigmatized.

I had the incredible opportunity to intern at the Department of Behavior and Cognitive Sciences, where I met some amazing people who greatly influenced my TRAPE. This experience also helped me secure two insightful interviews. Nowadays, families come in all sorts of shapes and sizes, so in my project I'm looking at how different types of parent-child relationships impact development. I'm exploring different theories on parenting styles and looking into how extreme neglect can lead to various disorders. I'm also analyzing a few studies that involve bipolar disorder and child development.

Family structures

When we refer to the word family, we usually all have an image in our head of people we care for and love. Whether they're blood-related or not. Specifically talking about blood-related family there are a few types of structures I aim to explore. Those include "Nuclear family", "Single parent", and atypical families like "Blended Families", "Same-Sex Parent Families"," Extended Families".

Starting off with "Nuclear family". Per definition this means that the family consists of 2 parents (typically mother and father) and their child/children. They would also have to live together. This family constellation is very often seen as the "ideal one" and is known to provide more stability, less poverty, less stress factors (in theory) and higher chance of commitment concerning both parents. Although by 2000 only 21% of households were made up of a married or cohabiting couple with dependent children, the idea of the nuclear family is still an important part of how we think about family. Even in this progressive society some right-wayed politicians and sociologists still believe that social problems originate from children not being brought up in nuclear families. Over the last decades sociology has claimed the nuclear family structure to be the basic or normal one.

Moving on to "Single parent". The "Single parent" family structure consists of only living with one parental figure at a time. The reasons include death (becoming widowed), divorce, abandonment, rape leading to motherhood etc. Research shows that in 2020 the EU had a total of 195.4 million single parent household. The number of single-parent families grew quickly and significantly in the second half of the 20th century. In the United States and other developed countries, mothers are typically granted custody of the children in divorce cases. Since the majority of single parents are mothers, most research has been based on it. Nevertheless, this does not mean that both genders can't share the same struggles and worries. How raising your children as a single parent affects them depends on a few factors. Those include how much time has passed since the single parent family started, the quality of the children's relationship with the parent they live with and the amount of conflict between the parents. Studies have revealed that in the years following the divorce children are more susceptible to bad grades, aggression, anxiety, depression and antisocial behavior. This can be a result of lacking supervision. Contrary to certain beliefs children

brought up in mother-only families often end up having lower levels of education, higher drop-out rates and delinquent activity, including alcohol and drug addiction. Divorce children tend to get married early, have children early and divorce. Fathers often stop caring about their children. One study even found that more than 60% of fathers didn't visit their children or didn't talk to them for over a year.

A “Blended Family” consists of two or more children, where at least one is the biological or adopted child of both parents. It also includes at least one stepchild, who is the child of one parent from a previous relationship. There are a few benefits and side effects to blended families. A benefit for the parent includes financial stability. For the children it may be hard at first. They might have to deal with disturbed relationships, adjustment challenges and loyalty conflicts. The impact largely depends on how well the family members communicate and adjust to the changes, as well as how supportive and understanding the parents are during the transition.

Passing on to “Same-Sex Parent Families”. As the name mentions it “Same-Sex Parent Families” is a family where both parents are of the same gender. Opponents of same sex marriage argue that it would have an adverse impact on their children. Studies show that children raised in same-sex parent families fare just as well as those raised in opposite-sex parent families, with no significant differences in terms of emotional well-being, social skills or academic performance. The key to a child’s development is the presence of loving, supportive and stable caregivers, regardless of gender. Despite legal recognition, same-sex couples may still face societal prejudice, bias or discrimination in certain communities or regions. Lack of positive representation in media and popular culture can make it harder for same-sex couples to feel accepted or recognized by society. Sadly, the child might even experience backlash or even being bullied due to the marriage not being seen as “normal”

“Extended Families” stands for every family member that is not a part of one’s nuclear family. For example; that can be your grandparents, your aunt, cousins, etc. Reason for living with extended family can differ greatly, causes can include the death of one's parents, parents not being able to take care of their child. Potential challenges may include attachment issues since the child might struggle with understanding their relationship with biological parents. Extended family members might feel overwhelmed with the responsibility of raising the child. They may not have the financial or emotional resources needed for full-time care. Some of the positive factors include the child getting the comfort they could not get from any caretaker coming from outside of the family in situations where their biological parents would not be able to take care of them. They would also be able to provide some stability. It could also help the child improve their social skills.

How does the parents-child relationship impact their child

Independently of the exact family composition, the parent-child relationship forms the foundation of a child's life. It plays a huge role in the overall development of the child. Even though later in life the child

will have their own personality traits and develop different characteristics, the way parents raise their children is very important. For example, the way parents regulate their emotions has a direct impact on how their child later regulates their emotions. Studies have shown that if a parent regulates their emotions through rumination, the child is likely to adopt and use similar emotional regulation strategies. This can harm the child later in situations like school stress, decision making and much more. So, if the parents have good ability to regulate emotions it will reflect positively on the child.

Mom's relationship to the child

Mother's relationship to daughter

In this chapter I will do my best to not incorporate stigmatizations or old fashion gender roles.

John Bowlby was a British psychiatrist and psychoanalyst that specialized in the child's development and attachment theories. He believed that a child and their primary caregiver's (often the mother) relationship serves as a template for the child's future relationships. A social point of view is given by psychologist Albert Bandura. He specialized in social learning, the way children adopt their own attitudes and emotional responses from the behaviors they see around them, for instance their parent's behaviors. His studies showed that children model and imitate their parent's behavior and thus learn by observing rather than only learning only via their own direct personal experience. For example, if they observe their care giver being kind to someone on multiple occasions, they might grow to shape their behavior to be more empathic and mindful towards others. Now for the mother-daughter relationship context, according to Albert Bandura the daughter is more prone to managing her distress emotions when the mother exhibits healthy emotional regulation strategies. A mother's own view of herself can shape how her daughter feels about her body and self-worth. When a mother frequently expresses self-doubt or criticism, her daughter might start to see herself in a similar light, creating an unhealthy self-image. At the same time, mothers often project their own dreams, career ambitions and societal views onto their daughters. For instance, when a mother pushes against traditional gender roles and societal expectations, it encourages her daughter to think more openly and critically about things like career choices, social pressures and gender norms. This can all be explained using Bandura's concept of reciprocal determinism. This means a person's behavior is influenced by both their personal factors and the social environment, while also affecting them in return.

Another theory that is outdated but historically relevant in this context is the Electra theory. Introduced by Carl Jung, it was influenced by Sigmund Freud's ideas. It focuses on the psychosexual development of girls. It refers to the daughter's unconscious desire for her father thus provoking rivalry between the daughter and the mother for the father's attention and affection. This theory is oftentimes seen as the Female counterpart to Freud's Oedipus complex theory which describes a similar dynamic, where boys desire their mother and see their father as a rival. According to this theory it typically first occurs during the phallic stage of psychosexual development (ages 3-6). This is when the child begins to recognize sexual differences and develop gender identities. For girls this is when they realize they do not have a penis which (in theory according to Freud and Jung) leads to feelings of inferiority and adequacy. In response of these feelings a girl might unconsciously developpe desires for her father wishing to possess a "penis-like" symbol of power (penis-envy). Which would then cause the daughter to see the mother as a rival for her

father's affection, leading to jealousy. Resolution of the Electra complex would be when the girl matures and identifies her mother while adopting maternal behaviors and ultimately accepting her femininity. Modern psychologists have critiqued the theory due to its gendered assumptions and its lack of objectivity. They argue that Freud's and Jung's ideas were largely based on clinical observation and interpretations of patient's dreams, fantasies and behaviors that were not systematically tested or scientifically validated through controlled research. The rigid and traditional way of viewing gender roles in the late 19- early 20th century hugely impacted Freud's theories. As our understanding of gender and family has changed, so have grown the critiques of these old psychological models. Psychologists nowadays also notice and critique the lack of clear operational terms and definitions. The ideas in the Electra complex, like "penis envy" or "wanting the father's attention" are hard to clearly define or measure in a reliable and objective way. According to Horney (1924) and Thompson (1943), rather than girls wanting a penis, what they really envy is males' superior social status. Modern psychology offers other theories on the children's overall development without having to rely on the notion of sexual rivalry between them and their parents.

Mother's relationship to son

Psychologists have explored the relationship between mothers and sons, emphasizing early development, emotional connections and family dynamics. John Blowby's attachment theory suggests that a secure attachment to their mother is crucial for developing a healthy sense of self and the ability to form trusting relationships and connections later in life. A strong Mother-Son connection provides the child with a sense of safety. Some experts believe that mothers have a big impact on teaching their sons about gender, emotions and social behavior. Since moms are usually the main caregivers early on, they help shape how boys see relationships, deal with their feelings, and interact with others. These early lessons can influence how sons view women and understand what it means to be a man. "Mama's boy" is a concept where sons are overly dependent on their mother. This occurs when mothers are overly-nurturing, controlling or if they don't encourage independence early on. This usually leads to issues in the child's future relationships, confidence and independence.

Freud also theorized the mother and son's bond by creating the Oedipus complex. His idea is that young boys unconsciously develop romantic feelings for their mothers and see their fathers as rivals for her attention. During this time, boys feel a deep bond with their mothers and unknowingly compete with their fathers for their love and affection. The same as with the Electra theory it first occurs at the phallic stage so around ages 3-6. For boys this causes irrational castration anxiety, which makes him worry that his father might punish him for his feelings toward his mother. Freud thought this fear was tied to the Oedipus complex, where the boy sees his dad as a rival and fears consequences for wanting his mother's love. Eventually, this fear fades as the boy starts to relate to his dad more, picking up his behaviors and figuring out what it means to be a man. Freud's resolution for this complex is to gain maturity by identifying with the same-sex parent and the father becoming a role model rather than a rival. Through the identification of the "aggressor" boys would then develop their super-ego and male sex role. The boy then replaces his desire for his mother with the desire for other women.

Then again, this theory was majorly critiqued since it is mostly based on western, heterosexual, patriarchal ideas of family and sexuality. Other psychoanalysts such as Erikson (1950) believed Freud exaggerated the influence of instinct (particularly sexual instincts).

Father’s relationship to child

Historically, Mothers have always received more research attention than fathers since they were often viewed as the primal care giver whereas fathers have often been characterized as a playmate. However recent research has shown that gender roles have become more equitable over time, which highlighted the importance of the father’s role in the child’s development. Fathers play a crucial role in nurturing their children, contributing to the development of autonomy, gender identity and moral systems. They are often seen as a symbol of authority and security which are essential for the child’s safety and well-being.

Father’s relationship to daughter

The father-daughter is a complex and multifaceted dynamic that significantly influences the development and well-being of the daughter. It is incredibly important for the daughter’s emotional, psychological and social development.

Positive relationships characterized by warmth, autonomy and support are associated to lower stress responses and better emotional regulation in young women. By showing love, respect and admiration chances are higher for the daughter to grow strong self-esteem and value. On the other hand, studies revealed negative relationships marked by rejection and chaos can lead to heightened stress responses. Additionally negative perceptions of fathers are linked to higher levels of eating disorders and depressive symptoms. Which shows the importance of a supportive daughter-father bond. If the father for example exhibits warmth and hostility at the same time, it might lead to contradictory feelings/emotions for the daughter since warmth usually fosters trust, security and self-esteem while hostility introduces confusion and fear. When both are present, the daughter may struggle to reconcile these mixed messages. This leads to heightened emotional distress such as anxiety and depression. This inconsistency of how the father behaves might make it hard for the daughter to understand emotional boundaries and relationships. Additionally, fathers that struggle with psychological instability (depression, anxiety and personality disorders) or substance abuse may contribute to a chaotic and/or unstable household. This instability could leave the daughter feeling insecure, neglected and unsafe. The daughter might develop unhealthy coping mechanisms and internalize them making it harder for her to develop emotional resilience or understand what healthy emotional bonds look like. A supportive father-daughter relationship helps with building healthy relationships and emotional strength. On the flip side, a dysfunctional or abusive relationship can make it harder to trust others and form strong connections.

According to Albert Bandura's theory fathers are role models who shape their daughters' behaviors and attitudes. They might imitate actions and reactions especially regarding social interactions, emotional responses and gender roles. Bandura’s example is a father who is nurturing or supportive may teach his daughter to be caring, while a father who is assertive may influence her to be confident. The sociologist David Popenoe explored how a father’s involvement in a daughter’s life shapes her future romantic relationships. He argues that fathers serve as a template for woman on how to interact with men. A daughter's understanding of how men should treat women is often influenced by her interactions with her father. When a father demonstrates kindness, respect, and attention, she is more likely to expect the same behavior from men in her future relationships. This theory is somewhat controversial, and people argue that Popenoe places too much focus on the father as the primary influence in a daughter’s

development, overlooking the significant roles mothers and other caregivers. His theory does not fully incorporate cultural, socioeconomic or familial differences thus making it unrelatable for a large crowd.

Fathers' relationship to son

Fathers often serve as role models for their son. Therefore, making it vital for the boy's emotional, psychological and social development. This relationship is shaped by several factors including cultural norms, personal experience and societal expectations. Understanding the nuances and dynamics of this relationship can help promote well-being and address eventual conflict.

The father-son relationship plays a significant role in shaping a son's emotional development and mental health. In environments that stress traditional masculinity (where emotions like vulnerability, sadness and empathy are often downplayed or stigmatized) sons may experience emotional constraints. Traditional masculinity often encourages qualities such as stoicism, dominance and emotional restraint. In such an environment, fathers might unintentionally reinforce these norms, making it harder for their sons to express emotions, show vulnerability, or ask for help when needed. When fathers are emotionally available, supportive and understanding, it provides a sense of security and validation for their sons. Such relationships allow sons to feel seen and understood, helping them develop healthy emotional skills and self-esteem. This emotional openness helps them build better coping mechanisms for life's challenges and can contribute to better overall mental health and emotional well-being. The father-son relationship can evolve significantly as both individuals move through different life stages. Each stage introduces new challenges, shifting priorities and evolving perspectives that influence how they engage with one another. The concept of intergenerational transmission (Van Der Rakt, M., Nieuwbeerta, P., & Graaf, N. (2008)) refers to the way certain attitudes, behaviors or patterns of behavior can be passed down from one generation to the next. In the case of alcohol, abuse or criminal activity, sons who grow up in environments where these factors are present may be more likely to repeat them in their own life. This is not always a direct result of genetic inheritance but rather the learned behaviors and coping mechanisms and attitudes they observe from their fathers. For instance, a son might grow up thinking that using alcohol to handle stress is a perfectly normal way of coping or that criminal activity is a good way for solving conflict. This can perpetuate a cycle of problematic behavior across generations. The notion of the "father wound" refers to the emotional pain and psychological scars many men carry due to their relationships with their fathers. This pain can be caused by neglect, criticism or emotional unavailability, which will affect the son's sense of self-worth, emotional health, and ability to form healthy relationships in adulthood. Modern psychologists believe that in recent years, there has been a shift in how society views a father's role. They believe that fathers nowadays aim to be more present, engaged and open with their children, fostering healthier and more connected relationships. The ability for fathers to open up about their own emotional wounds from childhood (father wounds) is a significant step forward in breaking the generational cycle of harmful patterns. Fathers who embrace emotional expressiveness and vulnerability create opportunities for themselves and their sons to grow emotionally and personally.

Pol Schiltz and Gesine Jordan: Interview on emotional regulation

Presentation of interviewees

Pol Schiltz 	**Profession**: Specialist in child and adolescent psychiatry and psychotherapy **Location**: Bern, Switzerland **Education**: University of Luxembourg, University of Cologne **Specialization**: Attachment behaviors, child and adolescent psychotherapy **Training**: Systemic, cognitive-behavioral psychotherapy
Gesine Jordan 	**Profession**: Doctoral researcher, psychology **Affiliation**: University of Luxembourg, Stanford University (visiting researcher) **Research Interests**: Emotion regulation, interpersonal relationships, psychophysiology **Publications**: Parental cognitive interpersonal emotion regulation, adolescent achievement

Dr. Med. Pol Schiltz (Psychiatrist for children and youth):

1. What role do parents play in modeling their child's emotional regulation, and how does this impact a child's coping mechanisms later in life?

We assume that parents play an important role in their child's emotional regulation, but it is quite hard to examine this feature objectively. It is probably clearest in babies, who can hardly regulate themselves.
A famous example is the "still face experiment" 1975 by Edward Tronick, where they simulated a "depressive" parent who keeps a still face towards his infant during a certain period. The infant tries with all his means to get the parent to react and to interact with him before he finally withdraws.

Another example would be the children from Romanian orphanages in the 1980-90s, it became very clear that many children who are emotionally not well cared for, will grow up with physical and mental delays on top of the emotional troubles. The conditions of the orphanages showed

that not only nutrition is vital to a child's development.

2. Are there specific emotional regulation strategies parents can use that would have the most profound positive effect on a child's emotional resilience?

Another theory that tried to examine this phenomenon is the attachment theory by John Bowlby and Mary Ainsworth out of which grew decades of research and new psychotherapy approaches. They argue that parental (at the beginning they only talked about "maternal") responsiveness and sensitivity is an important key to mentally healthy children which will have healthy relationships in life later on. Briefly this means that the parent should be able to correctly identify his child's emotion and react appropriately.

3.What are the long-term consequences of a child who grows up without witnessing healthy emotional regulation in their parent?

Fortunately, children, especially when growing older, do not only depend on their parents to learn how to regulate their emotions. But they will be able to have plenty of different role models (adults and peers). It will be quite hard to distinguish between the different reasons why a parent has a hard time regulating his emotions. It could be because of mental illnesses (depression, addictions, bipolar disorder, personality disorders, trauma...) and these will not only affect the regulation of emotions but will interfere with plenty of other areas of life. Statistically these children will be at a higher risk developing themselves a mental illness, will be more often incarcerated and will probably in average be less happy in life and have more trouble in relationships.

4. Can inconsistent emotional responses from a parent affect a child's emotional stability or cause confusion about how to handle their own emotions?

The attachment theory would probably call the inconsistent parent in regard to emotional responses "unsecure disorganized attachment" behavior and the children of these parents are at the highest risk developing mental illnesses, compared to the other 3 attachment types. It seems that children can adapt better to a consistent response (e.g. insecure avoidant or anxious attachment) even if it is not ideal, then to a behavior that is hard to predict (unsecure-disorganized).

Gesine Jordan (PhD student in Psychology):

1. **What role do parents play in modelling their child's emotional regulation, and how does this impact a child's coping mechanisms later in life?**

Research highlights parents as key figures in children's emotion regulation (ER) development. According to the tripartite model (Morris et al., 2007), parents' own emotion regulation serves as one of three primary mechanisms through which children learn to regulate theirs. Notably, infants rely entirely on their parents for regulation, as they lack the ability to do so themselves. Emotion regulation development continues into adulthood, further emphasizing parents' long-term influence. While other figures (e.g., teachers, friends, family) also contribute to emotion regulation development, parents remain a consistent presence. Especially modeling plays a crucial role, as children are highly attuned to their environment and their learning processes often start by imitation, which gradually evolves into independent regulation.

2. **Are there specific emotional regulation strategies parents can use that would have the most profound positive effect on a child's emotional resilience?**

Several well-studied emotion regulation strategies, such as cognitive reappraisal, emotional validation, problem-solving, and acceptance, have proven effective. However, research suggests that effectiveness highly depends on context. However, research suggests that effectiveness depends on context. For instance, while suppression is often seen as maladaptive: such as a parent consistently refraining from showing affection or excitement: it can be useful in certain situations, like staying composed in a tense work setting. Similarly, distraction can be helpful, like redirecting a child's attention to a toy when they are distressed, but overuse: such as always giving a child a screen to avoid dealing with their emotions can hinder emotional processing. This highlights the importance of flexibility in emotion regulation. Rather than relying on a single strategy, individuals benefit from having a range of approaches and adapting them based on the situation. Flexibility allows parents to shift between strategies—validating emotions when a child needs support, encouraging problem-solving when appropriate, or using distraction when immediate relief is needed.

3. **What are the long-term consequences of a child who grows up without witnessing healthy emotional regulation in their parents?**

A child who never experiences adaptive emotion regulation may struggle to regulate their own emotions, which can lead to significant long-term consequences. Emotion regulation is closely linked to mental health, and difficulties in this area are associated with an increased risk of psychological disorders such as personality disorders, depression, anxiety disorders, and addiction. Beyond mental health, poor emotion regulation can affect social and academic

functioning. Children who lack regulation skills may have difficulty forming healthy relationships, or handling conflicts effectively. The meta-analysis I sent to you also highlights that poor emotion regulation impacts a child's overall adjustment. Growing up in a household without effective emotion regulation may lead to emotional instability, low self-esteem, or impulsivity. However, emotion regulation skills can still be learned later in life through therapy, or other interventions. Additionally, some individuals are more resilient or have access to other supportive resources, such as mentors, peers, or structured environments, which can help mitigate the negative effects of early emotion regulation difficulties.

4. **Can inconsistent emotional responses from a parent affect a child's emotional stability or cause confusion about how to handle their own emotions?**
   Yes, I think inconsistent emotional responses from a parent can affect a child's emotional stability and create confusion about how to handle their own emotions. One of a core function of emotions is to differentiate whether a stimuli/situation is safe or threatening, as well as social signaling. When a parent's reactions are unpredictable—sometimes warm and supportive, other times cold or dismissive—the child struggles to develop a clear understanding of emotion. This inconsistency can lead to insecurity, anxiety, and difficulty trusting their own emotional experiences.
   Very extreme cases such as manipulative behaviors and emotional abuse often involve mixed signals, where an abuser shifts between affection and rejection, leaving the victim emotionally disoriented. While these are severe examples, less extreme forms of emotional inconsistencies might lead to insecure attachment styles, difficulty setting boundaries or struggling navigating relationships.

Comparison of answers from the two interview partners

1. **What role do parents play in modelling their child's emotional regulation and how does this impact a child's coping mechanisms later in life?**
   - **Pol:** He focuses on real-life examples like how babies rely on their parents for emotional regulation and how neglect can lead to serious emotional and developmental problems. It gives examples like the "still face experiment" and the conditions in Romanian orphanages to show the impact of parent's emotional responses.
   - **Gesine:** Her answer is more about research and theories, explaining how parents' emotional regulation helps kids learn to manage their own emotions. It highlights how parents play a big role over time, especially through modelling as kids tend to copy their parents before they can regulate on their own.

2. **Are there specific emotional regulation strategies parents can use that would have the most profound positive effect on a child's emotional resilience?**
   - **Pol:** He specifically talks about how healthy attachment leads to better emotional development and relationships in the future.

- **Gesine:** She discusses how emotion regulation strategies (when used flexibly) are important for managing emotions in daily life.

3. **What are the long-term consequences of a child who grows up without witnessing healthy emotional regulation in their parent?**
    - **Pol:** He focuses on how a parent's emotional struggles can impact their child's mental health and future, pointing out risks like mental illness and getting into trouble with the law.
    - **Gesine:** She talks more about the effects of poor emotion regulation in kids like struggles with relationships, school and mental health. But it also says that kids can still learn how to manage their emotions later with therapy or support from others.

4. **Can inconsistent emotional responses from a parent affect a child's emotional stability or cause confusion about how to handle their own emotions?**
    - **Pol:** He writes more about attachment theory and how it affects mental health, specifically how unpredictable emotional responses from parents can lead to disorganized attachment, which makes kids more at risk for emotional problems.
    - **Gesine:** She describes it more general, talking about how inconsistent emotional responses can create confusion, insecurity and make it harder for kids to process their emotions. It looks at both mild and extreme forms of emotional inconsistency.

Conditions resulting from dysfunctional parent-children-relationship

Reactive Attachment Disorder (RAD)

RAD is a serious emotional condition that can develop when a child has experienced significant disruptions in early attachment relationships, typically due to neglect abuse or inconsistent care giving during infancy/early childhood. It affects how children form emotional bonds and relationships with others, particularly with caregivers.

Symptoms

This condition is classified under the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) as a trauma and stressor related disorder. Characterized by inhibited and withdrawn behaviors towards caregivers typically manifesting before the age of 5. Children with RAD betray a lack of attachment behaviors, emotional dysregulation and often have a hard time forming emotional bonds with caregivers. Affected children may show unpredictable reactions, difficulty in being consoled and erratic

mood fluctuations. They often live in a constant “flight, fight or freeze” mode which leads challenges in the child’s day to day life. For example; at school, it might be challenging for them to deal with authority figures often leading to academic struggles and isolation from peers. There are significant neurobiological changes in a child with RAD such as loss of grey matter volume (essential for processing emotions, memory, and cognitive functions) and neurotransmitter deficiencies which can increase the risk of dual diagnosis like anxiety and depression.

Risk factor and causes

The exact genetic causes of Reactive Attachment Disorder (RAD) are not fully understood, but research suggests that genetic factors may play a role in how children respond to environmental stressors and develop attachment patterns. Key environmental factors may include:

- **Neglect and abuse**

  Children who experience neglect or abuse are more likely to develop RAD. This includes neglect as in lack of adequate attention, affection or physical care and abuse as in physical, emotional and sexual during early years.

- **Frequent changes in care givers**

  Children who experience multiple changes in caregivers or live in institutional settings without consistent caregiving are more susceptible to RAD.

- **Lack of responsive caregiving**

  A lack of responsive and nurturing caregiving, where a child's emotional needs are not met, is a critical factor in the development of RAD.

- **Socio economic factors**

  Socioeconomic challenges, such as poverty and lack of access to resources, can exacerbate the risk of RAD by contributing to neglect and unstable caregiving environments.

- **Parental factors**

  Parental mental health issues, substance abuse, and a history of trauma or attachment issues in parents can increase the risk of RAD in children.

Treatments and challenges

- **Attachment-Based Interventions**

  The primary approach to treating RAD centers on creating a stable environment where the child can build a trusting relationship with a caregiver. This process is key to fostering a secure attachment, which can help reduce the symptoms of RAD over time.

- **Behavior management training (BMT)**

BMT has demonstrated potential in addressing challenging behaviors in children with RAD through targeted interventions aimed at improving behavior. However, further studies are necessary to fully establish its effectiveness.

- **Modified Parenting Interventions**

In foster care, modified video-feedback parenting programs have been tried to help improve attachment and lessen RAD symptoms. These programs aim to boost caregiver responsiveness and lower stress.

- **Limited Effective Treatments**

There are few proven treatments for RAD that are backed by strong research. Many current approaches don't have a solid foundation in theory or evidence, which can sometimes result in practices that might be harmful.

- **Multiple Challenges**

Children with RAD often face other overlapping issues, making it harder to diagnose and treat. This requires thorough assessment and personalized treatment plans.

- **Different Symptoms in Each Case**

RAD symptoms can change depending on the child's age and personal situation, making it difficult to use one-size-fits-all treatments.

Disinhibited Social Engagement Disorder (DSED)

The defining feature of this disorder is when children exhibit overly familiar or overly friendly behavior towards strangers, often with little to no hesitation or caution. Essentially, children which DSED show no signs of wariness or caution when interacting with unfamiliar adults. For example, they might approach and engage with strangers in overly bold or inappropriate ways for their age. In contrast to RAD, where children avoid emotional connections, those with DSED impulsively engage in emotional connections. The DSM-4 listed DSED as a subtype to RAD but the latest version list's it as a distinct version

Symptoms

The symptoms primarily involve issues with social behavior and attachment. Indiscriminate sociability refers to the child’s lack of social boundaries when interacting with unfamiliar people. Overly familiar behavior might be hugging, sitting on laps or initiating conversation with strangers. Children with DSED don't seem to show a preference for approaching either strangers or familiar individuals. They also don’t seem to notice or react to cues like “personal space” or “stranger danger”. They might freely ask questions or share personal information without understanding that such behavior is inappropriate for someone they don’t know. They also may react with emotions that are out of line in the context, such as overexcitement or affectionate behaviors when calmness is expected.

- **Risk factors and causes**

  DSED typically arises from early traumatic or neglectful experiences that interfere with the development of secure attachments in young children.

  Key factors that increase the risk include:

  - Severe neglect

Children who face long-term neglect or a lack of emotional support may develop DSED. This can result from neglecting basic physical requirements like food and housing, as well as failing to provide emotional support such as affection, attention, and care.

  - Frequent changes in caregivers

  Children who are constantly moved from foster home to foster or who have had multiple caregivers are at higher risk since their ability to form secure attachment is hindered by the inconsistency in care.

  - Institutionalization or orphanages

  Children raised in orphanages or institutional environments, where caregivers are overwhelmed and unable to provide individualized attention, may be at risk for DSED. The absence of stable and responsive caregiving disrupts the child's ability to build trust and form emotional connections.

  - Early trauma or abuse

  When a child experiences physical, emotional, or sexual abuse in their early years, it can interfere with their ability to create healthy attachments. This often leads them to display overly friendly behaviors, as they seek affection or attention in ways that are inappropriate or unsafe.

  - Parental substance abuse or mental illness

  Children raised in households where caregivers are unable to meet their emotional needs due to mental illness or substance abuse may have a higher risk of developing DSED. This lack of stable emotional support can prevent them from forming secure attachments.

Treatment

Treatment for DSED generally includes therapy focused on addressing the emotional and behavioral issues linked to the disorder.

- **Attachment-Based therapy**

  Attachment based therapy is a treatment approach designed to help children build healthier and more secure relationships with their caregivers. The goal is to repair and improve the relationship, particularly if there has been a disruption or lack of consistency in caregiving. By working on

rebuilding trust, stability, and safety, the child begins to feel more secure in their relationships. Ultimately reducing DSED symptoms.

- **Trauma-Focused therapy (TF-CBT)**

  Trauma-focused therapy helps them understand and deal with difficult memories and emotions. This form of therapy specifically combines regular therapy techniques with methods that are sensitive to trauma, helping children process their experiences in healthier ways. In TF-CBT, children are taught to recognize and change negative or harmful thoughts related to the trauma, while also learning new, healthier ways of coping with emotions like fear, sadness, or anger.

- **Parent-Child Interaction Therapy (PCIT)**

  Parent-Child Interaction Therapy (PCIT) helps parents learn ways to improve their relationship with their child. It teaches them how to build trust, communicate better and handle challenging behaviors. The aim is to create a positive environment where the child feels safe and is encouraged to behave well.

- **Behavioral therapy**

  Behavioral therapy helps children learn to change unwanted behaviors and act in more appropriate ways. Therapists teach kids important skills, like how to interact with others, set boundaries and understand what's safe or not. The goal is to encourage good behavior and help children make better choices.

- **Stabilizing the Home Environment**

  A stable, predictable, and caring home environment is essential for children. They need consistent support from their main caregivers, who show them healthy ways to connect and offer emotional safety and stability.

- **Family therapy**

  Family therapy helps with problems that may affect a child's ability to form connections. It supports caregivers and teaches them how to better meet the child's emotional needs.

Challenges in treating DSED

Treating DSED can be challenging for several reasons:

- **Difficulties with trust**

  Children with DSED often have a history of inconsistent or absent care, making it hard for them to trust caregivers or therapists. Building trust in therapeutic relationships takes time and patience.

- **Behavioral issues**

The child's behavior of seeking attention from strangers can make therapy more challenging, making it harder for parents and professionals to respond properly.

- **Stigma and misunderstanding**

Children with DSED may be misunderstood or judged because of their social behaviors. This can result in them feeling isolated, being bullied or facing more emotional challenges.

- **Resources limitation**

Getting the right treatment can be tough for some families, especially in places with few mental health resources. Continuous support from both professionals and caregivers is key to making progress.

"Parental" bipolar disorder (BD)

What is bipolar disorder

Bipolar disorder (which used to be called manic depression) is a serious mental illness that causes a person to have dramatic shifts in emotions, energy and activity. The 3 most common types of BD are: Bipolar I disorder, Bipolar II disorder and Cyclothymic disorder.

Symptoms

Bipolar I and Bipolar II both have mania in common while hypomania is only seen in Bipolar II and Cyclothymic disorder. Mania is a mood state commonly described in BD in which the person experiencing it feels overly energetic, euphoric and irritable. This can lead to risky behaviors, poor decision making and impaired judgment. Hypomania is a milder form of mania that is only described in BP II.

Depression is a symptom found in all three disorders, and all of them can lead to significant challenges in daily activities, relationships, and work (especially if left untreated).

- **Bipolar I disorder**

  Symptoms for this type of bipolar disorder include manic episodes that last at least 7 days, and depressive episodes that typically last at least 2 weeks. They also often include cognitive and sleep disturbances; the symptoms can be so intense that patients with this type of bipolar disorder may need to be hospitalized.

- **Bipolar II disorder**

  People with this type of BD experience less intense manic episodes (compared to bipolar I disorder) but therefore, more frequent depressive episodes. This type of bipolar disorder is often underdiagnosed. It lacks clinical recognition and research.

- **Cyclothymic disorder**

Cyclothymic disorder is a distinct form of bipolarity characterized by mood instability and mood dysregulations. The symptoms differentiate themselves from the other types because people with this type of BD experience milder mood swings.

Causes

The cause of Bipolar personality disorder is not fully understood yet, but it's believed to involve a combination of genetic, biological and environmental factors.

- **Genetics**

If someone in your family has bipolar disorder, you might be more likely to develop it too. While certain genes can increase the chance of having bipolar disorder there isn't just one gene that causes it, it is usually about a combination of factors.

- **Biological**

Research shows that differences in the brain's structure or how it works might be connected to bipolar disorder. This could have to do with how the brain controls mood-related chemicals like serotonin, dopamine, and norepinephrine. These chemicals help regulate mood, and if they're out of balance it might contribute to the disorder.

- **Environmental factors**

Stressful life events, trauma or big changes like losing someone you love, going through abuse, or having a tough childhood can trigger bipolar episodes or make the condition worse. These environmental factors can interact with other factors like genetics, increasing the likelihood of the condition developing or getting worse.

Studies involving child development and bipolar disorder

Early Parent-Child Relationships and Risk of Mood Disorder in a Canadian Sample of Offspring of a Parent with Bipolar Disorder: Findings from a 16-Year Prospective Cohort Study" by Sarah Doucette and colleagues (2016)

This study investigates how early parent-child interactions influence the development of mood disorders in a child of parents with bipolar disorders (BP).

This prospective cohort study followed 150 offspring of parents diagnosed with BP. The data collection went on for over 16 years, they followed how mood disorders develop in the child. The quality of early parent-child relationships was evaluated with factors such as warmth, responsiveness and consistency. This study showed that children who have a poor parent-child relationship early in life have a higher chance of developing mood disorders (such as depression and bipolar disorder) later in life. The 16-year

research showed the lasting impact that early relationships with parents have on mental health and highlighted the importance of seeking early help to improve parent-child interactions when struggles arise. Early prevention might reduce the risks of passing this disorder from one generation to another.

Parent–Child Interactions in Pediatric Bipolar Disorder" by Lindsay S. Schenkel and colleagues (2008)

This study examines how the relationship between parents and children affects the traits of pediatric bipolar disorder (PBD).

The study involved 60 families, with 30 children diagnosed with PBD (Pediatric Bipolar Disorder) and 30 children without the disorder. The mothers filled out a survey called the Parent-Child Relationship Questionnaire (PCRQ) which looks at five areas of their relationship with their children: warmth, affection, closeness, arguments and how often they use punishment. Compared to the controlled group the other group showed less warmth, affectionate and intimate relationships alongside more arguments and forceful punishment. The study also found a few factors that could be related to why children with PBP have poorer parent-child relationships. Some of these factors include elevated symptoms of mania, attention deficit/hyperactivity disorder, early manifestation of illness and presence of parental mood disorders. The study highlights the importance of improving parent-child relationships in treating PBD. Strengthening these relationships along with treating symptoms may help children with PBD do better.

Improved Parent-Child Interactions Predict Reduced Internalizing Symptoms Among the Offspring of Parents with Bipolar Disorder Undergoing a Prevention Program: A Proof-of-Concept Study by Lisa Serravalle and colleagues (2021)

The study involved 55 children aged 6–11 years (26 with OBD and 29 without) and their parents. The researchers used a method where one group was just assessed without getting any treatment. The program they tested, called RUSH (Reducing Unwanted Stress in the Home) was designed to help improve the way parents and children interact with each other. After the program the OBD group showed clear improvements with parents being more positive, less negative and having better relationships with their children. Six months after the program, children in the OBD group showed fewer signs of internalizing problems. Someone who internalizes their problems doesn't seek out help to fix them; they keep them to themselves. This improvement was mainly due to a decrease in negative parenting. The study shows that improving parent-child interactions can reduce internalizing symptoms in children at high risk because of parental bipolar disorder. These results suggest that the RUSH program is effective and emphasizes the need for early prevention in high-risk children.

Other negative phenomena

Hospitalism syndrome

Hospitalism Syndrome is a term used to describe the consequence of extreme physical and psychological deprivation. This disorder typically occurs in institutional settings like orphanages or hospitals, due to prolonged isolation, lack of emotional care or poor environmental conditions. The term was popularized by the work of psychoanalyst René Spitz in the mid-20th century. Symptoms include emotional withdrawal like lack of attachment, reduced social interaction and emotional detachment. It also causes development delays in speech, motor skills and cognitive abilities due to the lack of stimuli and emotional connections. This disorder also causes failure to thrive (weight loss and malnutrition) because of inadequate care. The concept of hospitalism is deeply connected to how the psychological and physical presence of parents impacts their children's development. This shows the critical role that parents play when taking personalized and consistent care of their child.

Negative generational patterns

A generation pattern is when behaviors, attitudes and settings are repeated and passed down from one generation to another. It can manifest in various environments such as family dynamics, work habitats and cultural practices. Generational patterns involve parenting styles, financial habits, cultural traditions or values and health conditions.

Negative generational patterns in the familiar context refer to harmful behaviour, beliefs or circumstance passed down from a generation to another (often unconsciously). Unintentionally repeating neglect or abuse from one's childhood can hugely impact how one goes about certain aspects of life, those include communication, conflict resolution and emotional responses. Parenting styles can be deeply affected by the negative experience from their own upbringing (often in ways that are difficult to detect). Without conscience awareness this can lead to parents unknowingly replicating neglect or emotional abuse in their own parenting. For example, a person who grew up in an environment where their emotional needs for not met or ignored may (as a parent) struggle with providing support or may find it difficult to connect with their own child's emotions. The learned pattern of emotional neglect can unconsciously influence how they raise their children even if they consciously desire to break that cycle. They may develop tendencies to overcompensate by being overly controlling or critical, they might withdraw emotionally avoiding the emotional engagement they never received. Emotional trauma from neglect or abuse can mess with how someone sees parenting. If a person was neglected as a child, they might not know how to properly nurture or meet their child's emotional needs. As a result, they might react harshly or get frustrated when their child shows vulnerability, thinking that's just how kids should be treated. On the other hand, unresolved trauma can also lead to intense fears. The reason for unconscious transmission is that these abusive behaviours were used during infancy which the most impressionable years of our lives. Breaking free from these patterns is tough without actively working on it, being aware of the issue or seeking help. Even if someone tries hard not to repeat their parent's mistakes the emotional effects from their past can still show up in small, sometimes unnoticed ways. So, the cycle of emotional neglect or abuse can continue even when the person wants to create a healthier, more loving environment for their

own kids. If someone grew up in a home were talking about tough topics was hard (maybe their parents avoided certain topics or didn't share their feelings) they might struggle to open in their own relationships. Without realizing it, they might start avoiding difficult conversations too, just because that's what they saw growing up. For example, if conflicts were never properly dealt with at home, they might carry that into adulthood by shutting down or ignoring important issues, not realizing that's a pattern they picked up from when they were younger. The same goes for someone who grew up around parents that were unable to properly communicate and resolve arguments by being aggressive, staying silent or avoidant. Children may inherit these responses, believing they are the only ways to cope with stress or tension. Similar emotional responses like stress or anxiety can also be passed down, not just genetically but also through learned behaviors. Likewise, financial habits tend to reflect what children observe at home. If they see their parents struggling with money, overspending or failing to save, they might carry those same habits into adulthood, repeating the financial challenges they grew up with. Whether it's dealing with conflict, managing emotions, or handling money, these patterns get deeply stuck in us over time. They become so familiar that it takes real effort and self-awareness to change them.

Father complex

The term father complex was invented by the psychoanalyst Carl Jung. The father complex suggests that unresolved issues or unmet needs from childhood (whether stemming from a father's absence, emotional unavailability or overly critical behavior) can have a lasting effect on an individual's sense of self and relationships with others. A person with a father complex may develop an intense desire for approval from male figures, struggle to trust men or experience feelings of inadequacy in their personal and professional life. This complex often manifests in patterns of seeking validation, feeling disconnected from one's identity or having difficulty with authority figures particularly men. For example, someone with a father complex might constantly try to get approval from male figures, like bosses, friends, or partners, because they tie their sense of worth to how men see them. They might also be really hard on themselves or feel insecure about their ability to meet certain expectations. In relationships, this can show up in different ways. Some might end up seeking out partners who remind them of their father, while others might avoid men altogether because they feel distrust or resentment. This emotional struggle can make it hard to build healthy, balanced relationships, as past experiences continue to affect how they see themselves and how they connect with others. While the father complex offers some useful insight into how early experiences with fathers can shape our behavior as adults, it has also faced a lot of criticism. One of the main points of critique is that the theory often focuses too much on the relationship between fathers and daughters, without giving enough attention to the father-son dynamic. This theory is commonly used to explain women's emotional struggles with men, but it doesn't really consider how men might experience emotional issues related to their fathers. Plus, some psychologists argue that the idea oversimplifies things, making normal emotional struggles seem like they're part of a deeper psychological disorder.

Another issue is that the father complex theory is often based on traditional heterosexual marriages. It assumes that the father plays a central role in shaping a person's emotions and behavior, which doesn't always apply to same-sex couples. In a gay relationship, for example, the same dynamics simply wouldn't

work because the father figure isn't the main male influence in the same way. This highlights how the father complex doesn’t always fit every individual’s experience, especially in modern or non-traditional family structures. People’s relationships and emotional struggles can be far more complicated than just fitting into this one framework.

Conclusion

Writing this TRAPE has helped me gain a better perspective on how much parents influence a child’s mental health and development. In the beginning of this lengthy process, I didn’t know much about the details of different family structures or the various studies and theories I wrote about. This TRAPE made me realize how much of a profound impact early interactions between a caregiver and a child have. Understanding the parent-child relationship, the various theories and disorders related to it is crucial for improving the child’s development, mental health and social outcomes. Being educated on this matter can help prevent cases of neglect or negative stimuli in the child's environment. Researching this topic made me more aware of the importance of recognizing diverse family structures and addressing generational trauma and its influence on education and mental health approaches. Because of today’s gender norms there is a lack of research surrounding the “Father figure”. However, I think that over the years there has been a significant improvement concerning this specific topic, with our society progressing and more people recognizing that a father’s bond is of the same importance as the mother's bond to a child. When i first started researching on my TRAPE I wasn’t fully aware of how much parents reflect on a child and how in cases of neglect consequences could include neurobiological changes in the brain. Overall, this research has helped me realize just how important parents are in shaping a child's mental and emotional health and it has made me more passionate about educating people on this matter.

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