

THE FAMILY ENVIRONMENT OF CHILDREN WITH DIVORCED PARENTS AND THEIR EMOTIONAL DISTURBANCES

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Adriana DICU

PhD Student, "Developmental Psychology and Educational Psychology", Doctoral School of Psychology, Pedagogical University "Ion Creangă" from Chişinău, Republic of Moldova, E-mail: adrianadicupsy@gmail.com

Address correspondence to: Adriana Dicu, Bucharest, Romania. Ph. +40745322002; E-mail: adrianadicupsy@gmail.com

Abstract

Objectives. This study presents the child's emotional disturbances as consequences of the parents' divorce. The child's reactions to the parents' divorce differ depending on a number of factors such as the child's age stage, his personal characteristics, the existence of parental conflict, and the support network.

Material and methods. The study was conducted by analyzing the literature published between 1985 and 2023. The search was conducted in Romanian and English in 18 international publications using the following key phrases and terms, separately or in combination: divorce, children's mental disorders, parental conflict, anxiety, depression, stress, emotionality, and preadolescents. These were used to investigate the link between parental conflict in divorce and emotional consequences for the child.

Results. In research on the psychological impact of divorce on a child, a series of disorders associated with a poorly managed family separation have been highlighted. Anxiety disorders are very common following divorce and are usually associated with depressive disorders, the symptoms of which vary in severity. The risk of post-traumatic or acute stress disorder is increased in children who have been exposed to a conflict situation between their parents or who have been involved in such a situation themselves, and it can manifest itself more severely if the feeling of guilt arises, a feeling often found in children whose parents have divorced, which intensifies the stress disorder. In cases where the child is forced to manage the distress resulting from parental conflict, the child may develop a range of problems, such as attachment disorder, adjustment disorder, or behavioral disorders.

Conclusions. The negative effects of misunderstandings between divorcing parents have a major impact on a child's emotional development.

Keywords: emotional disturbances, divorce, children's mental disorders, parental conflict, family life.

Introduction

The phenomenon of parental separation often leads to tensions, conflicts, frustrations, and dissatisfactions whose effects extend beyond those of the parties involved, represented by the

parents, with the children certainly becoming collateral victims. Since emotional divorce begins long before the legal divorce takes place, the child is subjected to successive emotional tensions, conflicts, physical aggression between parents, episodic abandonment, and revenge between the partners, leading the child to become deeply conflicted before and after the divorce while also hiding psycho-affective changes of varying intensity.

The association between family stresses caused by transitions in parental separation and the effects of the child's adjustment to the changes of separation has been established in numerous studies showing higher levels of emotional and behavioral problems, both externalizing (antisocial behavior, noncompliant, aggression) and internalizing (inhibited, withdrawn behavior, anxiety, depression), with lower levels of social responsibility, self-esteem, and social and cognitive competence in children and adolescents living in contentious homes or in divorced families in comparison with those in harmonious and non-divorced families. Conflict between parents can lead directly to emotional changes and functional impairment and is a significant risk factor for psychological and physical health in children.

Material and methods

Children's emotional reactions to the event of separation, starting from the moment when they realize that tensions between parents are unmanageable, consistent, and permanent, depend on the parents' approach, on how they manage personal conflict and their relationship dynamics. The present analysis constitutes the scientific basis for the study of the psychological factors involved in the development of emotional disorders in children whose parents are divorced.

The present research is based upon the information accessed in 2023 regarding psychological factors such as parental conflict and parental behaviors in divorce in relation to a child's emotional disturbances.

The research directions of the carried-out analysis aimed at: identifying relationships between children's anxiety, depression, stress, aggressivity, and emotionality with the family environment of the children with divorced parents; exploring the influence of psychological factors associated with post-divorce parenting behaviors; and identifying the need for further research on the influence of parental conflict on children's risk of disorders. The literature review was conducted from two directions simultaneously.

The first line of the literature review looks at the psychological factors involved in the post-divorce family environment, focusing on co-parenting relationships between parents. The second direction of analysis focuses on identifying the psycho-emotional disorders of children with divorced parents, looking at the impact that divorce may have on them. A larger volume of publications on this topic was studied, but only material from verified sources that provided consistent information on this topic was selected for inclusion in the analysis. The study was conducted through a systematic analysis of the scientific literature, published between 1985-2023. The process consisted of stages of search, selection, and systematic analysis of scientific articles in relation to the set of indicators and criteria detailed below.

The search for study publications was carried out in English and Romanian; the search process was carried out using the following databases: *Family Therapy Journal*, *American Journal of Family Law*, *Journal of Abnormal Child Psychology*, *ScienceDirect*, *ResearchGate*, *PubMed*, and *Medscape Medical*, according to the following key phrases and terms, taken separately or in combination: anxiety, depression, stress, emotionality, aggression, conduct problems, divorce,

parental conflict, impact of divorce, post-divorce parental behaviors, and emotional disorders. The searches were carried out between November 2020 and October 2023.

Following an online search, 218 titles and abstracts were reviewed; those that concurrently satisfied the following criteria were kept for the articles' complete publication analysis: being published between 1980 and 2023, containing quantitative or qualitative research results relevant to our research purpose (such as the impact of divorced parents on a child's emotional well-being), and being published in reputable journals or other scientifically verified publications. Figure 1 illustrates the way the concepts in the study and their respective relationships have been analyzed.

The following plan was based on several research questions: How are emotional disorders such as anxiety, depression, stress, aggression, and risky behaviors in children defined? What are the relationships between anxiety, depression, stress, aggression, and emotionality explored in children and parenting behaviors? What are the influences of the psychological factors of divorced parents on their children?

The indicators that were the basis of the analysis of the research results presented in the selected articles were the following: a) The presence of emotional disorders measured in children who go through a situation of parental separation; b) The existence of psychological factors characteristic of the family environment, such as parental behaviors and the conflict of divorced parents; c) The existence of significant correlations between the forms of children's emotional disorders and the post-divorce family environment.

The main purpose of the present review was to explore the existing body of information on the influence of post-divorce parenting behaviors on the occurrence and development of emotional disorders in children from divorced families. The identification of the impact of divorce on children was carried out in order to create, as future directions, psychological intervention programs with the potential to ameliorate the issues highlighted in the study.

Table 1

Inclusion and exclusion criteria used in the sorting process of items

Inclusion criteria	Exclusion criteria
The title, summary, or labels of the article contained at least one of the terms divorce, child, or parental conflicts; Age of participants between 9–13 years; Studies based on field data processing, systematic review, or meta-analysis; Results are oriented towards the relationship between parental separation and child's development.	The title, summary, or labels of the article did not contain any of the terms divorce, child, or parental conflicts; Participants in developmental periods other than preadolescence (e.g., small children, adolescents); Clinical peculiarities of the sample (e.g., parents with disorders);

Current study: The relationship between the family environment of children with divorced parents and their emotional disorders

These were used to investigate the link between parental conflict in divorce and the emotional consequences for the child. The literature highlights the association between family tensions caused by parental separation transitions and the effects of the child's adjustment to the changes of separation. The analysis shows that children's emotional reactions to parental divorce are

consistent and depend on how parents manage personal conflict and post-divorce relationship dynamics. In this context, it is important to identify the main causes of children's emotional disturbances and to consider them critically.

The stressors that determine the consequences on the relational dynamics of the family are the many changes that occur after divorce, such as: custody, alimony, change of residence, changes in the child's schooling, single-parent family structure, and lower financial resources.

Children's emotional reactions to the event of separation, starting from the moment they are told about the decision or even earlier, when children realize that tensions between parents are unmanageable, consistent, and permanent, depend on the parents' approach, how they manage personal conflict and their relationship dynamics. Children's adjustment process to parental separation is long-lasting and different in its manifestations, and some children are striving to please their parents and seem particularly calm, while others feel free to express their own feelings, exhibit frustration and anger or oppositional behavior, and are likely to process the experience of parental separation more quickly.

Parents strive for and develop their identity and role as "parents" and the latter becomes an important part of their life and self-identity. Parenting is a highly valued role, even in a traditional marriage where the stay-at-home mother handles most of the day-to-day child-rearing responsibilities and the less involved father, when asked, still says that being a parent is the most important part of his life. But when parents separate, much stress is placed on these parental identities. If the mother has been the primary caregiver or primary parent, she is likely to feel very threatened if the father demands equal parenting time. Similarly, the father may feel that there is an attempt to marginalize him if the mother feels that he should only have a "once every two weekends" (Fridays after school to Sundays dinner time) program of personal contact with her child. He may be used to seeing and spending time with the child every evening and on weekends. So, parents need to renegotiate how their time and responsibilities for raising and educating their child will be shared so that they can manage their insecurities and adjust to the new family environment (Austin, 2011).

Routt and Anderson (2014) point out that divorce usually involves the loss of daily contact with one parent, most often the father, which can affect the child's bond with the parent with whom he or she has little contact. Research published in 2014, finds that a significant proportion of children feel less close to their fathers after divorce (Routt & Anderson, 2014).

Fauber, Forehand, Thomas, and Wierson (1990) conducted a study on dysfunctional parenting that aimed to develop and test a structural equation model in which the relationship between interparental conflict and young adolescents' adjustment problems is mediated through its impact on three aspects of parenting behavior: lax control, psychological control, and parental rejection or withdrawal. The model was tested separately on a sample of 46 young adolescents from families in which parents are together and a group of 51 adolescents from recently divorced families. The hypothesis that most of the relationship between marital conflict and adolescent adjustment problems could be explained by disturbances in the parent-child relationship was significant, with a direct effect of parental conflict on adolescent externalizing problems. Results also suggested that the mediation patterns were somewhat different for the 2 samples and that the pattern explained a greater proportion of the variation in adjustment problems of adolescents from families in which parents are together than those from recently divorced families (Fauber et al., 1990).

Guided by the hypothesis of children's emotional security in contexts of parental conflict, Davies and Cummings (1998) conducted research that highlighted the link between parental relationships and children's adjustment, mediated by children's emotional security as evidenced by

their emotional reactivity (e.g., vigilance, stress), by regulating exposure to parental emotional state (avoidance, tension, involvement) and internal representations in the context of interparental relationships. The study analysis supported the hypothesis that marital dysfunction was related to children's adjustment problems as mediated by response processes indicating emotional insecurity in relation to parental conflict. Children's emotional reactivity and internal representations were closely related to marital relationships and children's adjustment, particularly in terms of internalizing symptoms (Davies & Cummings, 1998).

Although associations between marital conflict and children's adjustment problems are established, less is known about the individual differences in children that may impact these relationships. The authors examined longitudinal relationships between marital conflict and children's adjustment using a community sample of elementary school-aged children and young adolescents and assessed the role of children's vagal regulation in moderating the link between conflict and children's problems. High marital conflict led to negative child outcomes, while greater vagal suppression of a simulated argument was protective against internalizing problems associated with marital conflict. Findings support the value of a biopsychosocial perspective and illustrate that child vagal regulation may contribute to the aggregation or melioration of maladaptive risk in the context of marital conflict exposure (El-Sheikh & Whitson, 2006).

Results

Emotional disorders of children with divorced parents

Several factors have a crucial impact on a child's adjustment after parental divorce, one well-established factor being the level of parental conflict during and after divorce.

In high-conflict divorces, there are many emotional consequences for a child that are difficult or impossible to address from a psychological perspective unless there is a restructuring of the dynamics of the relationship between the two parents following the divorce (Barden, 2013).

Some see family instability as a major public health problem for children; others see divorce or separation as relatively harmless, even a positive change, especially for women in unhappy marriages or for children exposed to high conflict. Research has documented that parental divorce or separation is associated with an increased risk of adjustment problems for children and adolescents, including academic difficulties (e.g., lower grades and dropping out of school), disruptive behaviors (e.g., behavioral and substance use problems), as well as numerous emotional disorders (D'Onofrio & Emery, 2019).

Although divorce impacts all family members, for children its effects can be observed in adulthood as well, through weaker interpersonal relationships in which the person is less engaged and increased divorce rates. When considering the childhood poor school performance as well as emotional and behavioral problems, they can be observed compared to the case of children from intact families (Dumitriu, Butac, & Popa, 2022).

Comprehensive studies have investigated the prevalence of disorders in children aged 11 in a family context and have found a consistent presence of problems, with a sex ratio (boys to girls) of 1.7:1. The most prevalent disorders were attention deficit disorder, oppositional defiant disorder, and separation anxiety, and the least prevalent were depression and social phobia. Conduct disorder, generalized anxiety disorder, and simple phobia had intermediate prevalences. Pervasive disorders, reported by several sources, had a higher overall prevalence. Examination of background behavioral data revealed that children identified at age 11 as having multiple disorders had a history of adverse

life events with manifestations from earlier in life, as reported by parents and teachers (Anderson et al., 1987).

Scientific research has found a significant incidence of anxiety disorders and depressive disorders in children of divorced parents, particularly if they have fewer potential sources of resilience and social support (Wyman, Cowen, Hightower, & Pedro-Carroll, 1985).

Anxiety as a state of fear and tension is present in children, usually associated with motor manifestations (motor tics reactive to a situation of conflict and inner tension), vegetative manifestations (sweating, dry mouth, abdominal pain, diarrhea), or somatic expressions (sleep disturbances, eating disorders, hypochondriacal complaints). The anxious child lives with a vague feeling of permanent fear, with an expectation that something terrible is about to happen, and with an anticipatory character (Marcelli, Pătrașcu, Petcu, & Popa, 2003). Concrete manifestations of anxiety are common in clinical experience in the context of children with divorced parents. These range from irritability, anger, refusals, and tantrums to the need to have an adult around to be reassured, fears about past actions, and guilt. Such states show developmental changes both in their nature and in their responsiveness. Some no longer exist, while others intensify as they develop. Separation anxiety is common in young children and others and has been noted in many studies, which find that the fear of separation from the main attachment figure is a normal behavior, found in children during their first 3–4 years of life but is reactivated in the context of parental separation, regardless of age. In children whose parents have divorced, the symptoms of separation anxiety are often clinically significant, the fear of not being without the perceived protective person, of being separated or even abandoned by them, is a very present behavior. Emotional states can be of varying intensity and can manifest differently: worry, anxiety, exaggerated and persistent fear, crying protests, screaming, apathy, refusal to sleep alone, restless sleep with night terrors, and nightmares involving the theme of separation. To these can be added some somatic complaints such as headaches, stomach aches, diarrheal stools, vomiting, and fever, as well as specific neurovegetative symptoms such as sweating, paleness, and facial erythema (Dobrescu, 2005).

Olărescu and Veleanovici (2014) explain that generalized anxiety is also common in children affected by parental conflict and is more common among pre-teens and adolescents. Children are overwhelmed by worries and concerns that they cannot manage, along with symptoms such as restlessness, fatigue, muscle tension, difficulty focusing, sleep disturbances, and irritability. Some of them become obsessed with their academic or sporting performance, becoming insecure perfectionists and constantly seeking their parents' approval.

Panic disorder can occur in the context of a child's anxiety or cognitive disorder as a consequence of stressful experiences, an anxious attachment, or a high-stress family environment. Manifestations may take the form of intense fear, palpitations, sweating, choking, chest discomfort, abdominal pain, even accompanied by vomiting, nausea, fainting, loss of balance and control, depersonalization, impending doom, numbness, paleness, or flushing of the cheeks or face (Dobrescu, 2005).

As for mood disorders associated with anxiety disorders, they are frequently encountered in children with divorced parents, children who have more or less severe depressive symptoms present in depressive episodes that may be triggered by factors related to the dynamics of separation, the most common being the situation perceived by the child as a loss, the separation of parents being a fact that implies no longer having the person of attachment. Moreover, conflict situations between parents in which the child is present or is a party represent emotional abuse that can lead to mood disorders (Strohschein, 2005).

From a clinical perspective, the signs and symptoms that appear are diverse, depending on the age of the child, and may not always meet DSM criteria. In this regard, Dobrescu presents many clinical features of depressive disorder in children and adolescents. In pre-school children, it is manifested by apathy, refusal to eat, refusal to play, easy crying, irritability, sometimes enuresis, encopresis, abdominal pain, diarrhea, or vomiting. Schoolchildren often present vegetative disorders (decreased attention, tendency to isolate, decreased school performance, irritability, sometimes violent outbursts) and psychosomatic symptoms (headache, abdominal pain). The child is listless, exhibits motor and verbal sluggishness, is apathetic, and has a distorted self-perception with an often diminished self-image. The adolescent presents symptoms similar to those of an adult who declares a loss of interest and pleasure, lack of energy, frequent appetite and sleep disturbances, feelings of worthlessness, failure, unhappiness, or even suicidal ideation and suicide attempts (Dobrescu, 2005).

Dysthymic disorder can be diagnosed if the child or adolescent has been depressed or irritable for at least one year, has eating and sleeping disorders, low self-esteem, difficulty concentrating or making decisions, low energy or chronic fatigue, and feelings of hopelessness. Rogers and Spalding (2009) point out that the disorder is frequently found in children who are neglected by their parents, who are more concerned with mutual confrontation, or in children from families with difficulties in emotional expression and communication in an intensely conflictual family environment (Mikaeili & Zamanloo, 2012).

The existence of depressive symptoms in children can cause difficulties in schoolwork, affecting academic results. Scientific research examines the relationship between depression and learning problems in children, focusing on the mediating role of executive function disorders and inattention. A sample of 115 children, aged 7 to 12, who had difficulties with school activities, were tested over the past three years with different measures assessed by different raters. Regression analyses were used in the data analysis. The psychometric tests used were the Child Depression Inventory (CDI) and the Conners 3rd Edition. Children with high levels of depressive symptoms also have very high levels of learning problems, executive function deficits, and inattention. Executive function deficits and inattention add significant explanatory variance for learning problems in school-aged children, in addition to depression. Executive function deficiencies and inattention have a partial mediating effect on the relationship between depression and learning problems. Assessment of executive function and attention is an important part of evaluating children with depression; intervention and treatment programs for depression should include components focused on executive function and attention (Ciuhan & Iliescu, 2021).

Stress disorders are most common in situations where the child has been abused, has been exposed to a traumatic event, and especially in high-conflict divorce (Kilpatrick & Williams, 1998; Hall et al., 2006). The child experiences intense fear, helplessness, and horror, sometimes accompanied by disorganized or agitated behavior, painful memories, flashbacks that bring the stressful situation to the fore, terrifying dreams, and strong discomfort when remembering the trauma, even accompanied by neurovegetative disorders. Physical or verbal aggression occurs in both real behavior and in play, and clinical experience shows that play becomes repetitive and may be about a traumatic event. Most of the time, avoidance of stimuli associated with the trauma is encountered by: avoiding places or people associated with the traumatic event, thoughts, feelings, conversations, and activities that may be tangential to the painful situation, or even by refusing to acknowledge the existence of the event that occurred. Stress disorder also has neurophysiological consequences in the form of sleep disturbances, insomnia, fear of the dark, difficulty sleeping alone, nightmares directly related to the abuse, or terrifying dreams. A state of excitability, hypervigilance, irritability, and an exaggerated startle reaction are often encountered. Developmental delay is noted

in younger children and those whose parents have been in long-term conflict. Stress disorder also manifests itself in a state of pessimism about the future and a lack of desire to plan ahead.

The risk of stress disorder is increased in children who have been exposed to a conflict situation between their parents or have been involved in such a situation themselves, as the perpetrator of the abuse is someone known and trusted by the child. The disorder can be more severe if guilt, a common feeling in children whose parents have divorced, intensifies the symptoms, and the disorder can also show signs of depression.

Davidson, O'Hara, and Beck (2014) investigated the biological mechanisms that may be affected by childhood trauma in general and high parental conflict in particular; specifically, their research highlights the relationship between exposure to high parental conflict or trauma and the biological stress response system (hypothalamic-pituitary-adrenocortical axis and sympathetic nervous system), sleep, and psychological maladjustment of the child who has experienced a divorce with high parental conflict (Davidson et al., 2014).

Somatoform disorders are those disorders that have somatic symptoms suggestive of a medical condition but which cannot be fully explained by that medical condition, often being a consequence of potentially traumatic or abusive situations. Internalizing symptoms are common among children and may predict persistent psychological distress.

Davies, Sturge-Apple, Cicchetti, and Cummings (2008) examined the interrelationships between cortisol reactivity in children and their psychological reactivity to interparental conflict in a sample of 208 first-grade children (mean age = 6.6 years). Relative to other forms of conflict reactivity, children's anxiety responses to interparental conflict were consistent and unique predictors of their increased cortisol reactivity to interparental conflict. Analyses revealed that associations between stress and elevated cortisol levels in response to interparental conflict were particularly pronounced when children exhibited high levels of conflict involvement (Davies et al., 2008).

Also, El-Sheikh, Harger, and Whitson (2001), studied the physiological regulation of the child in the relationship between exposure to parental verbal and physical marital conflict and the child's adjustment and physical health by measuring vagal tone in relation to heart rate and respiratory rate, with increased tone meaning that the body has the ability to relax more quickly after a stressful situation. Increased vagal tone is equivalent to the ability to regulate blood sugar levels and therefore reduces the risk of developing diabetes, cardiovascular disease, high blood pressure, anxiety, migraines, or digestive disorders. Research has hypothesized that a higher vagal tone has a protective (i.e., buffering) function for children exposed to higher levels of marital conflict. Results indicated that higher vagal tone protected children against increased externalizing, internalizing, and health problems related to exposure to more frequent marital conflict, particularly verbal conflict (El-Sheikh et al., 2001).

Separation or divorce of parents, high-level conflicts, and violence, often against the mother figure, can disturb the stability and balance of a child. Such adverse life experiences cause disruption of consciousness, memory, identity, or perception of the environment, as dissociative disorders (Quiñones, 2022). Dissociation is usually manifested as a defense mechanism in trauma situations, which has the ability to help the child detach from the distress caused by the trauma. Dobrescu (2005) describes the dissociative symptoms that occur after extreme trauma: states of perplexity and confusion, periods of amnesia, the feeling of "living in another world", major emotional and behavioral fluctuations, a state of confusion between reality and fantasy, and the existence of "imaginary friends" with whom the child has discussions (Dobrescu, 2005).

The clinical implications and effects of parental divorce are also highlighted in the child's attachment system in terms of key features of attachment theory such as an inadequate behavioral control system, dysfunctional social relationships, the way in which one relationship can impact another, and association with later adult functioning, which are characteristic features of attachment disorders. Clinical manifestations may show on the one hand a disinhibited behavior in which the child may exhibit a pattern of unclear attachment, with indiscriminate sociability and a diminished or absent ability to select attachment figures, and on the other hand an inhibited behavior in which the child is unable to initiate and respond appropriately to interactions with others, exhibiting an exaggerated pattern of inhibited, hypervigilant, and overly ambiguous responses, a mixture of closeness and avoidance (Rutter, 1995).

Anastopoulos, Shelton, DuPaul, and Guevremont (1993) conducted a study that correlated and examined changes in parental functioning resulting from parents' participation in a parent behavioral training (PT) program designed specifically for school-aged children with certain disorders, particularly attention deficit hyperactivity disorder (ADHD). Compared to control subjects, parents who completed the nine-session PT program showed significant post-treatment gains in both child and parent functioning that were maintained after treatment. In particular, there were improvements in parental stress and increases in parental self-esteem, which accompanied parent-reported improvements in the overall severity of both their children's ADHD symptoms and other disorders (Anastopoulos et al., 1993).

High parental stress is associated with child psychopathology in general, affecting both genders and, in particular, with externalizing symptoms, which was also proven by Breen and Barkley's (1988) study. The study examined the extent to which girls with attention deficit hyperactivity disorder (ADHD) differ from boys with ADHD, and normal girls in terms of parental assessment of child psychopathology and parental stress. Girls with ADHD were rated as more depressed and hyperactive than boys with ADHD. Both girls with ADHD and those who were not diagnosed showed greater stress for their mothers, and their mothers reported greater family and personal distress than the mothers of normal girls. Parental stress ratings were associated with both maternal depression and the severity of child psychopathology, particularly aggression, behavioral problems, and hyperactivity. These findings suggest that girls and boys with ADHD are quite similar in the nature of their psychopathology and do not differ from each other in the degree of parental stress associated with their caregiving (Breen & Barkley, 1988).

A longitudinal study of adolescent girls aimed to determine how temperament, attitudes towards shape and weight, life events, and family factors might contribute to the increased clinically significant importance of shape and weight as assessed by the Eating Disorder Examination (EDE) instrument. Data from the ascertainment phase were taken from 699 female twins (age $M = 11.26$ years) and 595 parents, and approximately 1.15 years later, twins completed the EDE assessment instrument again (age $M = 13.10$ years). Data collected and analyzed revealed that at the ascertainment stage, the importance of shape and weight was a significant predictor of disordered eating behaviors across a lifespan. Some support was identified for established risk factors for disordered eating risk, while multivariate analyses highlight the importance of adolescent development in a secure family environment (Wilksch & Wade, 2010).

One of the most common psychological disorders diagnosed in childhood is conduct disorder, which causes disturbances in the child's functioning and is more common in boys than in girls. Symptoms include aggression, oppositionality, and breaking rules and boundaries. It can start in early childhood, manifesting in aggressive behavior towards peers, stealing, and lying, or in pre-adolescence and adolescence, in antisocial behaviour and discipline problems. This disorder is social

in nature and is most often seen in the presence of peer groups. The literature considers as risk factors for the development of conduct disorder the development of children in violent environments and family tensions against a background of low protective factors. Research has shown that the development of conduct disorder correlates with poor parenting practices, family dysfunction, or parental psychiatric disorders. In this regard, some studies show the relationship between poor parenting behaviors and the prevalence of conduct disorder (Amirkhanloo, Doosti, & Donyavi, 2022).

Associated with conduct disorder is defiant oppositionality, when the child exhibits deviant behaviors such as: often losing his temper; frequently arguing with adults; defies and refuses defying and refusing rules and boundaries; being often angry and hostile; and being defiant. The disorder often occurs in the context of family dysfunction, being oriented towards the authoritarian and limit-setting figure (Dodge, 2013).

The adjustment of children with behavioral problems is conditioned by high levels of parental support that can mitigate the effects of family adversity on subsequent behavioral problems. Data on parenting and family adversity were found in assessments of the following parenting components: the mother's warmth toward the child, parental discipline, and positive parental involvement. The presence of child disturbance was correlated with the use of harsh physical discipline, indicators of family adversity, and family stress (Pettit, Bates, & Dodge, 1997).

The potential effect of parental separation during early adolescence on externalizing and internalizing problems, from the perspective of satisfying the need for autonomy and the need for belongingness as personality components of relating, has led to highlighting the correlation between the context of parental separation and increased externalizing problems (Natsuaki, Cicchetti & Rogosch, 2009). Particularly in boys, prospective relationships provided by longitudinal analyses have reinforced the idea that conflictual and inaccessible parental behavior during separation can have serious consequences for children's personality development (impulsiveness, aggression, and excessive energy) (Brown et al., 1998).

Identifying the developmental trajectories of psychopathological configurations by considering the child's personality and its underlying developmental dynamics allows for more specific diagnostic predictions and promotes more timely interventions. Various considerations can be made regarding childhood personality and its continuity throughout development. It is noteworthy that, according to the literature, some personalities show homotypic continuity from childhood through adolescence and into adulthood, usually those characterized by psychological health (Bandelow et al., 2005).

Divorce may be responsible for a decline in physical and psychological health in children, with maladjustment triggered by a number of risk factors associated with divorce, such as interparental conflict, parental psychopathology, declining socioeconomic status, inconsistent parenting styles, a parallel and conflictual co-parenting relationship between parents, and low levels of social support. Such risk factors trigger adjustment disorders, marked by psychopathological symptoms, poor school performance, risky behaviors, exacerbated psychophysiological responses to stress, and weakened immune systems, representing a significant deterioration in children's social and academic functioning.

Discussions

This revision of the literature has highlighted many emotional disturbances in children with divorced parents as a consequence of the inadequate environment that the separation situation

causes (interparental conflict, legal proceedings, change of residence, etc.). Analyzing the results of the literature, anxiety and depression are frequently encountered and manifested through a variety of behaviors: worry, fear, apathy, refusal to sleep alone, nightmares involving the theme of separation, unhappiness, low energy, or chronic fatigue.

Stress disorders are most common in situations where the child is exposed to a traumatic event, especially in high-conflict divorce. A state of excitability, hypervigilance, irritability, and an exaggerated startle reaction are often encountered.

Somatoform disorders are those disorders that are common among children and may predict persistent psychological distress, such as headaches, stomachaches, diarrheal stools, vomiting, fever, and specific neurovegetative symptoms.

According to the most current research, emotional support is the parenting skill that is most relevant to the quality of relationships and the child's lack of exposure to interparental conflict. Research shows that in emotionally difficult contexts such as divorce, emotional support is more relevant and useful than any other parenting skill. The quality of parental relationships and experiences of family interaction prior to divorce and poor adjustment to divorce are particularly associated with dysfunctional aspects of co-parental relationships, such as undermining the other parent and exposing the child to interparental conflict (Dumitriu, Prodan, & Toma, 2023).

The clinical implications and effects of parental divorce are also highlighted in the child's attachment system in terms of key features of attachment theory, considering an inadequate behavioral control system, dysfunctional social relationships, the way in which one relationship can impact another, and association with later adult functioning, which are characteristic features of attachment disorders.

Conclusions

The literature contains numerous studies on the effects of parental divorce on psychological maladjustment and psycho-emotional health problems in children of divorced parents, thus contributing to the integration of existing scientific knowledge. Significant results have been found linking the experience of parental divorce to the experience of psychological maladjustment problems in children. Divorce is a major stressor that should be considered by health professionals as potentially responsible for psychologically maladaptive responses and health decline in children.

The way parents act towards their children, either harmoniously or disharmoniously, and the personal parenting styles characteristic of each of the two parents, which present a large number of variations and a multitude of external and internal determining factors, create the parental approach towards the child. The family atmosphere is considered to be a picture of the many relationships that are established between family members and is a direct result of the behavioral patterns that family members adopt, which lead to serious consequences for the child.

The need to pay greater attention to the early detection and identification of personality traits and patterns in childhood can prevent children from being exposed to marked long-term consequences, with an increased risk of developing severe clinical conditions in adolescence or adulthood.

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