

THE EFFECT OF LIFESTYLE CHOICES ON THE FAMILY

The individual pursuit of career, leisure and self-actualisation goals in our society leads to specific lifestyle choices, which have an impact on the people with whom we share our lives.



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Lesley Carew favours a family-based multi-disciplinary approach to the management of childhood psychiatric disorders. She sees a variety of mood, anxiety and neuro-developmental disorders. The psychosocial management of chronic medical disorders in adolescence is a particular interest.

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In contemporary society, there are many alternative structures to that which has traditionally been considered to be a family, i.e. a group of people functioning as a single household.

In systems theory, a family is considered to be a structure of inter-related parts in which the whole is greater than the sum of its parts. The structure is in a continuous process of evolution but will also resist changes during times of stress. Any action taken by one member will affect other members and the structure as a whole. The family system comprises of a number of subsystems, e.g. individual, spousal, parental and siblings. There will be alliances between subsystems to facilitate or resist change. In times of stress, individuals act out their established roles as protector, nurturer, scapegoat or victim.

Children frequently present with behavioural problems or anxiety secondary to family stress. It is therefore important to assess family functioning before precipitating the child into individual treatment without addressing the attendant family problems.

EFFECT OF LIFESTYLE CHOICES

There are a range of significant choices affecting families; these may include divorce, recreational substance abuse, emigration and the degree of focus upon one's career. Research shows that the effect of a specific lifestyle choice on an individual is not governed strictly by the nature of this choice. There are risk and resilience factors within the individual, the family and the community that influence outcome.

Individual risk and resilience factors relate to temperament, pre-morbid psychiatric history and psychosocial functioning. Within the family, it is useful to consider various factors influencing adjustment. The socio-economic status and access to resources within a community will also influence a family's adjustment to change.

EFFECT OF FAMILY FUNCTIONING

The MacMaster model of family functioning defines 6 important areas influencing adjustment.

- **Problem-solving ability.** The ability to identify a problem, determine the best course of action to be implemented and then to review the efficacy of the intervention is a prerequisite to healthy family functioning. The family should be able to attend to both instrumental (practical) issues and affective (emotional) challenges.
- **Communication.** Patterns of communication are classified according to how clearly and directly the content is conveyed to others. Clear and direct com-

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munication to the intended recipient is preferable to indirect or masked communications between family members.

- **Roles.** Family members assume or are assigned particular roles. One parent may favour an instrumental role over an affective role and thus focus upon practical issues and avoid more emotive tasks of nurturance. If the family is in crisis, the parent's ability to adapt to the new needs will influence family outcomes. On occasion, a child may adopt a parental role when the parent fails.
- **Affective responsiveness.** Individual members of the family have varying abilities to respond to the welfare and emergency feelings of others. It is particularly important for parents to respond with warmth, sensitivity and consistency to their children's emotional needs during times of change. A child's adjustment depends upon the quality of the relationship with the parent; a securely attached child is better able to adjust to change.

- **Affective involvement.** The ability of family members to connect on an emotional level and to be attuned to the feelings and needs of others is important. There is a spectrum of involvement ranging from total disengagement, narcissistic self-absorption, empathy, over-involvement or symbiotic enmeshment.
- **Behaviour control.** The individual's ability to regulate their behaviour when meeting their psychobiological needs, engaging in the interpersonal or social milieu or in times of physical danger ranges from rigidity to flexibility, a *laissez faire* approach or even chaotic inconsistency. Authoritative parenting that is predictable, constructive and adaptable provides a more secure environment for a child.

ROLE OF THE PRIMARY CARE PRACTITIONER

Primary care practitioners have a baseline awareness of the cohesion and psychological health of families within their practice. During times of stress, an individual's functioning may change with consequences for their families. It is possible to change a family system by working with an individual member. The family doctor is uniquely positioned to guide an individual to ameliorate the consequences of their choices by recognising dysfunctional behaviours and communication and recommending alternatives.

A family-centred therapeutic response allows the doctor to become part of the family by perhaps assuming an instrumental or affective role in times of crisis and facilitating positive family adjustment. This needs to be a conscious action with a clear purpose to prevent the doctor from being absorbed into the family's dysfunctional patterns.

Further reading

Barker P. *Basic Child Psychiatry*, 6th ed. Oxford: Blackwell Science, 1995.

Barker P. *Basic Family Therapy*. 3rd edition. Oxford: Blackwell Science, 1992.

IN A NUTSHELL

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- roles
- affective responsiveness
- affective involvement
- behaviour control.

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