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Research Article

Longitudinal study of families

Estudo longitudinal de famílias

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Abstract

Introduction: Family development is influenced by its internal organization and environmental, socioeconomic, cultural and political factors. In poor contexts there are more risks to development. Protection factors such as good family organization and social network may decrease the risks. Longitudinal research about vulnerability and resilience in families is scarce. **Objective:** This article describes the development of three families over 15 years through interviews at home. The families were part of a populational cohort of a neighborhood in Porto Alegre (RS). We looked for links between the quality of relationships and the physical and mental health of these families, especially of the child focus of the research. **Methods:** We selected in the research archives the first three families (of a total of 148) for which we had full results of the five interviews at four months and two, four, nine and fifteen years of a child. We did a qualitative analysis of the records looking for parameters to understand the life and interpersonal relationships of these families. This study was done by two researchers, both experts in human development. The categories identified in the analysis of the five phases were: family structure, socioeconomic situation, traumatic experiences, physical, mental and relational health and cognitive evolution of the child. **Results:** All three families belonged to economic class C. The children were in good physical health and had sufficiently good general development, having faced multiple problems, including parental separation and early parental death. The relationship with the health and school systems was good in all of them. The youth with less mental health problems was the one who suffered the heaviest loss: early death of both parents. Her family had strong multigenerational ties since her early days, with predominant collaborative and loving relationships. **Conclusions:** This article aimed to contribute to the comprehension of resilience in families in the context of vulnerability. We can say that these three families were healthy enough in the task of bringing up children without any serious mental health problem. We suggest that healthy development is associated with loving interfamily relationships adequate for each phase of development, notwithstanding dramatic events. This needs to be supported by basic economic stability and adequate school and health systems.

Keywords: Human development; Resilience; Mental health; Family relational health; Longitudinal study.

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Resumo

Introdução: O desenvolvimento da família é influenciado por diversos fatores de sua organização interna e de ordem ambiental, social, cultural, econômica e política. Em contexto de pobreza os riscos são maiores. Fatores de proteção, como boa organização familiar e rede social de apoio podem diminuir as consequências negativas da pobreza. São escassas as pesquisas longitudinais sobre vulnerabilidade e resiliência nas famílias. **Objetivo:** Este artigo descreve o desenvolvimento de três famílias ao longo de 15 anos, estudadas por meio de entrevistas em casa, parte de uma coorte populacional de um bairro de Porto Alegre (RS). Buscaram-se associações entre a qualidade das relações nessas famílias e sua saúde física e mental, especialmente a do filho, foco da pesquisa. **Métodos:** Selecionaram-se no arquivo da pesquisa as três primeiras famílias (do total de 148) das quais se tinham os resultados completos das cinco visitas realizadas aos quatro meses e aos dois, quatro, nove e 15 anos de um filho. Realizou-se análise qualitativa dos registros em busca de categorias para compreender a vida e as relações interpessoais nas famílias. O estudo foi realizado em conjunto por duas pesquisadoras, médicas especialistas em desenvolvimento humano. As categorias identificadas na análise e estudadas nas cinco etapas foram: configuração familiar, situação socioeconômica, situações traumáticas, saúde física, saúde relacional e mental, evolução cognitiva e escolar do filho. **Resultados:** As três famílias, todas de classe C, com filhos sem problemas de saúde física, tiveram evolução suficientemente boa, apesar de todas enfrentarem múltiplos problemas, inclusive separações e mortes precoces. A relação com o sistema de saúde e escola era boa e similar para as três. A jovem com menos problemas de saúde mental foi aquela que sofreu perdas mais importantes: morte dos pais. Tinha uma estrutura familiar multigeracional sólida desde a primeira infância, com relações interpessoais predominantemente colaborativas e amorosas. **Conclusões:** O artigo busca avançar na compreensão da resiliência nas famílias em situações de vulnerabilidade. Concluímos que essas três famílias, uma delas mais que as outras, foram suficientemente saudáveis na tarefa de educar seus filhos sem desenvolverem problemas mentais graves. Propomos que o bom desenvolvimento se associa com a adequação e amorosidade dos cuidados com a etapa do ciclo vital, mesmo enfrentando situações problemáticas. Essas qualidades precisam estar associadas à estabilidade socioeconômica básica e a bons serviços de saúde e escola.

Palavras-chave: Desenvolvimento humano; Resiliência; Saúde mental; Saúde relacional familiar; Estudo longitudinal.

Resumen

Introducción: El desarrollo de la familia es influenciado por su organización interna y factores ambientales, sociales, culturales, económicos y políticos. En contextos pobres los riesgos son mayores. Factores de protección como buena organización familiar y red social de apoyo pueden disminuir las consecuencias negativas de la pobreza. Son pocas las investigaciones longitudinales de vulnerabilidad y resiliencia de las familias. **Objetivo:** Este artículo describe el estudio del desarrollo de tres familias a lo largo de 15 años, a través de entrevistas en domicilio, parte de una cohorte poblacional de un barrio de Porto Alegre (RS). Se buscaron correlaciones entre la calidad de las relaciones de esas familias y su salud física y mental, especialmente la del hijo foco de la investigación. **Métodos:** Fueron seleccionadas en el archivo de la investigación las tres primeras familias (de un total de 148) de las cuales se tenían los resultados completos de las cinco visitas realizadas, a los 4 meses, y a los 2, 4, 9, y 15 años de un hijo. Fue realizado un análisis cualitativo de los registros en busca de categorías para comprender la vida y las relaciones interpersonales en las familias. El estudio fue hecho en conjunto por dos investigadoras, médicas especialistas en desarrollo humano. Las categorías identificadas en el análisis y estudiadas en las cinco etapas fueron: configuración familiar, situación socioeconómica, situaciones traumáticas, salud física, salud relacional y mental, evolución cognitiva y escolar del hijo. **Resultados:** Las tres familias, todas de clase C, con hijos sin problemas de salud física, tuvieron evolución suficientemente buena, a pesar de que todas enfrentaron múltiples problemas, incluso separaciones y muertes precoces. La relación con el sistema de salud y escuela era buena y similar para las tres. La joven con menos problemas de salud mental fue aquella que sufrió las mayores pérdidas: muerte de los padres. Tenía una estructura familiar multigeneracional sólida desde la primera infancia, con relaciones interpersonales predominantemente colaborativas y amorosas. **Conclusiones:** El artículo pretende avanzar en la comprensión de la resiliencia en las familias en situaciones de vulnerabilidad. Concluimos que esas tres familias, una de ellas más que las otras, fueron suficientemente saludables en la tarea de educar a sus hijos sin que desarrollaran problemas mentales graves. Proponemos que el buen desarrollo se asocia con el amor y adecuación de los cuidados a la etapa del ciclo vital, aun enfrentando situaciones problemáticas. Esas calidades necesitan estar asociadas a la estabilidad socioeconómica básica y buenos servicios de salud y escuela.

Palabras clave: Desarrollo humano; Resiliencia; Salud mental; Salud relacional familiar; Estudio longitudinal.

INTRODUCTION

The development of the family is influenced by several internal and environmental, social, cultural, economic and political factors.[1] It is within the family that the processes of subjectivation, social interaction and health care take place, determining the development of its members. In the context of poverty, the risks are greater.[2] Protective factors, such as cohesion, family organization and social support network, can if present reduce the negative consequences of poverty. Social and affective support provided by significant others are important dimensions of psychological well-being and human development.[1]

Research on vulnerability and resilience in families seeks to identify risk and protective factors, internal and external to the family, that influence the life cycle of its components throughout its evolution.[3] Single-parent families[4] are at greater risk, as are families in which the couple is in marital conflict with the involvement of children.[5] According to the literature, family resilience is associated with the quality of interpersonal relationships, resulting in dynamic models of reciprocal influence in their interactions since birth.[6,7]

Child development scholars have established the importance of forming a secure interpersonal bond, primarily developed between mother and child, which will influence the quality of relationships throughout life by offering the child a sense of belonging and trust.[7,8] Winnicott[9] described the healthy relationship between mother and baby as "good enough" when the quality of care allows the child to build good emotional and affective development. Later, Brazelton[10] extended the focus of study to the care of the father and the entire family.

If the family faces many problems, its functioning will be inadequate or not at all. You can react to challenges with resilience, learning from them and overcoming obstacles. Or it can become what is commonly called a multi-problem family, that is, one that becomes a vulnerable, high-risk system. They are polysymptomatic, with recurrent crises, disorganized, isolated and confused in their parental roles.[4]

Physical and mental health problems make families more vulnerable, especially when there is alcoholism and drug abuse. In dysfunctional families, the chronification of relational and physical problems is more common, as they do not maintain healthy lifestyle habits and have difficulty following treatment guidelines.[11] Mental problems such as attention deficit hyperactivity disorder (ADHD) also weaken, especially as it compromises schooling. A literature review carried out between 1996 and 2006 demonstrated, for example, the presence of marital conflict in families with children with ADHD, especially when there is comorbidity with oppositional defiant disorder and conduct disorder.[12] Teenage pregnancy, whether or not associated with single parenthood, increases the risk of family dysfunction when there is no adequate family and social support.[13]

The three families studied were part of a longitudinal study of 148 families in an urban community in southern Brazil. The aim was to describe the factors that provide the minimum stability necessary for the good development of their members, especially the children. The article seeks to advance the understanding of how resilience occurs in these families.

METHODS

This study was part of a longitudinal research into the development of 148 families in an urban area in southern Brazil, over 15 years.

This article reports a multiple case study, with a review of research records. The first three families recorded in the archive that had complete reports of the five visits carried out at four months and at two, four, nine and 15 years of one of the family's children were selected for this research communication.

The line of research began in 1998 in a neighborhood of Porto Alegre (RS), in the area covered by three health units of the Family and Community Medicine Service of the Grupo Hospitalar Conceição (GHC). It was carried out in collaboration with the Family and Community Medicine teams, with the participation of Dr. Carmen Luiza Fernandes as co-main researcher. The research stages were approved by the Research Ethics Committees of Hospital das Clínicas de Porto Alegre and Grupo Hospitalar Nossa Senhora da Conceição, the main researcher's workplace. The families of all children living in

the neighborhood who were born between December 1998 and February 2000 were visited, except those from social class A, due to the lack of a Live Birth Registry, at the time, in the hospitals that served them. Of the 215 families visited, 148 remained in the study. The sociodemographic description of the sample is provided in a published article.[14] The visiting team consisted of two family therapists and a medical student. Therapists observed the family as a whole and administered questionnaires covering multiple topics related to health and family life, as well as scales and tests appropriate to the child's developmental stage. Relational and psychiatric diagnoses were given by consensus between the two professionals and, if necessary, discussed with the team. The research team, at all times, was in contact with the primary health care team and, whenever necessary, with due ethical care, carried out networking by making referrals and articulations. The same methodology was used in the various stages of the study.

In the study presented here, two senior researchers jointly read the medical records, reviewing sociodemographic factors, family structure and functioning, and physical, mental and relational health of family members.

We identified the following categories of analysis:

1. family configuration and its changes over 15 years;
2. occupational and economic situation of adults;
3. special situations and traumas experienced;
4. physical health;
5. relational and mental health;
6. child's cognitive and academic development.

We sought associations between the identified characteristics and the healthy or dysfunctional development of families and their members, reaching a consensus regarding the score for the degree of their functioning:

1. no difficulty;
2. little difficulty;
3. difficulty;
4. substantial difficulty;
5. serious difficulty.

Population studied

The children focused on were two boys and one girl, all physically healthy. At the beginning of the visits, all families belonged to economic class C, with their own home and employment or pension income from one of the parents or another responsible adult. Oscar's family consisted of three children from his father's first marriage and two from his second marriage. In Virginia's case, the father had a daughter from a previous marriage and one from the couple; both parents died during the course of the study. In Luiz's case, the parents were teenagers (mother aged 14 and father aged 19) who lived with his paternal grandmother's family, separated and formed new families; the father had another daughter in the second relationship and in the third he had a stepdaughter. They lived in a neighborhood of Porto Alegre (RS), heterogeneous socioeconomically and in its urbanization. The three families reported good relations with their neighbors.

Over the fifteen years of the study, there was impoverishment and an increase in drug trafficking and violence in the neighborhood. The three families maintained their own housing and minimum income over time, although with changes that varied.

RESULTS

We begin by summarizing the history of each family and considerations about their operating dynamics. Next, we seek to identify the associations between its realities and the physical, mental and relational health of its members, especially the child/adolescent who is the focus of the study.

Oscar's family

Oscar's parents got along well enough during the ten years that their marriage lasted, despite being very different: he was strict, and she was anxious. They separated when Oscar was three years old. His mother considered Oscar a hyperactive and difficult child, unlike his father, who saw him as very active, but easy-going. Shortly before the separation, two teenage daughters from the father's first marriage moved in with the family, complicating family relationships.

The father built another relationship and the mother remained without a partner. The maternal nuclear family continued to be organized. Despite the former couple's relational difficulties, the father continued to be present in his son's life, seeing him weekly until the beginning of school age and more frequently afterwards, helping during the period in which Oscar demonstrated behavioral symptoms, difficulties with reading and writing, fights at school, episode of theft and continued inattention.

The research team suspected a diagnosis of ADHD at the two-year-old visit. At the four-year-old visit, there was no mention of the ADHD diagnosis, and the boy was described as intelligent and appropriate for his age. The diagnosis of ADHD was established when Oscar entered school. At the age of 15, Oscar had a history of failing school due to too many absences, was off medication and, again, was being evaluated for ADHD.

The economic situation of the maternal family has deteriorated over the years. On the last visit, only the sister was working, and the house was in poor condition. The mother was obese, had high blood pressure and diabetes, was a heavy smoker and used alcohol on weekends. Oscar got along well with his father, and he had friends and plans for the future.

Virgínia's family

The family suffered a succession of illnesses and serious losses: her father died from drowning when she was one year old, and her mother died from kidney failure when she was nine years old. Her mother had undergone a kidney transplant donated by her own father when Virginia was three years old. Her mother remarried a man who was a good stepfather. GrandfatherM, while being a benefactor in the family, created serious conflict after his daughter's death. He had gone to live with her in preparation for the transplant, in the building constructed by his ex-wife and her current husband. He wanted to continue living there, but the conflict was resolved by the courts, which won the case for Virgínia's maternal grandmother and her husband. Virginia was always looked after primarily by her mother, with the help of her grandmotherM. Her stepgrandfather was always very affectionate, as were her maternal uncles who lived nearby.

The family demonstrated great resilience, facing all the problems and taking good care of Virgínia, even though on the fifth visit, when she was 15 years old, her grandmother and grandfather suffered from depression and other health problems treated with medication. As a teenager, Virgínia expressed low self-esteem, which did not influence her effective functioning. She had an episode suggestive of depression after the death of her mother (followed by the loss of her stepfather and grandfather), improving with brief psychotherapy offered by a psychologist at the health center.

The most important factor that seemed to be associated with Virgínia's psychological health was the good quality of care she always received and the harmony between the people who were her primary caregivers: parents, grandparents and maternal uncles.

Luiz's family

At 15 years old, Luiz demonstrated that he was a teenager with a positive outlook on life. Luiz was born from the relationship between a 14-year-old teenager and her 19-year-old boyfriend. They went to live with his paternal grandmother (grandmotherP) because grandmotherM was pregnant at the same time. GrandmotherP took Luiz as her son from birth, being a careful and constant person, even if overprotective. The parents separated when Luiz was one year old. His mother was unable to maintain sufficient closeness, which he reported with sadness at the age of 15. She remarried and had no other children. His father remained present and grew personally and economically throughout his life, having two more marriages and a daughter. As a teenager, when Luiz had school problems, repeating the year twice due to absences, his father and his third wife took over parental care.

The boy was always well looked after by his grandmother and seemed to identify well with his father. He managed to be an example of development, welcoming him into his new family as a teenager.

DISCUSSION

To give an overview of the organization of families, we created Table 1, which contains a score for each category studied, given by consensus by the authors, taking into account the global development of children and their families: Assessment of Family Functioning: Summary of Findings.

Throughout the study, the group consolidated the concept that families are living, multipersonal, complex organisms that establish preferential patterns of relationships, influenced by the characteristics of their members, which change over time and the environment.[1,15,16] Starting from one of the constitutive questions of the research: "what provides the minimum stability necessary for the development of its

Table 1. Assessment of family functioning: summary of findings

Case	Family configuration	Occupational/ economic situations	Special situations and traumas	Physical health		Relational and mental health		School progress
				Child	Family	Child	Family	
Family 1	4	4	4	1	4	4	4	4
Family 2	3	3	5	1	5	2	2	1
Family 3	5	3	4	1	1	3	3	4

Legend: 1: no difficulty; 2: little difficulty; 3: difficulty; 4: substantial difficulty; 5: serious difficulty.

members, especially that of children?", an answer was proposed: the adequacy of care to the needs of the members in their environmental situation, with lovingness and constancy of interpersonal relationships over time, as long as their basic needs are met.[17]

The study of just three families is the result of temporary logistical limitations of the research group, but its results indicate a methodology to be used when it is possible to analyze the entire sample. These three families were randomly chosen from a quasi-population sample, which gives the study special value, since longitudinal research found in the literature is based on clinical cases or convenience samples.[18,19]

The three families were poor but had their own home and a guaranteed minimum income. The impoverishment of Oscar's maternal family appears to have been a factor associated with his continued problem and his mother's clinical difficulties. In Luiz's case, his father's economic growth had a positive impact on his development, making it easier for him to take on his son in adolescence.

Despite poverty and conflict between drug dealers in the neighborhood, which grew over the 15 years of the study, these limitations were not emphasized by families in the interviews. They seemed to focus on daily tasks and caring for their children, seeking constancy and harmony. The frequency of generous and altruistic behaviors caught our attention. Cooperation relationships predominated in the nuclear and family of origin. The literature refers to the association between resilience and a positive and optimistic outlook towards life, favoring conflict resolution. Even though the three families lacked a richer social network, which would support them, they all had access to a good public health and school network.[3,6]

In this sample, important problems were identified, but there was no continued aggression between people. In Oscar's family, the mother reported that her son vomited when he waited to visit his father. In addition, he failed school due to absences in early adolescence. In Virginia's family, there was a break with her grandfather, but through the courts, they managed to resolve a serious conflict over assets. Virginia experienced transient depression in childhood and reported low self-esteem in adolescence. Luiz presented an important behavioral symptom in early adolescence, missing two consecutive years of schooling, without reporting bad behavior. All of them, then, demonstrated some psychological symptoms during part of their childhood/adolescence, and were not aggressive children, just as their parents were not. A protective factor was certainly that none of the adults abused alcohol or other drugs.

In our sample, Oscar had a mother who was always more present than his father, and there were conflicts regarding care. Virginia in her first year had a careful and close father and mother and, in their absence, a grandmother and grandfather who were loving and adequate. Luiz always had a careful, albeit overprotective, grandmother and a father who remained relatively close and supportive, responding to his problems despite being late. Our study demonstrates that the concept of a good enough primary caregiver must be expanded beyond the mother, identifying a constant adult in the child's life, which had already been mentioned by Erikson.[20] Our findings expand Brazelton's[10] vision and introduce the idea of a good enough family, including the importance of support from extended family, especially grandparents.[3,6,21]

Regarding the importance of the child's temperamental characteristics in forming the bond with the parents, it was found that the only baby defined as difficult at four months was Oscar, described as such by his mother, but not by his father.[18]

These observations allow us to make a hypothesis that we cannot prove: there may have been an asynchrony between the mother's expectations and the child's activity level,[18] which makes us think that if

there had been a professional intervention to help parental care to be more consistent, the disorder may not have developed. The hypothesis is that, in the family dynamics, Oscar may have been "in charge" of defending his father before his mother and/or that the mother saw in him characteristics of the father that she did not appreciate, characterizing a pathological triangulation of the son in the parental conflict[5] that hindered his development.

The two boys had delayed academic development. One of them had teenage parents (a 14-year-old mother who did not have the emotional support of her mother but rather that of her mother-in-law who, inadvertently, replaced her in the maternal role). The other had parents who separated early, maintaining conflicts in the parent-child relationship. In childhood, in both cases, the parents were quite distant emotionally and in terms of care. The risk of school dropout in adolescence is known, especially among boys, with frequent association with drug abuse and delinquent behavior, which did not happen in the families studied. In these cases, rapprochement with the father helped to mitigate the problem, which is described in the literature.[22-24]

As for the organization of the family, it appears that it has been changing over time, although it is more common for mothers to take on operational and emotional care and fathers to provide support and maintain family rules.[5] In this sample, both maternal and paternal roles changed over time and were exercised in a more complex way. Oscar's maternal role was performed by his mother, but always with distance because she found him difficult. Virginia experienced a more difficult situation, as her mothering passed from her mother to her grandmother when she died. Luiz was the most affected, with his mother very distant from the first year of his life, leaving him with an emotional vacuum that was partially filled by his grandmother.

As for the paternal role, Oscar's father seemed to stick to the traditional role, in the same way as Virgínia's father, although not her grandfather, who was very caring and took on the role of stabilizing the family. Luiz's father was also primarily a provider. In the two separated families, the parents moved away from their children, maintained their financial commitment and intensified their relationship with the boys as they grew up and showed behavioral problems.

In these families, emotional, operational and financial support came only from the nuclear family of origin, with no other active social network. The uncles were identified as great supporters. They all reported good relations with their neighbors, despite keeping a distance, which suggests a sufficiently peaceful community. The three had access to a good health care network, from the Family and Community Medicine team in their neighborhood. They also identified the school system as adequate. None of the families felt supported by a religious institution.[21]

CONCLUSION

The study focused on finding associations between the quality of family interactions and developmental problems, especially in children. The three families were competent enough to raise physically healthy children without serious mental problems. They displayed suffering and relational difficulties but maintained sufficiently adequate care. The relationships were not marked by aggressive attitudes but by a positive outlook on life.

For professionals who have relationships with similar families, we recommend that they try to focus predominantly on their skills, reinforcing family self-esteem, without forgetting to pay attention to their problems. The literature, our research and the authors' clinical experience demonstrate the importance of

good family interactions for the development of each individual and the family as a whole. Furthermore, we suggest that this relational focus be part of epidemiological studies as a risk and protective factor.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

OGF: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology. AMPD: Formal analysis, Conceptualization, Writing – original draft, Writing – review & editing, Investigation, Methodology.

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