

CHAPTER 3

THEORETICAL AND PRACTICAL ASPECTS OF MODERN PSYCHOLOGY

THE PECULIARITIES OF INTERPERSONAL COMMUNICATION AND FAMILY EXPERIENCE REPRODUCTION IN CRISIS FAMILY SYSTEMS

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Abstract. The article under review identifies the crisis family phenomenon as a crisis family system. It presents the structural-functional model of communication in crisis family systems, which consists of five components: stabilizers of family interaction (family norms and values); configurations (patterns) of family interaction; modes of family relations and attitudes; factors and mechanisms of family relations reproduction and assimilation of family interaction patterns; types of family experience reproduction. The article analyzes and empirically confirms the models of family experience reproduction in crisis family systems with different type of interpersonal interaction organization both within this system and outside it. The research shows that the crisis family has a bipolar nature and, despite its inherent dysfunction and suboptimal configurations of family interactions, it is an institution of socialization that provides the child with ample opportunities to gain new social experiences other than those produced within it.

Crisis family systems in the aggregate of the structural and functional components we have identified are considered in this article in comparison with normal (ideal) family systems in the empirical field of research. At the same time (and this is especially important), the main attention is paid by us not to the quantitative and not qualitative composition of the family, not to whether this family is "complete" or "incomplete", but to the features of the psychological and, above all, emotional ties between its members, as well as the patterns of their interaction with each other.

Empirically understood in the course of the study, these components are described in some way in the article. It has been determined that in a problem family there is a violation of the system of intra-family communications, a worsened psychological atmosphere, distorted family functions and socializing influences. It is established that the problem family is a bipolar phenomenon, which on the one hand, has dysfunction, is characterized by conflict, difficulties in implementing educational functions, etc., and on the other - gives the child more opportunities to gain social experience, promote independence and adaptability. The analysis of the results of the study concludes that the key mechanism of socialization is the assimilation of patterns and configurations of interaction that can be implemented in three types of reproduction of family experience: replication (full reproduction of the parental pattern of behavior), partial reproduction; implementation of opposite (those that are present in the family experience) patterns of behavior. It is proved that the choice of the type of reproduction of experience is determined by the level of criticality, which means a set of cognitive and emotional processes that allow the child based on the unity of analysis (cognitive component) and emotional reflection (emotional component) to make judgments about the appropriateness or inexpediency of family experience. It is shown that the

crisis family has a bipolar nature and, despite its inherent dysfunction and suboptimal configurations of family interactions, it is an institution of socialization, which not only gives the child an "ideal" family experience, but also creates opportunities for alternative social experiences. different from that produced within a particular family system.

Keywords: crisis family systems, configurations of family communication, replication of family experience, socialization in crisis family systems.

JEL Classification: I31, J11, Z10

Formulas: 0; **fig.** 0; **tabl.** 6; **bibl.** 13

Introduction. In modern post-information societies (let's call them "societies of global changes"), which have obvious signs of uncontrolled transformations, instability, turbulence and crisis, the number and range of social actors (individuals, social groups, communities, institutions) is growing with adaptation and functioning violations. This is reflected in the informational spaces and, accordingly, in the discourses of the description of these societies, where well-known markers such as "social crisis", "crisis society", "crisis of power", "crisis of public institutions", "information crisis", "family crisis", "crisis family systems", etc have become established. And it is not coincidence that the research of crisis social systems is becoming increasingly important.

One of the social actors that is extremely sensitive to any socio-cultural, socio-economic and other social changes (especially if these changes unfold in a crisis scenario) is the family institution. At the empirical level, this institution is personified by many family systems, each of which in its own way experiences a crisis and either adapts to it, overcomes it, or acquires signs of an maladaptive, dysfunctional, crisis family system.

The most important sign of a crisis family system is the lack of necessary and sufficient internal and external communications. According to the researchers of inculturation processes, in particular, J. Mead (1934) and M. Mead (1988), communication is the main tool of biological, social and psychological reproduction of social experience through the mechanisms of inculturation and socialization. Lack of communication prevents normal intrafamily interaction and is manifested in such features as: 1) deficient or non-ecological relationships within the family system, which prevents optimal exchange of knowledge, emotions, interactions, experiences, and ultimately its effective and coordinated functioning; 2) deficient and low-quality relationships of the family system with the external social environment (higher order systems), which makes it difficult to properly exchange resources with this environment.

Many attempts to structure and describe interpersonal communication as a tool for intra-family interaction have been made. One of such attempts, borrowed from the works of T. Gehring (2001) and described by K. Siedykh (2017), A. Skliaruk (2018), is the explanation of intrafamily communication through the concept of "configuration of family interaction", i.e. the assigned symbolic model of the type of interaction, which is transferred from the interindividual (family) space in the intraindividual (personal) reality of family members. Assimilated configurations of family interaction are, according to these authors, an intrapsychic mechanism of

reproduction of family and social experience, and these configurations are different in healthy and crisis families.

Literature review. At various times, some researchers from around the world, who were supporters of various psychological areas and socio-psychological schools, offered their approaches to the analysis of numerous problems associated with family socialization – as a metamechanism of humanity sociocultural, social and psychological universals transmission from generation to generation necessary for its self-reproduction and development (Mead & Wolfenstein, 1955; Mead & Morris, 1967; Kon, 1988; Moskalenko, 2009; Petrunko, 2010). A significant contribution to the development of this issue was made by representatives of the school of behaviorism, who actively studied the relationship of social learning with cognitive development and behavior of the individual. Thus, B. Skinner (1965) formulated the idea of "behavior management", according to which social teaching (and not only of children but also of any other social being) of certain behavioral acts is carried out on the basis of demonstrated patterns of behavior. Much attention is paid to the issues economic and gender identification and socialization, the origins of which are in the family (Broderick, 1993; Kon, 1988; Moskalenko, 2009; Petrunko, 2010; Allen & Moore, 2016; Agllias, 2017; Camisasca, Miragoli & Di Blasio, 2019), including those factors that allow to assess the success of children's adjustment, social teaching and inculturation of the subject of socialization and its communicative competence.

Intrafamily communication in crisis family systems has its own specifics, which is that the configuration models of family interaction, internalized in the minds of its participants, a priori reflect the crisis family situation and set appropriate patterns of behavior for the practical reproduction of such a crisis situation (on physiological, psychological and social levels), and secondly, these configurations not only represent the family experience inherent in this family system, but also determine the type of its social and psychological reproduction. These ideas need further understanding and empirical verification, and this is, in our opinion, a very important issue that has not yet been properly explored.

Aim. The purpose of the article is to analyze and empirically verify models of family interaction configurations in crisis family systems.

Methods. Our study of interpersonal communications and configurations of family interaction in crisis family systems is based on a five-dimensional structural and functional model of family communication by T. Gehring (2001), which represents: 1) semantic aspects of the family system: stabilizers of family interaction (family traditions, customs, myths, stories), typical family problems, family norms and roles, family alliances and coalitions, patterns of internal and external family interaction, etc.; 2) structural aspects of the family system: configurations of family relationships, emotional distance between family members, personal boundaries of family members and the boundaries of the family system as a whole, etc.); 3) modes of family relations: positive (relative autonomy and independence of each family member, comfortable psychological climate, a wide range of behavioral strategies and the possibility of their free choice, etc.) and negative (disintegration of relations

between family members, rejection, alienation of parents and children, self-isolation of parents, etc.); 4) factors and mechanisms of appropriation of configurations of family relations and assimilation of patterns of family interaction; 5) types of reproduction of family experience (reduplication, partial replication, assimilation of alternative, "foreign" experience, not inherent in this family system).

The empirical research aimed at verifying the above model was carried out using the semi-structured interview developed by K. Siedykh and A. Skliaruk and aimed at identifying the semantic aspects of the child's socialization in both normal and crisis families (content and peculiarities of family rules, stories, myths, etc.), and the Spatial sociogram of the family method, developed by T. Gehring on the basis of the above model.

The semi-structured interview provided an opportunity to recreate the semantic space of describing internal and external family communications in healthy and crisis families. According to the results of content analysis of the reproduced semantic space, 45 semantic constructs were identified, which were further subject to the procedures of correlation, factor and cluster analysis. The isolated clusters fairly comprehensively represent the semantic aspects of internal and external family communications in a healthy and crisis family. Fisher's ϕ -criterion (angular distribution criterion) was used to assess the statistical significance of the differences.

The application of the Spatial sociogram of the family method made it possible:

1) to identify the parameters of the crisis family system, which, on the one hand, are the criteria for its dysfunction, and on the other – are important factors influencing the quality of external and internal communication that determine ways to reproduce family experience and, accordingly, the content and quality of family socialization;

2) to analyze the peculiarities of intrafamily and external social communications of the family, taking into account the relationships and interactions not only within the family, but outside it, in its immediate social environment (friends, teachers, neighbors, etc.);

3) to identify the features of the structure of contacts, emotional connections and configurations of interaction in crisis and in "healthy", adaptive family systems.

The Center for Social Services for Families, Children and Youth of Zaporizhzhia region (hereinafter – CSSFY) became the experimental basis of the research, in which "crisis" families were selected for the experimental sample. The so-called "problem families" and "families at risk", which were recognized as such by experts of district and local social and psychological services of the region are registered in CSSFY. Based on a number of socio-economic and psychological indicators used to participate in the experiment, an experimental group, consisting of 275 families, qualified by us as dysfunctional, crisis family systems, was formed. In addition, to compare the nature of family communications and the nature of models of configurations of family interaction in crisis and healthy families, we formed a group of 250 families, defined by us as "healthy", those who do not have problems with the functioning of socio-economic, social and psychological nature.

Results. As empirical research has shown, the leading stabilizers of family interaction in healthy, adaptive family systems are normative type stabilizers – family traditions, family myths, habits, rules, etc. and focus on generally accepted and socially recognized family values and norms of interaction ($\phi^*=10,89$, $p\leq 0,01$). In contrast, in crisis family systems, the most powerful family stabilizer is family problems, which in these systems are either solved in unconstructive, non-ecological ways, displaced, delegated to the external environment or not solved at all, not discussed, hidden, etc., and therefore problems become obsolete, chronic, become total and essentially determine the quality of functioning of the family system as a system of crisis. During the interview it was found that members of crisis families have an inadequate awareness of real family problems, which they often shift onto the near and far social environment ($\phi^*=7,5$, $p\leq 0,01$); onto adverse life circumstances ($\phi^*=5,4$, $p\leq 0,01$); onto the government and other state institutions ($\phi^*=3,4$, $p\leq 0,01$). And the most typical explanations of family problems in these families are “lack of money”, “lack of basic necessities”, “numerous and complex household problems” ($\phi^*=1,65$, $p\leq 0,05$) etc.

The analysis of semantic indicators of functioning of healthy and crisis family systems gave the chance to reveal peculiarities of husband and wife family roles performance in healthy and crisis family systems. In particular, it was found that the distortion of the role of a mother and, consequently, the violation of maternal functions in a crisis family leads to the chronization and generalization of family socialization, and violations related to the family role of a father lead to a coalition of a mother and children and the creation of a system of specific relationships directed against the father as a “carrier of a negative symptom”, an “identified author” of family troubles, in particular his devaluation, distancing and alienation from him and ultimately lead first to emotional and then to complete disintegration of the family system. Thus, it is empirically confirmed that problematic family systems are characterized by the predominance of coalitions of a mother with children against a father, who is positioned as a carrier of deviant behavior, bad habits, as a person “self-removed” from family affairs ($\phi^*=5,41$, $p\leq 0,01$) and the coalition of a husband and a wife against other family members, which rejects any other family ties and emotionally separates from them ($\phi^*=5,11$, $p\leq 0,01$). Any family alliances and coalitions (between different family members) are aimed at not accepting and rejecting certain family members against whom these alliances are formed, distancing themselves from them – and this is one of the serious problems characteristic of crisis family systems (Table 1).

In the case of rejection and isolation on the initiative of a family coalition, the alienated family member may choose the path of self-isolation, which is evidently recorded in our empirical study. Self-isolation is a specific psychological phenomenon in which self-isolated members of the family system, based on certain social and family myths, accept their own helplessness and inability to fulfill their family (e.g., parental) function for a number of “important” and “objective” reasons. However, in crisis families, such behavior is often based on infantilism,

irresponsibility, addictive instincts and urges, distorted motivation, neglect of family values, and so on.

Table 1. Types of family coalitions in crisis and healthy families, %

Types of family coalitions	Crisis families	Healthy families	ϕ^*
Mother and children against father	25	8	5,41**
Father and children against mother	2	2	0
Spouses against other family members	15	3	5,11**
Parents and children against others	7	19	4,19**
Child with grandmother against parents	12	13	0,36
Mother and grandmother against father	8	11	1,16
There are no family coalitions	26	40	3,42**

Sources: statistical significance of differences 0,01

The analysis of structural indicators of functioning of healthy and crisis family systems gave the chance to state that for crisis systems three types of configurations of family interaction from five most widespread – “Indirect”, “Conflict” and “Alliance-coalition” are most characteristic (Table 2).

Table 2. Patterns of family interaction in troubled and healthy families, %

Types of family interaction configurations	Crisis families	Healthy families	ϕ^*
«Dependent»	0	18	10,021**
«Symbiotic-conflict»	0	2	3,25**
«Stellar»	0	37	14,96**
«Indirect»	27	17	2,78**
«Conflict»	58	7	13,67**
«Alliance-coalition»	15	0	0
«Harmonious»	0	4	4,61**

Sources: statistical significance of differences 0,01

Thus, “Conflict” (58% of the studied crisis families) is the most common type of configuration of family interaction. This type of interaction is characterized by conflicting relationships between its members that penetrate into different substructures of the family. In particular, conflict can be traced both in the parental dyad (this is exacerbated by the fact that a significant number of such families are divorced – 47%) and in parent-child relationships. Conflict is also recorded in the relations of the parent dyad of the older generation. The specificity of such relationships in such families is both a strong emotional color of the relationship and their conflict (negative emotional color), i.e. family members have a strong emotional attitude to each other, which, however, is expressed negatively. This configuration of relationships in the family leads to a violation of socialization in the form of assimilation of the negative and conflicting pattern of interaction with loved ones, the tendency to confrontation and the lack of emotional connection.

For 27% of the studied crisis families, the configuration of interaction by “indirect” type is typical. The specificity of relationships and interactions in such

families is their indirect nature. That is, the relationship between some family members is mediated by a third party or a certain factor. A typical situation in such a family is the presence of a father with severe alcohol dependence, which mediates his relationship with his wife and children. In particular, children are seen as interfering with the addictive desire for alcohol (“extra burden in life”), and the wife makes it impossible to satisfy the addictive tendency (“takes money away”, “prevents friendships with other addicts”). In this case, mediation distorts the process of socialization in the form of consolidating stable behavioral patterns of mediation of alcohol relations, the attitude to the father or mother as to a source of problems in life.

The “alliance-coalition” configuration of relations is characteristic for 15% of the crisis families we studied. The specificity of the relationship in such troubled families is the presence of coalitions – the union of several family members against others. A typical coalition in troubled families is a coalition of a mother and children against a father, who is identified by them as a source of conflict and family problems (this is recorded in 62% of families in this group). At the same time, family relations are broken due to the uneven socializing influences of a mother and a father, where a mother replaces the paternal influences. As a result, the child's socialization is distorted. Other divisions of coalitions are possible, when, for example, the father and children oppose the mother (15%) or the children oppose the parents – in this case it is an intergenerational coalition (23%). The formation of coalitions in the family reflects the disruption of emotional ties between children and parents in the scenario of integration with one parent and separation from another.

Diagnostically important for understanding the essence of the crisis family system and the socialization of the child in such families is that such configurations of family interaction as “Cobweb” and “Sun” are not inherent in them. These interaction configurations are characterized primarily by strong or overwhelming emotional bonds and parental care, which either infantilize children (which is typical of the “Cobweb” type) or become the center of family interaction (the “Sun” type).

The emotional distance obvious differences between members of a healthy and a crisis family have been empirically found. Thus, problem families are characterized by a far distance between its members ($\phi^* = 8.77$, $p \leq 0.01$) and unequal, i.e. clearly differentiated distance in relation to different family members – close to some members and very far from others ($\phi^* = 11.726$, $p \leq 0.01$). The predominance of a long distance with a mother ($\chi^2 = 15.32$, $p \leq 0.01$), a father ($\chi^2 = 13.26$, $p \leq 0.01$), brothers ($\chi^2 = 8.94$, $p \leq 0.05$), sisters ($\chi^2 = 9.22$, $p \leq 0.05$) and grandfathers ($\chi^2 = 11.95$, $p \leq 0.01$) is obvious and equally characteristic for children from crisis families, and only grandmothers are exceptions on this list (Table 3).

The characteristic of family systems boundaries – as open or closed systems – is one of the important indicators that can serve as a sign of a family crisis. The traditional view is that any family with signs of dysfunction is a closed family system that is not optimal for any “living” biopsychosocial system. However, based on our empirical research, we can say that the boundaries of the crisis family system are

quite open to individual, selective social and psychosocial influences. Still, this openness is specific.

Table 3. Indicators of emotional boundaries between members of troubled and healthy families, %

Family members	Group	Emotional distance			absent	χ^2
		close	medium	far		
Mother	CFS	29	33	32	6	15,32**
	HF	79	16	5	0	
Father	CFS	11	18	46	25	13,26**
	HF	63	23	12	2	
Brother	CFS	29	17	3	51	8,94*
	HF	12	22	20	46	
Sister	CFS	27	18	2	53	9,22*
	HF	4	26	19	51	
Grandfather	CFS	10	26	31	33	11,95**
	HF	34	31	19	16	
Grandmother	CFS	29	34	22	19	5,332
	HF	38	24	24	14	
Aunt	CFS	3	14	11	72	6,89
	HF	11	18	5	66	
Uncle	CFS	2	6	9	83	2,65
	HF	4	12	3	81	
Cousins	CFS	0	3	5	92	1,36
	HF	4	6	2	88	
Distance with close social environment (not with family members)						
Friends	CFS	34	26	6	34	9,42*
	HF	12	32	5	51	
Coach, teacher	CFS	12	23	13	52	9,86*
	HF	3	16	18	63	
Another significant adult (regardless of occupation)	CFS	14	15	5	66	12,63**
	HF	0	5	6	89	

* – significance of differences 0,05; ** – significance of differences 0,01; CFS – crisis family systems; HF – healthy family systems

Unlike healthy, harmonious systems, the boundaries of which are open for the exchange of experiences and resources in order to integrate them into the family experience and their optimal development, crisis family systems are open on the principle of “survival” due to the lack of balanced exchange within the family (so because of the breakdown of emotional ties with the parents, the child instinctively seeks them outside the family system, just as a husband seeks the emotional support he needs elsewhere, if he does not receive it in his family) (Table 4).

Table 4. Indicators of the external boundaries of troubled and healthy families, %

Group	Boundaries		
	Open	Closed	Diffuse
Crisis families	39	26	35
Healthy families	12	39	49
ϕ^*	7,34**	3,19**	3,718**

Sources: statistical significance of differences 0,01

The main modes of family relations in crisis family systems are modes of negative character: destruction of relations in the family due to unworthy behavior of the father ($\varphi^*=8.39$, $p\leq 0.01$); destruction of family relations due to unworthy behavior of the mother ($\varphi^*=5.16$, $p\leq 0.01$), violation of the normal functioning of the family system due to the behavior of the child ($\varphi^*=6.96$, $p\leq 0.01$), violation of family relations due to the fact that family members try to make their own adjustments ($\varphi^*=2.53$, $p\leq 0.01$) and some others. Instead, in healthy family systems, modes of a different nature predominate (Table 5).

Table 5. Modes of family interaction in troubled and healthy families, %

Mode of family relations	Crisis families	Healthy families	φ^*
Parental involvement in family life	9	0	9,96**
Excessive control, too many restrictions	6	5	0,5
Modern children are difficult to raise	3	18	6,04**
Lack of time for family due to work	7	21	4,76**

Sources: statistical significance of differences 0,01

However, it should be noted that in an empirical way we have identified and described not only negative but also positive modes of family relations in a crisis family, which, on the one hand, gives grounds to consider such family systems bipolar, and on the other – it changes views on family socialization in crisis family systems. The generalization of the results of the empirical study allowed to state that the negative mode is first of all broken interpersonal relations, distorted emotional distance between family members, no stable emotional ties between parents and child, alienation of children from parental dyad. In this mode, the crisis family acts as a dysfunctional one, unable to ensure effective socialization of the child.

The positive mode of family relations and family interaction in crisis family systems describes a certain potential of these systems. The point is that the lack of emotional contacts, disruption of the child's relationship with parents, their self-isolation from upbringing lead to the need for the child to show independence, make own decisions and put them into practice. In this case, the evaluation of the results of the effectiveness of such decisions, expressed in certain behavioral programs, is carried out by the child not in accordance with a given pattern of parents (“right” or “wrong”), but in accordance with the behavior that meets the immediate needs. The child is forced to change behavior in case of its inconsistency with the goal, which is expressed in increasing the flexibility and adaptability of the child. That is, we have identified a situation where in a troubled family, the violation of the relationship between parents and a child leads to a positive consequence – the stimulation of the child's independence and increase of the adaptability of his/her behavior.

Factors and mechanisms for assigning configurations of family relationships and family interactions in both types of families include, first of all, those that have been tested by socialization processes and guarantee a perfect reproduction of family experience – both “healthy” and “crisis”. In other words, healthy families tend to reproduce themselves as healthy family systems, and crisis families reproduce themselves almost perfectly as crisis family systems. In crisis families, the

reproduction of themselves as crisis is facilitated, in particular, by such family beliefs (and these beliefs have the force of factors and mechanisms of family socialization) as: “parents did so, and we do so” ($\varphi^*=3.21$, $p\leq 0.01$), “parents did so, and therefore I will do so” ($\varphi^*=6.39$, $p\leq 0.01$), “if the parents do not take too much care of the child, he/she decides everything himself/herself, and therefore grows independent” ($\varphi^*=13.95$, $p\leq 0.01$), “the lack of normal upbringing makes the child more tempered for life, more adaptive” ($\varphi^*=16.55$, $p\leq 0.01$), “the word of parents is the law” ($\varphi^*=3.56$, $p\leq 0.01$), “we survive as we can” ($\varphi^*=4.67$, $p\leq 0.01$), “we are hostages of circumstances” ($\varphi^*=7.59$, $p\leq 0.01$), “if they don't help us, we won't be able to cope” ($\varphi^*=6.19$, $p\leq 0.01$), etc.

Discussion. All the described empirical indicators represent the relevant crisis conditions and the crisis empirical environment in which the life of the crisis family unfolds, the configurations and patterns of family interaction are assimilated and worked out, and family socialization takes place. In our study it is shown that members of the family system (primarily children) learn and use life family experience in accordance with the leading type of its reproduction, predetermined by the configurations and patterns of family interaction. According to the results of our study, there are three types of reproduction of family experience in a crisis family:

1) reduplicative, when perfectly and completely reproduces the model of the parental family – both healthy and crisis – on the principle of “adult is the ideal testator, and it is not subject to discussion and criticism, and the child is the ideal successor, whose main task is to appropriate and reproduce the family and social experience”;

2) partially replicative, when one or another family member (primarily a child) has a negative attitude to family experience, but due to the lack of desired behavioral patterns and personal resources to find these models and build another, own model of interaction with family members and others, of alternative, uncharacteristic patterns of behavior, family and social experience is partially reproduced;

3) type of implementation of opposite family configurations of interaction and patterns of behavior, when the child is overly critical of family experience, because he/she has an example of other acceptable alternative behavioral models and appropriate extra-family resource support for them because he/she implements the opposite strategy, builds interaction in the family according to other criteria (Table 6).

Table 6. Distribution of types of reproduction of family experience in crisis and healthy families, %

Type of experience reproduction	Crisis families	Healthy families	φ^*
Reduplication	38	51	3,01**
Partial reproduction	50	45	1,14
Reproduction of alternative experience	12	4	3,47**

We consider critical thinking, presence of alternative patterns of behavior and emotional (positive or negative) attitude to the carriers of certain patterns of behavior, which means a set of cognitive and emotional processes that allow the child on the basis of the unity of analysis (cognitive component) and sensory reflection (emotional component) to make judgments about the appropriateness or inexpediency of repeating family experiences, to be important factors that determine the choice of a type of reproduction of family experience.

Conclusions.

1. The system of interpersonal intrafamily communications – as a tool for family experience reproduction – in crisis family systems has a number of features that can be described using a five-component structural-functional model, where the structural elements are: 1) the content of family interaction, especially its stabilizers (family norms and values, family problems, etc.); 2) types of organization, or types of configuration of family interaction (including learned patterns of behavior); 3) modes of family relations and attitudes; 4) factors and mechanisms of reproduction of family relations and mastering of configurations and patterns of family interaction; 5) types of reproduction of family experience.

2. According to the results of the empirical research, interpersonal interfamily communications in a crisis family are deficient (quantitatively insufficient) and low-quality (distorted), which disrupts the exchange of necessary information, emotions and interactions within the family and the exchange of family with reference social environment and creates the basis for serious family dysfunctions. The main stabilizer of family interaction in crisis families is not norms and values, but family problems that are hidden or solved in an unconstructive, non-ecological way. Modes of family interaction and family roles (primarily the role of a mother and a father) in these families are distorted, emotional ties and family boundaries are significantly disrupted, and there is a pronounced tendency to form intrafamily alliances and coalitions “against each other”. These indicators testify to a degree of disintegration of the family system, in which its subjects act as a separate and unconsolidated set of persons, not united by common views, interests, experiences, actions, which negatively affects the psycho-emotional well-being and overall development of each member of a crisis family system.

3. Reproduction of family experience in crisis family systems is based on three main types of configurations of family interaction (alliance-coalition, conflict and mediated by third parties or external factors) and is implemented in three main scenarios: 1) reduplication of family experience, or complete parental model and parental behavior reproduction, in which healthy and crisis family systems perfectly reproduce themselves just as healthy and crisis; 2) partial replication, or partial reproduction of family experience – both positive and negative, both purely family and alternative, borrowed from outside; 3) anti-replication, or assimilation of “foreign”, alternative experience, not inherent in their family system, and in this case, members of the crisis family learn and reproduce a more acceptable, alternative experience of family communications, borrowed from outside.

The issue of psychological support of a crisis family, which we understand as a wide range of measures aimed at improving the functioning of a dysfunctional family system and expanding the social experience of children growing up in these families by providing them with acceptable alternative models of social behavior, remains important, relevant and in need of further research.

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