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REVIEW ARTICLE

Cost of Growing up in Dysfunctional Family

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Abstract

The definition of a family dynamic is the scheme of family members' relations and interactions including many prerequisite elements (family arrangements, hierarchies, rules, and patterns of family interactions). Each family is unique in its characteristics; having several helpful and unhelpful dynamics. Family dynamics will ultimately influence the way young people view themselves/others and the world. It will also impact their relationships/behaviors and their future wellbeing. The victims of dysfunctional families may have determined deprived guilty feelings.

Introduction

Victimized children growing up in a dysfunctional family are innocent and have absolutely no control over their toxic life environment; they grew up with multiple emotional scarring caused by repeated trauma and pain from their parents' actions, words, and attitudes. Ultimately, they will have a different growth and nurture of their individual self. The influenced individuals will resume various parenting roles rather than enjoying their childhood, vital parts of their childhood are missing, which will eventually have a harmful effect that extends to their adult life. Victimized adults tend to attempt escaping their past pain, trauma by practicing more destructive behaviors such as increase dues of alcohol, drug abuse or forced to repeat the mistreatment that was done to them. Others had felt inner nervousness or temper and feelings without realizing the reasons behind it [1]. They frequently reported difficulties in forming and sustaining friendly relationships, keeping a positive self-esteem, struggling in trusting others, distress in control loss, and denying their own feelings/reality [2]. Frequently, healthy families tend to return to their normal functioning after the life/family crisis passes.

Conversely, in a dysfunctional family, problems tend to be long-lasting because children do not get their previous needs; therefore the negative, pathological parental behavior tends to be dominant even in their adult's lives [2].

Healthy families are not always ideal or perfect. They may infrequently possess some of the characteristics of a dysfunctional family; but not all the time [3].

The dysfunctional family is an important topic in the field of sociology facing many Primary Care Physicians (PCPs), while there is little training in family therapy on how PCPs could and should deal with family conflicts [3].

Characteristics of Healthy Families

- 1) Allow and accept emotional expressions of an individual's character and interests [3].
- 2) Obvious and consistent rules in the family and boundaries between individuals are honored.
- 3) Consistently treating members with respect and build a level of flexibility to meet the individual's needs.
- 4) All family members feel safe and secure (no fear from emotional, verbal, physical, or sexual abuse).
- 5) Parents provide care for their children (not expecting their children to take their parental responsibilities).
- 6) Responsibilities given are appropriate to their age, flexible and forgiving to a child's mistakes
- 7) Perfection is unattainable, unrealistic, besides potentially dull and sterile.

Family System Theory

"Family Systems Theory", in contrast to the "Tradi-



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tional Individual Therapy”, views problems in a more circular manner. This theory has a ‘systemic perspective’ rather than a ‘linear manner’, in which each individual in the family influences the others. Each family member’s viewpoint is valid in their perceptions [4].

Understanding family problems requires the assessment of several patterns of family interactions in context of their family system, with an emphasis on what is happening, rather than why it’s occurring. PCPs should move away from blaming one person for the dysfunctional dynamic, and attempt to find alternative solutions [5].

PCPs should be able to identify and manage early signs of a dysfunctional family too, by focusing on families that submerged in child abuse and neglect or domestic violence. However, many families are reluctant to believe or accept that they are a part of what is classified as a dysfunctional family [6].

Causes of Dysfunctional Families

The Abusive Parent

One or both parents have a history of an offending (words and action) form of child abuse. The abusive behaviors are either physical (beating, slapping, punching or sexual) or non-physical (verbal and emotional abuse) [3-9].

The Strict Controlling and or Authoritarian Parent

One or both parents have a history of being a controlling parent (fails or refuses to give their children space to flourish) by not allowing them to make their own choices or decisions appropriate to their age. The parents are usually driven and motivated by unexplained horror and refute any children choices and decision for themselves.

The children will eventually feel resentful and hold inadequate power to think appropriately or make their own personal decisions.

The Soft Parent

One or both parents are intentionally or unintentionally soft parents (Unsuccessful in setting rules, regulations and boundaries in the household).

Lhe large and Extended Families

A parent can’t give attention to cover all the family’s wants and needs; correspondingly they will have conflicting guidance from extended families.

Personality Disorder in Family Members

Late diagnosed personality disorder in one or both parents will eventually affect normal family dynamics.

A chronically Sick or Disabled Child in the Family

Any sick child in a family will have a detrimental effect on all family members, and then family care auto-

matically shifts to sick children, whereas the needs of others are ignored.

Unfortunate Life Events

Events that negatively influence family dynamics are a parent’s affair, divorce, trauma, death and sudden job termination.

Family Values, Culture and Ethnicity

This usually causes negative effects on the beliefs of families in cases such as gender roles, parenting practices, and the power of each individual family member.

Insecure Nature of Family Attachments

Secure feelings have a positive effect on the family dynamic; in contrary, insecure feelings will harmfully affect family dynamics.

Dynamics of Previous Dysfunctional Generation

Previous dysfunctional families always have a toxic effect other family generations.

Systematic Stability and or Instability

Such as social, economic, political and financial factors, these factors positively or negatively influence the nature of the family dynamic.

The Deficient or Absent Parent (Parental In adequacy)

One or both parents are purposefully or in advertently deficient, parents as they fail to act appropriately or neglecting their children’s physical or emotional needs (e.g. parent suffering from mental/psychological disease and not capable to provide the child’s needs) [6,10].

The children will, ultimately, take a parent’ role and the responsibilities (unofficial caretaker) of their younger siblings.

Substance Abuse and or Addicted Parent

One or both are intentionally or involuntarily have a substance abuse or addiction. The family’s life is usually unpredictable and unsuccessful by addicted parents. The hazy rules of the addicted parent will weaken his ability to fulfill promises so the parent will neglect both the physical and emotional needs of their children. The affected vulnerable children from addicted parents are at high risk of either child abuse or future sexual exploitation.

Types of Dysfunctional Family Dynamics

“Chronic conflict family”

When every member in the family argues with the other in harmful ways that leaves wounds to fester. The causes come from corrupt parenteral style (abusive, authoritarian). Prolonged conflict can damage a child’s neurochemistry (breeds stress/insecurity and loss of a child’s attachment) [11].

“Pathological households”

It is one where severe psychological, mental health disorders and/or impaired parent from substance abuse/drug addiction; is present over one or both parents (having a diagnosable schizophrenia or bipolar disorder) or there is a personality disorder in the parent. The family roles are usually reversed (children are more responsible and in charge of daily functioning) because of their one or two impaired parents. Unhealthy pathology is sometimes contagious (breeds problems or social deficiencies in the children).

“The chaotic household”

It is a place where children are poorly looked after with the busy and non-present parents or parental inadequacy. It has no clear regulation/rules or expectations, and no consistency. Parents may be moving in and out of the house and their traditional caretakers are inconsistent. Older siblings often develop early parental figures; therefore family attachment and security is often severely threatened. School age group victims usually have concentration problems and discipline difficulties. Many future secondary abuse & neglect issues commonly arise in adult age group.

“The dominant-submissive household”

It is one ruled by a dictator parent, with no consideration to the wishes or feelings of the other family members. The other partner is usually depressed, with a lot of negative, angry emotions (one parent strict, controlling, the other is soft, passive). All family members are extremely unhappy and dissatisfied with life from an unhealthy relationship, but are passively obedient to the dominant adult and show little open revolt. This shows severe long-term negative consequences; as one parent tries to control others without considering their personal needs.

“Emotionally distant families”

It is families with social/cultural background which don't know how to show love and affection (show little or no warmth towards each other). Children learn from their parents that feelings should be repressed (seem uncomfortable opening up to each other). It brings insecure or non-existent attachment, difficulties in child's identity and self-esteem issues. Emotionally Distant Families may be one of the least obvious dysfunctional family settings.

Common Signs of a Dysfunctional Family

- 1) Lack of empathy, respect and boundaries towards family members [7].
- 2) Borrowing or destroying personal possessions without consent.
- 3) Invading personal privacy without permission.

- 4) Extreme conflict and hostility in the family environment (verbal and physical assault) between parent-child or sibling-sibling assaults against each other.
- 5) Role reversal or role confusion: both parent and child change their roles (early paternalism).
- 6) Restricted friendships and relationships with outsiders lead to family isolation.
- 7) Secrecy, denial, rigid rules from extremist (religious fundamentalist).
- 8) Perfectionism and unrealistic expectations to their children (parent's expectation beyond their child's skills, abilities and development).
- 9) Emotional, verbal abuse, ridicules behavior and blaming each family member.
- 10) Stifled speech and emotion (Not allowing their children to have own opinions and neither accepted sadness or happiness emotion).
- 11) Using children as weapons against each other for revenge attitude.
- 12) Conditional emotional love and support are always pathological.

All families have had some element of family dysfunction from time to time; this is perfectly true as no family can be perfect all the time. PCPs should become concerned when a multitude of negative signs of a dysfunctional family exists without any proper action that ultimately lead to significant harm to family members [7].

Individuals from dysfunctional families tend to have a higher incidence of behavioral disorder, so PCPs should identify the early signs and symptoms of dysfunctional family such as [12]:

1. Low self-esteem and uncompassionate judgment of others and themselves, so family members try to obscure pain by being controlling and disrespectful.
2. Isolated feelings and uneasy around authority figures.
3. Need for approval enquirers to satisfy their deficit.
4. Intimidated feelings towards any angry situation and personal criticism (feel anxious and overly sensitive).
5. Less attracted to healthy, caring people; instead they are more apt to unconsciously seek out another “dysfunctional family” (select to have relationships with emotionally detached people/attracted to other victims in their love and friendship relationships).
6. Less responsible for their own problems, so they are behaving with super-responsibility or super-irresponsibility. They tried to solve others' problems/expected others to be responsible for their own prob-

- lems.
7. Guilty feeling when devoting care to themselves; instead they are over caring for others.
 8. Difficulties in expressing of their children feelings (denied, minimized or repressed feelings) and are usually unaware of the unhealthy future impact.
 9. Dependent personalities/with a feeling of irrational fear of terrified rejection or abandonment; so they stay in harmful jobs/relationships and accompanied by the inability end hurtful relationships or prevent them from entering healthy and rewarding ones.
 10. Hopelessness and helplessness feelings because of persistent denial, isolation, uncontrolled and misplaced guilt.
 11. Difficulties in intimate relationships (insecure and lacked of trust in others, no clear boundaries and have become trapped with their partner's needs and emotions).
 12. Difficulties in following tasks from beginning to end and having a strong need to be in control (over-reacted in uncontrolled change), they tend to have impulsive action before considering alternative behaviors or possible consequences.

Children Growing up in a Dysfunctional Family Have Been Known to Adopt One or More of These Six Basic Roles

The good child (also known as the 'Hero'/'Peace-keepers' role)

A child who assumes the parental role or in advertent playing the role of the 'peacekeeper', to mediate and reduce tension between conflicting parents Their behavior may be reacting to their unconscious anxiety

about family collapse [9,13].

The problem child or rebel (the 'Deviant' role)

A young person may be inadvertent playing a 'distracting family role' to attract attention and keep the family busy from their own relationship difficulties, thereby keeping the family altogether.

The 'Scapegoat' role

The child is seen as the black sheep who is blamed for most problems related to the family's dysfunction, while other children are seen as good children. Sometimes they may label the young child as 'mentally ill'; despite often being the only emotionally stable one in the family (with adaptive function enabling them to handle appropriately in the toxic environment).

The lost child

The inconspicuous, quiet one, whose needs are usually ignored.

The mascot/charm child

Uses comedy to divert attention away from the increasingly dysfunctional family system.

The mastermind child

The opportunist who capitalizes on the other family members' faults to get whatever he or she wants (Table 1).

While, children who survive usually have three qualities that make it possible to mature properly or to survive the disadvantages of a dysfunctional family [10].

Either, children have a worthy focused quality for themselves and could easily grow up internally and not to meet everyone else's needs or children have a well-intentioned, unlimited energy with the plan to work hardly. And lastly, children might have an adaptable maturation process that

Table 1: Screening questionnaire for long term effect of living in a dysfunctional family [3].

Do you find yourself needing approval from others to feel good about yourself? Yes _____ No _____
1. Do you agree to do more for others than you can comfortably accomplish? Yes _____ No _____
2. Are you perfectionist? Yes _____ No _____
3. Or do you tend to avoid or ignore responsibilities? Yes _____ No _____
4. Do you find it difficult to identify what you're feeling? Yes _____ No _____
5. Do you find it difficult to express feelings? Yes _____ No _____
6. Do you tend to think in all-or-nothing terms? Yes _____ No _____
7. Do you often feel lonely even in the presence of others? Yes _____ No _____
8. Is it difficult for you to ask for what you need from others? Yes _____ No _____
9. Is it difficult for you to maintain intimate relationships? Yes _____ No _____
10. Do you find it difficult to trust others? Yes _____ No _____
11. Do you tend to hang on to hurtful or destructive relationships? Yes _____ No _____
12. Are you more aware of others' needs and feelings than your own? Yes _____ No _____
13. Do you find it particularly difficult to deal with anger or criticism? Yes _____ No _____
14. Is it hard for you to relax and enjoy yourself? Yes _____ No _____
15. Do you find yourself feeling like a "fake" in your academic or professional life? Yes _____ No _____
16. Do you find yourself waiting for disaster to strike even when things are going well in your life? Yes _____ No _____
17. Do you find yourself having difficulty with authority figures? Yes _____ No _____

If you find yourself answering "Yes" to over half of them, you likely have some long-term effects. If you find yourself answering "Yes" to the majority of them you might consider seeking some additional help.

requires constant adjusting and change.

Management of Dysfunctional Family

Management of dysfunctional family need to be appropriate to cultural/religious and social background with respect to local raising attitude and behavior

Primary care assistance: Should be well trained, certified primary care physician with vast experience in solving family problems [3,9,14].

1. PCPs should use “Family Systems Theory” instead of “linear manner” which aims to strengthen both the individual and the family by passing into Therapeutic Alliance Management. PCPs using “Family-Based Approaches” through facilitating change and growth for each family member (building self-confidence, optimizing motivation and a sense of empowerment).
2. Using warmth with clear, firm boundaries “Strengths-Based Approach” is helpful to all family members via improving their strengths in coping capacities.
3. PCPs need to “Reframing Family Feelings” and “Set Healthy Boundaries” try to not allow you to get sucked back in and supply family with love and wish them the best from a distance.
4. PCPs need to “Change Family’s Attitude” towards a young person that has a negative influence on their self-identity/self-worth.
5. PCPs need to avoid “Reinforcing Patterns” in the family, which inadvertently serve to reinforce or encourage problematic behaviors that may unintentionally encourage preventing them from experiencing and learning from the consequences of their actions.

Specialist care service: Should be cultural/religious oriented with broad expertise in family therapy and counseling to prevent future family conflict.

1. “Get Proper Help” alignments from closer connections/hierarchies (positions of power) or from individual/family group counseling services.
2. “Seek Guidance” from specialist counselor, a life coach, yoga teacher; anyone who will listen, someone you feel comfortable with.

Individual care support: Should be appropriate to traditional patient circumstance.

1. “Learn Protective Ways” by practicing meditation and being patient with yourself and others.
2. Become “Self-Aware of Your Reaction” to break negative patterns as much as you can.
3. “Limit Your Time” spent with the toxic family/family member. Limit visits, holidays, do what you can to prevent as much conflict as possible.
4. “Accept your Parents or Family Member’s Limita-

tion” and don’t have to repeat their behavior.

5. Learn to “Identify and Express Emotions” by accepting your own feelings/experiences and avoiding exaggerated consideration to others’ feelings.
6. “Try to Vent your Anger” in productive ways (exercise, sports, use art and creative expression) and not destructive ways; don’t withhold your emotions.
7. Avoid “Chronic Guilty, Shame Feeling” that led to low self-esteem for their parents’ mistakes.
8. Begin “Individual Long Learning Practice” to know whom do you trust and how much to trust by avoiding in an all-or-nothing manner and avoid seeking approval/acceptance from their others. Practice saying how you feel and asking for what you need.
9. Practice “Taking Good Care” of yourself by exercising, maintaining a healthy diet and trying to identify enjoyable things to be done.
10. Begin to have “Good Family Relationship” by focusing on yourself and your behavior and reactions.
11. “Take Charge of Your Life/Happiness” and don’t wait for others to give it to you.
12. At the end “Move Out” if meet patient cultural/religious customs and tradition (with friend, an extended family member) to a nurturing environment.
13. “Read Helpful Books” that provided strategies for recovering from dysfunctional family effects such as:
 - i. Toxic parents: Overcoming their hurtful legacy and reclaiming your life. New York: Bantam Books [8].
 - ii. Guide to recovery: A book for adult children of alcoholics. Holmes Beach, FL: Learning Publications [15].
 - iii. Codependent no more: How to stop controlling others and start caring for yourself. New York: Harper and Row [16].
 - iv. Outgrowing the pain: A book for and about adults abused as children. San Francisco: Launch Press [17].
 - v. The courage to heal: A guide for women survivors of child sexual abuse. New York: Harper & Row [18].
 - vi. If You Had Controlling Parents: How to Make Peace with Your Past and Take Your Place in the World. DIANE Publishing Company [19].
 - vii. Praise, encouragement and rewards. Raising Children Network [20].

Conclusion

1. Exploring family dynamics with a young person helps PCPs to understand family behavior and difficulties in context.
2. PCPs need to explore individual distort characteristics such as invaluable, vulnerable, imperfect, dependent, and immature behaviors.

3. Where possible, use a “Strengths-Based Approach” when PCPs are exploring family dynamics, and identify family strengths, similarly, identify patterns that are problematic and may need to be challenged.
4. Listen to both sides of the coin (young person’s perspective and the family’s story) about their family dynamics, besides PCPs should be attentive to the family relationship patterns and interpretations.
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Potential Conflicts of Interest

None.

Competing Interest

None.

Sponsorship

None.

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