



New Trends
in Psychology

Functional vs Dysfunctional in the Family System

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Abstract: The family with low differentiation between its subsystems demobilizes autonomous exploration as well as the finding of functional problem-solving resources. Rigidity allows an increased degree of tolerance regarding the manifestation of the behaviors of its members (aggression, stress), which does not exceed the rigid border, only the escalating levels will alert the family members. The dysfunctional family constitutes the family in denial, not recognizing the existence of any problematic situation and/or they can create problems where they do not exist. The dysfunctional family has a type of inappropriate hierarchical structure. Family violence is a phenomenon that cannot be neglected due to its scale. There are situations where the partner is mistreated, sometimes the children too, they lose the joy, love and understanding of their peers, and their mental health can be affected. Researchers in the field specify how the spectrum of behaviors indicated as addictive uses five concepts, concepts whose interrelationship consists of a wide variety of patterns, habits, compulsions, impulse control disorders and physical dependence. In child-centered issues, it is common for one parent to disagree with the other, sometimes about the severity of a problem, and other times about essential issues.

Keywords: functional and dysfunctional; disorganized family; intra-family conflict; divorce; addictions; education; family violence; behavioral changes

1. Functional Families and Dysfunctional Families

The degree of functioning of a family is difficult to establish. The elucidable analysis benchmarks regarding family functionality are provided by the structuralist orientation. Thus, Minuchin S. stands out due to his statements regarding family health. A parameter considered useful regarding the evaluation of the family's

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functionality is the clarity of the boundaries within it. Rigid or diffuse boundaries have in mind, in particular, the transactional style or any preferred style, specific to the family, its interactions, and not necessarily with a qualitative differentiation between functional and dysfunctional.

Many families have separate subsystems and overlapping subsystems, which does not mean they are dysfunctional. It is a necessity to keep in mind the stage of family evolution. We conclude that a specific degree of family pathology is suggested only by the extremes. The subsystem that presents a high degree of overlap between mother and children and a distant father results in the undermining of children's independence and can lead to the production of symptoms in the case of children, such as: anorexia, states of agitation and sometimes panic or psychosomatic symptoms, etc. The subsystem that presents conflict of separation regarding the members of the family home leads to the existence of the feeling of independence, however not producing the manifestation of loyalty, belonging, help and emotional support, when requested by one of the members. It results in aggressive verbal and physical behaviors with violent manifestations, sadness, depression, as well as psychosomatic symptoms.

The family with low differentiation between its subsystems demobilizes autonomous exploration as well as the finding of functional problem-solving resources.

Rigidity allows an increased degree of tolerance regarding the manifestation of the behaviors of its members (aggression, stress), which does not exceed the rigid border, only the escalating levels will alert the family members. Regarding the overlapping subsystems with diffuse boundaries, the behavior of one of the family members influences the rest of its members, the psychological tension or stress in the case of one, will reverberate through the diffuse boundaries, altering the subsystems.

A basic function of the family is to support its members in all circumstances. If a member of the family is tense, the rest of the individuals feel and try to accommodate the change, they tend to preserve the integrity of the family structure, focusing on maintaining homeostasis.

The dysfunctional family represents the family that will stiffen when stress occurs. And, if each of its members will behave identically as in the previous stage, the phenomenon of regression appears.

The existence of some elements of pathology that presuppose influencing the functionality of the family is noted:

- The first element targeted is border pathology;
- The next is the pathology of alliances, of intra-family relations, which can be noted for the lack of a common interest and we note the diversion of the conflict and the discovery of the "scapegoat";

Maladaptive transgenerational alliances through the coalition of family members.

- The pathology of triad formation represents the unstable intrafamilial arrangements/formations that exist when an individual allies with another family member against a third.
- Hierarchy pathology, when children have more decision-making power than the parent.

They can be connected and integrated in the following areas, such as:

- the family structure as a whole involves alternative transactional patterns;
- the flexibility of the family system;
- the resonance of the family system that reflects its sensitivity to the needs of each member;
- the context of family life: stress factors, family support;
- the developmental stage of the family at a certain moment, how they manage to resist the challenges, as well as the stages of the specific developmental stages;
- the moment of the appearance of the symptom in the family, respectively the way they maintain it.

We find, from a strategic point of view, the symptom, as a reaction to something, which has the role of maintaining the balance of the family. In the dysfunctional family, it belongs to the family as a whole. In conclusion, the functional family refers to the family depicted by openness, with perfectly defined and yet flexible boundaries.

The dysfunctional family constitutes the family in denial, not recognizing the existence of any problematic situation and/or they can create problems where they do not exist. The dysfunctional family has a type of inappropriate hierarchical structure.

Any human organization hits obstacles and is dysfunctional when there are coalitions between the levels of the hierarchy. When they crystallize, they will generate dysfunctions that are more difficult to manage. The family has a set of rules that govern it to maintain a state of equilibrium.

In other words, the dysfunctional family represents the system that maintains certain rules of the game of its members, when its interior preserves blocked and rigid transactional patterns, which belong to previous generations or are acquired by the current family. Thus, the Bowenian theory claims that the degree of differentiation of the self will determine the level of functionality and dysfunction of the family. We observe a reduced differentiation in the fusional systems, and for the family there are chances to become dysfunctional, while in the differentiated systems, we observe a high differentiation, a fact that points towards its normal functioning. Also, her way of coping with stress is another element of appreciating the health of the family.

2. Sources of Family Disorganization. Divorce

Divorce is a state of crisis (non-homeostasis) within the family life cycle, which has chronic and acute effects at the individual, intergenerational and social level, with negative repercussions even on unborn members (change for the entire family system). The decision to turn to a specialist, in case of divorce, is because he listens to you, understands and asks you those questions that lead to deep awareness and you find answers about how you will be, how you will manage in the future. You may have been in a dysfunctional relationship for years, but when the pain becomes stronger than the comfort, the anger arises that motivates you to make the transformation, to make a decision, to divorce. You need support, help, understanding, and the role of the psychotherapist is an extremely important one at this moment.

Emotional divorce begins before legal divorce, so the child is exposed to the conflicts and emotional tensions, violence, antisocial behavior, opposition and sentimentality of the mother and becomes a victim for sure. (Păunescu C., 1994). Initially, a type of emotional detachment appears, which sometimes mixes with states of anger and hatred, a sign that the family members are still not separated. At this stage, extramarital affairs can occur, and children who feel the detachment of one or both parents will experience a state of fear that they usually do not discuss. They can still ask their parents if they are going to divorce, to which they generally get a negative

answer. This is a moment that will later be recalled and experienced by children with great anger.

Divorce leads to the disorganization of the family, and as a result of divorce certain psychiatric diseases can result (John Dermott, 1970), behavioral disorders that lead to social maladjustment (Szyrunski, 1971). There are organized families characterized by multiple conflicting states whose frequency and intensity differ, and when the intensity, content, form of manifestation, as well as the frequency of family conflicts acquire dysfunctional, disorganizing values, all these become symptoms for the dysfunctional family syndrome.

In 2020, nearly 23,000 couples divorced. According to data published by the INS, the share of divorces due to physical violence increased slightly during the pandemic. It is found that Romania reached 16% divorce rate in 1990, to 28.5% at the end of 2020.

Since infidelity occupies the largest share in the motivation for divorce and is described by straight couple therapists as one of the most difficult problems to treat, in the article *An Integrative Approach to Treating Infidelity (An Integrative Approach to Treating Infidelity)* 2004, the authors (Snyder D.K., Baucom D.H., Hill C.-C., Gordon K.C.) describe a three-step intervention model to help couples change as a result of sexual and emotional intimacy outside of marriage or a committed relationship that occurs with high frequency both in the community as well as, particularly, in clinical populations, including (a) dealing with the initial impact, (b) exploring contributing factors and finding meaning, and (c) making an informed decision about how to move on with one's life, whether they stay together or break up. This intervention draws on theoretical and empirical aspects of the trauma response and interpersonal forgiveness literature and incorporates empirically supported interventions from both cognitive-behavioral and insight-oriented approaches to treating couple distress. Preliminary empirical findings support the effectiveness of this extramarital relationship intervention. This article describes an integrative approach to working with couples struggling to recover from an extramarital affair.

The disorganized family represents the broken family as a result of divorce or as a result of the death of one of the spouses and does not represent the most favorable educational environment for everyone. The remaining parent is forced to compensate with the power of his love and the love of the deceased.

The reconstituted family, through remarriage, re-creates a new family. Named and combined, it consists of two adults, who have children from a previous marriage, only one of them or both. The stepparent can be distant from the partner's child, also each can favor their own children, a situation that is not favorable for education. In this case, we are also talking about the role of the biological parent, who was not entrusted with the child, about the duties that he fulfills or not. Who is in charge of education, discipline, etc.?

3. Family Violence

As sources of family disorganization, we identify:

Exacerbating or minimizing the family role can lead to conflicts that are difficult to manage in the family. Family violence is a phenomenon that cannot be neglected due to its scale. There are situations where the partner is mistreated, sometimes the children too, they lose the joy, love and understanding of their peers, and their mental health can be affected. Interrelational tensions and conflicts between adults cause trauma to children. Parents' disagreements regarding educational measures have negative consequences on the child in terms of their education. The negative behavioral model of the parents (dishonesty, aggression, lying, thieving) can in most cases be imitated by the child.

According to the statement made by Norman Goodman (1992), sometimes the child is happier when the parents separate, because of misunderstandings between them, because a climate that cannot constitute an educational environment, and the child does not develop normally, even if the family is complete, does not bring joy.

General problems with which family members come to therapy can be caused by:

-*The development stage* generates specific problems (example – the need for increased independence of young people, the need for parental control, emotional imbalance corresponding to hormonal changes, the need for social recognition);

- *Consequences of previously* manifested difficulties (example: non-compliance, school problems, joining a group that manifests behavioral deviations, difficulties that exist between family members),

-*Family crises*, traumas: most of the time, when an adolescent accepts or requests therapy, the negative processes in which he is involved are complex and have many ramifications. That is why the first interventions are focused on getting out of the

crisis. Defining the problem - Are parents aware of how their problems overlap with their child's? How open are they to talking about these issues? The problem is framed so as to emphasize the context that sustains it, how the current problem may reflect a re-actualization of an old family story.

Hostile, authoritarian parents cause mildly aggressive conformity in children. Children experience deep feelings of self-revolt, guilt, resulting in the incidence of neurotic reactions, difficulties in relating, self-punishment tendencies, shyness, fear of adults, the feeling of unhappiness. These rejective parents, not involved in controlling their children's conduct and behaviour, maximize activity, impulsivity, negligence. They present disciplinary approaches in an arbitrary, disorderly manner and cause disorganized states and behaviors. In this type of family we encounter cases of juvenile delinquency. In conclusion, disorganized discipline in disorganized families has devastating effects. Although there are numerous studies, family surveys, statistics, which lead to such conclusions, we cannot claim that predictably, the child who comes from the disorganized family will surely have reactionary structures of a certain type. There are studies, carried out especially in Denmark, which highlight a style of immunity related to negative family influences, restrictive, oppositional, hostile and disordered in some children. However, there is a probability that the effects of the previously described family type are statistically valid (Şchiopu & Verza, 1997).

4. Parents' Addictions

The authors, Stanton D. and Coleman S. (1980) were involved in the development, implementation and approach of the family perspective on substance abuse. According to the targeted theory, addictive behavior is closely related to painful situations, such as: deaths, separations or unresolved losses. Moreover, family homeostatic processes and feedback mechanisms determine addictive behavior as a way of coping with overwhelming stressors.

Among the personality traits that favor the establishment of addiction, we list: a low self-image, anxiety, hedonism, and, characterizes children who were never denied anything, everything was made available to them. We can define addictive personality as a psychological state that makes the subject susceptible to addictions. In this notion we can incorporate: drugs, alcohol abuse, pornography, gambling, excessive coffee consumption, sweets, excessive internet use, video games, eating

disorders such as anorexia, bulimia and binge eating, exercise and overwork, the obsession with business clothes, even relationships. Researchers in the field specify how the spectrum of behaviors indicated as addictive uses five concepts, concepts whose interrelationship consists of a wide variety of patterns, habits, compulsions, impulse control disorders and physical dependence.

About the addictive personality, it is said that it would present features favoring alcoholism and would be prone to neuroses. The parent at risk of developing addictions shows signs of impulsive behavior combined with failure in life (separation, divorce, death of the other life partner, loss of job), social alienation, stress. They are generally able to support multiple dependencies. Disorganized, addictive, addictive personality family members are sensitive to stress, have problems coping with situations, become easily angry, frustrated, have low self-esteem, lack confidence, exhibit impulsive behavior, behavioral changes, and behavior antisocial, they are conflictual, fixist or ambivalent, insecure in relationships, they have difficulty maintaining long-lasting relationships. Adolescents from these disorganized families, in turn, having addictive parents as a model, due to feelings of loneliness may consider substances such as alcohol as momentary benefits, show interrelational difficulties due to a lack of trust in others, and constantly seek the approval of others. The addicted parent suffers from depression and anxiety, controlling his emotions by developing addictions such as alcohol that benefit from momentary pleasure. The impulsivity of the alcoholic parent is associated with experiencing anxiety, anger, depression, followed by some negative emotions.

Dependence is a state of subordination, dependence, submission, characterized by the loss of certain freedoms, the loss of freedom by affecting the ability to make decisions regarding certain aspects of life. For a behavior to be classified as an addiction, we believe it is necessary to include certain key components, such as: unusual preoccupation with that activity, the conflictual relationship between it and other activities and relationships, symptoms of depression in the absence of the activity, the development of a tolerance towards it and use for the purpose of altering certain moods.

Aspects affected by addiction: freedom, self-determination, self-control, fulfillment of social functions, health.

Frequent reasons used by the consuming parent regarding the consumption of alcohol: it is the fact that it is considered to be a quick and at the same time pleasant

method with the aim of changing emotions, feelings, mood and it is used when they have an unpleasant emotional state (sadness, guilt, anxiety, frustration). Consumer parents also cite the following reasons: indisposition, joy, anger, loneliness, overwhelming responsibilities, frustration, improving relationships with others, socialization.

Codependency can manifest itself as dependence on another person.

Deficient problem-solving skills, as follows: unclear definition of problem situation characteristics; inability to find and manage alternative solutions; the existence of inconveniences in collaborating with the rest of the family members regarding the assessment of benefits or losses when applying the solutions; difficulties in reaching consensus regarding the optimal solution; obstacles regarding the development of a concrete project in the implementation of the solution identified as viable.

Impediments regarding communication and solving problems as a result of some processes, respectively:

- Wrong behavioral patterns of learning in the family of origin;
- Lack of cognitive functioning;
- The existence of some forms of psychopathology (anxiety, depression);
- The existence of traumatized experiences from previous relationships/relationships, dysfunctional beliefs, vulnerabilities, conditioning.

Behavioral manifestations that require stabilization and are addressed in individual behavioral intervention: mutual attack by partners; request and withdrawal pattern; the simultaneous avoidance and withdrawal pattern.

5. Deficient Educational Attitudes and Behaviors

In child-centered issues, it is common for one parent to disagree with the other, sometimes about the severity of a problem, and other times about essential issues. These disagreements can take many forms and it is advisable to explore their nature without taking sides. For example, parents may come with very different perspectives on what needs to be discussed. A parent may feel that a child's difficulties are related to an underlying problem: that the other parent is not doing well with the child; thus implicitly or explicitly blames him for the child's problems. A situation that is observed in the case of divorced couples who exercise two very

different parenting styles in two different homes. In such situations it is good to emphasize the difference between parenting roles and the roles of spouses or ex-spouses and to explore with parents the ways in which their different parenting perspectives can be discussed and delineated from the distress or dissatisfaction they experience as divorced or cohabiting partners couple.

The psychological challenge consists of cognitive, social and emotional aspects.

Parents' state that the adolescent has sophisticated, complex thinking, it becomes difficult. The teenager is rational, logical, critical, inclined to question everything; they see new options for the situations presented, they are full of creativity, spontaneous, they do not accept as viable only the solution presented by the adult. The moral aspect of reality is of interest to them, which is why they take on political and social causes. However, teenagers in certain situations, due to lack of experience, also make incorrect assumptions and assumptions. Sometimes they overestimate the influence on the natural course of things around them. I take everything personally, unnecessarily blaming myself when things go differently, don't go according to my own plan. Gestures as well as innocent behaviors of those around are seen and interpreted as personal criticism.

The child approaches tasks systematically, he must always be encouraged to discuss possible options, to be encouraged to think in his own way, to formulate his own ideas, to check them, to find multiple solutions. It uses hypothetical-deductive approaches, uses deductive reasoning, such as: if-then, approaches hypothetical and abstract notions, uses concepts of faith, spirit, truth, trust. He considers it difficult that especially the parent can understand his intense feelings, thoughts, everything that he is experiencing new. They consider themselves invincible, which is why they take risks. There are times when they exhibit sound reasoning and mature behavior. The adult's way of expressing his dissatisfaction with the child is taken over by imitation by him and in tense interactions with others, he will manifest himself identically to the parent.

Social skills allow children to adapt and integrate into a certain environment, family, school. Those who have social skills are effective in their interactions with others, managing to achieve their goals faster. According to studies, children who have developed social skills adapt much faster to the school environment and achieve positive results compared to children with poorly developed skills: children who have physically or verbally aggressive behavior, those who have difficulties integrating into social groups us, and there is an increased likelihood that they will

be rejected by group members. They are at risk of dropping out of school, juvenile delinquency, emotional problems, and substance use.

Research highlighting the link between various adolescent problems and family/society functioning (Nichols, Schwartz, 2006):

- *behavioral problems in childhood and adolescence (opposition disorder), hyperkinetic syndrome are closely related to conflict and aggression in families.*

- *ineffective parenting practices in childhood maintain antisocial behaviors in adolescence and young adults.*

- *antisocial behavior is usually learned at home through negative reinforcement of coercive patterns, aggressive behavior models provided by parents, arguments between parents. These antisocial behaviors are then generalized to school and peer group environments.*

- *coercive parents and poor monitoring of children aged 4-5 years, coming from socioeconomically disadvantaged or minority backgrounds, can cause behavioral problems in children.*

- *parental substance abuse, antisocial behavior and repeated conflicts between them are risk factors for oppositional defiant disorder.*

Due to the fact that many couples live in apartments with two, maximum three rooms, it is found within this modern family, the centering on the basic nucleus, the family being reduced to two generations, very rarely three. Thus, the role of grandparents in the education of grandchildren is diminished.

Until 2020, one of the factors with great social influence was the migration of the population from the village to the city and the urbanization of the villages. This leads to a major change in the mindset of the family. Mentality changes due to the use of audio-visual means, contact with technology, cultural and sports concerns appear, the group of friends' changes, habits and traditions, values change. Spaces arranged as homes do not allow a larger number of people to live together.

Starting from 2020, with the start of the pandemic and telecommuting, the population (approximately 100,000 people per year) began to migrate from the city to the village, and from the village to the city the migration of the population is decreasing (approximately 77,000), a fact that can had a positive impact, in the sense of self-rediscovery and knowledge of traditions and customs, interrelationship, proximity to nature, change of diet, detachment/distancing from the stressful factors of

urbanization and non-involvement of children in inappropriate social groups, substance use, etc. Thus, the family can reunite at least temporarily (extended family members can live together in the generous space of country houses), if not permanently. This factor can have a positive influence on the family.

In families with a low standard of living, both parents work permanently, and supervision of the children becomes limited under these conditions, or they turn to other people for this, or they are taken to kindergartens with extended hours, etc. There are situations in which the two spouses work in shifts or travel, which leads to their estrangement.

Situations arise when one of the parents is unemployed, and the other, who works, is less involved in educating the children. There are cases when one is unemployed and the other is not working because he is taking care of minor children. The standard of living in these families is low. All these situations can influence the well-being of the family and, at the same time, tense situations can arise due to the lack of money.

Conclusions

The family represents the natural and opportune microuniverse in which the child has the right to grow and develop alongside his parents. For its functionality, it becomes a necessity to modify dysfunctional behaviors by expanding the variety of experiences compatible with self-esteem, reducing aggressive behaviors, or behaviors that were previously incompatible with self-image, and implicitly, regaining control over one's life. The emerging result of the interaction of family members should be education, learning assertive communication and at the same time the correct and functional management of emotions, factors that guide us on the way we relate to each other.

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