

Dysfunctional families: how children are affected



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When a family decides to have a child, everything changes. That child becomes a number one priority. In order for a child to lead a healthy, functional life, a family needs to be strong and functional. When a family becomes dysfunctional, the most effected is the children. The children forget their children and act out which makes them difficult to live with.

If a dysfunctional family, let alone the children, knew that therapy and help was available to them, more families would become healthy. In this paper, I will prove that children in dysfunctional families can self-diagnose and be encouraged to seek help and treatment so that their future can be affected by their own mistakes and not the mistakes of their families. Dysfunctional Families In a family, the children are the most important function. When the parents start to expect the children to act in ways they are not equipped to do, the family becomes dysfunctional. In a dysfunctional family, the parents do not provide a nurturing environment. Children are then affected negatively and furthermore not able to develop correctly or be prepared for their future.

The children of a dysfunctional family will then pass on the same unhealthy characteristics to the next generation. Children of a dysfunctional family can self-diagnose and should be encouraged to seek help and treatment.

Definition of a Dysfunctional Family A dysfunctional family is opposite from a healthy family in every way. However, a healthy family is not a perfect family. There is no such thing as a perfect family. Every family bickers, yells, and will experience anger and hurt; but not all the time as in a dysfunctional family.

In a healthy family, the family grows and learns from the hurt and the misunderstanding. All family members are treated with respect and parents are there for the children at all times. Children can sleep at night knowing they are safe in their home environment (Vannicelli, Forward, 1989; Benton 1993-1997). Family dysfunction can be any condition that interferes with healthy family functioning.

Relationships in dysfunctional families are strained and unnatural. These relationships develop because one of the family members has a serious problem that impacts the rest of the family, and each member of the family feels constrained to adapt atypical roles within the family to allow the family as a whole to survive (Nadelson 2000 PG. 8). . The spouse in this family may enable the problem spouse to maintain employment by lying for him or her, for example. He or she may become obsessive about the problem spouse's abnormal behavior, such that he or she loses perspective in his or her own life, a pattern that is called codependency (Boyd 1992).

Children in Dysfunctional Families Children who grow up in dysfunctional families work hard just to survive. Nine million American children face risk factors that may hinder their ability to become healthy and productive adults. The survey also indicated that children confronting several risk factors are more likely to experience problems with concentration, communication, and health (Genematrix, Inc. 2003).

The statistics are over-whelming but children of dysfunctional families can fight back and beat the statistics. Children in dysfunctional families do not realize that their family is dysfunctional. Usually they do not realize that their

family should not act the way that it does until either there is some outside intervention or they become older and begin to compare the way their family functions with the way they see other families functioning. Because they think their family represents the way families are supposed to be, they try very hard to make the family system work (Nadelson 2000). When a family fails to provide for the emotional and physical needs of the children, that family becomes unhealthy and dysfunctional. In a healthy family, children grow up in families that help them feel worthwhile and valuable.

The children learn that their feelings and needs are important and can be expressed. Children that grow up in that sort of supportive environment are more likely to form healthy, open relationships (Nadelson 2000 PG. 19.) Children in a dysfunctional family become dysfunctional themselves.

The children assume roles within the family to make up for the deficiencies of parenting. Sharon Wegscheider referred in her book to these roles within the family as the " Hero," the " Scapegoat," the " Lost Child," and the " Mascot. The child in the dysfunctional family that becomes like another parent is the eldest child. This child is referred to as the Hero Child or the Responsible Child. This child takes over the parent role at a very young age, becoming very responsible and self-sufficient. They give the family self-worth because the child looks good on the outside.

This child becomes the good student, the sports star, the prom queen. The parents look to this child to prove that they are good parents and good people. As an adult, the Family Hero is rigid, controlling, and extremely judgmental of others and secretly of themselves. They achieve " success" on

the outside and get lots of positive attention, but are cut off from their inner emotional life. They are compulsive and driven as adults because deep inside they feel inadequate and insecure.

The family hero is often the child in the family who as an adult has the hardest time even admitting that there is anything within them that needs to be healed (Burney 2008.) The second role that a child can be is the Scapegoat role. This is the child that the family feels ashamed of and the most emotionally honest child in the family. He or she acts out the tension and anger the family ignores. This child provides distraction from the real issues in the family. The scapegoat usually has trouble in school because they get attention the only way they know how which is negatively.

They often become pregnant or addicted as teenagers. These children are usually the most sensitive and caring which is why they feel such tremendous hurt. They are romantics who become very cynical and distrustful. They have a lot of self-hatred and can be very self-destructive. This often results in this child becoming the first person in the family to get into some kind of recovery.

The third role that a child can be in a dysfunctional family is called the Placater, the Mascot, or the Caretaker. This is the child that takes responsibility for the emotional well-being of the family. They become the family's social director and/or clown, diverting the family's attention from the pain and anger. This child becomes an adult who is valued for their kind heart, generosity, and ability to listen to others.

Their being is centered on others and they don't know how to get their own needs met. They become adults who cannot receive love, only give it. They often have case loads rather than friendships and get involved in abusive relationships in an attempt to save the other person. They go into the helping professions and become nurses, social workers, and therapists.

They have very low self-worth and feel a lot of guilt that they work very hard to overcome by being really nice (i. e. people pleasing, co-dependent) people (Burney 2008.) The fourth and final role of children in a dysfunctional family is called the Adjuster or the Lost Child.

This child escapes by attempting to be invisible. They daydream, fantasize, read a lot of books or watch a lot of TV. They deal with reality by withdrawing from it. They deny that they have any feelings and " don't bother getting upset. " These children grow up to be adults who find themselves unable to feel and suffer very low self-esteem. They are terrified of intimacy and often have relationship phobia.

They are very withdrawn and shy and become socially isolated because that is the only way they know to be safe from being hurt. A lot of actors and writers are ' lost children' who have found a way to express emotions while hiding behind their characters. There is a special case when it comes to children in dysfunctional families. The special case is the only child.

An only child in a dysfunctional family may take on parts of all of these roles, playing them simultaneously or alternately, experiencing overwhelming pain and confusion as a result (Boyd 1992.) Sharon Wegscheider notes that the longer a person plays a role, the more rigidly fixed he or she becomes in it.

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Eventually, family members “ become addicted to their roles, seeing them as essential to their survival and playing them with the same compulsion, delusion, and denial. Children are affected in the long-term from being in a dysfunctional family. In Facing Codependence, Pia Mellody and her co-authors identify five symptoms that children raised in dysfunctional families often develop.

These children have difficulty, both as children and as adults, in experiencing appropriate levels of self-esteem, setting functional boundaries, owning and expressing their own reality, taking care of their adult needs and wants, and experiencing and expressing their reality moderately (Mellody et. Al 1989.) These symptoms cause the children in dysfunctional families to end up co-dependent. They will suffer from codependency for the rest of their lives unless they receive help and treatment they require. Co-dependents have low self-esteem and look for anything to make them feel better. Some try to feel better through other substances and become addicted.

Others may develop compulsive behaviors and become workaholics, abusive, and/or compulsive gamblers. Co-dependents view themselves as victims and are attracted to that same weakness in relationships (Mental Health America 2011.) Treatment for co-dependents usually requires a lot of help and treatment. Treatment and Receiving Help There are a lot of problems that makes up a dysfunctional family. Co-dependents are usual the type of people that try to “ fix” other people when it is really themselves that need the fixing. “ Because co-dependency originates in a person’s childhood, treatment involves adventuring into childhood issues and their relationship to current destructive behavior patterns.

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Treatment includes education, experiential groups, and individual and group therapy through which co-dependents re-discover themselves and identify self-defeating behavior patterns. Treatment also focuses on helping patients getting in touch with feelings that have been buried during childhood and on reconstructing family dynamics. The goal is to allow them to experience their full range of feelings again and try to come to a sense of normalcy (Mental Health America 2011.)" In some dysfunctional families, physical violence takes place.

Children may be victims, witnesses, or participants to the abuse. What most of those children are not aware of, is that help and treatment exist to help protect family members from being abused in any form. The children can tell a teacher, guidance counselor, family doctor, member of the church, or any other trusted adult in order to receive help (Nadelson 2000 PG. 21.

) There are free hotlines that are twenty-four hours a day that are there to give help to dysfunctional families. For example, the National Domestic Violence Hotline, which offers confidential and immediate help in English or Spanish and has interpreters available to translate in one hundred and thirty-nine different languages. This hotline links callers to help in their local area. It has a nationwide database that includes detailed information on domestic violence and other emergency shelters, as well as legal advocacy and assistance programs and social service programs (National Domestic Violence Hotline 2010.

) In addition, family support programs and information hotlines are listed in phonebooks in every city. Many hospitals and medical centers sponsor family

programs and provide information as well. Schools, colleges, and religious organizations are also good for information. Therapy is another way that a dysfunctional family can receive help. Family therapy has become one of the major approaches to understanding individual and family problems. It attempts to solve individual problems by studying how the patient's family functions.

Children can self-diagnose by making a lists of what makes them who they are. Because children assume that their families are normal, children growing up in dysfunctional families do not realize until they are teens or adults that their families has serious problems. The Counseling Center at the University of Illinois, Urbana- Champion, suggests that to re-think and re-organize a person life, they need to write everything down. They need to identify painful or difficult experiences from their childhood. The first step is to face the difficulties that the children have experienced. The children need to look at their behaviors and beliefs and see if it is them that is influencing the behaviors and beliefs or outside forces (University of Illinois, Urbana-Champion 2010-2011).

Conclusion The first step to recovery from growing up in a dysfunctional family is to recognize that there are problems to solve. When those problems are recognized, the next step is to realize that help and treatment is around and easy to access. Dysfunctional families are abundant in the United States and they need to be taken seriously when it comes to helping them. The effects of growing up in a dysfunctional family can be life-changing and affect generations but help is just around the corner.