

DYSFUNCTIONAL FAMILY

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Abstract

Dysfunctional families are fertile ground for neglect, abuse, secrecy, addiction, or denial. In these family systems, children's emotional needs go unmet because the parents' needs take precedence. One or both parents might be suffering from a substance use disorder, personality disorder, or mood disorder. Sometimes, the adults in these families have authoritarian "my way or the highway" parenting styles or have a toxic and abusive relationship with each other. In other cases, parents are emotionally immature or unavailable—caught up in workaholism, shopaholism, gambling, overeating, adulterous affairs, or other pursuits. This article shows meaning of title.

Key words: emotionally unavailable, addicts and enablers, high-conflict and abusive families

Introduction

No parent is perfect, but in dysfunctional families, the problems in the household are ignored or denied. Children who dare to raise these issues may be shamed or punished, leading them to deny their own perceptions of reality and suffer from low self-worth. Often, the parents in these families expressly forbid children from sharing these problems with outsiders such as friends, teachers, coaches, counselors, or clergy members. They might even scapegoat one child to divert attention away from the troubles in the household. The source of dysfunction in any particular family may vary,¹ but the common thread is that the children who belong to these families suffer. Deprived of parents who nourish their emotional needs, provide stability, and acknowledge problems, they struggle to grow into secure adults with high self-esteem and healthy coping skills. Unsure of how to nurture their relationships with themselves or to foster healthy relationships with others, they may go on to create a

dysfunctional family of their own when they have children. It is possible, however, to break the cycle. Gain a better understanding of dysfunctional families by reviewing common types of these families, a list of telltale signs, and steps one can take to heal.

Methods

Several techniques are useful in helping family members demonstrate how they normally deal with situations. Some examples include:*Sequencing*. Ask questions like who does what, when? When kids are fighting, what is mother doing? father?*Hypothetical Questions*. Who would be most likely to stay home if mother got sick? Which child can you visualize living at home as an adult?*Scaling Reports*. On a scale of most-least, compare one another in terms of anger, power, neediness, happiness.*Family Map*. Organize information about the generational development of a family that reveals the powerful transmission of family rules, roles, and myths (Bowen, 1978).*Reframing*. Describe negative behavior in different ways. Acting out, for example, can be described as displaced anger from an unresolved family conflict.*Tracking*. How does a family deal with a problem. “What was it like for you when. . . ?” rather than “How did you feel when. . . ?” These kinds of questions help keep the focus on the family rather than on the individual.*Sculpting*. Create a still picture of the family that symbolizes relationships by having members position one another physically. This technique helps to cut through intellectualized defenses, and gets nonverbal members to express themselves.*Eco-Map*. Organize data about the family’s total environment and their relationship to it.*Paradoxical Intervention*. Instruct a family to do something they don’t expect and observe how the family then changes by rebellion or noncompliance. This approach is not appropriate in crisis situations such as violence, grief, or suicide, or for families with minimal resistance. It is reserved for highly resistant and rigid families and is clearly an advanced therapeutic skill (Papp, 1981).*Unbalancing*. Support an individual or subsystem at the expense of others. This modifies family structure and introduces the possibility for alternative ways of living together.

Results

In many families, parents or caretakers have addictions that they struggle to manage or are attempting to hide. A parent’s addiction might be an open secret or extremely obvious because it prevents the individual from keeping a job, fulfilling their

parental duties, or being a steady and stable presence in the home. The other parent might be a codependent who covers for the addict, gets the addict out of jams, or constantly begs the addict to stop using. In essence, the codependent parent spends more time on the partner's addiction than on raising children. Neither the sober parent nor the addicted parent is available to the minors in the home. The children in this environment learn that it's okay for a parent's addiction to take priority over their needs. This may set the child up for addictions as they age or lead them to seek out partners with addictive personalities. Many people have no trouble realizing that their family was dysfunctional, especially if the family problems were overt and they had the opportunity to spend time with more functional families. But others might find the level of dysfunction they endured growing up difficult to gauge. After all, every family has problems. How can people tell if their family wasn't just imperfect but downright toxic? Unfortunately, making this call can be even more confusing because dysfunctional families typically deny issues and punish the members who are willing to speak up about problems. The gaslighting and disregard for the truth in dysfunctional families can lead concerned members to think they're overly sensitive or have exaggerated the household's troubles. Moreover, children don't have the life experience to know what's normal or abnormal behavior for parents or caretakers. This is why some people don't realize how troubled their family of origin was until they spend time with other families or start one of their own. At that point, they may realize they'd never treat their children as they were treated growing up.

Discussion

Recognizing that you grew up in a dysfunctional family is an important first step, but just acknowledging this truth is not enough to stop the pattern. You can work with a licensed mental healthcare provider or join a support group to help you work through any unresolved trauma related to your upbringing. Therapy can also teach you how to use healthy coping skills to regulate uncomfortable emotions rather than develop addictions or destructive behaviors. A mental healthcare provider can also help you set boundaries, which you will need if you are still in regular contact with your dysfunctional family members. Simply doing the opposite of what your caregivers did can create new and unforeseen problems for your children,³ so if you'd like to pursue parenthood, make sure the decision is an informed and intentional one. By planning to become a parent, addressing your past trauma, and developing healthy coping skills,

you'll be in a much better position to form secure attachments with your children and guide them into a healthy adulthood.

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