

DEVELOPING HEALTHY FAMILIES

Presented by Robert J. Ackerman, Ph.D.

Our ability to strengthen families has been affected by the impact of the many changes, some subtle, that have occurred over the last forty years. The most effective intervention with families is intervention long before problems occur. However, most of our help for families takes place after problems occur. So, at best, therapists are faced with taking an unstable situation and trying to stabilize it. We look at those who are in trouble and then try to figure out what to do with them or how to control them.

Families are blamed for everything. Years ago, we might have said a kid got into trouble because of a “broken home.” But the family has not broken down in America; we still have family, and we will always have some form of family. What is lost or broken down in the United States is a sense of community. All over this country, there has been a significant breakdown of community. If a family with a lot of problems is put into a very strong community, there will be many offsetting factors and informal structures. But if a healthy family is put into a broken down community, they will barely be able to hold on. Over the years, there have been a tremendous number of structural changes in communities. There are more programs in America today for young people than there were ten years ago and five years from now there will probably be even more. But the issue is not the development of these programs; the issue has to do with why these programs are being developed. There is a very basic fundamental reason. These programs are developed because there are too many adults in this country who will not accept their responsibilities. The issue is not only about family, and it is not only about adolescents. Instead of only looking at causes and at intervention, we need to look at ourselves and the communities that we have created for families.

As adults, we need to stand up. Many times adults are afraid to say to the kids, “You are out of bounds.” There was a time when adults felt good enough about themselves to say what they believed. For example, thirty or forty years ago, if a boy was hanging around the corner with other boys, a man who was not sure what they were doing did not hesitate to say, “You boys, what are you doing?” And he would come over, look at the boys, and say, “I know your

father.” What did that mean? That meant that this is going to get home before the boys could get home. There was no hesitancy. At that time, children had a clear vision of what was expected from them because it was mutually supported, but now they do not have that clarity.

We have gone from a collective identity among adults to what might be called a theory of adult irrelevancy. For most teenagers in this country, adults are irrelevant. If an adult walks through a group of teenagers, they will not alter their behavior, their language or their discussions. It is as if the adults are not even there. Adults need to become relevant again in teenagers’ lives. The family needs to become relevant in the lives of its members. Kids need to know what it means to belong to their family. They need to know what it means to be a member of their family, what the family stands for, what they do not stand for, what the boundaries are, and what the expectations are.

WORKING WITH PARENTS

The most important thing to do to help a family is to work with the parents. If a person has a 15-year-old who has some problems, she brings her 15-year-old to the experts and asks them to fix this child. And she says, “When you are done, leave a message on my answering machine. Fix the kid, return him to the environment he came from, and don’t ask me to come in here and be part of this.” The 15-year-old becomes the focus point. No one is thinking about what is inside Mom -- her sense of futility, her sense of self-indictment, her fear that nothing else can be done, and the relationship between her and her husband that is now tenuous and strained. None of those issues are being addressed.

Every adolescent program in this country really ought to have someone there who is a counselor for parents. Every adolescent program should have a marriage therapy or couple therapy counselor. And we ought to look at the levels of violence in families. But, instead, programs are very fragmented.

One thing that would help American families, instead of a particular clinical or therapeutic approach, would be to make sure that at least one adult in the family had a meaningful, viable, justifiable, paying job. If at least one adult in that family had a good job

there would be fewer problems. Counselors have to think outside the lines, and to be willing to do that in working with kids.

“DYSFUNCTIONAL” FAMILIES

In the mid-1980's, the phrase “dysfunctional families” became common. That helped people to understand some things about themselves, and the concept provided some validity. However, that concept which once provided legitimacy and validity has been used indiscriminately and it has lost its original validity. When the phrase was first used, it made a lot of sense to people, but unfortunately it has now become too glibly and commonly used. The first use of the phrase “dysfunctional family” that I remember in a book was authored by Nathan Ackerman, who was one of the founders of Family Systems Therapy in the United States. In 1958, he said that the number one indicator that a family was dysfunctional was the relationship between the spouses.

We have heard “experts” state that at least 96% of the American population is in or were raised in a dysfunctional family. What an unfortunate statement. If 96% of the people in a culture have a characteristic, and you have it too, I would argue that you are culturally normal. The other 4% better watch out because they will be accused of not being culturally normal! The more we have implied one thing, are we not implying the other simultaneously? We have almost eliminated what we mean in this country by “functional” family. We need to understand that healthy families are not healthy all the time, and dysfunctional families are not dysfunctional all the time. If a healthy family does a dysfunctional thing, that does not make it a dysfunctional family. The more we have assumed that 96% figure, the more people have stopped trying to solve some of the problems within their own families.

For example, the first time there is a problem, people want to run outside of the family to some agency for help. Families have lost the ability to solve their own problems. Ten years ago conflict-resolution skill training was suddenly found in all of our schools. Was it because we had more conflict, or was it because there were so many people who had not seen any conflict resolved in their own families. They believe it is somebody else's job to resolve it. What we are seeing is outcomes of very subtle changes.

BEAVERS SYSTEMS MODEL

W. R. Beavers talks about looking at families by looking at an assessment of family functioning. The Beavers Systems Model is based on how well a family functions as a group. Therefore, the structure of the family is not the key variable by which to assess a family. The family structure, whether it is one parent, two parents, partners or blended families, is not the characteristic that tells us how well the family is doing. It is how well the family functions as a group that is an indicator of family cohesion or health.

This is a particularly applicable model because today there are so many different forms and ideas of family. The emotional state of the family is often the main concern. When people seek help, it is their emotional state that is bothering them. Issues of intimacy, power and control should be addressed. If families are dysfunctional, they are dysfunctional by degree. Beavers postulated five levels of family dysfunction.

BEAVERS' FIVE LEVELS OF FAMILY DYSFUNCTION

Level Five – Severe Dysfunction

This level includes those families with severe dysfunction. In families in Level Five, there is a lot of pain, chaos and no clear authority figures. Members avoid a problem they do not want to deal with by focusing on a side issue. Therefore, nothing is resolved and they avoid any realistic improvement. Beavers postulated that about 8% of American families fit this level. That is a far cry from 96%.

Level Four - The Borderline Family

Beavers called this group Borderline Families. These families are more functional than the Level Five families. But they are usually run by a tyrant who not only insists on his or her way of doing things, but who will tell family members what to do, and if they let them, will tell them what to think, and will tell them what they are feeling. The tyrant is not necessarily a person.

For example, a drug could be the tyrant that is controlling a family; it could be somebody's addiction. The tyrant could also be the teenager who dictates absolutely everything. If a family lets this happen, this person will literally define what the family is thinking and feeling and after a while, family members might finally not know what they think. They can be bombarded so much that the family begins to believe that they cannot do anything right.

Level Three – Midrange Families

There are Midrange Families, those families whose members live by a series of internalized rules and in some cases, if they go too far, the rules actually rule them. There is too much emphasis on role performance behavior, and guilt, intimidation and manipulation is used to keep family members in line.

Level Two – Adequate Families

The next category is Adequate Families. Rules are consistent. There are clear authority figures, hopefully the parents, and those authority figures are flexible.

Level One – Optimal Families

The Optimal Level Family has all the adequate qualities along with a strong sense of belonging and acceptance.

BARNHILL'S DIMENSIONS OF HEALTHY FAMILY FUNCTIONING

In 1970, Barnhill noted certain dimensions of healthy family functioning. He said there are dimensions of identify (individuation versus enmeshment and mutuality versus isolation), dimensions of how change is handled (flexibility versus rigidity and stability versus disorganization), dimensions of information processing (clear versus unclear perception and communication), and dimensions concerning the structuring of roles (role reciprocity versus unclear roles or role conflict, and clear versus diffuse or breached generational boundaries). These dimensions can be used to help assess various levels of family functioning and problems. However, not all dysfunctional families are the same.

NOT ALL SURVIVORS OF DYSFUNCTIONAL FAMILIES ARE THE SAME

There are degrees of dysfunction and there are different types of dysfunctional parents. Children have differences in their reactions to stress. Children's personality and their perceptions affect the degree of dysfunction they experience. Girls and boys react differently as well. In addition, age and developmental factors play a role, and there are cultural considerations as well as other offsetting contributing factors. Not all survivors of dysfunctional families are the same.

UNSPOKEN RULES OF TROUBLED FAMILIES

Most troubled families are closed information systems. This is a system that demands loyalty. These families may be extremely dysfunctional, but they demand loyalty. These families avoid internal or external criticism. They are afraid to let anyone break into that system, and they only add new members who conform to their existing beliefs. In many cases, troubled families develop a set of unspoken rules. No one ever voted on them, but they maintain them. Often, these families bring these rules with them when they come for help. If a family in therapy is not improving it might be because they are adhering to certain unspoken rules.

One rule "Be in control at all times" is an interesting rule. In very troubled families, "being in control at all times" means you attempt to become a counter-controller in a situation that is out of control. In a situation where there is a lot a chaos, confusion, pain and anxiety, most people try to lower their anxiety over the chaos and confusion by making sense or order out of it. Family members can become counter-controllers in order to find balance in their lives.

For example, if someone comes into the house by kicking that front door down, a family member figures out how not to get beat, not to get punched out, and not to have things thrown at them. They figure out counter-controlling measures that seem to make sense. Three patterns of behavior can result from the need for control when faced with an out of control situation. Some people develop a disproportionate need to control situations; they do not feel comfortable unless they are in a situation where they feel that sense of control. Others develop an overly strong need to want to control relationships. And some absolutely believe that they must maintain total control over their emotions. These reactions occur because controlling their emotions is what has allowed them to survive.

An example of control needs might be found in the following situation. If a ten year old asks, "If I tell you something, will you promise not to tell anyone?" and you say, "No," the child is likely to say, "Thanks anyway," and walk away. The interaction problem here appears to be a lack of trust. But in many troubled families, the issue is not just trust. By asking that, he wanted a guarantee. He was trying to control the outcome. And when the answer was "No" the child decided to keep the pain, because he could not control the outcome. The other point is that trust and control go together. For example, if the child trusts you with information about himself, at a later point he will have to trust that you will not use that information against him. But once he shares it, he can no longer control it. If he doesn't share it, he thinks he can control it.

Here is a suggestion about handling this situation. Suppose a young person says, "If I tell you something, will you promise not to tell anyone?" Say "No" and they might say, "Well, I thought you were a good guy." Then say, "Well, I probably am, but what's going on? I promise you this, whatever you tell me, if we need to go somewhere with that, I'll go with you. So are you going to deal or not? Because I'm going to go get on a plane, and whatever you've told me would go back with me and you're stuck here. Who are we going to go see?" Most of the time they will say, "I'll go with you." It allows the child to have some control over what is going to happen since he or she will be a part of it.

A second rule is "Always be right, do the right thing." In troubled families, who decides what is the right thing? In the case of the family with a tyrant, it is the right thing to whoever or whatever is dominating that dysfunctional family. In other words, it might be the right thing to do in the situation in order to get along, but it is not the healthy thing to do outside of that situation.

A third rule in a troubled family is "If something doesn't happen as planned, blame someone, something, or yourself." The idea is to place blame somewhere.

The fourth rule is to deny feelings, especially negative or vulnerable ones. This is especially true for adolescents. The teen does not want to feel vulnerable; he does not want to

risk rejection. Why is this so strong? Because most adolescents will do just about anything they can possibly think of to save face. It is just part of being an adolescent.

The fifth rule is “Don’t expect reliability or consistency in relationships.” That includes the person who is trying to help, the probation officer, the juvenile justice system, the judge, the counselor, the therapist, or the educator. Family members begin to believe that no one is going to be there for them or that others simply do not care. The message needs to be loud and clear from a helper the even if everyone else gave up, and maybe even people gave up on themselves, this counselor will not give up. Consistency is critical.

Two other rules that dysfunctional families bring into therapy include “We don’t bring transactions or disagreements to completion or resolution” and “We don’t talk openly or directly about shameful, abusive, or compulsive behavior in the family.” Therefore, counselors who want to help are up against such issues as family loyalty, secrets and people who are afraid to leave the roles that they have adjusted to because of their family’s unspoken rules.

CHARACTERISTICS OF FAMILIES WITH PROBLEM ADOLESCENTS

There are certain typical characteristics in families with behavioral problem adolescents. The first is that there is often an incongruous hierarchy. The parents who should be in charge are not in charge. The child is dominating. The child is making the decisions. Parents do many things because they are afraid of upsetting their kid.

Second, there is usually an attempt to shift family focus. Almost exclusively, they turn to outside forces to solve the teenager’s behavioral problem, but not to solve anybody else’s problem. Often the teenager is actually trying to shift the family focus off of themselves toward other dynamics that are happening in their family.

CHARACTERISTICS OF A HEALTHY FAMILY

Healthy families develop and maintain positive rituals. They possess a sense of order and direction; they teach a sense of right and wrong. A healthy family has a sense of spirituality, it teaches tolerance of others and respect. This type of family affirms and supports its members.

This family spends time together and has a healthy sense of humor. They are flexible during trying times. They know when to ask for help. A healthy family becomes part of the community, and, most importantly, a healthy family interacts positively as a group.

STRATEGIES FOR RAISING YOUR CONFIDENCE AS A PARENT

A parent has to learn to be comfortable being in charge. Parents need to identify what they want to teach their children, and learn about human development to aid them in that teaching. A parent should learn about their children's problems and know when and how to get help if it is needed. It is helpful to talk with other parents, and it is important to learn how both parents can parent together. Parents need to learn to say, "No!" And they need to learn when and how to protect themselves if that is necessary. Finally, parents should rely on their commonsense.

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About the Presenter.

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As an author he has published numerous articles and research finding and is best know for writing the first book in the United States on children of alcoholics in 1978. Eleven books later, many television appearances, and countless speaking engagements he has become internationally know for his work with families and children of all ages. His books have been translated into several languages including Spanish, German, Finnish and Chinese.

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He is the recipient of many awards including the Distinguished Alumni Award from Western Michigan University and the 1995 Gooderham Award from his work in alcohol and drug abuse. He is a veteran of numerous TV appearances and his work has been featured on CNN Headline News, the Today Show, USA Today newspaper and Newsweek Magazine.

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