Helping Dysfunctional Families - the role of Family Doctors

By Dr Tan Yew Seng, Chairman, Mental Health SIG

Origins of Family Dysfunction

Dr Kit Ng, PhD, Graduate Faculty member and Director of the Post-Graduate Degree in Marriage and Family Therapy & Master's in Psychological Services programs in Psychology Department at Kean University, Union, New Jersey.

In his lecture, Dr Ng depicted family dysfunction as a system that becomes centered on a particular "leading" part. This leading part then forces an initially "whole" system to segregate into parts which conform to the confines as dictated by the leading part. In terms of relationships, this means that people assume dysfunctional roles which may become patterned and repetitive.

These dysfunctions in the family may manifest physically, emotionally, socially, inter-generationally, and or religiously

It is important to realize that these manifestations or symptoms have relevancy, such as meeting basic family needs, maintaining a functional marriage, rearing and socializing of children, or minimizing family shame.

Themes of Dysfunction

Generally, several dysfunctional themes may be identified:

- Triangulation – for example, the parents whose relationship (2-person) is conflicting and tense may triangulate with their daughter (3-person) by over-focusing on her issues and so avoid their dealing with their own issues.
- Toxic secrets – such family events as suicides or mental illness, are often taboo subjects that family members refuse to discuss amongst themselves or with others. These subjects ultimately become unresolved issues that condition the dysfunctional patterns among the members.
- Structural problems – such as single-parent family, or complex structures like multiple divorces and step relatives.
- Family myths – such as the belief that it is the duty of adult children to get married.
- Unresolved grief – particularly in instances where the death had been unexpected or catastrophic, like in murders or accidents.

Finding Answers

With the background, the family physician should seek answers to the following questions when assessing for family dysfunction:

- What is the outward appearance of the family?
- How is the cognitive functioning of the family?
- What repetitive, non-productive sequences do you notice? Defences? Resistance? What is the basic feeling state in the family and who carries it?
- What subsystems are operative in this family?
- Who carries the power in the family? What part of the life-cycle is this family experiencing and are the problem-solving methods stage appropriate?
- What are the reactions of the therapists to the family?

In summary, in the rating of family functioning, the dimensions involved include:

- Communication patterns
- Problem-solving methods
- Coalitions and roles
- Affective responsiveness
- Behavior control methods
- Recent family stresses
- Operative family beliefs

Questions (excerpts):

Q: "When does one decide if a patient should have family therapy and not individual therapy?"

A: When dealing with family issues, Dr Ng felt that it will be best for all to have family therapy. But it will certainly be a consideration if seeing the individual alone does not bring about resolution of the complaints.

Q: A question was asked regarding the issue of pharmacological management versus family therapy, and in particular whether the prescription of medication undermines the prescription of family therapy.

A: Dr Ng replied that in his practice, most family therapists are not medically trained and hence are not allowed to prescribe medication. However, there may be instances where rapid relief of symptoms with medication is important, and if so, referral to the medical doctor will be made. Medication and therapy therefore complements each other.

Presentation by Dr Kit Ng

Q: "How can one help a family if certain members are not present?"

A: Dr Ng expressed that the situation is not uncommon, especially so in the US where families are highly mobile in a vast landscape. Fortunately, there are available techniques to focus on family issues with some members of the family present or with the individual alone.

Reflections of the author:

This session stood out for two reasons:

Firstly, it was an informative session, and the participants generally expressed relevance in the subject. This session being an excellent opener, it is hoped that family physicians will regard family issues with new perspective and depth. The next step is perhaps to explore the specific skills that will better equip family physicians to handle to some extent, some of these problems.

Secondly, this session was also significant because we had, in the midst of the audience, special guests from non-medical professions. To reiterate the aims of the SIG, apart from imparting knowledge and skills, the development of an "environment" for effective primary mental health care is crucial. It is unlikely that the family physician will be able to manage the spectrum of mental health conditions without the help from community resources. Building the care network and establishing care pathways in the primary care setting is therefore a necessity. As such, we will continue to promote interactions between family physicians and our allied professional workers.