

## EFFECT OF CONJOINT FAMILY THERAPY ON VALUE REORIENTATION AMONG YOUTHS FROM DYSFUNCTIONAL FAMILIES IN ABA METROPOLIS, ABIA STATE

Rebecca E. AGHADINAZU, PhD

[aghadinazu.rebecca@mouau.edu.ng](mailto:aghadinazu.rebecca@mouau.edu.ng)

&

Catherine I. NWACHUKWU

Department of Guidance and Counselling,  
College of Education, Michael Okpara University of Agriculture, Umudike, Abia State.

[catherinenwachukwu@yahoo.com](mailto:catherinenwachukwu@yahoo.com)

### Abstract

*The study examined the impact of conjoint family therapy on value reorientation among youths from dysfunctional families in Aba Metropolis, Abia State, Nigeria. A quasi-experimental research design was used in the study. Two (2) research questions and one corresponding hypothesis raised were tested at 0.05 level of significance. The study participants comprised of all families in the Aba metropolis with dysfunctional characteristics. The sample was 46 families with dysfunctional characteristics. The tool used to gather data was a researcher-developed instrument entitled "Value Reorientation and Family Dysfunctional Questionnaire (VRFDQ)". The reliability coefficient, was 0.72. At the 0.05 level of significance, the obtained data were analyzed using Mean and Analysis of Covariance (ANCOVA) to test the hypotheses. Findings revealed that the mean responses of the families exposed to therapy and the control group differed significantly. Therefore, it was concluded that the conjoint family therapy approach is effective in combating dysfunctional characteristics among families and had an impact on how young people from such families reoriented their values. Thus, it was recommended among others that value re-orientation programmes, seminars, and workshops on healthy family living should be propagated by professional counsellors, churches, and NGOs to curb dysfunctionality among families.*

**Keywords:** Conjoint family therapy, dysfunctional family, value reorientation.

### Introduction

A family is a social unit that is marked by the provision of love, care, support, and stability for its members to live happily and harmoniously in society. Ideally, being the first point of contact of every individual in society, an ideal family is expected to promote positive values and an enabling environment necessary for growth, development, mutual respect, learning, respect, and self-worth, as well as social and emotional well-being. According to the Center on the Developing Child at Harvard University (2014), individuals, especially children, flourish in situations that are predictable, stable, and supportive, where they can look forward to certain things each day.

However, in our present-day society, the reverse seems to be the case for many families. The present ugly economic dispensation exerts serious difficulties on most families. A lot of families are being pushed to the boundaries and in juggling with making ends meet overlook the values and norms associated with family as an important basic unit of the society. When parents who are the flag bearers of families lack choice or control over situations, the family unit as a whole is disintegrated leaving a negative impact on its members. “Unbuffered” extreme economic stress can be harmful to children's and youths' mental health and cognitive development in these kinds of households (Evans, Brooks-Gunn, and Klebanov 2011; Shonkoff and Garner 2011). Buttressing the above assertions, Nwoke, in Akuto, Asor, and Goshwe (2022), maintains that the changing realities of time and place orchestrated by the economic crisis in the society have exerted a serious negative impact on the family framework worldwide. Thus, many families have lost balance and cohesion to the extent of operating on dysfunctional levels and hierarchies. According to Kilpatrick & Holland (2006), a family is said to have a dysfunctional hierarchy when parents don't take up their leadership role. Steven (2009), asserts that a dysfunctional family is any family that lacks the nurturing and conducive environment necessary for the emotional, social, physical, and psychological well-being of its members.

Supporting the above assertions, the Office for National Statistics (2019), asserts that any family that exhibits certain negative traits, like a lack of empathy or dysfunctional parent-child relationships, is considered dysfunctional. Also, Okorie and Uche (2015), opine that a dysfunctional family is a family setting where one or both parents show irresponsibility towards the proper management and discharge of their parental roles owing to negative lifestyles, alcoholism, or marital separation. Children who grow up in dysfunctional families may experience emotional trauma that impacts them for the rest of their lives (Hall, 2017). In light of the above assertions, the researchers see a dysfunctional family as a family marked with conflict, indiscipline, poor orientation to appropriate values, misconduct, neglect, and abuse of children and wards by the parents or guardians. Family dysfunction has the tendency to greatly interfere and disrupt the foundation and core values of the family which is the basic unit of the society. Children and youths in such families end up learning the wrong values that they are being exposed to on a daily basis.

Nadra, (2023), opines that families with dysfunctions characteristics are ‘fertile ground for neglect, abuse, secrecy, addiction, or denial’. Continuing, she maintains that in such family systems, either one or both parents usually suffer addiction to substances or alcohol, personality or mood disorder and as such, the emotional needs of children are seldom satisfied since the wants of the parents come first. In line with the above, the researchers assert that usually, parental leadership in a dysfunctional home is faulty as parents lack the ability to properly discharge their God-given rights as parents which by implication negatively affects the upbringing of their children and wards. Children in such families encounter several difficulties of poor parenting and role models hence; they imbibe negative values and lifestyles which unknown to them are not normal.

Tatsiana (2017), asserted that children from broken families are more prone to have social and psychological problems., which makes the process of social adaption more difficult for them. “As a result of negative conditions for the development of the personality, a deformed person is grown up; a situation of the deviant pattern arises”. The Office for National Statistics (2019) reports that children who grew up in broken families often develop mental health disorders. In the researchers’ opinion, the above assertion seems to be true because children in such families are subjected to different negative challenges and difficulties while growing up. They lack complete parental love, care, attention, and nurturing which is obtainable in a functional family setting where the parents are really involved in the upbringing of their children. Rather than have positive experiences they experience different levels and degrees of trauma, neglect, deprivation, violence, and physical or emotional abuse among others which affect their formation of values in life. This is because children learn by imitation and parents are the first teachers and role models of every child. If the home is faulty it reflects on the values and character formation of the children in such homes. Also, Lechnyr (2020), opines that children in dysfunctional families lack a healthy upbringing which may cause them to acquire features that they struggle with as adults, which can have a variety of negative impacts. They might also learn a pattern of chaotic, conflict-filled living that gets ingrained in their daily lives. Viktória, Gabriella, Zsuzsa, Zsolt Demetrovics, and Bernadette (2022), demonstrated that a parent's values have a profound impact on the behaviour of their children, influencing their development of values, way of thinking, and attitudes in life. They went on to say that children from dysfunctional homes are exposed to things like a lack of security and addictions being a constant in their family lives, which can make it hard for them to grow up or develop good values. These types of addictions include behavioural addictions (gambling disorder, work addiction) and substance use disorders (alcohol use disorder, nicotine addiction).

Similar to the above, Pamela (2023) opines that families enmeshed in a dysfunctional cycle frequently deal with severe forms of abuse, including drug and alcohol addiction, marital violence, physical and sexual assault, and emotional abuse. Children raised in such an atmosphere may be affected and may be more likely to adopt negative values later in life. As a result, later in life, they continue the dysfunctional cycle in their own lives and families. According to Dorrance (2017), "having a dysfunctional family as a child can leave them emotionally scarred and affect them throughout their lives." In line with what was said before, Nelson (2019) claims that families are the foundation of children's entire reality. Parents are revered as gods because without them, children would not be fed, clothed, housed, or loved, and they would live in continual fear because they would not be able to survive on their own. Children are thus compelled to put up with and endure their parents' chaotic, unstable/unpredictable, and unhealthy behaviours, which, regrettably, constitute the foundation for how they establish their values in life. Based on the above reports, it can be deduced that children and youths in dysfunctional families are subjected to different levels of negative behaviours which research findings have revealed as characteristics of such families among which are; denial and secrecy, poor communication, physical as well as emotional abuse

and neglect, disagreement, conflict and hostility among the parents, lack of love, respect and empathy for one another, poor and inappropriate parenting, addictions of different kinds, aggression, violence, lack of security, extramarital relationships, lack of boundaries between parent and child, different types and levels of irresponsibility, unable to tolerate one another due to financial instability, poor parent-child relationship, painful or difficult childhood experiences among others. Growing up in a home where the above negative attributes are showcased on a daily basis becomes a threat to the proper development and formation of positive values among children and youths from such homes. However, this work focuses on conflict and hostility among parents, inappropriate parenting styles, and addiction in many families which affect the value orientation of children and adolescents.

Based on observation, this research affirms that the above scenario is the case with some families in the Aba metropolis of Abia state. While some couples who experience such problems leading to family dysfunctions were able to checkmate and tackle the issues early enough in their union to have a functioning home to raise their children, some have allowed the problem to persist, grow root, and become the trade mark of their families. Thus, children and youths in such families imbibed negative values and exhibited different levels of deviant behaviors in society. Hence, the need for a family therapy that could assist dysfunctional families in value reorientation among the youths. According to Akut, Asor, and Goshwe (2022), clinicians and researchers have been focusing a lot of attention on how families operating in different cultural and social backgrounds could overcome family dysfunction and its associated problems. However, such attention has resulted in the emergence of some family intervention therapies aimed at assisting problematic families to overcome their problems so as to transmit positive values to their children and wards in society. One such therapy is conjoint family therapy which was founded by Donald Jackson in 1959.

Conjoint family therapy refers to treatment therapy wherein the clinician or therapist sees two or more family members in the same session simultaneously. During conjoint sessions interpersonal relational skills which cause family dysfunctions are tackled. According to Kissane and Bloch (2002), conjoint family therapy is a technique or a subfield of psychotherapy that focuses on helping couples and families handle the various issues that come up in their relationships. The aim is to get to the root of the problem and find out why such issues arise as well as resolve it by encouraging the interaction between the family members. Similarly, Goldenberg and Goldenberg (2015), see it as a therapy that involves every member of a nuclear family with the aim to improve or establish an open and sincere manner of communication. Following the above definition, Akuto, Asor, and Goshwe (2022), asserts that it is a therapy whereby the therapist or Counsellor in a counselling relationship with the family tries to understand the pattern of interaction within the family. The focus is on identifying those issues that cause dysfunction and resolving them holistically to achieve equilibrium among its members.

Based on the above assertions, this research affirms that conjoint family therapy is one of the appropriate therapies for assisting dysfunctional families in achieving a balance in their relationships. When the atmosphere of the family is relatively positive and conducive for members to live in, children and youths imbibe the positive values needed to function positively in society. Exposure to the therapy gives members of the family the opportunity to reassess themselves in terms of their behaviours and in relation to their values. According to Denen (2020), deviation from ideal values can support unhealthy ideals that are problematic in a person's life, family, and community. This, in the researchers' view, is because when a family is caught in the web of dysfunction such a family may begin to experience negative issues such as spousal abuse and violence, modeling of negative behaviours which children copy, inappropriate parenting, neglect, maltreatment, addiction to drugs and alcohol among others. Such scenarios are likely to expose individuals in such families to negative values which would necessitate value reorientation. Thus, value reorientation infers the restoration or change of attitude towards certain behaviours which are seen as negative actions or attitudes. Hence, the use of conjoint family therapy to assist dysfunctional families to become functional. This is because; when families are functional the right values are exhibited by parents and adopted by their children and wards.

Dysfunction in a family distorts the proper functioning of the family and exposes the children to negative values. According to Bakker (2009) and De-Guzman & Bosch (2007), dysfunction makes a family unbalanced, unhealthy, and unable to function appropriately, as one or all the members of the family may develop and exhibit negative behavioural traits. Hence, the researchers opine that the family counselling technique would be appropriate in assisting dysfunctional families to achieve balance and proper functioning. Based on the above background, the researchers investigated the influence of Conjoint Family Therapy (CFT) on dysfunctional families for value reorientation among youths in Aba metropolis, Abia state.

### **Statement of the Problem**

In our society today, a lot of families are mired in conflict, chaos, poor structure which by implication affect proper functioning and values being acquired by members of the family especially, children and youths who are tomorrow's leaders. The family being the basic unit of society is expected to be the bedrock upon which positive values are imbibed through the parents. However, the reverse seems to be the case with children and youths who grow up in dysfunctional families.

They are subjected to different levels of negative behaviours which include; violence, dishonesty, addiction, physical as well as emotional abuse and neglect, disagreement, conflict and hostility among the parents, lack of love, respect, and empathy for one another, aggression, extramarital relationships, greed, lack of boundaries between parent and child, different types and levels of irresponsibility, financial instability, poor parent-child relationship, painful or difficult childhood experiences among others. Unfortunately, the cycle of family dysfunction continues as children having grown in such a family environment, adopt such lifestyles and are likely to exhibit such in their own families.

thereby, exposing children to negative values. Conjoint family counselling technique becomes appropriate in assisting dysfunctional families to achieve balance and proper functioning. The researchers believe that when a dysfunctional family becomes functional owing to the appropriate therapy, value reorientation has taken place, especially among children and youths. In light of this, the study's problem presented in question form is; what is the influence of conjoint family therapy on dysfunctional families for value reorientation among youths in Aba Metropolis, Abia State?

### **Objectives of the Study**

Generally, the objective of this study is to investigate the effect of Conjoint Family Therapy (CFT) on value reorientation among youths in dysfunctional families in Aba Metropolis of Abia State, Nigeria. Specifically, the study sought to investigate:

1. The effect of conjoint Family Therapy on value reorientation among youths in dysfunctional families in Aba Metropolis of Abia State, Nigeria.
2. The difference in the post-test Mean Scores of participants exposed to CFT and the control group in their willingness to shun dysfunctional characteristics and adopt positive values.

### **Research Questions**

The study addressed the following research questions:

1. What is the effect of CFT on value reorientation among youths in dysfunctional families in Aba Metropolis of Abia State, Nigeria?
2. How ready are the participants exposed to CFT and the control group to shun dysfunctional characteristics and adopt positive values?

### **Research Hypothesis**

The 0.05 threshold of significance was used to formulate and evaluate the following null hypothesis:

1. The post-test means scores of Individuals exposed to CFT and the control group do not vary statistically in their willingness to shun dysfunctional characteristics and adopt positive values in their post-test means scores.

### **Methodology**

The research design used in this study was quasi-experimental. A quasi-experimental designs according to Lauren (2020) aims to establish a cause-and- effect relationship between an independent and dependent variable. The population for this study was 1,189,000 families in the Aba metropolis of Abia state. The sample for the study was 46 families who attended the family sensitization programme organized by the researchers in collaboration with the church entitled

“Creating a Nurturing Home for Children & Youths”. A researchers developed instrument entitled “Value Reorientation and Family Dysfunctional Questionnaire (VRFDQ) was administered to the families made up of parents and their children (youths) that attended the programme. After administering the instrument 27 families with dysfunctional characteristics were identified and used as a treatment group for the study while the remaining 19 families were used as the control group. There were three sections, A, B, C and a total of 25 items on the test. Section A included items on the participants' biographical information. Section B had ten items on values while Section C consists of 15 items on the traits of dysfunctional families. The instrument had a 4-point Likert response format of Strongly Agreed (SA), Agreed (A), Disagreed (D), and Strongly Disagreed (SD) with the criterion of 4, 3, 2, and 1 respectively. This equals 10 divided by 4=2.50 which became the baseline for decision making. Experts from the departments of psychology, guidance and counselling, and measurement/evaluation at Michael Okpara University of Agriculture in Umudike, Abia State, first validated the instrument. To determine the instrument's reliability, copies were trial tested on a sample of fifteen dysfunctional families in Umudike, a local government in Abia State that is not included in the study region. Using the Cronbach Alpha Statistical Method, the reliability index of the instrument was determined; a reliability coefficient of 0.72 was obtained, which was deemed sufficient.

During the family sensitization programme, Family Dysfunction Questionnaire (FDQ) was administered to the families who attended the programme. After administering the FDQ, data collected was used to diagnose the families with dysfunctional characteristics according to how they answered the instrument's items. Thereafter, Conjoint Family Therapy on the topic “Creating a Nurturing Home for Children and Youths” was given to the dysfunctional families.

It was a teaching therapy which lasted for a period of six weeks. Two periods of one hour were used each week covering issues on the display of affection, modeling of positive behaviours, making the home a safe haven for everyone, being affectionate, choosing words wisely, speaking calmly instead of raising voice, staying positive, being consistent, positive praise and proper encouragement. Upon completion of the therapy, the instrument was given to the participants again as a posttest. Mean and Analysis of Covariance (ANCOVA) were used to analyze the acquired data. The study questions were addressed using the mean, and the hypothesis was tested at the 0.05 level of significance using analysis of covariance.

## Results

**Research Question One:** What is the effect of CFT on value reorientation among youths in dysfunctional families in Aba Metropolis of Abia State, Nigeria?

**Table 1:** Pretest and posttest Mean Scores of participants from dysfunctional families treated with conjoint family therapy and those in the Control Group

Source of Variation	Remark	N	Pretest Mean	Posttest Mean	Gained Mean
CFT		27	43.6667	88.5185	35.1485
Control		19	41.1579	55.0526	13.8947

Table 1 shows that participants who were exposed to CFT had a mean score of 43.67 on the pretest, a posttest mean score of 88.52 with a gain mean of 35.15. Participants in the control group, on the other hand, received conventional counselling, and their posttest mean score was 55.05 with a gain mean of 13.89. This suggests that CFT had an impact on how young people from dysfunctional families reoriented their values.

**Hypothesis One:** The post-test means scores of Individuals exposed to CFT and the control group do not vary statistically in their willingness to shun dysfunctional characteristics and adopt positive values in their post-test means scores.

**Table 2:** ANCOVA on the posttest Mean Scores of Subjects exposed to CFT and those who received Conventional Counselling

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Decision
Corrected Model	12872.715 <sup>a</sup>	2	6436.358	75.680	.000	
Intercept	999.201	1	999.201	11.749	.001	S
CFTPRETEST	382.664	1	382.664	4.499	.040	NS
METHODS	10510.419	1	10510.419	123.584	.000	S
Error	3657.024	43	85.047			
Total	273184.000	46				
Corrected Total	16529.739	45				

a. R Squared = .779 (Adjusted R Squared = .768)



The result in Table 2 showed F- ratio of 123.584 for groups with P- value of .000 which is less than the significant value of .05. The null hypothesis of no significant difference is therefore rejected which indicates that there is a significant difference between participants exposed to CFT and the control group in their willingness to shun dysfunctional characteristics and adopt positive values.

## **Discussion**

The study results as shown in Tables 1 and 2 respectively revealed the trend of the treatment and control groups, during the pretest and posttest stages. The trend shows that CFT made a positive impact on the participants with respect to their willingness to adopt positive values and curb the factors that cause dysfunction in their families. This finding is in consensus with Goldenberg, Mark and Herbet (2017) as well as Thomas and Tracie (2015), study on the therapeutic effect of conjoint family therapy on dysfunctional families which revealed that the families used for the study improved significantly at the end of the study. In the researchers' own view, the significant improvement recorded by the dysfunctional families is because, the therapy made them realize that dysfunction makes a family unbalanced, unhealthy, and unable to function appropriately as well as exposes them to negative values that need to be corrected before they can achieve a balance and proper functioning.

Similarly, Okosun (2015), researched on how transgenerational and conjoint family therapy impacts dysfunctional households. Findings revealed a positive influence of conjoint family therapy on dysfunctional families. The above findings also corroborate that of Akuto, Asor, and Goshwe (2022), who investigated the effect of conjoint family therapy on dysfunctional families. Findings revealed that conjoint family therapy was effective on addictive parents, uninvolved parents, and violent parents and it was concluded that conjoint family therapy is an effective therapy in combating family dysfunction.

The present study is in agreement with the above finding because, addiction, not being involved in the training of one's children and violence are among the negative values associated with dysfunctional families. According to Denen (2020), deviation from ideals might support dysfunctional values that are undesirable in an individual's life, family, and society. Similarly, Nadra, (2023), opines that households with dysfunctions is a "fertile ground for neglect, abuse, secrecy, addiction, or denial". Following the above assertions, the researchers opine that a dysfunctional family is marked with conflict, indiscipline, misconduct, neglect, and abuse of children and wards by the parents or guardians which are negative values. Thus, when a dysfunctional family is exposed to conjoint family therapy, they have a clear understanding of themselves and the causes of their family's dysfunction. Such knowledge enables a family to reassess themselves in relation to the values to which they expose their children especially the youth h and consequently, the need for value reorientation.

## **Conclusion**

In the light of the study's findings, the researchers conclude that Conjoint Family Therapy (CFT) is effective in combating family dysfunction which gives credence to value reorientation among members of the family especially, the youths.

## **Recommendations**

1. Value re-orientation programme in the form of campaigns, seminars, and workshops tailored towards healthy family living should be organized from time to time for families by Professional Counsellors, churches, and NGOs through their different programmes.
2. Marriage counselors should properly counsel the intending couples on the need to work together as a team in building a stable relationship and nurturing home.
3. Marriage counselors should educate couples on the need to avoid any form of dysfunction in their families as negative values are transmitted to their children in the process which becomes part of them.
4. Government and NGOs to sponsor sensitization programmes tailored towards value reorientation from time to time for the youth in different communities through professional counsellors.

## **References**

- Akuto, G. W., Asor, D. A., & Goshwe, M. (2022). Effect of conjoint family therapy on dysfunctional families in Ushongo metropolis, Ushongo Local Government Area, Benue State. *The Counselor*, 45(1),1-12. ISSN: 0189- 0263. [www.cassonnigeria.org](http://www.cassonnigeria.org)
- Bakker, K. (2009). *Causes and effects of dysfunctional family relationships*. Retrieved from <http://EzineArticles.com/expert=kiki> Bakker. Accessed 27 November, 2018
- Belsky, J., Vandell, D. L., Burchinal, M., Clarke-Stewart, K. A., McCartney, K., & Owen, M. T. (2007). How early child care affects later development. National Scientific Council on the Developing Child. The NICHD Early Child Care Research Network <http://www.developingchild.harvard.edu>.
- Center on the Developing Child at Harvard University (2014). A decade of science informing policy: The story of the national scientific council on the developing child. <http://www.developingchild.net>.
- De-Guzman, M. R., & Bosch, K. R. (2007). *High-risk behaviour in youth of University of Nebraska, Lincoln*. Retrieved from [http://www.ianrpubs.unl.edu/pages/publication\\_D.jsp?](http://www.ianrpubs.unl.edu/pages/publication_D.jsp?) Publicationid=786retrieved 26/12/2018
- Denen, J. (2020). Value re-orientation and national development in Nigeria; the role of art education. *Benue State University Journal of Educational Management*, 21, 238-451.
- Dorrance, H. E. (2017). *Why family hurt is so painful four reasons why family hurt can be more painful than hurt from others*. [blog post]. Retrieved from <https://www.psychologytoday.com/us/blog/conscious-communication/201703/why-family-hurt-is-so-painful>

- Evans, G., Brooks-Gunn, J., & Klebanov, P. K. (2011). Stressing out the poor: chronic physiological stress and the income-achievement gap. *Journal of Community Investments*, 23(3).[https://www.researchgate.net/publication/227437440\\_Stressing\\_out\\_the\\_poor\\_chronic\\_physiological\\_stress\\_and\\_the\\_income-achievement\\_gap](https://www.researchgate.net/publication/227437440_Stressing_out_the_poor_chronic_physiological_stress_and_the_income-achievement_gap)
- Garner, A. S., & Shonkoff, J. P. (2011). Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics*, 129(1):e224-31. doi: 10.1542/peds.2011-2662. Epub 2011 Dec 26. PMID: 22201148 DOI: 10.1542/peds.2011-2662
- Goldenberg, I., & Goldenberg, L. (2004). *Family therapy: An overview (6th Ed.)*. Pacific Grove, CA: Brooks/Cole.
- Goldenberg, I., Mark, S., & Herbert, G. (2017). *Family therapy: An overview*. 9th ed. Boston: Cengage Learning.
- Kilpatrick, A. C., & Holland, T. P. (2006). *Working with families: An integrative model by level of need*. Boston, MA: Allyn and Bacon.
- Kissane, D., & Bloch, S. (2002). *Family focused grief therapy: A model of family-centred care during palliative care and bereavement*. Buckingham: Open University Press.
- Lechnyr, D. (2020). *Wait, I'm not crazy?! Adults who grew up in dysfunctional families* [blog post]. Retrieved from <https://www.lechnyr.com/codependent/childhood-dysfunctional-family/>
- Marialisa, G., & Giancarlo, T. (2022). The conjoint family drawing: A tool to explore about family relationships. *Front Psychol.*; 13: 884686. Published online 2022 Jun 13. doi: 10.3389/fpsyg.2022.884686.
- Nadra, N. (2023). *What makes a family dysfunctional?* Updated on April 13,2023.<https://www.verywellmind.com/what-is-a-dysfunctional-family-5194681>
- Nelson, A. (2019). *Understanding fear and self-blame symptoms for child sexual abuse victims in treatment: An interaction of youth age, perpetrator type and treatment time period*. Honors Theses, University of Nebraska-Lincoln. 89. <http://digitalcommons.unl.edu/honorstheses/89>
- Office for National Statistics (2019, March 26). *Children whose families struggle to get on are more likely to have mental disorders - Office for National Statistics*. Wwww.ons.gov.uk. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/childhealth/articles/childrenwhosefamiliesstruggletogetonaremorelikelytohavementaldisorders/2019-03-26>
- Okorie, C. C., & Oche, M. A. (2015). Dysfunctional families and adolescent rebellion in New Nyanya Area of Nasarawa State, Nigeria. Retrieved from <http://www.academia.edu/2012558/>
- Okosun, C. J. (2015). *Influence of conjoint and trans-generational family therapies on dysfunctional families in Kafanchan, Kaduna State*. Unpublished PhD Thesis, Ahmadu Bello University, Zaria, Nigeria.
- Pamela Li, (2023). *What is a dysfunctional family and how to break the cycle*; Last updated: Sep 28, 2023
- Steven, M. (2019). *The eight most common characteristics of a dysfunctional family*. Retrieved 12/2/2013 from <http://rokes.yahoo.com/the-eight-most-common-characteristics-dysfunction>.
- Tatsiana, S. (2017). *Organization of support to children from dysfunctional families in school within the framework of inclusion in Belarus*. *Education*. <https://api.semanticscholar.org/CorpusID:157571928>.

- Thomas, V., & Tracie, K. (2015). *Experiential approaches to family therapy*. In *An Introduction to Marriage and Family Therapy*, edited by Joseph L. Wetchler and Lorna L. Hecker, 2nd ed. New York and London: Routledge.
- Viktória, K., Gabriella, F., Zsuzsa, K., Zsolt, D., & Bernadette, K. (2022). Dysfunctional family mechanisms, internalized parental values, and work addiction: A qualitative study. *Doctoral School of Psychology, Gibraltar Sustainability*, 14(16), 9940; <https://doi.org/10.3390/su14169940>