

FAMILIES IN CRISIS

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September, 2017; 2 (2)

ABSTRACT

There are numerous factors that can influence one family and its functioning. This paper refers only to certain factors which can influence family functioning, its development and thus indirectly affect mental health of family members. Developmental and no developmental, willing and unwilling family crises are seemingly inevitable part of every family system. Experts in the area of mental health, family psychotherapists or experts in the area of family functioning should aim their activities towards facilitating of families to meet a variety of crises as effectively as possible. It is, thus, important to build up the family resources, or abilities to identify the options provided by those resources, for overcoming of crises. During the process of family functionality support, awareness of family members should be raised concerning the importance and options that relevant institutions have to offer to a family in crisis through different educative forms, seminars, debates, etc. as stressed by Ackerman (Ackerman, 1966) tendency towards psychical health is not a luxury but a necessity of one family, and both the individual and the society as a whole.

Key words: mental health, family crises, family functioning.



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Article type:

1.02 General scientific articles

UDK: 364-787.24:159.92

Date of received:

June 21, 2017

Date of acceptance:

July 23, 2017

Declaration of interest:

The author reported no conflict of interest related to this article.

1. FAMILY (DEFINITIONS AND SIGNIFICANCE)

The family is defined in different ways, ie. there are disagreements in definition and theoretical determination, but everyone (scientist, theorists, practitioners, lay people ...) agree that it is very important for the normal development of an individual. The simplest family is defined as a social group, characterized by communion or a certain type of interaction (Golubovic, 1981). Family support is the leading factor determining the normal development of the human being (Kowal, et al., 2007) and the mental health of its members (Kubrick, 1994). The family can be the source of maximum benefit for the individual, and vice versa (Goldner- Vukov, 1988), the source of stress (Moslei-Hanninen, 2009), conflicts, problems, etc. Mental adult health depends on the “basics” set in previous development phases (especially in early childhood and adolescence) and in the family as a primary- not the most important group to which an individual belongs. Ackerman (Ackerman, 1966) points out that the mental health of an individual depends largely on the family whose individual is part; Kalicanin (2002) believes that early childhood and middle factors are very significant for the development of an individual, while Zukovic (2009) points out that respondents highly value the phenomenon family and family life attach great importance. Matic (according to Videnovic and Kolar, 2005) further emphasizes that mental health is not only the absence of disease, but also the harmoniously developed personality, among other things satisfied with family relations.

The family is sensitive to changes in its internal and external environment (Milic, 2001), which, among other things, is characterized by round causality (Barker, 1992) and functioning which depends on the socio-economic context (Gachic and Maykic, 2000), structures, interactions and the functioning of family subsystems and society as a whole (Zukovic, 2008). Golubovic (1981) points out that social crises and long-standing social conflicts cause various family disorders (from the increased frequency of occurrence of social pathology of members, to an increasing number of deficient families). In the family survey, the

systemic model is particularly important, i.e. access, because it studies the family as a system that, on the one hand, is part of a wider system, and with others, this same system is viewed as a set of smaller, mutually dependent systems. System approach means the concept of a system, i.e. the entity being maintained by mutual interaction of its parts and within which the significance of integrity, hierarchical arrangement and interconnectedness of elements is emphasized (Polovina, 2007). The family is a system in constant change (Goldner-Vukov, 1988, 1994; Milojkovic, Srna, Micovic, 1997; Mitic, 1995, 1997, 2000; Milic, 2001).

2. PROBLEMS OF THE MODERN FAMILY

The modern family faces many difficulties and problems. Changes in society are large, rapid, and sudden, with unforeseeable outcomes and consequences per family and its members. The changes that take place in society and the time in which we live, accompanied by numerous changes that endure nature, then social shocks and wars, are a constant threat to the health of the population around the world. All this makes the individual feel threatened, no matter where he lives and puts him in a situation of constant concern for his own health and the health of his family, and in front of the family as a system and all its members, they set new demands for adaptation and adequate response to them. In such conditions, the consequences for the development, role and place of the family in the society are large, endangering and often non-fatal. The problems of the modern family (viewed globally) are: poverty, domestic violence, family difficulties and attempted escape of some its members, family in the so-called. Demographic vortex, as well as the summation of the classical family (Sijakovic, 2008). Changes that happen every day in the world, and they concern health people, require changes in access to and study of the same.

3. FUNCTIONAL AND DYSFUNCTIONAL FAMILY

A functional family has the ability to find ways and solutions to the problems and conflicts it encounters. It has capacities, i.e. appropriate resources and is able to fulfill tasks and meet the development needs of its members. Unlike them, dysfunctional families often delay the resolution problem, i.e. do not fulfill tasks, do not meet the development needs of its members, etc. A dysfunctional family is constantly in crisis, does not recognize the problem all the way through the onset of symptoms in their members or the persistent breakdown of the family system.

Olson (Olson, 2000) circulatory model of marital and family systems, one is one of the most famous and most frequently theoretically and practically applied models of family functioning. The functionality of the family system according to the above model operates through: cohesiveness, flexibility and communication. Family cohesion is defined as the emotional attachment of family members, family flexibility refers to the extent to which the family system is flexible and capable, while family communication is assessed in relation to how many families such as the group possesses listening skills, skill and clarity of speech, the ability to monitor the continuity of conversation, respect and respect for others, to emphasize oneself, and so on (Zukovic, 2009). Very important for understanding the functionality of the family system are the characteristics of the current phase of the life cycle in which the family is located, as well the issue of resources or potentials available to the family and whose functionality can be strengthened (Zuković, 2009).

4. THE NOTION OF CRISIS

There is no clear and unambiguous conceptual definition of the crisis, but it is possible in the literature find many definitions, and often different interpretations. Usually the term “crisis” is used for all types of negative events and for situations that are unwanted, unexpected,

unpredictable ... The original meaning of the term crisis (Greek: crisis) is: judgment, judgment, decision, decisive point, decisive moment, etc. (Vujaklija, 1997). Based on the original meaning of the crisis can be concluded that the crisis can be positive and stimulating for further development or negative, disruptive and frequently threatening to further development of individual or system. In ancient Greece, the crisis referred to situations in the lives of individuals and communities in which final and irrevocable decisions were made (Vlajkovic, 1998), while in Chinese the crisis is written with two signs, one of which means danger, while the second sign means the possibility (Vlajkovic, 1998). Understanding the crisis as a danger or possibility tells us about its light and dark side, the incentive or disturbing potential, and the importance that the crisis has for the development and advancement of an individual or system, but of the stagnation and decline that can happen to an individual or system in the period crisis. The crisis is considered a milestone, risk, danger, but also the possibility for further development of personality (Caplan according to Vlajkovic, 1998).

The crisis is a period during which it can help the individual or the system mobilize and strengthen the resources it already owns. The crisis does not mean illness, but a passing state or a brief reaction of a psychological nature when learning an individual or family with a problem. The crisis is “a brief mental disorder that happens from time to time to persons whose life problems exceed their capacities” (Caplan, 1964). During the crisis, the balance is lost and there are numerous attempts to re-establish the distorted balance; then the adaptive ability of the individual decreases on the one hand, but increased vulnerability to the activity of harmful factors, as well as the risk of developing mental disorders on the other. If the crisis is not resolved in an adequate way, acceptable to the individual and the system, and in accordance with their capacities, disorders occur at different levels of functioning.

5. CRISIS AND DEVELOPMENT

Crises are an integral part of the life of every individual and family. There are different classification of crises and two basic groups are: developmental and accidental (Vlajkovic, 2000). Development crises follow development phases and they are inevitable during the life cycle of an individual or family. Development crises involve changes that arise in transitional or crisis periods of personality development, are the result of a temporary discrepancy between the individual's individual development potentials and the demands arising from the social environment (Erikson, 1976, 1994). Development crises are also called normative crises, because they are related to developmental changes (they follow the developmental stages), are the core of the development of each individual or family, they occur at different ages and are considered normal, expected and necessary for development. Crisis periods of development or periods of crisis, although marked by imbalance, discrepancy, and pathology, are crucial for the development of personality, because they are preparing a developmental shift and creating the possibility for further progress and development of both the individual and the system as a whole.

Accidental crises differ in their frequency, intensity, the number of individuals they affect, the severity of consequences for the health of the individual and the result of unexpected life events (whose source can be in the natural or social environment). Accidental crises occur as a reaction of an individual to sudden and sudden changes in the external environment (Vlajkovic, 2005) and can be large or small. Major crises or existential crises (such as death of a close person, severe physical or mental illness, loss of property in natural disasters, etc.), while small or natural crises carry the potential for changing an individual or system and represent hidden or a possible "sparkle" that brings the individual or family to change, which is the essence of every development. Unwanted family crises are related to unpredictable, unpleasant and difficult life events, such as: the birth of a child with special needs, many developing disabilities, physical disorders,

then severe family member illnesses, family death, and a crisis caused by the presence only one of the parents. a crisis caused by the presence of one of the parents can be willing (agreement between parents: divorce, absence due to work, etc.) and unwilling (death of one of the parents, emigration, serving sentences ...).

6. FAMILY LIFE CYCLES AND CRISES

In the study and understanding of families, the review and orientation to the family life cycle is indispensable. Family life cycle is the natural context within which individual identity and development are formed (Milojković, Srna and Micovic, 1997, p. 63), that is, the main factor in maintaining the continuity of the family, because it links the past, the present and the future (Gacic and Majkic, 2000). Each family goes through the crisis, but each family does not have the same potential for overcoming it (Goldnervukov, 1988), with the existing potentials changing over time, therefore it is extremely important to observe the family according to the current phase of the life cycle. Erik Erikson (1976, 1994) in his psychosocial theory of personality talks about eight development phases throughout the entire life cycle, stressing that these phases are a series of related crises, which are inevitable in the life of every individual, and knowing that the individual is a part of the system (ie,) then it is the crisis of the family as a whole. What changes one family member changes and others. Family evolution and cycles through which they pass require greater strain in terms of adaptation to new demands. Life cycles represent critical development points for each family, so-called. Development challenges (Gacic and Majkic, 2000), if in the course of them there is a certain unforeseen life event (divorce, illness, death ...), the possibility of deepening the crisis is increasing.

There are many of the periods of live are the cause of the crisis, among which the following are especially the following:

1. make a family;
2. a family with a small child;

3. a family with a pre-school child;
4. a family with a school child;
5. a family with adolescent;
6. a family leaving children;
7. a family with “empty nest”;
8. a family that is getting older.

A family with an adolescent is a particularly vulnerable system; this phase in the family’s life cycle is extremely provocative for the occurrence of the problem (Goldner-Wolf, 1994, page 12) and requires a new process of reorganization from the family (Milojkovic, Srna and Micovic, 1997). Adolescence is an important and dynamic period of development (Djordjevic, 1988; Neshic and Radomirovic, 2000; Gutovic, 2006) marked by numerous changes in various aspects. Adolescents are changing in this period, but external environment requirements are also changing towards them, i.e. there are changes in the attitudes of adolescents with the environment (Curcic, 2005). Changes in the environment surrounding adolescents can intensify or change the usual forms of psychopathology or even contribute to the emergence of new forms of psychopathology and behavioral disorders (Kurzic, 2005). Adolescence is a crisis at the personal and family level and it develops around two processes; The first process relates to how the adolescent accepts his own changes, and the second process, how parents experience changes in adolescents and change their own position and role in the lives of adolescents (Polovina, 2000).

7. TREATMENT OF A FAMILY IN CRISIS

Treatment of a family in a crisis is an important area that puts the family as a system at the center of treatment, treating the family as a system, composed of a set of interconnected subsystems. During the crisis, they are intensely searching for new solutions that lead to change. The crisis is associated with many dangers, both per person and the system (“the ground is lost under the feet”, “the balance is shaken” ...). Very often, professional help (psychologist, psychotherapist, psychiatrist ...) is

necessary to get out of the crisis.

Family treatment models are different (Goldner- Vukov , 1988): psychodynamic family treatment - where the goal is to inspect the unconscious factors of earlier conflicts that affect the present; systemic family treatment - where the goal of changing patterns and loss of symptoms, growth, family development; behavioral model - where the goal is to change the problematic behavior in the family; an experiential-existential model - where the goal is to change the way of experiencing and responding to family members.

Family psychotherapy highlights the importance of circular examination of the problem, with the so-called “identified patient” only the carrier of symptoms in a disrupted and dysfunctional family system. it is important to emphasize that the result of resolving the crisis is a change, and that every change is painful, but it is also a challenge for the individual and family, because it encourages maturation and further development. In order for a system, such as the family change to get something (health, maturity, freedom for all its members ...) and improve its way of functioning, something must “lose” (dysfunctional patterns, secondary profits, etc.). the crisis can help family members to get closer, better understand, renew respect, etc. The best quality change is when the whole family changes and when the change is significant and substantial. The change comes spontaneously, the so-called natural healing, but also through therapeutic work with families. The most frequent change in the family as a system starts and stimulates family therapy, which involves working with a complete family or with a family or an individual. Crises are important for the development of an individual or family, because the success of overcoming and solving it depends on the further development of the individual and the family as a system. When the family faces a crisis or becomes aware of the crises, ie the existence of a certain symptom or a disturbance of relations among members, then it is most modest to change and this moment should be used for a change that, for the whole system, means development and progress towards a positive half of family functioning.

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