

## Influence of Combined Conjoint and Transgenerational Family Therapies on Dysfunctional Families in Kafanchan, Kaduna State, Nigeria

By

Okosun Chidimma J. (Ph.D.)

Aluyor Patience (Ph.D.)

Ifebhor Patricia

1,2 &3 Department of Vocational and Technical Education,

Faculty of Education, Ambrose Alli University, Ekpoma, Edo State.

### Abstract

*All families are dysfunctional but the level differs from one family to another. A family is termed dysfunctional when it is unable to get out of its dysfunctional state. There are different therapies which are used in treating families that are dysfunctional, among which are Conjoint and Trans generational family therapies. This study investigated the influence of combined Conjoint and Trans generational family therapies on dysfunctional families. Five families were used for the study. Quasi experimental research design, using specifically the Nonequivalent control design was used for the study. Questionnaire was used to obtain relevant data. Data collected were analyzed using mean score, standard deviation, standard error and paired t-test. One null hypothesis was stated and tested at 0.05(  $p < 0.05$ ) level of significance. The result of the findings revealed significant positive influence of combined Conjoint and Transgenerational therapies on dysfunctional families. That is to say that, there was no significant difference in the treatment outcome of both family therapies on dysfunctional families. Researcher's recommendations among others was that (1) religious bodies and NGO's should help with enlightenment campaigns by organizing seminars and workshops for married couples on parenting so that they will know the type of parenting that promote the types of dysfunction found in the town. Therefore, combined Conjoint and Transgenerational Family Therapies had significant positive influence on dysfunctional families in Kafanchan.*

**Keywords:** Cojoint, Transgenerational, Family Therapy and Dysfunctional families.

### Introduction

All families have the potential for growth and adjustment in response to distress, trauma or crisis. Undoubtedly, some families, regardless of type, number of problems, ethnic or racial makeup, religion and spirituality, socio economic status, sexual orientation, or degree of education, are happier and more stable than others. They are more flexible in seeking solutions to problems, more purposeful in pursuing satisfaction than other families. Clinicians and researchers alike are turning attention to how families from different cultural and social background achieve positive ways of functioning in adapting to serious threats, crises or the strains of significant life changes. These have

led to the emergence of some interventions aimed at helping families overcome their problems. Among these interventions are family therapies, (Eliot and Norton, 2020).

There exist different approaches to family therapies among which are Conjoint and Transgenerational family therapies, (Keer, 2021). Conjoint family therapy aid in the identification and working through of distortions, helps hold transference and counter- transference in check, quickly brings mental conflicts into the open and into the counseling sessions and emphasizes current relationship problems, (Lowenstein and Spunk, 2020). According to Goldenberg and Goldenberg (2004), Conjoint family therapy is defined as an involvement of all members of a nuclear family in therapy with the intention of improving or establishing an open and honest manner of communication. Conjoint family therapy is not a panacea; however, it requires new skill of therapists and is demanding work. While Transgenerational family therapy is a dissection of the transmission of family culture in its broad sense from one generation to the next encompassing those patterns, styles, customs, secrets, myths, and problems which determine the uniqueness of a family, (Framo, 2021). Transgenerational therapy focuses on the dimension of time within family systems in an attempt to catalyze the present through the use of the past. According to Elliot and Norton (2020), Transgenerational family therapy is defined as that approach to family therapy that connects the present nuclear family quandary with the past as far back as four to five generations. They opined that when combined with another therapy, transgenerational family therapy is more effective.

Carolyn (2019) stated that the different schools of family therapy have in common a belief that regardless of the origin of the problems, and regardless of whether the clients consider it an “individual” or “family” issue, involving family members in the solution and using a combination of therapies is often beneficial. This involvement of families is commonly accomplished by their direct participation in the therapy session. The skills of the therapist thus include the ability to influence conversations in a way that catalyzes the strengths, wisdom and support of the wider system thus bringing about stability in dysfunctional situations.

Family dysfunction can be any condition that interferes with healthy family functioning. Most families have some period of times where functioning is impaired by stressful circumstances (death in the family, a parent’s serious illness etc). Healthy families tend to return to normal functioning after the crises passes. In dysfunctional families, however, problems tend to be chronic and children do not consistently get their need met. Negative patterns of parental behavior tend to

be dominant in their children's lives, (Hartline, 2022). A dysfunctional family is a family in which conflict, misbehavior and often child neglect or abuse on the part of individual members of the family occurs continually and regularly.

### **Statement of Problem**

There is an outcry over the decline of moral standards in the society which obviously is coming from the family, (Doran, 2020). In a recent conference of the Catholic Bishops of Nigeria, they cried out over the level of dysfunction among families, which has given rise to a lot of divorce. In a bid to tackle the problem, they mandated all churches to carry out a one week programme to sensitize married couples on issues concerning marriage, how to live healthy marital lives and the dangers of family dysfunction to both the family and society at large. Different newspapers grab our attention with reports of spouse beatings, child abuse, sexual abuse, murder, drug-related crimes, and alcohol-related accidents. Many of these behaviors occur within the four walls of a family's home. Even when criminal behavior is absent, alcoholism and other obsessive and compulsive disorders dominate the emotional climate in many families. Many more experience constant arguing, runaway children, or emotional cutoff between family members. Why are so many families in turmoil? Why is there so much unhappiness and dissatisfaction expressed? Why do so many try to escape their life situation through compulsive behaviors of various kinds? Why can't families be healed? Why can't families come out of their dysfunctional state? These are questions that need to be answered and these are what steered the researchers into carrying out the research

### **Objective of the study**

The major objective of the study was to investigate the use of combined conjoint and transgenerational family therapies on dysfunctional families in Kafanchan.

### **Research Question**

What is the influence of combined conjoint and transgenerational therapies on dysfunctional families in Kafanchan.

## Research Hypotheses

There is no significant influence of combined conjoint and transgenerational family therapies on dysfunctional families in Kafanchan.

## Methodology

Experimental research design was adopted for this study. It is a type of design that is concerned with cause - effect relationships, so as to find out any effect the independent variables have on the dependent variables. Within the realm of experimental design there are different types but for this study, the Nonequivalent control group design was used. The population of the study comprised of all families in Kafanchan in Kaduna State. From the population samples were taken using purposive sampling method because the experimental nature of the study demanded that the sample should be small, so the need for sampling. The sample was taken from the population after the seminar on marriage. A sample of five dysfunctional families was selected. The instrument that was used to collect data for the study is the questionnaire. The questionnaire was in two forms, the first questionnaire was used for the baseline study. The purpose was to enable the researcher select the families that are dysfunctional. The answers were rated as follows; 1-undecided, 2-never true, 3-sometimes true, 4-most times true and 5-always true. At the end there were diagnoses indicating which group each couple fall into. That is, those that needed therapy and those that did not. But the diagnosis was for the researcher's consumption only. The second questionnaire was used for the pre-test and post-test to elicit data for the study.

## Procedure for the Study

For the sake of clarifications, the procedure for data collection is presented in stages;

### Stage 1

The researcher collected data for the study by first organizing a one day marriage seminar for couples. At the end of the seminar, the participants were divided into groups for discussion groups. The group discussion was carried out at different locations and time. The purpose of the group discussion was to enable the researcher familiarize with the participants so that they can freely and honestly speak out. After each group discussion, the first questionnaire was administered to the group. They filled and returned it immediately to the researcher. The couples filled the questionnaire independently. This exercise lasted for one week.

## Stage 2

Using the diagnoses stated, the researcher then selected the families that fall within the range of families that are dysfunctional. Couples that their responses did not tally were not selected because it means they were not in agreement about their situation. Also families that do not have adolescent children were not selected because adolescents were needed for the study. From the identified dysfunctional families, five (5) families were selected as sample for the study. The researcher used the codes on the questionnaire and the couple's phone numbers to contact and invite them for therapy sessions.

## Stage 3

On the first day each family came in for therapy, a pre-test was conducted after general introduction. After the pretest, the therapy sessions started. The therapy lasted for six (6) weeks, and it was conducted in the evenings starting from 4pm. The days for therapy were Mondays, Tuesdays, Wednesdays, Fridays and Saturdays. Thursday was not included because it is a major market day in the town. Each family had one session per week and a session lasted for just two hours so that the families would not become less interested in the therapy. The therapy was a combination of Conjoint and Transgenerational therapies. Conjoint was on general issues on marriage and this was conducted as follows;

Week 1:... general introduction.

Topic..... What makes marriage work.

Week 2: ..... Sexual relationship in marriage

Week 3: ..... Communication in marriage.

Week 4: ..... Marriage and self-esteem.

Week 5: ..... Parenting.

Week 6: ..... Managing family finances.

The Tran generational Family Therapy was conducted based on the presenting problem. Based on what the problem was, the researcher first of all drew up the genogram of the family to know how the past is affecting their present situation. The researcher then treated only that problem that was manifesting in the family. For example, if the researcher discovered that the problem in the family was as a result of finances, the therapy would be on that. The Transgenerational Family Therapy was conducted first for three weeks and Conjoint was conducted for another three weeks.

## Stage 4

After the therapy sessions, the researcher gave a space of four weeks before administering the post-test. The families were invited once more just for the exercise. They filled and returned the questionnaire to the researcher immediately. From the pretest to posttest, questionnaire was filled independently by family members. It is important to state here that the researcher in order to get the correct responses from the parents on question 5-10 in section B of the parents questionnaire, engaged them in one on one discussion before and after the therapy. While the discussion was going on, the researcher from the responses they gave ticked the responses on the questionnaire. The researcher did not use research assistants for the sake of confidentiality. This is because whatever transpires between the therapist and the family is never to be made known by the therapist to any other person. It is based on that trust that families reveal every bit of their secret to the therapist.

## Procedure for data analysis

The study made use of a number of statistical procedures which helped in data analysis and interpretation. Mean scores, standard deviation and standard error were used to analyze data collected for the research question. Paired t-test was used to test the hypothesis stated. It was used at 0.05 level of significance for rejecting or accepting the null hypothesis.

## Results

### Research Question: What is the influence of combined Conjoint and Transgenerational Family Therapies on dysfunctional families in Kafanchan, Kaduna state?

The analysis of data generated to determine the influence of combined Conjoint Family Therapy and Trans generational Family Therapy on Dysfunctional Families in Kafanchan, Kaduna State is presented in table 1.

**Table 1: Descriptive statistics between the mean dysfunction scores of families who were exposed to combined Conjoint and Transgenerational Family Therapies in Kafanchan, Kaduna state.**

Variable	Group	N	Mean	Std.dev	Std.err
Family Dysfunction	Pretest mean source	10	130.7500	2.75126	.87003
	Posttest mean scores	10	107.8500	17.13030	5.41708

Calculated  $p > (1.05)$ , calculated  $t < 1.96$  at  $df\ 45$

According to the descriptive statistics table, there is positive influence in the use of combined Conjoint and Transgenerational Family Therapies among dysfunctional families in Kafanchan, Kaduna state. The table shows that the calculated mean dysfunctional scores were 130.7500 and 107.850 from the pretest and posttest respectively, implying that there is significant positive influence as a result of the application of the combined family therapy on dysfunctional families in Kafanchan Kaduna state.

**Ho1 : There is no significant influence of Combined Conjoint and Transgenerational Family Therapies on dysfunctional families in Kafanchan, Kaduna state.**

**Table 2: Paired Sample t-test statistics on the influence of the mean effect of Combined Conjoint and Transgenerational Family Therapies on dysfunctional families in Kafanchan, Kaduna state.**

Combined Conjoint and Transgenerational	N	MEAN	STD.DEV	Std.err	Df	T calculated	T critical	P(sig)
Pretest dysfunctional mean scores	10	117.2000	3.99444	1.26315	9	6.547	1.96	0.000
Posttest dysfunctional mean scores	10	98.5000	36.07477	11.40784				

**P calculated <0.051 calculated > 1.96 at df 9**

According to the paired sample statistics table , significant positive influence exist among families treated with the combined therapies . This is due to the fact that the calculated p value of 0.000 is less than the 0.05 alpha level of significance and the calculated t value of 6.547 is higher than the t critical value of 1.96 at df 9. Their mean scores before and after therapy were 117.2000 and 98.5000 respectively. Therefore the null hypothesis which states that there is no significant influence of combined Conjoint and Transgenerational Family Therapies is therefore rejected because there was positive influence of the therapies on dysfunctional families.

### Discussion of Findings

From the null hypothesis stated and analysis on table 2, it is shown that there is a significant influence of combined Conjoint and Transgenerational Family Therapies on dysfunctional families in Kafanchan, Kaduna state. The findings is in conformity with the view of Sigal, Rakoff and



Epstein (2019) who reveals that regardless of the origin of the problems, and regardless of whether the clients consider it an “individual” or “family” issue, using a combination of therapies such as Conjoint and Transgenerational is beneficial. Elliot and Norton (2020) further reiterates that when combined with another therapy, transgenerational family therapy tends to be more effective. As a result, combining these two therapies, Conjoint and Transgenerational family therapies proved more beneficial than using a single therapy.

## Conclusion

Based on the findings of the study the following conclusions were drawn, that the efficacy of the influence of combined Conjoint and Transgenerational family therapies on dysfunction families in Kafanchan cannot be stressed so far. It was obvious that the outcome of this therapy yielded good result.

## Recommendations

In view of the research results and the conclusions drawn, the following recommendations were made to improve on the use of combined Conjoint and Transgenerational family therapies in treating dysfunctional families in Kafanchan.

1. Alcoholism is one major cause of family dysfunction therefore; religious institutions should help in preaching about the social ills associated with alcoholism. Government at all levels and non-governmental organizations should organize health talks to sensitize members of the family on health risk involved in high alcohol consumption.
2. Non-governmental organizations should offer help by training some of their staff on how to administer Conjoint and Transgenerational family therapies so that they can gain knowledge on the techniques of the therapies and provide assistance to dysfunctional families in the society.

## References

- Carolyn, P. (2019) *Characteristics of dysfunctional families*. Retrieved 12/2/2022 from <http://www.cpoolecounseling.com.dysfunctional-families.htm>.
- Doran, O. (2020) family therapy treatment outcomes for alcoholism. *Journal of marital and family therapy*, retrieved 12/2/2022 from <http://www.familytherapy.com/5329766-htm>.
- Eliot, TS, and Norton, B. (2020). Meaning of Family Therapy. Retrieved 27/10/2021. From <http://www.familytherapy.doc.htm>.



- Framo, J. (2021) *Family-of-origin therapy*. An intergenerational approach. New York: Brunner Mazed, (pp. 90-92).
- Goldenberg, and Goldenberg, H. (2004) *Family therapy: An overview* (6th ed), United States: Brooks Cole, (pp.4-53).
- Hartline, P. (2007). *A Review of Conjoint Family Therapy and the Theories of Virginia Satir* Retrieved 27/10/2021 from [www.://file//c/conjointdocument/htm](http://www.://file//c/conjointdocument/htm).
- Keer, M.E (2010) Research on couples and couple therapy. *Journal of consulting and clinical psychology*, retrieved 28/4/2022 from <http://www.clinicalpsych.com>.
- Lowenstein, L and Spunk, T. P. (2010) Creative family therapy techniques: *play and art-based activities to assess and treat families*. Retrieved 12/2/2021 from [www.lianalowenstein.com](http://www.lianalowenstein.com).