

# Family Systems Theory and Organizational Dysfunctions

**Family Systems Theory:** Family Systems Theory is a new science that seeks to explain the causes of increasing family stress and breakdown in American society. The theory goes on to describe the types of interventions that are most effective in turning back the symptoms of this dysfunction.

Family Systems Theory is appropriate for intervening into relation breakdown in congregation, because a congregation behaves like a family. The members of a congregation relate more as a family than a highly structured organization or institution.

When a family is under stress or not meeting the needs of its members, the anxiety does not occur solely because of one person. Stress and anxiety are a family affair. Therefore, in order to understand the behaviors of individual family members, it is important to see how persons function in their family context.

## The five basic principles of family systems theory

There are five principles that form the foundation for family systems theory, as it might be applied to different structures. These principles form the foundation for working with structures in conflict:

1. The structure as a whole is greater than the sum of its parts.
2. If you change one part of the structure system, you change the whole structure.
3. Systems become more complex and organized over time.
4. The structure is open, changing, goal directive and adaptive.
5. Individual dysfunction is a reflection of an active emotional system.

**Dysfunctional Homes:** A dysfunctional family is one that doesn't function as expected, and can have a negative impact on the mental health of its members.

Dysfunctional families may exhibit a number of problems, including:

- Conflict: Frequent arguments, yelling, and screaming
- Poor communication: Difficulty listening to each other, and indirect communication that can lead to bitterness or passive-aggressive behavior
- Strained relationships: Family members may be unable to get close or express themselves
- Abuse or neglect: Physical or emotional abuse, or neglect of children

- Unhealthy parenting: Parents may be overly controlling, or engage in toxic interpersonal relationships
- Lack of routine: Families may not have a set routine, or enforce strict rules that don't allow for emotional expression
- Unrealistic expectations: A drive for perfectionism can lead to unrealistic expectations that make children feel incompetent

**Dysfunctional Relationships:** A dysfunctional relationship is one that doesn't fulfill its proper function, such as providing emotional support, communication, challenges, or preparation for life. Dysfunctional relationships can be characterized by unhealthy or abnormal interpersonal interactions and can include:

- Communication: Poor communication, frequent miscommunication, or communication breakdowns
- Conflict: Destructive disagreements, frequent conflict, or an inability to resolve conflict in a healthy way
- Boundaries: An inability to set and maintain boundaries, or boundaries that aren't respected
- Intimacy: A decrease in intimacy, or struggling to enjoy sexual intimacy
- Trust and respect: Lack of trust and respect, or patterns of dominance and submission
- Abuse: Emotional, verbal, or physical abuse
- Resentment: High levels of resentment
- Commitment: Struggling to remain invested, committed, or faithful to the relationship
- Self-worth: Struggling to feel a sense of high self-worth or security

**Dysfunctional Congregations:** When persons not so socially or psychologically well adapted become members of a congregation they bring their maladjustments with them. If they are not healed in the church, sooner or later they will almost certainly become a cause of conflict which reflects their own internal disappointments with life. This type of world-view is termed 'dysfunctional.' In such situations an entirely new body of theory and interventions are needed, because dysfunctional people play by entirely different set of rules when they are in conflict.

There are four guiding principles which help us understand the possible extent of dysfunction in the congregation, or in member's life:

1. Persons who are competent in all other areas of their lives may be dysfunctional in the church
2. Often a relatively small group is dysfunctional in a church, with the rest of the people being competent
3. An entire congregation can become dysfunctional
4. Dysfunction in a congregation is often passed on from generation to generation.

**How does dysfunction enter a home:** Dysfunctional families are primarily a result of two adults, one typically overtly abusive and the other codependent, and may also be affected by substance abuse or other forms of addiction, or sometimes by an untreated mental illness. Parents having grown up in a dysfunctional family may over-correct or emulate their own parents. In some cases, the dominant parent will abuse or neglect their children and the other parent will not object, misleading a child to assume blame.

**How does dysfunction enter a relationship:** There are two main reasons why relationships become dysfunctional: communication (as in miscommunication or a lack of communication, or both), and spite (as in active and conscious spitefulness and maliciousness).

**How dysfunction enters the congregation:** Dysfunction enters the congregation through the life experiences of its members. When dysfunctional people enter the congregation, or when members experience chronic anxiety, this has its effect upon the congregation.

Dysfunctional persons make entrance into a congregation through a number of avenues, such as:

1. The congregation hires a new pastor who is dysfunctional
2. Persons become new members who are dysfunctional
3. Over time members experience a series of events can move people toward dysfunction. Somewhere along the way a once healthy person moves toward dysfunction.

## **THE BUILDING BLOCKS OF A DYSFUNCTIONAL CONGREGATION**

Congregations do not become dysfunctional for no reason, nor do they become dysfunctional overnight. A number of relational conditions must converge to move a congregation to dysfunction. These conditions are:

### **ADDICTIVE BEHAVIOR**

An addiction is any **substance** or **process** that has taken over our lives and over which we are powerless. It may not be a physiological addiction. Anything can become addictive.

Addictions can be formed from the abuse of chemicals (i.e., drugs, alcohol, nicotine, caffeine) or the abuse of processes:(i.e., religion, sex, money, work, conflict, power).

Process addictions serve the same function as a chemical or substance addiction. The addiction serves to alter the mood of the individual or group so that they can escape unwanted feelings and/or anxiety.

### **COMPULSIVE BEHAVIOR**

Compulsion is a special form of process addiction. It is characterized by workaholicism, perfectionism, the insistence that others submit to one's way of doing things.

### **CODEPENDENT BEHAVIOR**

Addictive relationships least two parties to play out the dysfunction: the addict and the codependent. The addict uses a substance or process to escape from his or her unwanted feelings. The codependent stabilizes the situation so it doesn't collapse. Every addict needs a codependent in order to survive. Every codependent needs an addict in order to feel worthwhile.

In the final analysis there is no difference between the results of addiction or codependency. Both the addict and the codependent are addicted. The addict is addicted to the addictive process or substance. The codependent is addicted to the process of protecting the addict.

### **IDENTIFIED PATIENT (SYMPTOM BEARER)**

When a congregation comes under serious stress, it often will try to transfer its anxiety upon a person or group: which becomes the identified patient (the symptom bearer) for the congregation. The symptom bearer is not necessarily the “sick” member of the congregation. The congregation-as-a-whole is the carrier of the illness. Keeping the focus on a “problem” person or group prevents the congregation from addressing the systemic issues that contributed to the symptoms in the first place.

## **SERIES RELATIONSHIPS**

A series relationship occurs when persons cannot act independently of one another. People in a series relationship are not together so much as they are stuck together. Whatever one person in this stuck together group thinks or does, all the other people in the group will think or do, since they have no capacity to think critically about the behavior of the person who is setting the agenda.

As a stuck together group they can act in ways that paralyze the rest of the congregation. They often succeed in becoming a powerful, influential block that sets the agenda for the congregation for years on end. In this condition the dysfunctional group acts as the addictive party, while the rest of the congregation plays the codependent role. Often the people in the congregation are totally oblivious to the fact that it is their codependent behavior which makes it possible for the dysfunctional group to continue.

## **THE RESULTS OF DYSFUNCTION IN THE CONGREGATION**

The results of dysfunction conflict in a congregation are:

### **ANXIETY**

In a dysfunctional congregation anxieties run at a high pitch. Always a person or group is gripped with anxiety, and fears the absolute worst is going to fall upon the congregation.

Chronically anxious members will act out their anxiety in an attempt to get relief, (e.g., spreading rumors, making accusations, exaggerating events). This is done in an attempt to displace their anxiety on others. When others take up their anxiety

and begin to "act out," the dysfunctional people relax. They don't have to be anxious because the pastor, board, or some other group is carrying the anxiety. This becomes a vicious cycle of 1) be anxious; 2) make others anxious; 3) rest awhile; and 4) be anxious again.

## **BOUNDARIES**

Dysfunction in one's personal boundaries may take one of two possible expressions. One possibility is to have no boundaries. The second possibility is to have highly rigid boundaries.

### **Persons who have no boundaries**

Persons who subvert their own interdependence become meeting freaks' or addictive volunteers. They become perennial groupies who must always have a company around them. If they find themselves alone for a single moment they are overwhelmed with lonesomeness or suffer anxiety attacks. Instead of touching others' lives, they clutch them. They have no thoughts other than the group's thoughts, no opinion other than the group's opinion.

### **Persons who have very rigid boundaries**

People who have very rigid boundaries cut themselves off from all relationships with others. Such people often exert tremendous influence upon the church by reason of their refusal to share what he is thinking, so that every one is left guessing what he wants.

### **Boundaries and overfunctioning**

Overfunctioning is the condition of assuming an unhealthy responsibility for the way others function and for the quality of their relationships. Sooner or later, overfunctioning will cause the pastor and key lay leaders to lead from the underbelly of their anxiety. Compulsions and fears.

The darksome expressions of leadership can be characterized as: suspicious, compulsive, detached, dramatic, depressed leadership. Whenever the leader leads from the dark side, the congregation will come to reflect, exhibit the leader's neuroses.

## **EMOTIONS**

People whose emotions were severely wounded when they were children will tend to express emotions either by great explosions of anger, or by turning the anger in upon themselves. As children they learned that this is what they must do to survive.

When emotionally damaged people come into the church, they bring the hurt, fear, anger and rage with them. Unless these persons are healed, they are prime candidates for joining into series relationships, becoming a timid, or an antagonistic loner, filling codependent roles for addictive persons or processes in the congregation or they will seek an identified patient upon whom they may transfer their own symptoms.

## **TRIANGLES**

When two parties in a dysfunctional relationship become uncomfortable with one another the most anxious of them will “triangle in” a third party. Shifting the focus to a third party lowers the anxiety of the two persons in the original relationship. The two persons become anxious about the third party’s behavior, and are no longer anxious about each other’s behavior.

Triangles come in many forms. The third party need not always be a person. Often times the third party is a concern or issue. The intent of the emotional triangle is to finally have the third party carry all of the pent-up anxiety on behalf of the others. Thus, the third party becomes the symptom bearer of the others’ anxiety.

## **HOMEOSTASIS**

Homeostasis comprises the habitual response patterns which the congregation uses as self-correcting mechanisms to keep everything on balance, ‘In order to preserve its existence, “as is.”’ The maintenance of the congregation’s stability or equilibrium, may be healthy or destructive. A dysfunctional congregation creates habits for itself that constantly keep it in a homeostatic condition which ensure that nothing will change.

Changes that affect a congregation’s homeostasis

There are many conditions that may upset the homeostatic condition of a congregation:

1. Changes in the spiritual leader (pastor or lay person)
2. Changes in the long-term key lay leaders
3. Changes in the community
4. Changes in the congregation's staff
5. Changes in the denomination
6. Changes in the ministry results.

While any one of these issues does not necessarily cause problems, a convergence of these conditions is able to contribute to increased congregation anxiety.

## **LEVELS OF ADDICTION IN THE CHURCH**

There are four possible levels of addiction in an organization. The levels progressively increase in complexity.

1. A first level addiction in a congregation is one in which a key person is an addict. This may be the pastor, a key lay leader, or a highly influential member. Anne Wilson Shael illustrates this pattern through the words of an adult daughter regarding her father, a pastor whose workaholic addictions killed him:

“His work was the most important thing in our family. If any of us complained about never seeing him, he always had the excuse that he was doing ‘the Lord’s work’ and working himself to death was justified. ...Although he was always working on the run his actual productivity decreased. He recycled old sermons more and more often. He died in his late 40’s and no one ever knew him. I feel like I had a nonrecovering alcoholic for a father. He did not really serve Christ or the church. I now know he served his disease.”

2. A second level addiction is when individuals join the congregation and bring their dysfunction with them. This may be a person who becomes a member, or group that joins the congregation, often as the result of a split in another church.
3. A third level addiction is when the congregation-as-a-whole functions like an addictive substance; the organization itself provides the “fix.” The church functions as an addictive substance when the members become hooked on the services and promises of the church -and ignore how the entire system is really operating; often denying or overlooking warning signs of dysfunction and breakdown.



4. A fourth level of addiction is when the congregation itself becomes a addict. In this instance the dysfunction of several members finally invades the behavior of the entire congregation. Communication become indirect, not open, not honest. Emotional triangles continually spring up. Gossip runs rampant. The leaders and workers become skilled in incompetence, and finally all the systems cease to function in a healthy or effective manner.

### **RULES FOR WORKING IN A DYSFUNCTIONAL CONGREGATION**

1. Be a non-anxious presence
2. Utilize Playfulness
3. Stay out of emotional triangles
4. Withdraw support from series relationships
5. Coach the healthiest members of the congregation
6. Relate to everyone openly and honestly
7. Do not expect dysfunctional persons to be able to keep the commitments they make
8. Raise awareness of family systems theory and dysfunctional organizations
9. Get professional counsel
10. Tend your inner life

### **THE TWELVE STEPS**

**Step 1:** We admitted we were powerless over addiction, that our lives had become unmanageable.

**Step 2:** We came to believe that a power greater than ourselves could restore us to sanity.

**Step 3:** We made a decision to turn our will and lives over to the care of God as we understood Him.

**Step 4:** We made a searching and fearless moral inventory of ourselves.

**Step 5:** We admitted to God, to ourselves, and to another Human beings the exact nature of wrong.

**Step 6:** We were entirely ready to have God remove all these defects of character

**Step 7:** We humbly asked Him to remove our shortcomings.

**Step 8:** We made a list of everyone we had harmed.

**Step 9:** We made direct amends to such people where possible, except when to do so would injure them or not.

**Step 10:** We continued to take personal inventory and when we see were wrong, we promptly admitted it.

**Step 11:** We sought through prayer and meditation to improve our conscious contact with God, praying only for power to carry that out.

**Step 12:** Having had a spiritual awakening as the result of these steps, we tried to carry, this message to others, and to practice these principles in all our affairs.

## References

Shawchuck, Norman. *How to Manage Conflict in the Church Dysfunctional Congregations*. Spiritual Growth Resources, 1996.

## **Types of Conflict**

1. Conflict over Preferential treatment(Tribalism)
2. Conflict over priorities, values or methodology
3. Conflict over positions
4. Conflict over power
5. Conflict over personal wealth
6. Conflict as the result of a personal attack
7. Conflict over party politics
8. Conflict over principle

## **Eleven Principles for Handling Conflict**

Principle 1: Dedicate Yourself to Prayer

Principle 2: Determine the Real Issue

Principle 3: Don't Be distracted from the Real Issue by dealing with symptoms or Other "Concerns"

Principle 4: Deal directly with the problem

Principle 5: Deal with the problem as near to the source as possible

Principle 6: Don't retaliate to personal attacks

Principle 7: Determine to spend adequate time dealing with the issue

Principle 8: Drop the issue

Principle 9: don't be defensive

Principle 10: Determine not to go to court

Principle 11: Decide to forgive

## **References**

Mwalw's, Philip Morrison with Chris. *Conflict Resolution In the Church*. Oasis International Ltd., 2013.

## **Types of Church Conflict**

1. Congregational change
2. Pastoral Transitions
3. Professional Breaches of Congregational Trust
4. Transgression in boundaries concerning power

## **Solution: A Jurisdictional COGIC Conflict Resolution Team(CCRT)**

A team that's outside the local church that will come in and resolve the conflict issue. The purpose of this innovative approach towards conflicts in COGIC churches would be to assist the pastors and churches in understanding and resolving destructive church conflict within their midst. The CCRT would accomplish this goal by doing four things.

1. Elevate the pastor and congregation above their church conflict by conducting spiritual practices (e.g. revival meetings, prayer meetings, and fasting) in the Holiness-Pentecostal Tradition that fosters greater spirituality, honest introspection, and congregation cohesion. The goal of the first phase of the CCRT is to recreate a spiritual environment within the congregation so that the church membership can become open to the conflict resolution process and to the loving conviction of the Holy Spirit, which calls them to a state of corporate repentance. This spiritual goal is essential because it is the foundation, which the CCRT will build upon in their work.
2. The CCRT will educate COGIC pastors and church members on the nature and types of congregational conflicts through workshops and consultations, both individual and in a corporate manner as needed.
3. The denominational conflict team will conclude their work by mediating between conflicting parties within a COGUC congregation to identify the issues of contention and to work towards a solution.
4. The Jurisdictional Prelate of the COGIC congregation would receive a detailed report from the CCRT before their departure concerning the church they were sent to assist.

## **CCRT Members**

1. A Clinical Counselor
2. A Prayer Warrior
3. An Ordained Elder with 10 years of pastoral experience
4. A Woman in Ministry

## **The CCRT Resolution Procedures**

1. THE CCRT will visit the church site as visitors and worshippers on a Sunday morning to observe the congregation before their intervention takes place.
2. The CCRT will meet with the Pastor, deacons, church mother, trustee board, and the remainder of the congregation on a mid-week service night after the Sunday morning visit for a formal introduction to the CCRT.
3. The CCRT will begin their intervention with a revival that should be conducted for three days to raise the spiritual conscience of the congregation and move them to corporate repentance. The revival conducted via the CCRT will have two parts. First the CCRT will lead the congregation in corporate prayer for three nights from 6:30 pm to 8:00 pm in the sanctuary.
  - Wednesday – Prayer for Repentance and Church Renewal
  - Thursday – Prayer for Unity
  - Friday – Prayer for the Resolution of Issues

Secondly the revival will be a three-night church service that will be lead by a male of female evangelist.

4. The CCRT will conduct workshops to educate the pastor and the congregation on the nature of church conflicts, there will be seven training sessions, the training topics will be the following at the church site:
  - Seminar I: Pastoral and Auxiliary Leaders Transitions and Church Conflict
  - Seminar II: Ecological Shifts that Affect Local Church and Increase Corporate Anxiety
  - Seminar III: Leaping Before Learning: Moving too Quicky to Implement Rapid Congregational Change
  - Seminar IV: Mental Disorders in Church Conflict

- Seminar V: The Importance of Effective Collaboration, Compromise, and Communication to Church Leaders and Congregation in Vision Creation and Implementation
  - Seminar VI: The Proper Stewardship of Influence in the Local Church to Maximize the Common Good.
  - Seminar VII: It's All Our Business: The Congregation's Corporate Responsibility to Maintain Church Health
5. The CCRT will have a day of mediation to discuss the matter of dispute and to get the conflicting parties to speak, listen collaborate, and compromise if necessary to find a suitable solution for all those involved.
  6. The CCRT to present the agreed upon solution that emerged through the process of mediation to the congregation. Presumably, everyone in the congregation should accept the agreed-upon solution if the pastor and all the influential members publicly express their willingness to abide by the decision reached through the process of mediation. Afterwards, the CCRT will depart the church site and send a summary of their finding and recommendations to the Jurisdictional Prelate.

## References

Braddy, Keith C. *Walk Together Children and Don't Get Weary: A Model For Conflict Resolution For Local Congregations In the Church of God in Christ*. Up Books, 2023.

