CHANGING DEMOGRAPHICS IN FAMILY STRUCTURE.

Population surveys and census of population show that the family structure is changing across all cultures and countries. There is an evident cycle that all countries in Europe are progressing through. Some have actually completed the cycle, but some are inevitably moving forward. But what is this cycle that’s affecting all cultures, despite the differences in heritage language or religion?

One of the most important similarities emerging is the rising number of parent dependant adult children in the communities. More and more adult children are returning to their parent’s homes for various reasons, with the most general reason being economic and financial instability. These adult children are finding refuge in their parent’s house. Rising unemployment rates all over the world have increased pressure on the already fragile family structures. Divorce rates are also on the rise and broken up families cannot stand on their own, so they also return to the parent home for support. As a result, the psychological stability cannot be sustained for these people who have to live together again. The spectrum of mental health problems is getting wider continuously. Depression is affecting whole generations now. Alcohol and other drug dependencies are seen more often among these adult children, which in turn deepens the already existing economical problems. Consequently, elder abuse is a rising occurrence. The elderly parents are subjected to physical assault and injuries, psychological intimidation, neglect, and financial extortion demands. They become the silent victims in their own homes and cannot address their sufferings in fear of shame or further abuse. The health care system and the social services should be aware of these hidden problems and should actively ask what we term “The Boomerang Questions”. As a new term “the boomerang generation” is used to describe these generations that are trapped in between dependence and individuation, separation as an adult and dependence as a child.

Boomerang Questions

Have your children been living with you?
How many people live in your house?
Have your children returned regularly for financial support/ Drug or alcohol money?
Do you support the expenses of your children or grandchildren?
One striking demographic fact is the ageing society. Due to economical cultural reasons and changing values, marriage is not the goal now for many middle aged adults. More and more people prefer not to get married and, even if they do, they choose not to have children. The young population is receding and the pyramid of population is getting inverted. This elderly generation is getting more isolated from the younger generations. They are left in increasing loneliness and they have no one to care for them. They are a population that can benefit from Family Therapy, as the end of life issue is an important aspect of family therapy that earns the right of being addressed. Micro-aggression is so widely applied that it is not even noticeable unless you are in that position. Health care systems and social services neglect the “grey population” as they are seen as having “one foot in the grave”.

Another by-product of changing demographics in family structure is “Blended Families”. Due to the normalisation of divorce, more people are having several marriages and divorces. As a result, a lot of families have children from various mothers or fathers. These children sometimes have a set of a few stepmothers, stepfathers and even step grandparents. If all goes well it becomes a colourful environment, where rich attachment patterns can be possible for the children and for the adults. In the other case, though, we mostly tend to see blended families where the continuity of the “Family feeling” and family values cannot be carried on. The children have no sense of identity or belonging because they have no positive experience of healthy attachment to their caregivers or their grandparents. Their attachments can be transient, due to the fact that marriages are short lived. Marriages and parenting styles have become more action focused; therefore we tend to see more behavioural difficulties and adjustment problems when difficulties arise at home, at school, or with friends. Their coping skills are not sufficiently developed and the age of developing depressive disorders, such as alcohol and other drug abusing, early sex experiences, cyber living and suicides is getting younger. This means that we will have a more challenging young parent group emerging in the near future.

Although we cannot be sure if the current situation can be altered or not, we hope that there is a possibility of including a demographic dimension to family therapy applications. The changing constellations of new family organisations like blended
families, single parent families, boomerang families and the increasing percentage of the ageing population can be detected earlier for giving better support and guidance to provide the continuity of the family institution and the social fabric of society. In order to do so we should be more open to the changing demographics so that we can shape our practices to fit the needs of the changing cycle of population.

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