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Navigating Trauma in Higher Education: Lived Experiences of University Students from Dysfunctional Family

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Abstract: *This study explored the lived experiences of university students from dysfunctional families and examined how these experiences impact their psychological, academic, physical, and general well-being. Participants described growing up in environments marked by emotional neglect, domestic violence, abandonment, and disrupted family dynamics, which continue to affect their functioning in the university. Using a qualitative hermeneutic phenomenological approach, 20 participants were purposefully selected for the study. The participants were taken through in-depth interviews. A thematic data analysis was used to analyze the data. The finding revealed 6 themes as: Suicide & Self-Harm, Trust and Relational Difficulties, Low Self-Confidence & Identity Confusion, Academic Disengagement, Physical health Issues and Desire for Parental Bond. The study concludes that students from dysfunctional homes often enter higher education with unresolved trauma and unmet emotional needs, which can hinder their ability to succeed*

academically and socially. Based on the findings, the study recommends trauma-informed care within university counselling centres, early psychological assessments, student support groups, mentorship, and a revision of assessment systems to reduce anxiety.

Keywords: dysfunctional family, university students, psychological well-being, hermeneutic phenomenology, mental health

INTRODUCTION

Studies in human development stipulate that the home environment is crucial in the formulation of children early experiences in life which may significantly influence later life development. Every individual's life is influenced by age, gender, cultural heritage, language, faith, sexual orientation and gender identity, relationship status, life experiences, and beliefs (Kyei, 2015; Alharthi, 2019) of which the parents and other caregivers in the life of the child play critical roles. The family forms the primary unit of socialization, emotional stability, and identity formation for a child; however, when the home/ family becomes dysfunctional, children often carry emotional, psychological, and behavioral wounds into their later years; more especially during their emerging adulthood (Yeboah and Ntim, 2019).

University students are young adults who have transitioned from adolescence and are striving to find meaning to their life to form their identity and plan for their future. Arnett (2000) proposed a new life stage for these young adults called Emerging Adulthood which is between 18 to 25 years and is mostly in the developing or developed countries. The stage is characteristics by five distinctive factors as: identity explorations, instability, self-focus, feeling in-between adolescence and adulthood, and a sense of broad possibilities for the future. The proposed new life became necessary as the lifestyle of people have changed in the last fifty years due to education and industrialisation. Most young people, especially women, in their late teens and early 20s during those years had either entered or had stable adult roles in their work and family life as compared to young people currently who are either in school or are learning a trade (Arnett & Taber, 1994).

Students from dysfunctional families who enter the university face challenges that are deeply rooted in early traumatic experiences. These challenges manifest not only in academic disengagement but also in psychological distress, physical health problems, identity confusion, and disconnection from their environment and purpose (Rosecrance, 2022). A study by World Health Organization (WHO) on world mental health international college student project found that 31.4% of first-year students in 19 colleges across 8 countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and United States) screened positive for at least 1 common DSM-IV anxiety, mood, or substance disorder in the last 12 months. Life transition for the emerging adult can cause a lot of distress for the individual (Matud et al., 2020).

Exposure to traumatic experiences such as violence and substance abuse by a caretaker (parents or any significant adult) in childhood may influence the development of social withdrawal, depression, defiance, aggression, and cognitive issues in later life, which may affect interpersonal relationship and communication issues (Berkowitz, 2012). Adverse experiences in childhood may have a negative effect on children building secure attachment, which may result in mistrust for self and others. People who have experienced some of these adversities may feel betrayed in relationships, be secretive and anxious, and lack a sense of safety, which may result in social isolation (Clark et al., 2014). Self-righting appraisal skills and social support help to build resilience in emerging adults who have suffered from childhood traumas. The ability to build resilience helps in positive growth, adjustment, and flexibility (Leung et al., 2020).

Psychological assessments and counselling sessions among university students have uncovered troubling patterns among students from dysfunctional families. Many of these students report suicidal ideation, self-harming behaviors, trust issues, low self-confidence, gender identity struggles, panic attacks, and academic unpreparedness. These challenges often emerge subtly but can significantly affect the student's ability to function and thrive in the university environment. Some university students admit they are in school not because of intrinsic motivation, but because "life must go on" or their parents forced them to attend. This disconnection between personal identity and academic engagement further leads to risky coping mechanisms like examination malpractice, substance abuse, and emotional withdrawal (Ergene, 2003).

In spite of growing interest in student mental health, limited research has focused on university students from dysfunctional families who often enter higher education institutions with unresolved childhood traumas. These emotional challenges are frequently overlooked by academic and support systems, yet they may significantly influence students' psychological well-being, academic performance, and social adjustment on campus. The objectives of this study are to: (1) explore the lived experiences of university students from dysfunctional families; (2) examine strategies to enhance the holistic development and success of affected students and (3) improve counselling practice in higher educational institutions for students from dysfunctional families.

The Concept of Dysfunctional Family

The American Psychological Association (APA, 2018) define a dysfunctional family as a family in which relationships or communication are impaired and members are unable to attain closeness and self-expression. Members of a dysfunctional family often develop symptomatic behaviors of which one individual in the family may be suffering from a mental problem. Such family is characterized by conflict, abuse, neglect, and misbehavior which create a hostile environment that negatively affect the emotional, psychological, and physical well-being of members. This dysfunction is as a result of parents' inability to fulfill their roles due to issues like addiction, mental illness, or unresolved trauma, leading to impaired relationships, separation, conflicts and poor parenting styles (Nittle, 2025).

According to Amato (2000), children from disrupted families are more likely to face emotional, behavioral, and academic challenges. Studies show that students from dysfunctional families often report feelings of worthlessness, suicidal ideation, and emotional numbness. Self-harming behaviors may emerge as coping strategies, particularly when there is no emotional outlet or adult figure to offer support. Trust issues also become prevalent, as early betrayals from parents or guardian condition emerging adults to doubt the intentions of others. The result is emotional isolation, reluctance to seek help, and a deep-seated fear of abandonment (Smith & Green, 2015).

Dysfunctional family and Emerging Adulthood

University students are classified as emerging adults (from 18 - 25) due to the industrialization which has caused a change in the onset of the typical characteristics of this age bracket from working and getting into marriage to now being in school pursuing various programs to develop a career for themselves (Arnett, 2000). Different studies have been conducted to explore some characteristics and challenges that these emerging adults in the universities are faced with as they strive to make life into adulthood (Agbaje et al., 2021).

Limbu (2013), in his reflection on university students' anxiety as they strive to go through education to transform themselves to build a future; asserted that university students are developing their social, emotional, career and actualization tendencies which can be stressful as they navigate through their personal capabilities and their environment. This period is often marked by confusion, anxiety, and emotional disconnection due to a lack of stable parental guidance during formative years for emerging adults from dysfunctional families. When unresolved childhood trauma is carried into this stage, it can distort self-image and impair the ability to form healthy relationships or make clear life decisions.

Victims of childhood traumas expressed not enjoying their childhood because they had to practice some adulthood roles which they were not ready. Tedgard et al., (2019) used the word "Parentification" in their paper to describe the adulthood roles that children play in the family. The term refers to a situation in which a parent relinquishes their parental responsibilities to the child, compelling the child to neglect their own needs for attention, comfort, and guidance in order to meet the parent's logistical, emotional, and self-esteem demands. This phenomenon is known as functional or emotional role reversal (Chase, Deming, & Wells, as cited in Tedgard et al., 2019). Two characteristics of role reversal are highlighted in this definition. The first is "logistical or instrumental parentification" where a child assumes duties like caring for the younger siblings and doing chores around the house. While the second characteristics is "emotional parentification" which entails the child taking responsibility for their parents' emotions. Examples include taking on the role of being a friend to the parents, acting as a peacemaker in marital disputes, attempting to shield one parent from the other's physical abuse, and even playing an adult role in the family.

Dysfunctional family and wellbeing

APA (2018) defines wellbeing as a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life. Childhood trauma and adversity can have life-threatening and violent implications for both immediate and long-term

development, as they profoundly shape social and emotional functioning. These effects largely stem from the way adverse experiences disrupt the formation of trust and secure attachments in later life (Toof et al., 2020). According to attachment theory by John Bowlby, the bond formed between children and their caregivers in childhood is crucial to subsequent relationship and the way the individual value the self in later life (Kyei, 2015). This informs self-worth, confidence, trust issues and how a person reacts to situations. The ability to form healthy attachments is essential to one's mental health and social adaptation (Ng et al., 2020). The bond between children and caregivers happens to be an innate need which influences the child's emotions, cognition, social and behaviour as they grow (Toof et al., 2020).

Research indicates a strong correlation between family dysfunction and poor academic performance (Ergene,2003; Mphaphuli, 2023). Students from dysfunctional families often lack the emotional support and structure necessary for academic success. Some report being in school only because it is the next expected stage in life. This academic disengagement can lead to absenteeism, poor performance, and in some cases, examination malpractice as a survival tactics. Beyond emotional and academic consequences, students from dysfunctional families are more likely to develop physical health conditions such as ulcers, high blood pressure, and sleep disorders, often triggered by chronic stress and anxiety. These students may neglect their health due to low self-worth or a lack of parental care. The absence of attentive guardians means that symptoms often go unnoticed or are not taken seriously, leading to worsened outcomes over time (Toof et al., 2020).

Dysfunctional family and Building Resilience and Counselling

According to Dube (2018), childhood trauma has become a public health crisis in the United States and globally which contribute to multiple adverse social, emotional, behavioural and health outcomes throughout the lifespan. Dube asserts that individual needs can be related to a person's subjective perception experienced within a system, culture, or common group. Some university students who have emotional and social needs are able to build resilience on their own, while others depend on informal support; whereas others too will need professional therapist to help them survive (Haim, 2021).

Studies have proven that people are able to bounce back after a stressful event, which is termed resilience (Brogden et al., 2015; Akbar &Saleem, 2021). Some scholars define resilience as a trait or an individual characteristic that enables a person to adapt to stressful circumstances (Bajaj & Pande, 2016; Connor & Davidson, 2003). Contrary to this view, Southwick et al., (2014) argued that resilience is not a personality trait, but a dynamic process, or a dynamic system to adapt successfully to threats and adversities in life. Rutter (2006) described resilience as a two-dimensional concept consisting of both the occurrence of challenging events and individuals' positive adaptation when experiencing the challenges. Masten (2009) identified three major aspects that address the complexity of resilience by including both individual and environmental influences. These included three core protective systems: (a) community, culture, and spirituality; (b) belonging and attachment, and (c) personal capabilities. This assumption has been emphasized by Herrman et al., (2011) who argued that multiple aspects such as personal factors, biological

factors, environmental-systemic factors, and the interaction between these factors can influence resilience. Personal factors refer to various personality traits and characteristics, such as openness, internal locus of control, self-esteem, and optimism that can contribute to resilience. Biological factors consist of the influence of physical changes in the brain, such as the sensitivity of receptors and neural networks, on resilience. Environmental-systemic factors include the factors that exist in both micro-environmental and macro-systemic levels. Some micro-environmental factors include relationships with family and peers, parent-child attachment, family stability, and absence of mental illness in parents.

Many students use maladaptive coping strategies, including substance abuse, self-isolation, emotional numbing, and escapism through social media or relationships. However, some adopt constructive coping mechanisms through religious engagement, artistic expression, or seeking mentorship. The difference in outcome often depends on the level of social and institutional support available. Effective counselling interventions can help students reframe their traumatic experiences and build resilience. Trauma-informed counselling practices, when implemented at the point of entry into the university, can help identify at-risk students early. Literature suggests that supportive environments that foster empathy, structure, and trust can significantly improve students' psychological well-being and academic outcomes (Mphaphuli, 2023). Group therapy, mentorship programs, and psychosocial education are essential tools in addressing the effects of dysfunctional families.

METHODOLOGY

Research Design

Ethical clearance was sought from the Institutional Review Board of the University of Professional Studies, Accra (Reference number: ECUPSA –SS-001-2023). The consent of participants was also sought before the interviews. This study uses a hermeneutic phenomenological approach which focuses on interpreting and understanding individuals' lived experiences as they make meaning of past events (Moon et al., 2014)). This design is particularly appropriate for this study as it allows for an in-depth exploration of how students from dysfunctional families understand and articulate the effects of their parents' behaviour on their current lives. Base on the sensitive nature of the study, the researchers were mindful of the potential for retraumatization. Hence to safeguard the emotional well-being of participants, the researchers conducted thorough debriefing sessions and took deliberate steps to prepare participants mentally and emotionally before data collection. This was to avoid prolonged or emotionally overwhelming encounters while allowing adequate time for trust-building and comprehensive data collection.

Population and Sample

The study was purposively conducted at a public university in Ghana. The University Counselling Centre served as the main access point for recruiting participants and providing a safe space for data collection. The university has a policy of conducting mental health assessment for first year students to ascertain those with critical mental challenges for counselling. The target population

for the study included first year students who self-identify as coming from dysfunctional families during counselling sessions. A purposive sampling method was used to select participants who had previously disclosed relevant experiences during counselling sessions or in psychosocial assessments. Twenty participants were purposefully selected for the study which included 10 males and 10 females for the study. The inclusion criteria for the study included: must be admitted by the university, must be a first-year student, must have experienced parental separation, divorce, death, abuse, or neglect before the age of 18 and must be willing to discuss personal experiences in a confidential and safe environment.

Data Collection Procedure

The study used semi-structured in-depth interviews as the primary method of data collection (Creswell, 2018). An interview guide was developed, covering topics such as family background, childhood experiences, emotional challenges, academic motivation, social behavior, coping mechanisms, and identity issues. The interview lasted between 30 and 40 minutes and was conducted in a private counselling room. With participants' consent, all sessions were audio-recorded and later transcribed verbatim. The questions in the interview guide were informed by the purpose of the study and literature. Consideration was given for anonymity and confidentiality to participate in the study, hence the names of the participants were not used in the study. Field data was managed under the Data Protection Act, 2012 (Act 843) of Ghana. Immediate counselling support was provided to any participant who became emotionally distressed during or after the interview.

Data Analysis

Braun and Clarke's (2006) thematic analysis framework was used for the data analysis. The first is immersion which involved reading and re-reading transcripts to gain a holistic understanding of the data collected. The next step was the initial coding to identifying significant statements and meaning units to start the theme development. The identified themes were clustered into broader themes to aid with the interpretation by making sense of how these themes connect to participants' lived experiences using theoretical insights. Member checking was used to confirm that the interpretations accurately reflected the participants' meanings for validation to finally generate the report.

Trustworthiness of the Study

To ensure data quality assurance and reliability, some strategies were employed. First, credibility was achieved through the prolonged engagement, triangulation through field notes, and member checking. The transcribed written summaries of the interviews were given to the participants for review and approval. All the researchers also read through the study and offered feedback. Furthermore, transferability looked at thick descriptions of context and participants' backgrounds to help readers determine applicability. Dependability was achieved as a research journal was maintained to document all decisions and reflections during the process. Finally, confirmability concentrated on audit trails and peer debriefing to reduce researchers bias. The participants were made to review the transcripts and all written documents at different stages of the study. All the

researchers checked and reviewed the documents and critiqued them to ensure dependability of research findings.

RESULT

Participant background

A total of 20 participants took part in this study. All participants self-identified as having grown up in dysfunctional families. Participants names were not used to protect identities. 15 of the participants confirmed either having suicidal ideation or attempted suicide at least once in their life. The age of the participants ranged between 18 to 22 years.

Table 1: ***Demographic Characteristics of Participants***

Participant	Age	Gender	Parent marital status	Suicide
Participant 1	18	M	Separated	Attempted
Participant 2	20	F	Lost the mother and father has neglected her	Ideation
Participant 3	19	M	Separated	Attempted
Participant 4	18	M	Divorced	Attempted
Participant 5	18	F	Together(abandonment by father)	No
Participant 6	19	M	Divorced	No
Participant 7	20	M	Together (abandonment by mother)	Attempted
Participant 8	22	F	Divorced	No
Participant 9	18	F	Together(abandonment by father)	Ideation
Participant 10	20	F	Divorced	Ideation
Participant 11	20	F	Single parent	Attempted
Participant 12	19	M	Divorced	Attempted
Participant 13	22	F	Separated	Ideation
Participant 14	22	M	Single parent	No
Participant 15	20	M	Single parent	Ideation
Participant 16	21	F	Single parent (Lost the father)	Attempted
Participant 17	19	F	Separated	Attempted
Participant 18	21	M	Divorced	Ideation
Participant 19	20	F	Separated	No
Participant 20	18	M	Divorced	Attempted

Themes

We identified 6 themes as follows: Suicide & Self-Harm, Trust and Relational Difficulties, Low Self-Confidence & Identity Confusion, Academic Disengagement, Physical health Issues and Desire for Parental Bond.

Theme 1: Suicide and Self-Harm

Almost all participants expressed moments of deep emotional despair, with 15 explicitly recounting suicide attempts or persistent thoughts of ending their lives. These were often linked to feelings of abandonment, emotional neglect, and isolation. These are extract from some participants to express their disappointment and their suicidal behaviours.

> "Sometimes I feel invisible. Nobody cares whether I live or die. I have tried ending it all twice. The pain inside is too much." (Participant 19)

> "I want to end my life. I have attempted twice; the first one I was going to jump a building when a friend came to pull me, the second time I tried taking drugs but it only made me sleep." (Participant 16)

Self-harming behaviors such as cutting or starvation were also reported, often as coping mechanisms for inner emotional pains. These acts were hidden from peers and parents, making detection difficult without targeted psychological assessments.

> "Mum was trying for us. She tried her best to care for us because daddy left the home, it was always mum and us and now that she is no more is just my elder sister and I. whenever I feel lonely I cut myself. Just to see the blood to know am still alife." (Participant 2)

Theme 2: Trust and Relational Difficulties

A recurring theme was a deep distrust for others, especially authority figures or romantic partners. Participants described difficulty forming close bonds, fearing betrayal or abandonment.

> "I do not let people in. I have been disappointed too many times. My father left when I was nine, and my mother's boyfriend tried to abuse me. How do I trust again?" (Participant 20)

Some participants mentioned having no real friends on campus and choosing to stay isolated or to compactify their friends.

> "Because of my trust issues, I do not have a best friend. I keep roommates, lecturer hall mates, study mates and friends like that. I do not expect any commitments from them."(Participants 12)

Theme 3: Low Self-Confidence and Identity Confusion

Several students reported chronic low self-esteem and confusion about their identity and purpose. Girls expressed a sense of inferiority, while some boys felt emasculated due to being raised solely by mothers.

> "I wear big clothes and speak roughly so that people will not see me as weak. Inside, I do not know who I am." (Participant 10)

"I see other girls glowing, but I feel like I am nothing. My parents never called me beautiful or made me felt special." (Participant 5)

Theme 4: Academic Disengagement

Despite being in the university, many students expressed a lack of clarity about why they are in school. For some, education was seen as an escape from a dysfunctional home; for others, it was about fulfilling parental expectations or societal pressure.

"I did not choose this course. My uncle said I had to do it. I do not even know what I am doing here. I just want to finish and be free." (Participant 3)

"My parents always call me good for nothing. To me I strive to excel in my academic work just to prove to them that I am an achiever." (Participant 5)

Others reported intense fear of failure, leading to unhealthy studying patterns or even engagement in examination malpractice as a way to avoid shame.

Theme 5: Physical Health Issues

Some participants reported psychosomatic symptoms including ulcers, panic attacks, insomnia, and chronic fatigue.

"I can go the whole day without eating. Sometimes I feel my heart racing and I cannot breathe." (Participant 9)

"I even have ulcer now. There were times that my mum will prepare garifoto (Gari with vegetables and oil) and tell us to imagine is Jollof rice we are eating. Hmm things were hard". (Participant 8)

"I have high pressure due to the panic attacks I was experiencing due to the constant shouting by my father." (Participant 16)

Many admitted they did not take care of their health and only visited the campus clinic when absolutely necessary. The feeling of being "unworthy" of care was a major issue.

Theme 6: Desire for Parental Bond

Almost all participants spoke of a deep yearning for connection with their parents whether to receive love, affirmation, or life guidance. Some said they felt lost without a father or confused without a mother's presence. The following are some excerpts from the participants.

"Sometimes I want to just hear my father say he is proud of me. But I know he will not say it. I am a woman, it makes me vulnerable when I meet men" (Participant 13)

Some male students stated:

"My mother does not understand me as a boy. She thinks I am being difficult. But I just need a father to guide me… to teach me how to be a man." (Participant 1)

"Am a boy and I felt I needed a man around to nature me as a young man but daddy was busy taking care of another woman's children". (Participant 7)

DISCUSSION

These findings confirm to existing research by Smith & Green (2015) which stipulates that childhood experiences can have an effect on individual's adulthood. The findings also add culturally and contextually specific insights relevant to Ghanaian university students. Many students suffer in silence because of stigma, lack of early intervention, or unawareness of psychological support systems on campus. The results emphasize the need for trauma-informed counselling, early screening, and mental health literacy as foundational interventions within university support systems.

The first finding on suicide and self-harm confirms existing literature that links childhood trauma and neglect to increased suicidal tendencies in young adults (Smith & Green, 2015). The absence of emotional support during formative years creates deep-seated hopelessness that can resurface under academic or social stress. According to David (2022), the higher the Adverse Childhood Experiences (ACEs) a person has had, the higher the risk for social, mental, or other well-being problems. Scores of 4 or more ACEs are considered clinically significant and are twice as likely to be smokers, 5 times more likely to have depression, 7 times more likely to be alcoholic, 10 times more likely to take illicit drugs, and 12 times more likely to attempt suicide (Felitti et al., 1998).

The second finding on trust and relational issues aligns with Bowlby's Attachment Theory (1988) which states that early attachment disruptions often result in avoidant or disorganized attachment styles. The experiences of the participants make them perceive the world differently in their private logic that does not conform to the requirement of community living. Some participants described their abuse in childhood as making them feel inferior, which is affecting their confident level and self-esteem. This manifests in adulthood as fear of intimacy, rejection sensitivity, and social withdrawal patterns seen throughout the study. Ng et al., (2020) found childhood experiences to be a leading factor to lower life satisfaction among emerging adults with adverse past experiences, which makes them build some kind of poor self-concepts. This is confirmed by Vandevender (2014) who concluded that childhood traumas have a greater impact on life satisfaction and self-worth.

The third finding on low self-esteem and identity confusion confirms a study by Ng et al., (2020). Students in emerging adulthood are forming identities, but the absence of parental affirmation and distorted gender modeling creates uncertainty and psychological conflict. Emerging adults with childhood trauma have trust issues and low self-esteem, which makes them practice avoidance

behaviour to relationships that make them feel inferior. The interaction between children and their caregivers forms the basis of building self-esteem, self-worth, identity, trustworthiness, empathy, and justice as these helps build on one's intrapersonal and interpersonal relationships (Berkowitz, 2012). Exposure to adverse experiences in the early developmental years of a child can have a detrimental effect on the way an individual sees the self and may result in distrusting other people throughout the course of life (Clark et al., 2014). It can also make such individuals less likely to begin romantic relationships as adults and to display lower degrees of autonomy in romantic relationships (Vandevender, 2014).

The finding on academic disengagement aligns with Ergene (2003) assertion that children from unstable homes often lack academic motivation or direction. This is consistent with Amusala et al., (2019) and Anju et al., (2021) who asserted that students enter the university with their background characteristics which affects their life satisfaction and academic performance. This results in disengagement, poor performance, or unethical behaviors like cheating. University students who have experienced traumatic events are more likely to feel anxious and lonely at the university (Kearney et al., 2018), and this can obstruct academic work (Davies et al., 2021). A World Mental Health Survey involving 21 countries discovered that children develop mental health problems before entering university (Auerbach et al., 2016).

The finding on physical health supports Dr. Felliti and his colleagues' study on ACEs in 1998 when they studied the link between the negative experiences in childhood and reduced health and well-being in adulthood. They found that the greater the number of ACEs a person experienced, the more likely they were to suffer multiple health risk factors related to the leading causes of death. More so, a positive correlation was established between ACEs and current illness, including heart disease, lung disease, cancer, and liver disease. Furthermore, participants who cited experiencing 4 or more ACEs reported a higher risk of developing depression, drug abuse, alcoholism, and suicide (Rosecrance, 2022). Analysis from the Stop Abuse Campaign [SAC] (2023) has also noted that higher ACEs score puts victims at risk of developing health problems, as the person's social and emotional problems also progresses. They also cited that 5 out of 10 leading causes of death can be associated with ACEs. Felitti et al., (1998) again indicated that a score of 4 or more ACEs is likely to result in chronic pulmonary lung disease increasing by 390%; hepatitis, 240 %; depression, 460 %; and attempted suicide, 1,220 %. It was also established that even people with lower than 4 ACE scores had the likelihood of developing some form of physical, psychological, or social challenges. The students' unwillingness to seek help reflects internalized stigma and the absence of nurturing figures during childhood, leading to a lack of self-compassion.

The last finding is on desire for parental bonding which aligns to Glasser's (1965) Choice Theory. These longings point to unresolved emotional needs. The absence of parental nurturance leaves developmental voids that individuals try to fill with romantic relationships, escapism, or academic achievements all of which often fall short. Children from dysfunctional families yearn for emotional needs such as love, acceptance, trusted relationships, self-satisfaction and confidence; they also look forward to social needs such as the capacity to make and keep healthy relationships

and support from significant others (Kyei, 2015; Williams, 2021). Glasser (1965) noted that people choose their behaviours to satisfy unmet needs and that all long-lasting psychological problems are relationship problems and that each person must have at least one satisfying relationship. This phenomenon affirms the participants' need for replacements to meet their unmet needs and also other social needs. The need for love and belonging is human's primary need that ensures community living. The need to survive is what pushes individuals to take certain actions in life like the participants trying to connect to meet unmet needs or facing life with the approach and avoidance behaviour. People will like to have the freedom to make choices for the self and others. When this power is taken from individuals, they feel they do not have the power to achieve certain things and their self-worth is questioned. Genetically, everyone wants to be happy and enjoy life but due to some experiences and choices that one makes in life, this happiness may not be achieved. People do not mostly look internally for what will make them meet these genetic needs but expect others to fulfil them without realizing that they have power only to control the self and have limited power to control others (Glasser, 1998).

Emerging adulthood is a transformative period in which young adults strive to define their identity, establish a sense of belonging, and pursue meaningful goals. Psychological theories focus on overcoming inferiority, developing social interest, and finding purpose which provides a powerful framework for understanding the emotional and psychological tasks that young adults face. Glasser (1965) in his Choice Theory emphasizes on embracing certain connecting principles (supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences) to help individuals in building resilience, self-awareness, and a sense of social responsibility. This is to help develop fulfillment and purpose as children develop into their full adulthood. Glasser also cited another seven disconnected habits as criticizing, blaming, complaining, nagging, threatening, punishing, and bribing or rewarding to control which may be used to control people, resulting in misunderstandings and resentment, thereby breaking down relationships.

CONCLUSION

This study concludes that students from dysfunctional families face significant challenges that deeply affect their holistic development. Their struggles are not only psychological but also manifest in physical health, poor academic engagement, social withdrawal, and identity crises. The effects of these issues persist into emerging adulthood and become amplified in the university setting, where independence and decision-making are required. The absence of consistent emotional support and healthy role models during childhood creates a vacuum that many students attempt to fill through unhealthy coping mechanisms, including isolation, self-harm, and in some cases, engagement in examination malpractice due to a fear of failure and need for approval. The hermeneutic approach revealed that these students are not merely acting out or failing academically due to laziness, but rather, they are responding to deep internal pain, unresolved trauma, and unmet emotional needs.

Recommendations

Based on the findings of the study, it is recommended that:

1. The University Counselling Centres have to include early psychological screening assessments during student admission to identify at-risk students early for the necessary intervention.
2. Support Groups such as Peer Mentorship Programmes for students from dysfunctional families may be established for affected students to share experiences, receive validation, and build resilience.
3. Universities can also establish Trauma-Informed Care Training to equip counsellors and academic staff with trauma-informed approaches to better understand and support affected students.
4. Community outreach and parenting workshops should be organized to educate parents about the long-term emotional effects of neglect, abuse, and family dysfunction.

Limitation of Study

The study is confined to students within one university context who identify as coming from dysfunctional families as such, the findings may not be generalizable to all university students from similar backgrounds in other institutions or cultural settings. Furthermore, the study relies on participants' self-reported experiences to explore the psychological, academic, physical, and emotional impacts of their backgrounds. These subjective interpretations, while valuable, may be influenced by individual perceptions and memory, which could affect the consistency of the data.

Ethics approval statements

This study was approved by the Institutional Review Board of the University of Professional Studies, Accra (Reference number: ECUPSA –SS-001-2023) on February 1, 2023.

Citation Diversity Statement

Because of our desire to broaden the scope of research on emerging adults and dysfunctional families, we were intentional in situating this study on navigating the traumatic experiences of students from dysfunctional families within a cross-cultural perspective. While much of the literature on emerging adulthood originates from the global north, we incorporated insights from the global south to ensure a more inclusive understanding of this population. In doing so, we highlighted the diverse realities of students from dysfunctional families across contexts, considering variations in gender, socio-economic background, and other intersecting factors. All sources consulted have been properly acknowledged, and full credit has been given to the scholars whose work forms the foundation of this study.

Disclosure Statement

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