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Family Relationship Pattern and Mental Helath in Adolescents*

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ABSTRACT

The study aims to investigate the correlations that exist among family relationships and mental health status among adolescents. This study was carried out on 100 randomly sampled adolescents of Dibrugarh, Assam. The sample comprised of a mixed group of students from high and low socio-economic status. It was hypothesized that 1) mental health status in adolescents is positively related to parental acceptance 2) there is a relationship between the category of adolescents' mental health and their socio-economic status 3) that the parental attitudes for mother and father differs towards girls and boys. Mental Health Check-List was used as a measure of mental health. The pattern of family relationship was measured using Dr.G.P.Sherry and Dr.J.C.Sinha's Family Relationship Inventory. It enabled the study of the dimensions of Parental Acceptance, Concentration and Avoidance. Data were analyzed through Multivariate Analysis, Pearson's Correlation method and t-tests to test the significance of the differences. Results indicate that adolescents whose parents were viewed as accepting, especially the mother, had a better mental health status. Above average to average level of parental acceptance was found for adolescents belonging to high socio-economic status whereas average to below-average level of parental acceptance accounted for those belonging to low socio-economic status. Parental acceptance also differed significantly for boys and girls. High to above-average level of parental avoidance was seen among adolescents from high-socio economic background. Variance in paternal avoidance was indicated for boys and girls. The level of parental concentration was average for both groups. However there is a difference in Mothers' concentration towards boys and girls.

Keywords : Adolescence, Family Relationship, Gender, Mental Health, Parental Attitude, Socio-Economic Status.

Introduction

The quality of family relationships contributes to the social and emotional competence in children, which is central to positive developmental outcomes and functioning (Huffman et. al, 2000). Among adolescents, the foundations of an emotionally healthy and socially competent personality, is rooted mostly in the patterns of interactions with caregivers and parents. The outcomes of familial interactions and patterns of relationships have far reaching implications for all individuals in the family. This forms the rationale for the current research paper. As social and emotional competence forms the keystone of mental health, an attempt is made in this paper to study the correlations that exist between family relationship patterns and mental health in adolescents.

Adolescence is a developmental phase of human life and is derived from the Latin word 'adolescere' which means to move. Biologically as well as psychosocially this period of transition from childhood to adolescence is extensively studied. The contemporary adolescents face a greater threat to their mental health as the rates of depression, suicide, homicide, substance abuse etc are on the rise among them. The biological pattern in adolescents is more or less similar to that of their ancestors but the psychosocial maturity lags far behind. Adolescence is a period of many changes brought about by separate events such as puberty, increase in certain

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psycho sociogenic motives such as an increase in the need for affiliation, power etc. All of such events invoke turmoil within the biological as well as the social individual. The adolescent needs to renegotiate relationships with parents and caregivers for a healthy resolution of the need for independence. Adolescence however is a universal phenomenon and as such many theories are forwarded to help adolescents to navigate successfully through this phase. One such principle was given by Richard Lerner who indicated that a child and its family are not static entities but grows and influences each other through mutual interactions. This results in shift in family dynamics and also brings about maturational changes in the adolescent as he crosses the threshold of childhood.

A family is a subsystem of a society. Family relationships are ones in which people think about their kids, themselves and each other. The patterns of relationships within a family consider position, regulation, boundaries and their subsequent impact on individual members. Relationship patterns are important for the survival of humans. Each pattern and perception is different for members of the same family and has an incredible control on the individuals' mental and behavioral element. The level of emotional functioning of the members in a family is based on a number of variables and a complex interplay between them including extent of perceived acceptance, neglect, over protection etc as evidenced through the pattern of communication inherent in the family system. Family relationship patterns study the extent of proximity and discrepancy among members as well as their mutual attachments and expectancies. These expectations arise from mutual interaction and conciliation within the family subsystem. In a family system, relationships are defined by an intrinsic power hierarchy where parents are more potent than children. Thus, their influence, positive or negative, extends as far as children growing up into adults and having families of their own. A healthy family system should evolve constantly as the need arises to contain change as well as maintain constancy. Family behaviours are sourced on circular causes rather than on linear ones. Each member's behaviour influences that of the other and contributes towards the adaptive or maladaptive patterns of relationships existing in a family system.

When we come to the issues of gender we aim at an understanding of the roles and responsibilities associated with males and females as also the expectations in societies, cultures and households about their aptitudes, characteristics and behaviour. These roles and expectations are all learned and not biologically predetermined. They vary among societies and among cultures. The attempt at gender equality focuses on gender development where both man and woman can actively participate, take decisions and achieve from the outcomes. When the similarities and differences among boys and girls are equally valued by societies and are considered equal partners at home and work, the foundations for gender equality are laid. Gender equity focuses on providing equal opportunities to women based on their needs, deliberate execution of programmes addressing their specific needs and ensuring their participation in different levels at par with men. Gender thus represents the social association existing between men and women. Thus these do not refer to men and women per se but to the relations existing between them socially, culturally and locally. With Gender Discrimination it is said that women were created to be a thing of beauty whereas men were to be more ardent admirers of beauty. This forced idea of womanhood has proved a bane for the free expression in woman. Being perceived as the weaker sex, woman has always struggled for her rights, whether being an infant surviving the release from the womb, a girl child having adequate access to education, healthcare and nutrition, a woman benefitting from the freedom to choose her partner, a wife or a daughter in law taking part in decision making at her in-laws house. This subordination may take many forms-exploitation, disregard, insult etc and is mainly due

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to the patriarchal nature of society. The word gender in its modern connotation is used as an investigative tool to understand the societal realities about men and women. It is important to explore ways in which we can work towards sensitizing women regarding issues that may empower her and raise her self-esteem to fight individualized discrimination.

World Health Organisation defines health as a state of complete physical, mental and social wellness, not merely the absence of disease or infirmity. Mental Health describes a level of psychological well being. It also connotes the ability to enjoy life and develop efficient psychological buoyancy. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Concern about mental health is on the rise in our time especially regarding issues of self-fulfillment, quality of life and personal growth. The mental, social and behavioral correlates of health problems have resulted in increased morbidities and lowered quality of life across all societies in this fast changing global scenario. In the face of exacerbating conditions like unemployment, poverty, low wages etc social-pathologies like child abuse, substance abuse etc as well as health problems like heart disease, chronic diseases etc are on the rise. Thus, building psychological resilience is an absolute necessity and this can be cultured from the very childhood within the family system. As all mental illnesses take place in a social context, mental health cannot be adequately studied through a focus on individual issues. In adolescents, the inability to sustain lasting, balanced and affectionate or mutually fulfilling relationships may arise due to mental health problems. These may me rooted in childhood interactional patterns within the family. It is an essential developmental task of this stage to form an identity of oneself, separate from that of the family in which one has been nurtured. This poses a great stress on the mental health of the adolescent whose proper resolution will ensure personal growth in adulthood.

A parent is anybody who has a long term primary care giving responsibility towards a child. A 'significant other' would be any one who is uniquely associated emotionally with the child and who cannot be substituted by anyone else. Children and adults use a common meaning - structure to assess the extent to which they are loved (or accepted) or not (are rejected). This has major consequences on the future of each child especially on his/her psychological correlates. The quality of the affectional bond between children and parents form the warmth dimension to parenting. This dimension is expressed through verbal and physical behaviour towards the children. At one end of the continuum is parental acceptance which refers to care, comfort, nurturance, security or simply the love that a parent bestows unconditionally on the child. The other end of the continuum comprises of parental rejection which refers to a withdrawal of these affectionate qualities and expressions of physically and emotionally hurtful behaviour. Parental rejection can be expressed through either neglectful, aggressive, unaffecting or by the child's perception of rejection in the absence of any behavioural indicators on the part of the parents. Concentration refers to attitudes of parents who devote a disproportionate amount of their time and energy to the direction and control of their children. Rejected children feel anxious and insecure and increase their positive responses with an increasing need for approval, attention, praise etc. Apart from this excessive dependence on approval, rejected children suffer from issues like aggression, passive-aggression, difficulties in controlling emotional outbursts and aggression, emotional unresponsiveness etc. Unlike healthy independence, rejected children develop defensive independence in adolescence which poses further threat to the mental health of adolescents as well as to the well- being of society.

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Socio-economic status refers to the relative standing of members of society in terms of income, education and occupation. In this study High-SES and Low-SES are delineated in terms of monthly income of families to which the students belong. The reality of nature is that of co-variation in inter- relationships among things. The students' socio-economic status is defined in terms of his/her economic background. An important challenge towards social equality is the discrimination created on the basis of social class. This stratification exerts both direct and indirect effects on an individual's social and psychological condition. However it should be remembered that the phenomenon of socio- economic status is flexible.

The present study was contemplated to ascertain the relationships that exist between

(A) Parental Acceptance/Concentration/Avoidance and Mental Health in adolescents

(B) Mental Health and Socio-Economic Status

(C) Parental attitude and Gender

Thus the following null hypotheses were formulated to verify the results:

1. Parental acceptance/concentration/avoidance has no effect on Mental Health status in adolescents
2. Mental health status among adolescents would not vary for those belonging to High and Low socio-economic status
3. Parental attitude will not vary towards Girls and Boys.

Methodology

Sample

The sample consisted of 100 high school students (50 girls and 50 boys) selected randomly from four different government schools of Dibrugarh, Assam. The age range of the students was from 13 to 15 years with a mean age of 14.5 years. All the students in the sample came from Low and High Socio-Economic Status.

Tools

The following standardized tools were used.

Family Relationship Inventory (FRI-ss) developed by Dr. (Mrs.) G.P.Sherry and Dr. J.C.Sinha was used as a measure of three types of parental attitudes-acceptance, concentration and avoidance in a family. This inventory is specifically used to discriminate individuals who feel emotionally accepted, over protected or rejected by their parents. The test contains 150 items classified into three patterns of father and mother separately. Acceptance means that the parents consider children as an independent and responsible member of the family. Concentration refers to undue restrictions and ambitious goals imposed upon children by their parents. Avoidance characterizes the disposition of parents who either neglect or reject the child. The scale is based on forced choice technique.

Mental Health Checklist (MHC) developed by Dr.Pramod Kumar was employed to assess mental health in adolescents. The use of this scale was meant as a study of pre-illness mental condition of a person. The final form of the MHC consists of 11 items -6 mental and 5 somatic, presented in a 4-point rating format. A numerical value of 1, 2, 3 and 4 is assigned to the 4-response categories.

General information was collected from the students and inference about socio-economic status of partici-

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pant students were based on their family's monthly income drawn from school records.

Procedure

Data was collected on the basis of a pre-arranged programme scheduled with the respective schools. A rapport was established with the subjects and they were asked to be honest in their responses to the questions. The data was collected by administering the FRI-ss on small groups of 15-20 high school students and by administering the Mental Health Checklist on them separately. The data were scored with the help of standard scoring keys and scores were tabulated and treated statistically.

Data Analysis

Mean and standard deviation were found out for the variables (family relationship pattern and mental health category). On the basis of the income level of their families, the adolescents were divided into high and low socio-economic groups. Comparison between poor and good mental health groups was done by applying t-test. These two groups were identified on the basis of their mental health percentiles. Correlation coefficients for each dimension of family relationship pattern and mental health category were computed using product moment coefficient of correlation(r) method. Multivariate Analysis (MANOVA) was carried out to study the variance between attitudes of father and mother along the three attitudinal patterns with respect to gender.

Results and discussion

Table 1 Comparison between the Mean scores of Mental Health Status along three patterns of family relationships

Scale (FRI-ss)	Good Mental Health		Poor Mental Health		t-ratio	P
	Mean	SD	Mean	SD		
Acceptance	10.5	1.08	9.3	3.2	3.6	<0.05
Concentration	14.9	0.35	4.7	0.6	.91	>0.01
Avoidance	22.64	4.23	18.6	5.9	.77	<0.01

The above table 1 shows that while comparing the adolescents with good mental health and those with poor mental health in terms of their family relationship patterns statistically significant differences were observed in two of the three dimensions of family relationship viz. Acceptance and Avoidance. Parental attitude of Concentration was not notably different for those with good mental health and for those with poor mental health.

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Table 2 Relationship between parental attitude and mental health in adolescents

Parental Attitude	Mental Health Category	
	Good	Poor
Acceptance	0.51*	-0.36**
Concentration	0.12	0.43*
Avoidance	-0.28	0.32**
*Significant at 0.01 ** Significant at 0.05		

As indicated by the table 2, Parental Acceptance has significant moderate positive correlation with adolescents' good mental health and is negatively correlated to poor mental health. Also, the parental attitudes of concentration and avoidance are significantly positively correlated to poor mental health in adolescents. Thus the first null hypothesis stands rejected and Parental attitudes of Acceptance, Concentration and Avoida--nce affects mental health status in adolescents.

Table 3 Percentage of students belonging to High and Low Socio-economic status

Gender	Percentage of High SES	Percentage of Low SES
Boys	60%	40%
Girls	45%	55%

As indicated by the table3, the percentage of adolescent boys belonging to high socio- economic status was slightly higher than the percentage of adolescent girls. The classification into high and low socio-economic status is based on the monthly income of the adolescent's family. High-Socio Economic Status group comprised of adolescents who came from families with monthly family income of above Rs.18, 000/- and Low-Socio Economic Status group adolescents had the monthly family income as Rs. 12,000/- and below.

Table 4 Mental health category in adolescents by Socio-Economic Status

Category of Mental Health	Socio-Economic Status	
	High Income Group	Low Income Group
Good	68%	24.2%
Average	11.4%	20%
Poor	23%	49%

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From the above table4 the percentage of adolescents with good, average and poor mental health across the two income groups can be noted. It is indicated that 68% of adolescents from the High Income Group had good mental health status as compared to 24.2% of students belonging to Low Income Group families. However the percentage of adolescents with poor mental health status among the low socio economic group is 49% in comparison to the 23% among the high socio-economic group, which clearly shows that socio-economic status does have an impact on the mental health in adolescents. Thus the second null hypothesis stands rejected.

Table 5 Relationship between parental attitude with respect to Boys and Girls

Attitude	Father		Mother	
	F Value		F Value	
Acceptance	0.09	Significant	0.29	Significant
Concentration	0.12	No	0.33	Yes
Avoidance	0.28	Yes	0.12	No

The above table 5 indicates the multivariate analysis of the difference in the attitudes of father and mother with respect to the gender of the adolescent. It is seen that there are significant differences in acceptance shown by father and mother of adolescent boys and girls indicating a non directional preference for either gender. As also evident from the table 4, mothers' attitude of Concentration differs for boys and girls whereas for the father, significant variance regarding the aspect of Concentration does not vary for girls and boys. Preferential variance with regard to paternal avoidance is seen for gender whereas such differences are not significant for the mother. Thus the third null hypothesis is rejected and significant variance in the acceptance of girls and boys is seen among the parents of the adolescents selected for the study.

Conclusion

The findings of the present study disclose that the correlation between adolescents' Mental Health and their Family Relationship patterns is low to moderate positive correlation. No significant correlations were indicated in the parental attitude dimension of Concentration and good mental health category in adolescents, but this attitude had significant moderate positive correlation with poor mental health in adolescents. This indicates that though a parental attitude with low Concentration has no relationship with adolescents' good mental health, high parental concentration has a moderate positive relationship with poor mental health. Thus the null hypothesis that Parental acceptance/concentration/avoidance has no effect on Mental Health status in adolescents is partially rejected. The results also indicated that socio-economic status does have an impact on

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the mental health in adolescents. Thus the second null hypothesis was rejected. With respect to the variance in attitude between mother and father with respect to acceptance, avoidance and concentration towards girls and boys, significant variance was seen in maternal acceptance and paternal acceptance towards either gender. The direction of this differential preference can be explored in further studies. Mothers varied with respect to the attitude of concentration whereas fathers varied with respect to the attitude dimension of avoidance. Thus, the third null hypothesis that parental attitude will not vary towards girls and boys is rejected.

The findings of this study cannot be generalized as the sample size was limited. Further studies can be carried out to study the relationship of all three attributes of Socio- Economic Status i.e. Education, Occupation and Income on Mental Health in adolescents and with a larger sample. Also, the pattern of family relationship can be studied for adolescent boys and girls belonging to High socio-economic status and Low socio-economic status separately.

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