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Research Paper

A Study on Mental Health and Family Relationship of Adolescents

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Abstract

Adolescence is an important developmental phase of human life. Family has most central and enduring influence during this period because it has a fundamental role in different aspects of their mental health (Soroor Parvizy and Fazlollah Ahmadi,2009). The quality of family relationships contributes to the social and emotional competence in adolescence (Huffman et. al, 2000). Although the nature of relationships is changing, the continuity of family connections and a secure emotional base is crucial for the positive development of young people (Howe et al, 1999). Despite the importance of the adolescent transition and the parent–child relationship, there have, unfortunately, been few studies in this direction in Kerala context. In view of these considerations, the present study was aimed to determine the relation of family relationship to mental health and its dimensions among adolescents and also to examine the difference of mental health and family relationship on the basis of gender.

Correlational design was used in this study and data were collected from a sample of 100 adolescent (Boys=50 and Girls=50) selected from two schools in Kerala. Mental Health Inventory (Jagdish and Srivastava,1983) containing 54 items measuring six dimensions of mental health- positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental competence- and Family Relationship Scale (David, 1997) containing 40 items were used to collect data. Independent sample 't' test and Pearson correlation test were used to test the hypotheses.

Major findings revealed that adolescents with better family interactions showed higher integrated personality. However, the family interaction is not significantly correlated with overall mental health. Male adolescents have better positive self-evaluation than females. While females have higher integration of personality. Implications- Findings are discussed within the context of mental health and family relationship.

Keywords: Adolescence, Family Relationship, Integration of personality, Mental Health, positive self-evaluation

Introduction

Adolescence is an important developmental phase of human life. Adolescence is a complex biophysical process. Dramatic and rapid physical changes with the onset of puberty are accompanied by longer and more subtle emotional, cognitive and social developments, often all evolving non-simultaneously.

Family has most central and enduring influence during the period of adolescence (Parvizy & Ahmadi,2009). The family environment can be a strong source of support for developing adolescents, providing close relationships, strong parenting skills, good communication, and modelling positive behaviors. It contributes to the social and emotional competence in adolescents. The most important protective factors that families can provide are "positive parent-child relationships, positive discipline methods, monitoring and supervision and communication of prosocial values and expectations" (Kumpfer & Alvardo, 2003). Many times, however, families become blocked in their relationships by hurt, anger, mistrust and confusion. During adolescent years, there is usually more frequent conflict between adolescents and their parents. Often, this is because they are trying to assert their individuality and are exercising their independence (Conger et al., 1994).

Mental health is a state of mental well-being that enables an individual to cope with life's stresses, realize one's own abilities, learn and work well, and contribute to the community. It includes emotional, psychological, and social well-being, affecting how individuals think, feel, act, handle stress, and make choices. The most basic mental health need for adolescents is to be loved. Each parent or caregiver experiences this differently and provides it in different ways.

During adolescence, the parent– child relationship is restructured while stable features of the relationship established in childhood endure (Collins & Repinski, 1994). Research studies have shown that family relationships during the adolescent period have important follow-on effects in a number of domains, such as autonomy and later independence of the individual, adolescent personality, individual pathology, and problem behavior.

Although the nature of relationships is changing, the continuity of family connections and a secure emotional base is crucial for the positive development of young people (Howe et al, 1999). Generally, the nature of the family and interactions within it provide a vital context for studying mental health. The quality of the family environment can have a powerful influence on the mental health of the individual. The role of family relations in an adolescent's mental health however, remains important and is often underestimated. Despite the importance of the adolescent transition and the family relationship, there have, unfortunately, been few studies in this direction in Kerala context.

In view of these considerations, the present study was aimed to determine the relation of family relationship to mental health and its dimensions among adolescents and also to examine the differences of mental health and family relationship on the basis of gender.

Review of Related Studies

Mc Keown et al. (1997) conducted a study and showed that characteristics of family relationships, or "family processes," such as family cohesion is vital for adolescents' development. While Mason and Windle, (2001) in their study, found that perceived support from family members as important.

Karavasilis et al., (2003) in a study showed that both overall family system functioning and parental behaviors are positively related to adolescent well-being.

A study conducted by Vitaro, et al., (2000) have shown that the quality of the parent–adolescent relationship is most proximal to adolescent's everyday experience.

McGue et al., (2005), in longitudinal research, studied 1,330 11-year-old twins, examined adolescents' perceptions of the quality of the parent-child relationship. The results indicate that on average, adolescents' perceptions of the quality of the parent– child relationship declined consistently and moderately between age 11 and age 14. The perceived deterioration in the quality of the parent– child relationship was greater for girls than for boys. Results also revealed that conflict with parents increased, whereas all aspects of warmth decreased.

Adams, Montemayor, and Gullotta, (1989) found that the majority of families with adolescents' report satisfying relationships that are generally harmonious. A study by Adams & Laursen (2001) showed that conflict does not influence the subsequent quality of parent-adolescent relationships although closeness and support are highly stable over time.

Hetherington and Mavis (2003) in a study pointed out that structural changes in the family, like divorce and remarriage, have been found to lead to a temporary disruption of adolescent-parent relationships, including increased conflict, particularly in the first two years following a divorce and with the new stepparent.

Adlaf and Ivis (1996) showed that family processes vary across family configurations and provide at least a partial explanation for observed mental health differences. In their study, they concluded that it is family process and not family composition that matters most for mental health. However, other studies, such as the study by Amey and Albrecht (1998) reported that significant family structure effects independent of assessed family relationships, suggesting that associated differences in family processes do not fully explain family type variations in mental health.

Pegah (1998) conducted a study to understand the relation between perceived family environment and positive mental states among the adolescents of two different cultures, Iran and India. Results showed that the family environment dimensions viz. Relationship, Personal Growth (Goal Oriented), and System Maintenance, are correlated with positive mental states viz. happiness, optimism and hope among the adolescents of the two above-mentioned cultures.

Amato, (1994) in his study shows adolescents who have positive relationships with their parents are more likely to report high levels of perceived well-being. Further the study also showed that such relationship was positively related to their psychological adjustment and well-being.

Barnett, Marshall & Pleck, (1992), in their study showed that sons who reported a positive relationship with their mother or father had relatively low levels of psychological distress. Further analysis using regression model showed only the father–child relationship was significantly related to son's distress.

Compa's (1995) in his study on adolescents, found that positive relationships with parents have been shown to be inversely related to emotional and behavioral problems among adolescents.

Research by Flouri and Buchanan, (2000) has shown that children with involved fathers tend to be more psychologically well-adjusted, to do better at school, and to have more successful intimate relationships. In a study Flouri, (2003) revealed that there was no evidence

suggesting that the impact of father involvement in adolescence on children's later mental health in adult life varies with the level of mother involvement.

Sharma (2013) in his study found that adolescents whose parents were viewed as accepting, especially the mother, had a better mental health status.

Method

Objectives

1. To explore the relationship between the various dimensions of mental health and family relationship.

2. To understand the gender difference in dimensions of mental health and family relationship.

Hypothesis

1. There is significant correlation between family relationship and overall mental health and its dimensions.

2. There is significant gender difference on overall mental health and its dimensions.

3. There is significant gender difference in family relationship.

Design

Correlational design

Sample

The sample for the present study was constituted a total of 100 high school and plus two students from two schools (50 males and 50 females) in *Edanad* and *Kanjoor* in Ernakulm Districts of Kerala, India. convenience sampling method was used for sample selection.

Measures

1.Mental Health Inventory (Jagdish & Srivastava,1983)- The scale was originally developed by Jagdish and Srivastava (1983). It consists of 54 items pertaining to 6

dimensions of mental health- Positive self-evaluation, Perception of reality, Integration of personality, Autonomy, Group oriented attitude and Environmental mastery

The reliabilities for different dimension were found to be in the range of 0.71 to 0.75. Validity was found to be 0.54.

2. Family Relationship Scale (David, 1997)- The Scale was developed by David (1997). It consists of 40 items. Test-retest reliability was found 0.72 and 0.76 respectively. Validity was found to be 0.52.

Data Collection

The investigator first approached the principal of school individually and explained the purpose of the study. Then investigator requested the permission of the class teacher to conduct the study. The two standardized psychological tests were given and explained the instruction to the participants though it is printed on scales.

Data Analysis

Statistical Package for the Social Sciences (SPSS, Chicago) 20.00 version for Windows was used. Student 't test and Pearson product moment correlation analyses were employed.

Result & Discussion

Table-1. Correlation between family relationship and mental health and its dimension scores

Variables	Positive Self-evaluation	Perception of reality	Integration of personality	Autonomy	Group oriented attitude	Environmental competence	Total Mental health
Family interaction	-.062	-.009	324**	.044	-.009	.135	.104
Significance level	.541	.932	.001	.665	.371	.181	.303

***significant at 0.01 level*

Table-2. Significance of gender difference in study variables

Variable	Gender	N	Mean	SD	't'
Positive self-evaluation	Male	50	26.06	2.56	3.81**
	Female	50	24.10	2.56	
Perception of reality	Male	50	20.08	2.02	0.89
	Female	50	20.46	2.23	
Integration of Personality	Male	50	29.54	3.78	2.60**
	Female	50	31.40	3.34	
Autonomy	Male	50	14.74	2.13	1.27
	Female	50	15.26	1.94	
Group oriented attitude	Male	50	24.16	2.47	0.04
	Female	50	24.18	2.21	
Environmental competence	Male	50	21.52	2.74	0.04
	Female	50	22.14	2.77	
Total mental health	Male	50	136.10	7.14	1.05
	Female	50	137.54	6.47	
Family relationship	Male	50	57.72	8.85	3.38**
	Female	50	62.56	4.91	

*** Significant at 0.01 level*

Results indicate that:

While comparing the male and female adolescents in terms of their mental health and its dimensions, statistically significant differences were observed only in two of the six dimensions viz. positive self-evaluation and integration of personality.

The gender differences in positive self-evaluation in adolescence revealed that self-evaluation is stronger in males than in females. This finding is not in consistent with the study of Verhofstadt-Denève (2003) found that self-evaluation in adolescence is stronger in girls than in boys.

The result indicates female scored higher on integration of personality dimension. This suggests that they may have balance in psychic force and ability to understand and to share other people's emotion. Peer relationships are one of the most important aspects during adolescence. During the teen years, adolescents strive to belong, to have a connection with someone, and to be with others who may have the same general interests. The finding support girls are having more integrated personality than boys.

In all other dimensions, no significant differences were found between male and female adolescents.

Overall mental health was not notably different for adolescent males and females. This finding is in consistent with Chaudhary (2006) who also found non-significant gender differences in mental health of adolescent boys and girls.

Girls were better in family relationship than boys. Probable reason is that parents may be giving more concern and support to their female adolescents and prepare them for functioning in the future life. This higher involvement with them might result in a higher association with family relations and adolescent girls may be more family oriented.

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