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To Study the Relationship Between Family Pathology and Depression Proneness Among Adults

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ABSTRACT

Background: In today's busy world, familial neglect due to hectic schedules can lead to alienation among family members, affecting behaviour and mental health. Parents' lack of time for children can result in minimal interaction, triggering parental fear, guilt, and a breakdown in trust, often culminating in family pathology and maladaptive behaviour within interactions. Prolonged family pathology can exacerbate depression among members, contributing to rising depression rates and a noticeable absence of familial bonds.
Methods: This study utilized a cross-sectional correlational research design and Random sampling to investigate the link between family pathology and depression proneness among married parents aged 35 to 54 in urban Jaipur, India, belonging to middle and high socio-economic status. Sixty participants (30 males, 30 females) were sampled and assessed using the Family Pathology Scale (FPS) by Dr. Vimala Veeraraghavan and Dr. Archana Dogra (2000), alongside the Depression Proneness Scale (DPS) by Dr. Niranjan Prasad Yadav. Statistical analysis included Pearson product-moment correlation to analyse the relationship between family pathology and depression, and a t-test to examine gender differences in depression proneness.
Result: Results indicated a moderate positive correlation (R = 0.5246) between family pathology and depression, suggesting that families with higher levels of pathology are more likely to experience depression. However, the t-test value of -0.5993 with 58 degrees of freedom was not significant at the 0.05 level, indicating no gender discrepancy in depression proneness.
Conclusion: This study concludes that early assessment of family pathology can reduce the risk of depression by employing interventions such as family therapy, healthy communication, emotional support, stress management, and seeking professional help from mental health professionals. While there is a positive correlation between family pathology and depression proneness, but there is no gender discrepancy in an individual's susceptibility to depression.

Keywords- family, family pathology, depression, adults, parent-child relationships, family interaction.

I. INTRODUCTION

The family unit stands as the nucleus of society, where individuals cultivate their identities, values, and emotional resilience. Rooted in shared experiences and intertwined destinies, families provide a sanctuary of love, support, and belonging. Yet within this haven lies the potential for discord and dysfunction, leading to what scholar's term family pathology. This phenomenon encompasses a spectrum of maladaptive behaviours and unresolved conflicts that permeate the familial fabric, jeopardising the emotional well-being of its members. Against this backdrop, the link between family pathology and depression-proneness emerges as a

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critical area of inquiry, shedding light on the intricate interplay between familial dynamics and mental health outcomes.

Family pathology is the extent to which maladaptive behaviours manifest among family members in their interactions with one another, that is, between spouses and between parents and children [1]. The operation of a family is determined by the family system's capability to effectively fulfil essential requirements and handle conflicts [2]. The circumplex model of marital and family systems views families across three dimensions: cohesion, flexibility (formerly referred to as adaptability), and communication [3]. Cohesion involves maintaining robust emotional connections within the family unit, while flexibility concerns the balance between stability and adaptability within the system. Effective communication plays a crucial role in fostering family cohesion and flexibility [4].

Family pathology, at its core, reflects the extent to which dysfunctional patterns of behaviour manifest within familial relationships. According to family system theory, the better the overall function of the family system, the better the psychological state and behavioural performance of its members, leading to less depression or other emotional and behavioural problems [5]. Drawing upon Family Systems Theory, we discern how concepts of cohesion, flexibility, and communication serve as barometers of family health. High levels of cohesion denote strong emotional bonds and mutual support, fostering resilience in times of adversity. Conversely, low cohesion breeds emotional detachment and interpersonal conflict, laying fertile ground for depression to take root.

Similarly, the degree of family flexibility determines its capacity to adapt to stressors and transitions. While adaptable families navigate change with grace and openness, rigid one's cling to outdated norms, stifling individual growth and exacerbating mental distress. Family adaptability and poor family communication play important roles in adult depression [6 ,7, 8]. Finally, effective communication serves as the lifeblood of familial harmony, allowing grievances to be aired, conflicts to be resolved, and emotions to be validated. In dysfunctional families, communication breakdowns foster resentment and isolation, exacerbating the risk of depression among their members.

Depression is a common mental disorder characterised by sadness, an inability to experience happiness, self-criticism, and physical symptoms such as poor concentration, fatigue, a loss of energy, and disturbed sleep or appetite [9]. Against this backdrop of familial dysfunction, the spectre of depression looms large, casting a shadow over individual well-being. Numerous studies have illuminated the link between family pathology and depression-proneness, underscoring the pervasive impact of adverse familial environments on mental health outcomes. Chronic exposure to conflict, abuse, or neglect within the family unit can erode resilience, heighten stress levels, and engender feelings of hopelessness and despair. Depression can have a negative impact on adolescents' physical and mental development, leading to truancy and school avoidance, delinquency, and confrontation, as well as increasing their risk of substance abuse [10] and, in severe cases, even suicide [11 ,12, 13]. Moreover, dysfunctional family dynamics can impede the development of healthy coping mechanisms, leaving individuals ill-equipped to navigate life's challenges. Consequently, the risk of depression becomes heightened, manifesting as a persistent sense of sadness, self-doubt, and disconnection from others.

The theory of attachment suggests that the links that are made in childhood with adults create expectations in children for future relationships. Insecure attachment promotes a negative sense of self-worth, planting the feelings of being unworthy of love and pessimistic that others will meet emotional needs [14]. Since the support offered by parents in this situation does not meet the children's needs, children expect that other people in their lives will also be unable to provide meaningful support, creating the belief that support-seeking is a futile coping strategy [15].

Theoretical frameworks such as Attachment Theory, the Stress and Coping Model, and Social Learning Theory offer valuable lenses through which to understand the mechanisms underlying the link between family pathology and depression. Attachment Theory posits that early carer-child relationships shape attachment styles, influencing individuals' self-concepts and relationship patterns. Insecure attachment styles, stemming from dysfunctional familial environments, can perpetuate negative self-beliefs and interpersonal difficulties, predisposing individuals to depression. Similarly, the Stress and Coping Model elucidates how chronic stressors within the family unit can overwhelm individuals' coping resources, precipitating depressive symptoms. Dysfunctional family dynamics exacerbate stress levels, impairing individuals' ability to regulate their emotions and navigate life's challenges effectively. In the last twenty years, extensive systems-based research has emphasised the significance of family processes over family structure in promoting healthy functioning for individuals and families. Several innovative assessment models have enhanced our understanding of multifaceted processes that differentiate functional families from dysfunctional ones [16].

Moreover, social learning theory underscores how familial role modelling and reinforcement patterns shape individuals' behavioural and emotional responses. In dysfunctional families, negative reinforcement of maladaptive behaviours and coping mechanisms perpetuates a cycle of dysfunction, increasing vulnerability to depression. Despite some differences in

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constructs and methodology, there is remarkable consistency in findings across studies that such interactional processes as cohesion, flexibility, open communication, and problem-solving skills are essential in facilitating basic family functioning and the well-being of members [17].

As per the circumplex model of marital and family systems, family cohesion contributes to boosting self-esteem by nurturing the emotions of family members and cultivating a nurturing family environment. Flexibility, on the other hand, can offer a good environment for the development of self-esteem by maintaining family stability and balance. Family support, parental emotional warmth, and a positive parent-child relationship are all important factors influencing a child's self-esteem [18 ,19, 20].

The recognition of the intricate interplay between family dynamics and depression-proneness holds profound implications for intervention and support efforts. By elucidating the mechanisms underlying this complex relationship, researchers and practitioners can develop targeted interventions that address the root causes of depression within familial contexts. Family therapy approaches that promote healthy communication, conflict resolution, and emotional expression can help mitigate the impact of family pathology on mental health outcomes. Moreover, community-based programmes that foster resilience and coping skills among at-risk families can serve as preventive measures, buffering against the onset of depression.

The primary human values of love, care, and affection play a pivotal role in upholding the bonds that tie relationships within a family. The Indian family reflects the socio-cultural fabric of Indian society, its philosophy, and its values [21]. Furthermore, the integration of cultural considerations into intervention strategies is essential, as is recognising the diverse values, norms, and beliefs that shape familial dynamics across different cultural contexts. By adopting a holistic and culturally sensitive approach to intervention, we can foster healthier family environments and support systems, thereby promoting improved mental health outcomes for individuals and families alike.

There's a limited amount of literature discussing the link between family pathology or conflict and an individual's emotional competence. Family pathology often involves discord between spouses or between children and parents, yet there's relatively little exploration of its direct impact on an individual's emotional skills or abilities. Poor marital adjustment, low family cohesion, parent-child conflict or discord, parental divorce, and affectionless control can be the dimensions used to assess family pathology [22]. The exploration of the dynamics of family pathology and its impact on depression-proneness offers valuable insights into the complex interplay between familial dynamics, individual well-being, and cultural influences. Through theoretical frameworks, empirical research, and practical implications, we have gained a deeper understanding of how dysfunctional family environments contribute to the risk of depression among their members. By recognising the pervasive impact of family pathology on mental health outcomes and developing targeted interventions that address its root causes, we can foster resilience, promote well-being, and mitigate the burden of depression within familial contexts. Ultimately, by embracing a holistic and culturally sensitive approach to intervention, we can cultivate healthier family environments and support systems, thereby enhancing the quality of life for individuals and families alike.

II. METHODOLOGY

Study Designs

This study was a cross sectional correlational study.

Sampling Techniques

Random sampling was the technique use in this study.

Study Set – Up

Questionnaires were converted into Google forms and then they were distributed among the participants.

Sample Size

Total of 60 participants (30 males and 30 females) included in this study.

Inclusion Criteria

Individuals who are married and have been parents since at least 10 years were included in this study.

Exclusion Criteria

Individuals who are not married, do not have children, and have not been parents for less than 10 years were excluded from this study.

Hypothesis

H_1= There is a positive correlation between family pathology and depression proneness among adults.

H_2= There will be no difference between males and females in terms of depression proneness.

Measures

The following tests are used in the present study:

1. ***Veeraraghvan, V., and Dogra, A., 2000, Family Pathology Scale (FPS):*** This test was developed to assess the maladaptive behaviour in the family. This scale has 42 statements on a 3-point scale that assess the individual's behaviour in family settings and his perceptions of family members. This scale doesn't consist of any subscale. The reliability (split half) is 0.70, and its reliability (test-retest) is 0.79. The option in this scale is as follows: most often (3 point), Occasionally (2 point), and Never (1 point) is given for the response. Lowest possible score in this scale is 42 and maximum possible score is 126. Score of 42-63 means Low/No pathology, score of

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64-98 means Moderate pathology and Score of 99-126 means High pathology

2. ***Yadav, 2015, Depression Proneness Scale (DPS):*** This test was developed to assess the susceptibly to depression. This test has 30 statements that assess the life satisfaction and anxiety of an individual on a 5-point scale. This scale doesn't consist of any subscale The reliability of this test (split half) is 0.86, and the reliability of the test and retest is 0.81, with a significance level of 0.01. The option in this scale is as follows: Always (5point), Very Often (4 point), Often (3 point), Seldom (2 point), Never (1 point) is given for the response. Lowest possible score is 30 and highest possible score is 150 in this scale.

Procedure: -

The sample was selected from Jaipur City. Permission was taken from the couples for the study and it was made sure that their confidentiality and privacy are maintained. Further the subjects were recruited based on the inclusion criteria. Google Forms of both the questionnaires were created and circulated between the subject. To maintain the motivation and emotion of the participants, an adequate time interval (1-day) was given between these two tests. After the collection of data analysis were done by using the Pearson product moment correlation to find out the correlation between family pathology and depression and t-test was used to find if there is gender's influence on depression proneness

Before the circulation of the google forms a rapport was established with the participants who were willing to participate in the study and it was made sure that they their details are protected and only those who are willing to participate in the study was included. After the initial discussion with the participant the forms where circulated and asked for responses a time interval of 1 day was given between 2 tests so that they are not tired or lose interest in the study. After the submission of their responses, it was mentioned that their responses will be confidential.

III. RESULTS

The study included a total of 60 participants, comprising 30 males and 30 females. The sample population ranged in age from 35 to 54 years and belonged to the middle and high socio-economic backgrounds. Participants were selected from urban areas in Jaipur City, India, representing individuals from the urban class. Criteria for inclusion in the study required participants to be married for at least 10 years and be parents.

The purpose of this study is to investigate the relationship between family pathology and depression. The findings are presented in three tables, each representing different aspects of the study.

Table 1 displays the mean scores of the Family Pathology Scale and Depression Proneness Scale. These mean values are calculated to facilitate further analysis, including correlation tests and t-tests.

Table 2 presents the correlation between the mean scores of the Family Pathology Scale and Depression Proneness Scale. Pearson product-moment correlation is utilized to determine if there is a significant correlation between family pathology and depression.

Table 3 showcases the results of a t-test conducted to assess gender differences in depression proneness. Scores from the Depression Proneness Scale are used in this analysis.

Table 1: Mean Scores: Family Pathology & Depression Proneness

S. No	Variables	Mean
1	Family Pathology	81.42
2	Depression Proneness	75.75

Table 2: Correlation: Family Pathology & Depression Proneness

S. No	Descriptive Statistics	Values	Level of Significance
1	Correlation Coefficient	0.5246	Significant at 0.05 level
2	p-value	.000017	

The value of R is 0.5246 at the p-value of .000017 which is significant at 0.05 level of significance, this means that there is a moderate positive correlation between Family Pathology and Depression Proneness. Thus, this shows that H_1 has been accepted i.e., Family Pathology is significantly correlated to Depression Proneness in an individual.

Table 3: T-Test: Scores of Males between Females

S. No	Gender	t-test Value	Degree of Freedom	Level of Significance
1	Male	-0.5993*	58	Not Significant at 0.05 Level
2	Female			

*P values at 0.05 level of significance is 1.671 and at 0.01 level of significance is 2.390.

As it can be seen in table 3 that values of t-test are not significant at 0.05 and 0.01 level of significance,

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thus this shows that there is no significance of gender in the depression proneness and also shows that family pathology impacts individuals equally and that it is not impacted by the gender. Therefore H_2, is also accepted stating that there will be no difference between males and females in terms of depression proneness.

IV. DISCUSSION

Family ties are intricate, varied in degree, and varied in nature. The emotional dynamics of the other family members are continually influencing the emotional dynamics that govern each two-person relationship. The prevailing "climate," which provides the framework for family connection and interpersonal interactions, is formed by the fluctuating diversity of emotional currents and cross-currents within the family.

The findings of this study shed light on the intricate relationship between family pathology and depression proneness among adults, emphasizing the need for early intervention and therapeutic support. The moderate positive correlation between family pathology and depression proneness underscores the significant impact of family dynamics on mental well-being. This correlation suggests that addressing family dysfunction early on could effectively prevent the onset of depression in vulnerable individuals. Furthermore, the lack of significant gender differences in depression proneness indicates that both males and females are equally susceptible to depression when exposed to family pathology.

Good coping skills, social support, and individual resiliency can all help mitigate the effects of family dysfunction and reduce the likelihood of depression. Therapy and medication can help people overcome depression, even in the face of severe family problems.

Practical implications of these findings are profound, particularly in the context of therapy or counselling. Therapeutic interventions can play a crucial role in empowering families and individuals to navigate challenges, rebuild trust, and foster healthy communication patterns. By addressing underlying issues of family pathology, therapists can equip individuals with coping strategies to mitigate the risk of depression and promote overall mental wellness.

They also exhibit strong emotional bonding with their family members & an affectionate relation of love, intimacy, care, concern [23]. Family plays a vital role in our lives, but if there is family pathology among the family members, it can cause a lot of psychological problems like anxiety, stress, and depression.

However, several aspects of family pathology and depression proneness still warrant further exploration. Subsequent studies could delve deeper into specific mechanisms linking family pathology to depression, considering cultural nuances and individual differences. Additionally, longitudinal research could provide insights into the long-term effects of family dysfunction on mental health outcomes and resilience over time.

On the basis of the above result, it can be concluded that there is a positive correlation between family pathology and depression proneness. If someone has or is dealing with family pathology, they are more likely to develop depression later in life. It can also be seen that there is no gender difference in being prone to depression. Both males and females have an equal chance of having depression due to family pathology.

Also, those who have experienced familial dysfunction may be more susceptible to later-life depression as a result of pressure. They might be unable to manage their emotions as a result of their early experiences or may not have developed effective coping skills. But not everyone who deals with familial pathology will develop depression. Many factors, such as genes, temperament, and individual coping methods, might affect a person's propensity to depression. It can also be noted that moderate family pathological problem is slightly correlated with the behavioural and emotional problems of children [24].

In conclusion, this study underscores the importance of addressing family pathology early and seeking professional assistance to build strong coping mechanisms. By recognizing the link between family dynamics and depression proneness, individuals and families can take proactive steps towards fostering healthier relationships and promoting mental well-being. It is imperative for policymakers, healthcare providers, and mental health professionals to prioritize interventions that support families in cultivating positive dynamics and resilience, ultimately contributing to the overall well-being of society.

It can also be noted that data from the t-test shows males and females have equal chances of depression proneness if they are exposed to family pathology or to any other stressors that can lead to various life changes like major illness, the death of a loved one, or unemployment. The present study indicates that these types of stressors are equal in their potential to lead to depression for both genders.

V. CONCLUSION

To conclude, the current study has made valuable contribution in association between family pathology and depression proneness. It was found that familial pathology can affect depression propensity through a variety of mechanisms, making it imperative to treat these issues at an early stage in order to prevent the emergence of depression in those who are vulnerable. By using expert assistance, such as therapy or counselling, families and individuals can overcome these challenges and create strong bonds and coping mechanisms.

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