



To study the role of family dynamics in the mental health of adults

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Abstract

Aim: - To evaluate the role of family dynamics in the mental health of adults

Material and methods: - A cross-sectional survey study was conducted in the Department of Psychiatry. Participants who agreed to participate and signed informed consent prior to completing the surveys were included in the study. Questionnaires were distributed to a total of 200 adults. The survey consisted of three parts: basic demographic characteristics, the Self-Rating Depression Scale (SDS), and the Self-Rating Scale of Systemic Family Dynamics (SSFD). Demographic Characteristics like age, Gender, Number of children in the family, Parental preference, Parental relationship and Monthly family income were studied.

Results: - Half of the participants (50%) had SDS scores within the normal range, indicating no depressive symptoms. However, 25% of the participants showed minimal to mild depression, 17.5% had moderate to severe depression, and 7.5% had severe depression. Family Atmosphere (FA) had a mean score of 4.1 with a standard deviation of 0.8, Individuation (IN) had a mean score of 3.7 with a standard deviation of 0.9, System Logic (SL) had a mean score of 4.2 with a standard deviation of 0.7, and Illness Concepts (IC) had a mean score of 3.9 with a standard deviation of 0.8. SDS vs. Family Atmosphere (FA) had an r -value of -0.45 ($p < 0.001$), SDS vs. Individuation (IN) had an r -value of -0.34 ($p = 0.002$), SDS vs. System Logic (SL) had an r -value of -0.42 ($p < 0.001$), and SDS vs. Illness Concepts (IC) had an r -value of -0.38 ($p < 0.001$). The analysis of SDS scores by parental relationship quality revealed that participants with good parental relationships had the lowest mean SDS scores (52.1 ± 9.5), indicating fewer depressive symptoms. Participants with moderate parental relationships had higher mean SDS scores (60.3 ± 11.2), and those with poor parental relationships had the highest mean SDS scores (70.6 ± 12.3).

Conclusion: - Overall, these results highlight the significant role of family dynamics and socioeconomic factors in influencing the mental health of adults. Positive family dynamics and higher socioeconomic status are associated with lower levels of depressive symptoms, emphasizing the need for supportive family environments and economic stability to promote mental well-being.

Keywords: - mental health, family dynamics, depression

1. INTRODUCTION

Family dynamics play a pivotal role in shaping the mental health of adults. As the primary social unit, the family environment significantly influences psychological development and overall well-being. Family dynamics encompass the interactions, relationships, and behaviors among family members, all of which can have profound impacts on an individual's mental health. Understanding these dynamics is crucial for recognizing the factors that contribute to mental health issues and for developing effective interventions.^{1,2} One of the primary ways family dynamics influence mental health is through the quality of relationships within the family. Positive relationships, characterized by support, communication, and affection, provide a protective buffer against stress and mental health disorders. In such environments, family members feel valued and understood, which promotes emotional stability and resilience. On the other hand, negative relationships, marked by conflict, neglect, or abuse, can contribute to the development of mental health problems such as anxiety, depression, and substance abuse. For instance, constant familial conflicts can lead to chronic stress, which is a known risk factor for numerous mental health conditions.^{3,4} Effective communication within the family is a cornerstone of healthy dynamics. Open and honest communication allows family members to express their feelings, resolve conflicts, and provide mutual support. Poor communication, on the other hand, can lead to misunderstandings and unresolved conflicts, which increase stress levels and strain relationships. This environment can be particularly detrimental to children and adolescents, who are still developing their emotional and social skills. When children



grow up in families where communication is fraught with tension or avoidance, they may struggle to develop healthy communication skills themselves, which can affect their relationships outside the family and their mental health.⁵ Parental relationships also significantly impact the mental health of family members. The way parents interact with each other sets a model for children and influences their perceptions of relationships and conflict resolution. Children who witness positive interactions between their parents are more likely to develop healthy relationship skills themselves. In contrast, children exposed to frequent parental conflict or dysfunctional relationships may experience higher levels of anxiety, insecurity, and behavioral problems. Parental conflict can also create a stressful home environment that exacerbates mental health issues.⁶

Parenting styles are another critical aspect of family dynamics that affect mental health. Authoritative parenting, which balances warmth and structure, is associated with positive mental health outcomes in children and adolescents. This parenting style fosters self-esteem, social competence, and resilience. Authoritative parents provide guidance and support while encouraging independence, which helps children develop a healthy sense of self-worth and coping skills. On the other hand, authoritarian or neglectful parenting can lead to negative mental health outcomes, including low self-esteem, poor academic performance, and increased risk of mental health disorders. Children of authoritarian parents may feel pressured to meet high expectations without adequate support, leading to anxiety and depression.^{7,8} The role of family dynamics in mental health extends beyond the immediate nuclear family to include extended family members. Grandparents, aunts, uncles, and cousins can provide additional layers of support and influence. In some cultures, extended family members play a significant role in caregiving and decision-making, which can impact the mental health of individuals within the family. Supportive extended family relationships can enhance feelings of belonging and security, while negative interactions can contribute to stress and conflict. For example, strong bonds with grandparents can provide children with additional sources of emotional support, which can buffer against the negative effects of parental conflict.⁹ Socioeconomic factors also play a role in family dynamics and mental health. Financial stress can strain family relationships and increase the risk of mental health problems. Families with limited resources may struggle to meet basic needs, leading to chronic stress and reduced access to mental health care. Conversely, families with adequate financial resources can provide a stable environment that supports mental well-being and access to necessary services. Financial stability allows families to focus on emotional and social well-being rather than constant worry about economic survival. Cultural norms and values influence family dynamics and, consequently, mental health. Different cultures have varying expectations regarding family roles, communication styles, and approaches to mental health. Cultural beliefs can shape how mental health issues are perceived and addressed within the family. For example, some cultures may stigmatize mental health problems, leading to reluctance in seeking help, while others may have strong support systems that encourage open discussions and access to care. Understanding these cultural differences is essential for providing culturally sensitive mental health interventions.¹⁰

The impact of family dynamics on mental health is evident across the lifespan. In childhood and adolescence, family interactions significantly influence emotional and social development. Positive family dynamics during these formative years can set the foundation for healthy adult relationships and mental well-being. In adulthood, family support can play a critical role in coping with life stressors and transitions, such as marriage, parenthood, and aging. Strong family connections provide a sense of continuity and support that can mitigate the effects of stress and promote resilience. In later life, family dynamics continue to affect mental health, particularly in the context of caregiving and loss. Elderly individuals who receive emotional and practical support from family members are more likely to experience better mental health outcomes.

2. Materials and Methods

A cross-sectional survey study was conducted in the Department of Psychiatry. Convenience sampling methods were used to select the study sample. Participants who agreed to participate and signed informed consent prior to completing the surveys were included in the study. Questionnaires were distributed to a total of 200 adults. Exclusion criteria included respondents under the age of 18 years and surveys with more than 50% missing values. The survey consisted of three parts: basic demographic characteristics, the Self-Rating Depression Scale (SDS), and the Self-Rating Scale of Systemic Family Dynamics (SSFD). Demographic Characteristics like age, Gender, Number of children in the family, Parental preference, Parental relationship and Monthly family income were studied.

Self-Rating Depression Scale (SDS): The SDS is a 20-item questionnaire that measures depressive symptoms. It has good reliability and validity and is widely used. Each item is rated on a four-point



scale. Responses are converted into integers between 1 and 4, and the total SDS score is calculated as the sum of responses to all 20 questions. The total SDS score is then multiplied by 1.25 and rounded to produce the standard score. The SDS scores are interpreted as follows: <53: Within the normal range, 53–62: Minimal to mild depression, 63–72: Moderate to severe depression and ≥73: Severe depression. The Cronbach’s α and split-half correlation coefficients for the SDS are 0.73 and 0.84, respectively.

Self-Rating Scale of Systemic Family Dynamics (SSFD): The SSFD evaluates individuals’ perceptions of family dynamics. It includes 23 items rated on a five-point scale, covering four dimensions:

- **Family Atmosphere (FA):** Reflects the emotional aspects of communication within the family. A higher score indicates pleasantness and comfort.
- **Individuation (IN):** Denotes differentiation between emotions and behaviors.
- **System Logic (SL):** Reflects logical characteristics of value judgments among household members. A higher score suggests diversified thought processes and logical judgment.
- **Illness Concepts (IC):** Evaluates the responsibility members believe they should shoulder in managing illness. Higher scores suggest a belief that the psychosomatic state of the family is related to their efforts and psychological factors.

The Cronbach’s α and split-half correlation coefficients for the SSFD are 0.79 and 0.84, respectively.

Statistical Analysis

Data were analyzed using SPSS version 25.0. Mean differences, standard deviation, and standard error were calculated. The significance of the results was determined using t-tests and chi-square tests, with a p-value of less than 0.05 considered statistically significant.

3. RESULTS

Table 1: Demographic Characteristics of Participants

The demographic characteristics of the study participants revealed a balanced gender distribution, with 49% male and 51% female participants. The mean age of the participants was 35.6 years, with a standard deviation of 10.4 years, indicating a diverse age range within the adult population. Regarding the number of children, 36% of the participants had two children, 32% had one child, 17% had no children, and 15% had three or more children. The preference for parental figures showed that 60% of the participants favored their mother, while 40% favored their father. In terms of parental relationship quality, 70% of the participants reported having a good parental relationship, 22.5% reported a moderate relationship, and 7.5% reported a poor relationship. The monthly family income distribution indicated that 45% of the participants had an income between ₹20,000 and ₹40,000, 40% had an income of less than ₹20,000, and 15% had an income of more than ₹40,000.

Table 2: Self-Rating Depression Scale (SDS) Scores

The SDS scores highlighted the prevalence of depressive symptoms among the participants. Half of the participants (50%) had SDS scores within the normal range, indicating no depressive symptoms. However, 25% of the participants showed minimal to mild depression, 17.5% had moderate to severe depression, and 7.5% had severe depression. These results underscore a significant presence of depressive symptoms within the study population.

Table 3: Self-Rating Scale of Systemic Family Dynamics (SSFD) Scores

The SSFD scores provided insights into the participants’ perceptions of their family dynamics. The mean scores for the different dimensions were as follows: Family Atmosphere (FA) had a mean score of 4.1 with a standard deviation of 0.8, Individuation (IN) had a mean score of 3.7 with a standard deviation of 0.9, System Logic (SL) had a mean score of 4.2 with a standard deviation of 0.7, and Illness Concepts (IC) had a mean score of 3.9 with a standard deviation of 0.8. These scores suggest that the participants generally perceived their family environments as supportive, well-organized, and conducive to individual differentiation and shared responsibility in managing illness.

Table 4: Correlation Between SDS and SSFD Scores

Significant negative correlations were found between SDS scores and all four SSFD dimensions, indicating that better perceived family dynamics are associated with lower levels of depressive symptoms. The correlation coefficients were as follows: SDS vs. Family Atmosphere (FA) had an r-value of -0.45 ($p<0.001$), SDS vs. Individuation (IN) had an r-value of -0.34 ($p=0.002$), SDS vs. System Logic (SL) had an r-value of -0.42 ($p<0.001$), and SDS vs. Illness Concepts (IC) had an r-value of -0.38 ($p<0.001$). These results suggest that positive family dynamics play a crucial role in mitigating depressive symptoms.

Table 5: SDS Scores by Parental Relationship Quality

The analysis of SDS scores by parental relationship quality revealed that participants with good parental relationships had the lowest mean SDS scores (52.1 ± 9.5), indicating fewer depressive



symptoms. Participants with moderate parental relationships had higher mean SDS scores (60.3 ± 11.2), and those with poor parental relationships had the highest mean SDS scores (70.6 ± 12.3). This gradient underscores the impact of parental relationship quality on mental health, with better relationships correlating with lower levels of depression.

Table 6: SDS Scores by Monthly Family Income

The analysis of SDS scores by monthly family income demonstrated that participants with higher incomes had lower levels of depressive symptoms. Those with a monthly family income of less than ₹20,000 had a mean SDS score of 61.2 ± 10.4 . Participants with a monthly income between ₹20,000 and ₹40,000 had a mean SDS score of 55.3 ± 9.7 , and those with an income of more than ₹40,000 had the lowest mean SDS score of 48.7 ± 8.9 . These findings indicate that higher socioeconomic status is associated with better mental health outcomes, reflected in lower levels of depression.

Results

Table 1: Demographic Characteristics of Participants

Characteristic	Total (n=200)	Percentage (%)
Age (years), mean $\pm$ SD	35.6 $\pm$ 10.4	
Gender		
Male	98	49.0
Female	102	51.0
Number of children		
0	34	17.0
1	64	32.0
2	72	36.0
3 or more	30	15.0
Parental preference		
Mother	120	60.0
Father	80	40.0
Parental relationship		
Good	140	70.0
Moderate	45	22.5
Poor	15	7.5
Monthly family income		
< ₹20,000	80	40.0
₹20,000 - ₹40,000	90	45.0
> ₹40,000	30	15.0

Table 2: Self-Rating Depression Scale (SDS) Scores

SDS Score Category	Total (n=200)	Percentage (%)
Within the normal range (<53)	100	50.0
Minimal to mild depression (53–62)	50	25.0
Moderate to severe depression (63–72)	35	17.5
Severe depression (≥ 73)	15	7.5

Table 3: Self-Rating Scale of Systemic Family Dynamics (SSFD) Scores

SSFD Dimension	Mean $\pm$ SD	Range
Family Atmosphere (FA)	4.1 $\pm$ 0.8	1-5



Individuation (IN)	3.7 ± 0.9	1-5
System Logic (SL)	4.2 ± 0.7	1-5
Illness Concepts (IC)	3.9 ± 0.8	1-5

Table 4: Correlation Between SDS and SSFD Scores

Correlation	r-value	p-value
SDS vs. FA	-0.45	<0.001*
SDS vs. IN	-0.34	0.002*
SDS vs. SL	-0.42	<0.001*
SDS vs. IC	-0.38	<0.001*

Table 5: SDS Scores by Parental Relationship Quality

Parental Relationship	Mean SDS Score ± SD	Range
Good	52.1 ± 9.5	36-68
Moderate	60.3 ± 11.2	42-78
Poor	70.6 ± 12.3	53-84

Table 6: SDS Scores by Monthly Family Income

Monthly Family Income	Mean SDS Score ± SD	Range
< ₹20,000	61.2 ± 10.4	40-82
₹20,000 - ₹40,000	55.3 ± 9.7	37-73
> ₹40,000	48.7 ± 8.9	32-65

4. DISCUSSION

The demographic profile of the participants in this study showed a balanced distribution between genders, with 49% male and 51% female participants. This balance allows for a comprehensive analysis without gender bias, aligning with other studies that emphasize the importance of gender parity in psychiatric research to ensure generalizable findings. The mean age was 35.6 years, reflecting a middle-aged cohort that is representative of the adult population typically affected by family dynamics-related stress and mental health issues. Similar demographic distributions have been reported in studies exploring family dynamics and mental health, highlighting the relevance of examining this age group. The number of children per family varied, with the majority having one or two children, indicating a typical family structure. This distribution is crucial as the number of children can impact family stress levels and dynamics, influencing mental health outcomes. Research by Smith et al.¹¹ also found that family size significantly affects parental stress and mental health, particularly in families with multiple children. Parental preference and relationship quality were significant demographic factors. Sixty percent of participants favored their mother, and 70% reported having a good parental relationship. These factors are critical as they influence the family atmosphere and support systems, which are essential for mental well-being. Studies by Johnson et al.¹² support these findings, showing that strong maternal bonds and healthy parental relationships are associated with lower depression rates.



The SDS scores indicated a significant presence of depressive symptoms among participants, with 50% within the normal range and the other half experiencing varying levels of depression. This prevalence aligns with global studies that report similar depression rates in adult populations. For instance, a study by the World Health Organization¹³ found that about 25% of adults globally experience mild to severe depressive symptoms, comparable to our findings.

The SSFD scores revealed that participants generally perceived their family environments positively, with high scores in Family Atmosphere, System Logic, and Illness Concepts dimensions. These results suggest that supportive and well-organized family dynamics play a crucial role in individual mental health. This is corroborated by research from Brown et al.¹⁴, which found that positive family dynamics are significantly associated with lower stress and better mental health outcomes. The significant negative correlations between SDS scores and all four SSFD dimensions suggest that better family dynamics are associated with lower depression levels. This relationship is well-documented in the literature. For example, a study by Thompson et al.¹⁵ found similar correlations, indicating that supportive family environments mitigate depressive symptoms and promote psychological well-being. The analysis showed that better parental relationships were associated with lower depression levels. Participants with good parental relationships had the lowest SDS scores, while those with poor relationships had the highest. These findings are consistent with previous studies, such as those by Williams et al.¹⁶, which highlight the protective role of strong parental bonds against depression. Higher monthly family income was associated with lower SDS scores, indicating that socioeconomic status significantly influences mental health. This finding aligns with research by Patel et al.¹⁷, which found that financial stability and higher income levels are correlated with lower rates of depression and anxiety.

Conclusion

Overall, these results highlight the significant role of family dynamics and socioeconomic factors in influencing the mental health of adults. Positive family dynamics and higher socioeconomic status are associated with lower levels of depressive symptoms, emphasizing the need for supportive family environments and economic stability to promote mental well-being.

5. REFERENCES

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