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A Comparative Study of Joint and Nuclear Family in Terms of Mental Health of Males and Females

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ABSTRACT: Adolescents from joint family had higher mental health than nuclear family adolescents. Gender differences were also observed on mental health, results showed that female adolescents had better mental health than male adolescents.

KEYWORDS- mental health, males, females, joint, nuclear, family

I. INTRODUCTION

In general family is one of the fundamental units of societies and takes care of the diverse needs of people [1]. It is also one of the basic sources of providing care to all of its members. Because of this fact elderly persons of the house occupy respectful position in Asian culture. Family system encourages the life of individuals in all aspects which enables them to live happy and productive life [2]. Culture has been shown to regulate the family network by building family type, family size and form [3, 4] and the family functioning by defining barriers, cooperation rules, connection patterns, adequate practices, regulation and ranking in the family [4,5,6,7].

Family is a social group of one or more parents and their children. Family systems refer to members and their interrelationship (structure) with each other. There are different classifications of family systems [8, 9]. Most commonly used classification has two types i.e. joint and nuclear family systems [10]. A nuclear family system is defined as 'a two generation family consisting of a father and mother and children or a single, possibly widow, parent and his/her children' [11]. Similarly, joint or extending family is defined as 'three or more generations lived together with both vertical and lateral extension having a single line of authority, either patrilineal or matrilineal' [11]. A number of advantages and disadvantages associated with each type of family has been reported such as social support, protection during crises, physical space, autonomy a freedom of decision making [12].

Extent of these systems varies from countries to countries and within countries as well. Traditionally Pakistan had joint family system and bonding within a family. Like other Asian countries, over the time, balance is shifting towards nuclear family system in Pakistan [13]. Multiple factors are responsible for this shifting trend from joint to nuclear system. These include; financial pressures, decreasing living space, movement for job and rapid urbanization [13]. It also seems to be an outcome of increasing prosperity. This trend is faster in urban areas than rural areas. The superiority of one of these systems is a matter of debate these days. The researchers are on a quest for evidence based information regarding the current debate about the quality of life of an individual, based on a family system [14].

In Pakistan, a large number of the aged people depend on their family especially on their children or grandchildren for physical, communal and financial support [2] which is more convenient in joint families. It was recommended by Mason (1992) that urbanization is expected to negatively affect the family's capacity and willingness for care of the elderly and it will also decrease the chances of living grown up children with their parents [15]. Studies from Asian countries have shown that most of the help for the elderly people comes from their home by their children/grandchildren [16, 17].

Limited studies have been conducted on different study populations that have assessed the predictors of quality of life. A study conducted among elderly population in India reported that occupation, higher income, 60–69 years age group, staying with partner and absence of co-morbidity were found to be the determinants of better QOL [18]. Studies from Kuwait and Lebanon also reported that female gender, older age, social disadvantage, and presence of anxiety/ depression were associated with poor QOL [19, 20]. Although all of the works done before were on health-related QOL all around the world, there are no such study exploring the predictors of quality of life of people who live in nuclear or joint family system. Our study presented the predictors of quality of life scores in joint and nuclear family systems in Pakistani general population.

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II. DISCUSSION

A cross sectional study with written informed consent was conducted in 100 families (50 joint families and 50 nuclear families) an urban area of Indore city. Families were selected using sequential sampling method. All the married members of family were included in study. A predesigned semi structured questionnaire was used to interview the respondent members of family at the time of visit.[1,2,3] The qu estions included demographic profile , satisfaction with current family pattern , opinions about changing trends of family system and overall health status of members of family. Statistical Analysis : The data was analyzed using Microsoft office excel and SPS S version 20. Chi square Test and Mann Whitney U Test were applied. In the nuclear families 35 males and 30 female members and in joint families 126 males and 110 females participated in the study. 68% male and 50% females in nuclear families and 18% males and 67% females in joint families were heavily loaded with work responsibility. In Nuclear family 38% males and 42% females had poor health status. 47% and 39% males of nuclear families had alcohol and smoking habits respectively. 96% of females of nuclear families had awareness of Antenatal care. The overall health status of members of nuclear families was poor as compared to members of joint families. Awareness about health care facilities is more in nuclear families[1,2,3]

III. RESULTS

Children in joint physical custody spend substantial periods of time in each parent's home after a parental separation. This practice has increased dramatically in Sweden during the last 20 years. In the mid-1980s about 2% of children with separated parents lived in joint physical custody, but by 2010 this figure had risen to between 30 and 40% (Swedish Government Official Report, 2011). Because joint physical custody is more common among recently separated parents than among those who parted more than five years ago, the frequency of joint physical custody can be [4,5,6]expected to rise even further (Swedish Government Official Report, 2011). During the 21st century, joint physical custody has also become more frequent in countries such as Denmark, Belgium, the Netherlands and in some US states (Melli & Brown, 2008; Matthijs & Swicegood, 2013; Ottosen, 2004; Sodermans, Spruijt & Duindam, 2010).

The increase in joint physical custody has been attributed to greater gender equality in parenthood, which in turn is related to increased female participation in the labour force (Juby, Bourdais & Gratton, 2005). Changes to Swedish family law legislation in 1998 may have contributed to increases in joint physical custody (Swedish Government Offices, 1999) and the frequency has increased substantially in countries like Belgium (Sodermans et al., 2013) and Australia (Kaspiew, Gray, Weston, Moloney, Hand & Lixia, 2011) following legislative changes. Greater public awareness of the importance of the father's role in children's development and social adjustment may also have contributed.[4,5,6] Several surveys conducted in North America have shown that, in general, people now favor shared custody and joint physical custody (Braver, Ellman, Votruba & Fabricius, 2011; Fatherhood Coalition, 2004).

Earlier international studies described more favorable socioeconomic characteristics for families with joint physical custody, compared with single care parents, such as better educated fathers (Bakker & Mulder, 2013; Sodermans et al., 2013). Recent Swedish data show that joint physical custody is less common among families of migrant origin (Bergström, Modin, Fransson et al., 2013) and those in the lowest income category (Swedish Government Official Report, 2011), but equally common in the vast middle income category and those with high incomes (Swedish Government Official Report, 2011). As joint physical custody is now more common, it includes families with heterogeneous backgrounds, conditions and levels of parental conflict and cooperation (Juby et al., 2005; Melli & Brown, 2008; Nielsen, 2011a; Sodermans et al., 2013).

Studies on children's wellbeing and mental health in relation to living arrangements need to consider the influence of other family characteristics. Factors such as parental conflict or affluence, before and after separation, [7,8,9]affect children regardless of living arrangement (Jekielek, 1998; Nielsen, 2011a). Overall, children with divorced parents face an increased risk of emotional problems, social maladjustment and low wellbeing compared to those in intact families (Ängarne-Lindberg & Wadsby, 2009; Bjarnason, Bendtsen, Arnarsson et al., 2012; Breivik & Olweus, 2006; Naevdal

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& Thuen, 2004; Sourander, Niemela, Santalahti, Helenius & Piha, 2008). These risks may be attributed to the children's loss of material resources (Lansford, 2009), as well as the loss of parental support, supervision and engagement (Kelly & Emery, 2003; Lansford, 2009). Being a mother with sole custody, or a father with no custody, is also associated with a greater risk of negative mental and physical health (Melli & Brown, 2008). Parental ill-health in turn, could impact negatively on child development and well-being [7,8,9](Goodman & Gotlib, 1999; Ramchandani, Stein, Evans, O'Connor & Team, 2005).

The growing body of research on the links between children's mental health and living arrangements after parental separation has shown lower risks for children in joint physical custody than children in single care arrangements (Nielsen, 2013). These include lower risks of fear, aggression or depression (Spruijt & Duindam, 2010), behavioral problems and risk behaviors (Carlsund, Eriksson, Löfstedt & Sellström, 2013; Jablonska & Lindberg, 2007). One of the suggested benefits of joint physical custody is the frequent involvement of both parents which is required for developing a close and nurturing relationship. Father involvement has been shown to predict positive behavioral outcomes in children (Sarkadi, Kristiansson, Oberklaid & Bremberg, 2008). However, research on non-residential parents and child outcomes also suggest that parental conflict could be of greater importance than frequency of contact (Modecki, Hagan, Sandler & Wolchik, 2014).

In a previous study that looked at all 12 and 15-year-olds in Sweden, we found that adolescents in non-nuclear families reported lower levels of wellbeing than those living in intact families and that adolescents in joint physical custody reported greater wellbeing than those living mostly, or only, with one parent (Bergström et al., 2013). However, one restriction in this study was our inability to control for socioeconomic differences between [10,11,12]the families. This is a limitation, because such factors have been demonstrated to be important for differences in wellbeing in children in different living arrangements. For example, in a study of life satisfaction in children from 36 countries, Bjarnason et al. (2012) found that differences between children in different living arrangements were much smaller after adjusting for socioeconomic variables.[10,11,12]

Child factors, such as age and gender, may also affect how children fare in joint physical custody. Previous studies have indicated that boys may be at increased risk for lower mental health after parental divorce (Malone, Lansford, Castellino et al., 2004; Spruijt & Duindam, 2005) while other studies indicate more negative experiences in girls, either from losing a father figure (Nielsen, 2011b) or from being in father custody (Naevdal & Thuen, 2004). Also age differences are indicated, with early experiences of separation being more negatively related to trajectories of internalizing and externalizing problems than experience of a parental separation at a higher age (Lansford, Malone, Castellino, Dodge, Pettit & Bates, 2006). Despite this, few studies include children under the age of 10 years or they suffer from small sample sizes (Bauserman, 2002). This is problematic, as in Sweden this living arrangement is most frequent among six to 12-year-olds (Swedish Government Official Report, 2011). Furthermore, the greatest debates about joint physical custody concern the youngest age groups. In our study of the total Swedish population, we found that the 15-year-olds in joint physical custody experienced more subjective wellbeing than the 12-year-olds. In contrast, we found no gender differences when it came to living arrangements or wellbeing (Bergström et al., 2013).

Our review of the existing literature shows that children's psychological symptoms and wellbeing have not been extensively studied in joint physical custody and other post separation living arrangements. In particular, studies using validated instruments and including young children are warranted. A further understanding of how parental and family factors affect children's mental health in different living arrangements is also required.[13,14,15]

This study investigated the mental health of children in joint physical custody, comparing them with children in nuclear families and in single care. It also took the family's financial situation and the parents' satisfaction with their own health, economic and social situation into account.[13,14,15]

In this cross-sectional study of 1,297 children aged from four to 18 we found that the children's mental health in different living arrangements was associated with parental satisfaction with their health, social and economic situation.

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In accordance with previous research, children in joint physical custody had a higher symptom load than children in nuclear families.

The children in joint physical custody had an intermediate position in terms of the SDQ emotional, conduct, hyperactivity and peer contact problem measures, with children in nuclear families having the lower symptom load and those in single care having the highest.

The parent's satisfaction with their health, social and economic situation followed the same pattern. Parents with sole responsibility for their child's care were the least satisfied and those in nuclear families were the most satisfied. There were only small differences in the beta-estimates of the SDQ scores between the children in single care and joint physical custody when the analysis was adjusted for the three dimensions of parental life satisfaction. This finding suggests that parental wellbeing and life satisfaction may be important factors when it comes to explaining why children's mental health varies in relation to different living arrangements. Children's gender, age and family household income only made a marginal contribution to explaining the differences in the children's mental health, while parental satisfaction with the three aspects of life had more impact. Despite the increased practice of joint physical custody, the results show that parental economic and social factors still differ substantially between parents in different living arrangements. Like many previous studies, this research shows that children with separated parents tend to have higher rates of mental health problems compared to children in nuclear families.[16,17,18]

We may speculate that the increased risk of emotional or adjustment problems in children with separated parents, compared to those living in nuclear families is related to the actual experience of family break up. Some previous research has indicated that differences in children's mental health and problem behavior occur before parental divorce, suggesting that this could be a symptom of family dysfunction or part of a problem that results in parental separation (Strohschein, 2005), rather than a consequence of their living arrangement. We can also hypothesise that the life satisfaction of separated parents is, to a certain extent, determined by pre-separation factors associated with the relationship with the former partner.

In our study, as reported in previous research, the risk of mental health problems in children in joint physical custody was lower than for children in single care. Positive relationships with their parents are important for children's wellbeing and mental health (Låftman & Östberg, 2006) and, according to previous research, children in joint physical custody report more satisfaction with their parental relationships, in particular with their fathers, than children in single care (Fabricius & Luecken, 2007; Spruijt & Duindam, 2010). In fact, Swedish data show that children in joint physical custody are as satisfied as children in nuclear families with their parental relationships (Swedish Government Official Report, 2011). Children living with their parents seem to have stronger relationships with them and this may contribute to better mental health in children in joint physical custody arrangements. Parents who have low levels of contact with their children, mostly fathers, are more dissatisfied with their lives and are reported to suffer from poorer health than other parents (Peacey & Hunt, 2008; Weitoft, Burström & Rosen, 2004). It is possible that parents who have joint physical custody, and share responsibility for their child with the other parent, have happier lives and are more likely to engage with their child and form secure relationships, helping to ensure that their child's mental health is good.[16,17,18]

IV. CONCLUSION

Regardless of age, education, income, cultural background, or sexual orientation, every person faces challenges in life to one degree or another. When problems are especially hard to overcome or arise repeatedly, there's a good chance the issues stem from your family of origin.

While many forms of therapy encourage clients to explore family dynamics as part of the healing process, family systems therapy actually engages the whole family in treatment. Since what happens to one member of a family affects everyone in the family, healing the microcosm of the individual calls for the healing the macrocosm of the family.[19,20]

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What Is the Family Systems Approach?

Psychiatrist Murray Bowen developed the family systems approach, also known as family systems therapy, in the 1950s. The underlying theme of the family systems approach is that families are an emotional unit. They are an interconnected system of interdependent individuals. Moreover, they influence one another, and their psychology cannot be understood in isolation from the system as a whole.

The Bowen theory posts that family members respond to each other in habitual ways, according to their roles within the family and their unspoken relationship agreements. And he understood that these behavior patterns can create balance but also may produce dysfunction. With this understanding in mind, the family systems approach helps people resolve issues in the context of the family unit. Bowen's family systems theory fosters insight into the family group dynamic, working with it to promote overall health.

Eight Principles of Family Systems Theory

The eight principles of family systems theory highlight the interconnectedness of family members, shifting the focus from the "patient" to variables and circumstances affecting the family system. The eight interlocking concepts in Dr. Bowen's family systems theory include:

Triangles: a relationship system comprised of three people. Triangles usually have one side in conflict and two sides in harmony, contributing to the development of clinical problems.

Differentiation of Self: having a sense of one's individuality separate from the family unit. Highly differentiated people are more likely to pursue goals independently while those with a less developed sense of self may seek validation from other people and experience co-dependency.

Nuclear Family Emotional Process: how the family operates in emotional interactions. Bowen believed the nuclear family experienced issues in four main areas: marital conflict (or intimate partner conflict), dysfunction in a spouse or partner, emotional distance, and impairment of one or more children, leading to arguments, criticism, under-performance, over-performance, and/or distancing behavior.

Family Projection Process: the transmission of the parents' anxiety, emotional concerns, and/or relationship problems onto the child, who may develop emotional issues as a result. Rather than address their own problems, parents try to fix perceived problems in their children that remind them of their own. They treat their children as if something is wrong with them. This shapes their development such that the children grow to embody their parents' fears and perceptions.

Multigenerational Transmission Process: Bowen believed the roots of the most serious human problems are generations deep. The multigenerational transmission process determines the levels of "self" people develop. It also impacts the way they interact with others, affecting the selection of a spouse or intimate partner. People choose partners with similar levels of differentiation. Small differences in levels of differentiation between parents and offspring lead to significant ranges of differentiation among individual family members over generations.

Emotional Cutoff: distancing from the family or cutting off all contact to reduce stress or avoid conflict without resolving the issues at hand. In so doing, distancing family members may place too much importance on present and future relationships, causing undo strain and stress.

Sibling Position: the tendency of the oldest, middle, and youngest children to assume specific roles within the family relationship system. This is typically due to differences in parental expectations and parental discipline. For example, an executive who's an oldest child may work well with an assistant who's a youngest child. Likewise, people whose sibling rank positions are complementary may be less likely to divorce than if their positions are at odds.

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Societal Emotional Process: Bowen treated parents in the criminal justice system and saw how external influences could affect the family system. Thus, this principle of family systems theory suggests that social and cultural forces can influence family relationships. As people experience greater anxiety during periods of societal regression, ramifications occur within the emotional systems of family units.

The History of Family Systems Therapy

Murray Bowen served as a general medical officer in the United States Army during World War II. While working with soldiers, his focus changed from surgery to psychiatry. After leaving the Army, he conducted research into family interactions at the Menninger Clinic and at the National Institute of Mental Health. There he continued to develop his theory that the family functioned as an emotional unit.[17,18,19]

Bowen researched the family patterns of people with schizophrenia who were receiving treatment and the patterns of his own family of origin. Finally, he introduced family systems theory in the late 1960s. Traditional individual therapy commonly explores an individual's inner psyche to spark positive change. But family systems therapy focuses

on the structure and behavior of the family's relationship system. Bowen believed this was instrumental in the formation of character. Changes in the behavior of one family member, Bowen posited, would likely influence the way the family functions over time.

What Family Systems Therapy Can Help With

Many psychological problems stem from relationships within an individual's family of origin. That's true even if the problems arise later in life. Individuals, couples, and families can benefit from the family systems approach.

Bowen's family systems theory can be helpful in addressing conditions such as:

Depression

Anxiety

Grief

Anger management

Substance use disorder

Alcohol use disorder

Bipolar disorder

Eating disorders

Personality disorders

Parenting issues

Stress and trauma

Coping with physical disabilities

Coping with chronic health conditions

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Family systems therapy can also address conflict within the family unit—between siblings, between parents, or between parents and children. When treating adolescent mental health problems, the family systems approach explores how factors within the family may contribute to the onset or maintenance of such conditions. If a teen suffers from alcohol use disorder, for example, family systems therapy would help the family understand how codependent relationships enable the addiction and allow it to continue.

How Family Systems Therapy Works in Practice

As in almost all therapy, family systems therapists usually spend one or two sessions gathering information about the family system. That includes the history of their family dynamics and why the family is seeking therapy. The therapist offers all family members an opportunity to express their thoughts and feelings. Subsequently, they work with the family to create general and specific goals like decreasing substance use and increasing family communication.

Family members explore their roles within the family and experiment with switching roles when necessary. And they learn to support each other with the goal of fostering a healthy family system.

Activities in sessions vary widely. A family systems therapist may help families identify their underlying structures and patterns and come up with ideas for initiating positive change. They may lead them in role-playing activities or communication exercises to encourage greater understanding of how each family member feels. Some family systems therapists assign written or behavioral homework between sessions. All family systems therapists advocate equally for family members. They help to guide the family unit to reach its own conclusions about the best courses of action.

Family systems therapy is generally brief and results oriented. On average, it lasts for 12 sessions. However, more sessions may be required to help everyone feel secure in their ability to make healthy choices and maintain healthy relationships.

Family systems therapy is comprised of three main approaches:

Structural family therapy: This approach focuses on interactions, patterns, and behaviors among family members. To minimize dysfunction, the family therapist aims to help restructure the way the family system works. Restructuring can include working on family boundaries, hierarchies of power, and reactions by family members to major life changes.

Strategic family therapy: In this approach, therapists address family behaviors and interactions that contribute to problem behavior. They help families function better so they can overcome their most pressing problems. Interventions might include having family members act out behavioral patterns without verbalizing them. Or they might seat family members in different configurations than they habitually choose. Practicing new communication patterns is another intervention. This includes having family members talk directly to each other rather than about each other in sessions.

Intergenerational family therapy: This approach acknowledges that patterns of behavior are passed down from generation to generation, influencing family dynamics and the behavior of individual members. Therapists help the family identify and relate to the problems of their predecessors. Looking back can assist them in managing their own issues in the present. An important part of intergenerational family therapy is the creation of a genogram.

The Genogram

Bowen believed that putting together a family genogram is one of the best ways to understand how a family's emotional system operates. A genogram is a pictorial representation of a family's medical history and interpersonal relationships. Family systems therapists may use genograms to highlight hereditary traits, psychological factors,[19,20] and other significant issues or past events that may affect an individual's or family's collective well-being.

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To create the genogram, the therapist asks each family member a series of questions. The therapist gathers enough information to create a detailed family history stretching back at least three generations. In the process, families study their patterns of behavior and acknowledge echoes within the family line. Ideally, they discover more effective ways to solve problems and change their responses to the roles they're expected to play.

Adolescent Treatment and Family Systems Therapy

Family systems therapy, informed by family systems theory, has been shown to be effective in the treatment of teens and families. Consequently, mental health conditions like teen depression, teen substance use disorder, teen anxiety, and teen eating disorders often respond well to the family systems approach. When the whole family is invested in the healing process, teens have a greater chance of success.

A 2019 study showed that regardless of gender, adolescents who participated in structural-strategic family therapy exhibited fewer internalizing and externalizing problems after treatment. As well, parents participating in the same study reported greater family cohesion, parental satisfaction, and perceived parental efficacy.

Family Therapy at Newport

At Newport, we recognize the importance of looking closely at the family system and involving the entire family in treatment, not just the adolescent. Our foundational approach is Attachment-Based Family Therapy (ABFT).

ABFT is based around the notion that humans are social creatures with an inherent need for connection. According to attachment theory, when parents are sensitive to their children's needs and consistently available, children move into adolescence with secure attachment. Secure attachment has a positive effect on teenagers' feelings of self-confidence, self-worth, and their ability to regulate emotions.

ABFT is designed to increase the security of the attachment between parent and child. This provides a supportive foundation to protect against depression and suicide.

Other Modalities in Newport Treatment

At Newport, we complement family therapy with a wide range of other modalities. We use approaches that help adolescents reduce anxiety, mitigate insecurities, combat substance abuse, enhance focus, build relationship skills, improve body image, heal trauma, and more. Some of our modalities include Eye Movement Desensitization and Reprocessing (EMDR), psychoeducation, cognitive behavioral therapy, acceptance and commitment therapy, nutritional therapy, relationship trauma repair, and more.

When teens are struggling, the whole family feels it, not just the adolescent. Thus, treatment can benefit the entire family unit, not just the struggling teen. If you think your teen is suffering from issues beyond your understanding or ability to help, reach out to our team at Newport Academy. We're here 24/7 to help you find the best form of treatment for your family.[20]

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