

The Relationship Between Family Functioning, Differentiation of Self and Resiliencetostress, Anxiety

¹Keivan Kakaberaei, ²Hassan Rostamian and ²Niloofar ronasi

¹Department of Psychology, Islamic Azad University, Kermanshah Branch, Kermanshah, Iran

²Kermanshah University of Medical Sciences, Kermanshah, Iran

Abstract: It has been proven for so long that family plays a fundamental role in individuals' mental structures and it is regarded as the primary secure foundation for a person. As studies show, family has specific and unique functions. Through a proper functioning, the family has the ability to provide for the arrangements of individuals' independency and differentiation of self, developing resistance and properresiliencein them against stressful and anxiety-provoking situations. It seems that people with homosexual disorders show a low resilience against stressful and anxiety-provoking situations. Homosexual people are commonly from families with undesirable functioning. Accordingly, the present study was conducted to assess the relationship between family functioning, differentiation and resilience and stress, anxiety and depression in people suffering from homosexual disorders in Kermanshah province in 2014. To study the target population, the number of 40 homosexual people was selected. Since, they hid their conditions, sampling was based on snowball sampling method in the way that each subject introduced the next subject. Then the purpose of the study was explained to them ensuring them the data will be kept confidential and they were asked to fill out the questionnaires. To analyze data, descriptive (mean, standard deviation) and inferential statistics methods (correlation coefficient and regression) were used. The research findings indicated that there is a positive and significant relationship between family functioning and resilience. Additionally, the findings suggested that there is also a positive and significant relationship between family functioning and differentiation. Moreover, there is a positive and significant association between resilience and differentiation. The results indicated that there is a significant and inverse relationship between family functioning, differentiation and resilience and stress, anxiety and depression.

Key words: Family functioning, self-differentiation, resilience, stress, anxiety, depression

INTRODUCTION

Among various factors affecting the formation and development of personality traits, the role of the family has always been considered important. Growth and development of personality traits have possessed a unique importance on which there is a consensus among experts. Throughout history, family has enjoyed a vital role in providing environments affecting individuals' physical and mental health. In fact, family has possessed the balancing role in physical, mental and social growth. Kim *et al.* (2014) in their studies on family functioning demonstrated that family functioning has a great impact on individuals' psychological aspects. Family in forming personality will never lose its importance, since the changing in the family will bring about the changing in mental processes of its members. While facing the stressful and difficult situations, family experiences stress

which leads to the family members' discomfort, tension or frustration. Stressful situations may disturb the family system as the result of inappropriate functioning of the family. Mousavi in their research on family system performance and family members' mental health reported that depressed families are greatly inefficient. They are inconsistent in training their children and their relations are not friendly and satisfactory. In addition, Golchin *et al.* (2014) investigated the association between family functioning and somemental features of male and female adolescents. Their findings indicated that in the family with desirable functioning there is greater accountability, self-concept, hope for the future and religious affiliations. On the other hand, family members are also in separate relations from the family and in their relation with others. The balance achieved by each individual between two forces of being together and individuality is called differentiation which results in the

balance between maintaining independence and continuity of connection with important people in life. Differentiation plays a major role in the quality of emotional relationships. Differentiated individuals can maintain their independence without fear of unifying, along with experiencing intimacy in close relationships and enjoy a relative comfort while facing their partner's anxiety. Hamedi *et al.* (2002) in their study on differentiation role in the quality of relations with individuals of different sex found that based on differentiation, people had a significant difference in terms of emotional reactions such as stress, anxiety and emotional cut-off. People in the families learn how to respond to emotional reactions among which resilience had a specific place. Garmezy and Masten (1991) defined resilience as a process, ability and outcome of successful adaptation to stressful conditions. In other words, resilience is the positive adaptation in response to the stressful and adverse conditions (Waller, 2001). Samani showed in their studies that resilience causes an increase in mental health due to negative emotional problems such as stress, anxiety and depression. Additionally, Gabelman Evan stated that resilience makes the individual resistant to emotional disorders such as stress, anxiety and depression. According to the above, the aim of the present research is to study the relationship between family functioning, self-differentiation and resilience and stress, anxiety and depression.

MATERIALS AND METHODS

The recent study is a descriptive-correlation research. The research statistical population included 40 homosexual people living in Kermanshah. To conduct the study, sampling of 40 homosexual people abusing drugs was also selected using snowball sampling method. Thus, high risk areas in covered resorts by two DIC being on a contract to General Health Center of Kermanshah province were selected. The research questionnaires were available to them and they were asked to return them after being completed. How to complete the questionnaire, the aim of the research and confidentiality of all data were explained to them by the researcher.

Research data were collected through distribution of the questionnaires among the research samples. Prior to distributing the questionnaires, researcher explained orally for all participants in the study individually how to answer and complete them.

After collecting data and entering them to SPSS18 Software, they were analyzed through both descriptive (mean, standard deviation, etc.) and inferential statistics methods (Pearson's correlation coefficient).

RESULTS AND DISCUSSION

According to Table 1, the total participants in the research were 40 people. The highest age range was related to participants aged 31-40 including 17 subjects equal to 42.5% of the total participants and age range of 51-60 including 3 subjects equal to 7.5 % of the total participants formed the lowest range in the present study Table 1.

As it is shown in Table 2, the number of participants with elementary grade level is 18 subjects equal to 45% of the total participants which forms the most grade level among the participants and people with higher education include 1 subject equal to 2.5% of the total participants.

As it has been reported in Table 3, the mean score in family functioning variable is 76 with standard deviation of 12.58. The highest score in family functioning variable is 109 and the lowest score is reported to be 53. The mean score in differentiation variable is 73 with standard deviation of 14.36; also the highest score is reported to be 99 and the lowest is 42. The mean score in resilience variable is 65 with standard deviation of 18.95 and the highest score is 101 and the lowest is 48. Moreover in stress, anxiety and depression scale, the mean score is 59.5 with standard deviation of 17.25 and the highest score is 112 and the lowest is 59.

Table 4 shows that the value of correlation coefficient between family functioning and stress, anxiety and depression is (R = -0.820). Regarding the significance level (Sig. = 0.001), it can be said that family functioning

Table1: Age frequency distribution of the participants

Age range	Frequency	Percent (%)
20-30	12	30.0
31-40	17	42.5
41-50	8	20.0
51-60	3	7.5
Total	40	100.0

Table 2: Frequency distribution of participants based on education

Education	Frequency	Percent (%)
Illiterate	6	15.0
Elementary	18	45.0
Ninth grade	9	22.5
Diploma	6	15.0
Higher education	1	2.5

Table 3: The mean, standard deviation, highest and lowest score in family functioning variables, self-differentiation and stress, anxiety and depression scale

Variables	Mean	Highest	Lowest	SD
Family functioning	76.0	109	53	12.58
Self-differentiation	73.0	99	42	14.36
resilience	65.0	101	48	18.95
Stress, anxiety and depression	59.5	112	59	17.25

has a direct and inverse relationship with stress, anxiety and depression in people participated in the research that is the increased family functioning reduces the level of stress, anxiety and depression. Consequently, the first hypothesis in the research is confirmed ($p < 0.05$).

Correlation coefficient and significance level between family functioning and resilience are ($R = 0.764$) and ($Sig. = 0.000$), respectively. Considering correlation coefficient and significance level, it can be noted that there is a direct and positive relationship between family functioning and resilience, that is increased family functioning raises the individuals' resilience level. Therefore, the second hypothesis in the study which states there is an association between family functioning and resilience is proved ($p = 0.05$).

Correlation coefficient value between family functioning and self-differentiation is ($R = 0.785$). Regarding the significance level ($Sig. = 0.000$), it can be said that there is a direct and positive relationship between family functioning and self-differentiation. It means that self-differentiation level in people rises with increased family functioning. Accordingly, the third hypothesis is confirmed in this research ($p < 0.05$).

Correlation coefficient value between self-differentiation and stress, anxiety and depression is ($R = -0.739$). Regarding the significance level ($Sig. = 0.000$) it can be stated that there is a direct and inverse association between self-differentiation and stress, anxiety and depression which indicates the level of stress, anxiety and depression in individuals reduces with increased level of self-differentiation. Therefore, the fourth hypothesis in this study is confirmed, too ($p < 0.0$).

Correlation coefficient value between resilience and stress, anxiety and depression is $\{R = -0.819\}$ which based on significance level ($Sig. = 0.000$) it can be said that there is a direct and inverse relationship between resilience and stress, anxiety and depression in individuals that is the level of stress, anxiety and depression reduces following the increased resilience level. Here upon, the fifth hypothesis is proved in this research ($p < 0.05$).

Correlation coefficient and significance level between resilience and self-differentiation is $\{R = 0.742\}$ and $\{Sig. = 0.001\}$, respectively. Considering correlation coefficient and significance level, it can be noted that

there is a direct and positive association between resilience and self-differentiation that is individuals' resilience level rises with increased self-differentiation. Accordingly, the sixth hypothesis in the recent study representing that there is a relationship between self-differentiation and resilience is confirmed ($p = 0.05$).

Research findings in studying the first hypothesis representing the presence of a relationship between family functioning and stress, anxiety and depression in the people participated in the research indicated that family functioning is associated with stress, anxiety and depression in these people; therefore the first hypothesis was proved. These results were consistent with the findings of Momeni and Alikhani (2012). They all had emphasized the role and importance of the family in individuals' mental organization particularly in developing stresses and anxieties in adulthood. Family and its functioning play a significant role in individuals' mental formation and integrity. Since, these people had a low level of family functioning, they represented a low performance in stressful and anxiety-provoking situations. Research findings confirmed the fifth hypothesis on the presence of relationship between resilience and stress, anxiety and depression. According to the findings, there was an inverse association between resilience and stress, anxiety and depression which indicated that the level of stress, anxiety and depression in individuals reduces following their increased resilience. These results were consistent with the findings of Haddadi and Besharat (2010). Evan and coauthors findings demonstrated that there is a low level of resilience among depressed and sad people in stressful and anxiety-provoking situations. They also revealed that through teaching resilience practices to these people, the level of stress and depression in them was reduced dramatically.

The research findings also proved the sixth hypothesis on the relationship between differentiation and resilience. Results indicated that resilience level heightens with an increase in self-differentiation. The results of these studies were consistent with findings by Momeni and Alikhani and *et al.* (2012). They emphasized the positive and significant relationship between differentiation and resilience. Differentiation heightens developing a sense of independence and self-reliance in individual which leads to the individual's increased resilience in stressful and anxiety-provoking situations.

CONCLUSION

The research findings demonstrated that homosexual participants in this study have extremely

Table 4: The relationship between variables and different hypotheses

Variables	Mean	SD	Correlation Significance	
			coefficient R	level Sig.
Family functioning	76.0	12.58	-0.820	0.001
Stress, anxiety and depression	59.5	17.25	-0.739	0.000
Self-differentiation	73.0	14.36	-0.739	0.000
Resilience	65.0	18.95	-0.819	0.000

low family functioning. In the study conducted on self-differentiation, they represented a low differentiation. Additionally, they showed an extremely low resilience; investigating stress, anxiety and depression scale in these people demonstrated that they experience high level of stress, anxiety and depression.

REFERENCES

- Ahadi, H., 2012. Predict the quality of life of students on the basis of differentiation factors and resiliency. *Woman Family Stud.*, 4: 27-41.
- Garnezy, N. and A.S. Masten, 1991. The Protective Role of Competence Indicators in Children at Risk. In: *Life-Span Developmental Psychology: Perspectives on Stress and Coping*, Cummings, E.M., A.L. Greene and K.H. Karraker (Eds.), Routledge, London, ISBN: 9780805803716, pp: 151-176.
- Golchin, M. M. Nasiri, B. Najmi and N. Bashardost, 2004. Its family functioning and psychological characteristics of adolescents. *Res. Med. Sci.*, 6: 297-299.
- Haddadi, P. and M.A. Besharat, 2010. Resilience, vulnerability and mental health. *Proc. Soc. Behav. Sci.*, 5: 639-642.
- Hamed, R., Z. Khosravi, M. Paivastehnegar, Z. Drovizeh and R. Khodabakhsh *et al.*, 2002. Differentiation and quality in relation to heterosexual unmarried students. *Psychological Stud. Faculty Edu. Psychol. Univ. Al-Zahra*, 8: 58-71.
- Kim, H., A.M. Prouty, D.B. Smith, M.J. Ko and J.L. Wetchler *et al.*, 2014. Differentiation of self and its relationship with family functioning in South Koreans. *Am. J. Family Therapy*, 42: 257-265.
- Momeni, K.H. and M. Alikhani, 2012. Relationship between family function, differentiation and resilience to stress, anxiety and depression in married women in Kermanshah. *J. Counseling Psychotherapy Family*, 3: P15-P25.
- Waller, M.A., 2001. Resilience in ecosystemic context: Evolution of the concept. *Am. J. Orthopsychiatry*, 71: 290-297.