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The family processes, family content and adolescence emotional problems

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Abstract

The purpose of this study was to compare the emotional profile of children in different family types based on the family process and content model (FPC Model). The research was conducted at 8 high schools with 496 students. In addition, questionnaires were self-report family process scale (SFP Scale), self-report family content scale (SFC Scale) and depression, anxiety and stress scale (DASS). Generally in this research, significant results concerning the effects of family process and family content factors on the depression, anxiety and stress levels of students were obtained.

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1. Introduction

1.1. Stress, Anxiety and Depression :

Stress on the basis of Dorand and Barlow description (1997) occurs when one can not compromise with some situations and this condition makes some problems in him like headaches or digestive problems. This situation occurs when individual feels that if he had enough time or any one helped him, he could overcome on this situation. Mental stress has some signs like mental stresses feeling and lack feeling .

Different viewpoints bring in determining and describing anxiety disorder. For example Dadsetan (2007) described anxiety as a painful Feeling together with socking situation or with danger expectation that depends on undetermined things. In this matter; Dorand and Barlow (1997) describe anxiety as a mental feeling that one feels he can't encounter with danger and can't control it. It is seldom that anxiety does not occur in adolescence age. Sometimes this anxiety occurs suddenly, or occurs gradually.

Dadsetan (2007) revealed that careful description of depression that all people accept it is not easy, and described depression in child and youth are not the same and doesn't have the same meaning. On the basis of Dorand and Barlow's (1997) discussion in depression, one feels that he has no control on his around environment; it means that he feels that he is always in danger and cannot control it. In adolescence, Depression is different in primary,

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middle and end of this period. Presented problems in the middle of this period are close to adult people (Dadsetan, 2007).

The Family and its effects

Family is the first and more important mankind structure; because most people born in family and bring up there so this structure is the source of experiences, feelings, recognitions and understanding the surrounding world for them (Sadeghzadeh, 2006).

According to the Family Process and Content Model (FPC Model), family as a system has three dimensions: family process, family content and family social context. In FPC Model, the family process refers to the functions that organize the family. These organizational functions include family ability to adjust with new needs and adapt with new conditions. In other words, the family process involves all executive functions that apply by family members during life to manipulate events.

The family content refers to the quality level of family in health (physical and mental) and the family members' demographic factors. The social context involves belief's system that a family holds. According to the FPC Model, the quality level of family process and family content depends on this system (social context). In the FPC Model, the efficacy and importance of the family processes and family content are determined by social context. In this model individualism and collectivism are the two main forms of social context (Samani, 2005).

Some researchers tried to clarify the effect of family factors on the quality of mental health. Hsu (1998) showed that sex and dependence on father are two anticipating factors for apprehension in adolescence age. Also; family's religious orientation, dependence on father and mother and social back- ground affect an each dimension of apprehension. Some researchers showed that family cohesion and flexibility have more influence on combining children entity (Jowkar and Rhimi, 2008), youth self-esteem (Bloom and Dawson, 1991) an the basis of Sadeghzadeh (2006) research; anxiety and depression have meaningful relation to family's communication and friendship lout both structure have positive relation to friendship and negative relation to communication. In Morouk's study (as cited in Rapee, 1998) the reverse relation between self-esteem and depression is showed. Helsen, Vollebergh and Meeus (2003) revealed that parent's support well anticipate feeling problems in youth and teenagers than any psychological concepts .

Fitzpatrick (2004) investigated the effect of family relation patterns on its psychological results. He revealed the negative relation between apprehension and depression. Haung (1999) showed that there is negative relation between the value that a father believes in his child and depression. Bloom and Dawson (1991) believed that family factors affect child's self-fertilization that remains with him in his adult age.

For example children that were in a separated family in childhood have weak self- fertilization because of low availability to financial support, unsuitable support, and low attention from school's teachers so; they are vulnerable against depression. Adolescence that has joint family has greater mental health and show lower depression anxiety and stress (Samani, 2002). Brodsky (2000) claimed that family religious orientation also can change their member's life by four mechanisms: apparent form, internal values, religious works and god grace . Some studies showed that religious view has negative relation to depression, anxiety and stress. Religiosity was as best anticipator of anxiety and feeling and faith were as best anticipator of depression and quarrelling (Sharifi, Mehrabizade and Shokrkon, 2004).

Past investigations showed that family content influences on the amount of children's psychological problems. Bor et al. (1997), showed that low family's income encounter children on psychological problems. Bad body health because of causing problems in doing social works; place each one anxiety. Mandra and moray (2000), Showed that currant present of father and mother at home has negative relation to the amount of adolescence self-esteem especially in boys (Bloom and Dawson, 1991).

2. Method

The participants of the study include 494 high school students of 2008-2009 academic year (216 boys and 278 girls) that sampling method was multi stages stratified random sampling. Participants' ages ranged from 14 to 18, with a mean age of 16.2 (SD=2.8). All participants filled out three scales: 1. self-report family process scale (SFP Scale) composed of 43 items with a 5-point scale form 1 (strongly disagree) to 5 (strongly agree). This scale includes 5 factors, each composed of between six to twelve items. These factors are decision making and problem

solving, communication skills, coping strategies, family cohesion/respect and family religious orientation. The validity of each factor was determined as α validity coefficient that was .95, .83, .87, .84 and .81 for decision making and problem solving, coping strategies, family cohesion/respect, communication skills and family religious orientation, respectively. The convergent reliability study demonstrated as $r=.56$ between this scale and Family cohesion scale (Samani, 2002); 2. Self-report family content scale (SFC Scale) composed of 39 items with a 5-point scale forms 1 (strongly disagree) to 5 (strongly agree). This scale includes 7 factors, each composed of between six to twelve items. These factors are job and education, time of being together, financial resources, physical appearance and social prestige, physical and mental health, space of living and educational facilities. Its validity was determined to be $\alpha=.70$ and convergent reliability study demonstrated as $r=.71$ between this scale and family needs scale (Samani, 2002); 3. Depression, anxiety, and stress scale (DASS). Composed of 21 items with a 4-point scale form 1 (most of the time I feel so) to 4 (never I feel so). This scale includes 3 factors, each composed of seven items. These factors are stress, anxiety and depression. Its factors (depression, anxiety and stress) α validity coefficient were .87, .75, and .85, respectively (Samani and Jowkar, 2008).

After scoring the scales of each participant, our data were analyzed by SPSS program in Linear Multi Regression Analysis and its significance figure was accepted to be 0.001.

3. Findings

Multiple regressions analysis was used to explore the predictive vigour of family process and content dimensions in some emotional disorders such as stress, anxiety and depression. When we look at table 1, there are three significant predictors for stress.

Those are decision making and problem solving skill, and communication skill.

Table1. Multi regression analysis of process factors for stress

Predictor Variable	B	t	P<	R ²	F	P<
decision making and problem solving skill	.26	4.95	.001			
coping strategies	.02	.26	N. S			
family cohesion/respect	.04	.69	N. S	.20	24.91	.001
communication skill	.27	4.58	.001			
family religious orientation	.42	1.24	N. S			

The see in table 2 revealed that dimensions,

making and problem solving skill and communication skill are the significant predictors for anxiety and depression in adolescences, too. Also, the coping strategies can predict depression, significantly (Table 3).

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Table2. Multi regression analysis of process factors for anxiety

Predictor Variable	B	t	P<	R ²	F	P<
decision making and problem solving skill	.18	3.62	.001			
coping strategies	.08	1.07	N. S			
family cohesion/respect	.002	-.04	N. S	.11	12.50	.001
communication skill	.20	-3.49	.001			
family religious orientation	.006	.19	N. S			

Table3. Multi regression analysis of process factors for depression

Predictor Variable	B	t	P<	R ²	F	P<
decision making and problem solving skill			.001	.25	32.27	.001

	.28	5.19	
coping strategies	.18	2.27	.05
family cohesion/respect	.003	.04	N. S
communication skill	.17	2.71	.01
family religious orientation	0	.02	N. S

According to results that showed in Table 4, time of being together, physical and mental health, physical appearance and social prestige and educational facilities (subscales of SFC Scale) are significant predictors for stress.

Table4. Multi regression analysis of content factors for stress

Predictor Variable	B	t	P<	R ²	F	P<
job and education	.05	1.03	N. S			
time to together	.10	2.33	.05			
financial resources	.05	1.38	N. S			
physical appearance and social prestige	.15	3.25	.001	.19	16.72	.001
physical and mental health	.11	-2.89	.01			
space of living	.03	1.17	N. S			
educational facilities	.10	3.10	.01			

The results regressions that for significant

of multi demonstrate anxiety the content

predictors are parents' job and education, physical appearance and social prestige, and educational facilities (Table 5). When we look at table 6, we can see that Physical and mental health, physical appearance and social prestige, and educational facilities predict depression in adolescence, significantly.

Table5. Multi regression analysis of content factors for anxiety

Predictor Variable	B	t	P<	R ²	F	P<
job and education	.09	.05	.05			
time to together	.07	.09	N. S			
financial resources	.04	.30	N. S			
physical appearance and social prestige	.16	.001	.001	.12	9.75	.001
physical and mental health	.06	.102	N. S			
space of living	.05	.105	N. S			
educational facilities	.06	.05	.05			

Table6. Multi analysis of for depression

regression content factors

Predictor Variable	B	t	P<	R ²	F	P<
job and education	.07	1.30	N. S	.23	20.26	.001
time to together	.08	-1.85	N. S			
financial resources	.07	1.63	N. S			
physical appearance and social prestige	.24	4.76	.001			
physical and mental health		2.12	.05			

	.08		
space of living	-	-	N. S
	.05	1.48	
educational facilities	-	-	.001
	.13	3.73	

4. Concolusion and Discussion

In Sum, family has important role in the level of mental health of family members and adolescence emotional problems. Past investigations showed that family content is an effective variable to determine the level of children's psychological problems. Bor et al. (1997), revealed that low family's income encounters children on psychological problems. Bad body health because of causing problem in doing social works; place each one anxiety. Mandra and moray (2000), Showed that currant present of father and mother at home has negative relation to the amount of adolescence self-esteem especially in boys (Bloom and Dawson, 1991).

Adolescence that has joint family has greater mental health and show lower depression, anxiety and stress (Samani, 2002). Brodsky (2000) claimed that family religious orientation also influences on their member's life by four mechanisms: apparent form, internal values, religious works and god grace. Studies showed that religious view has negative relation to depression, anxiety and stress. Religiosity is as best anticipator of anxiety and feeling and faith as best anticipator of depression and quarrelling. (Sharifi, Mehrabizade and Shokrkon, 2004).

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