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The Relationship Between Family Communication Patterns and Mental Health

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Abstract

The purpose of this study was to examine the relationship between family communication patterns and mental health. The sample of this study includes 114 students from Shiraz high schools. The measurement tools were General Health Questionnaire (Goldberg , 1972) and family communication patterns (Fitzpatrick & Ritchie, 1994) . Alpha Cronbach was calculated to determine the reliability of the questionnaires. Data was analyzed by regression and correlation. The result shows a significant relationship between mental health and communication patterns and the dimension of conversation was a good predictor for the mental health. But the conformity dimension of family communication patterns does not predict the mental health of children.

Introduction

All communities seek for mental health and happiness for their members. To achieve this goal, the effective factors for psychological health and adjustment have to be identified, as much as possible. One of these factors is family and the communications among its members. Generally speaking, the communications among family members have always been considered as an aspect of major interpersonal relationships to realize the dynamics affected by family relationships. For instance, Richards and Frankel (1990) state that, as compared with the families that have some problems with their children, optimal families hold much opener and more comfortable communications among the members and family members find opportunities to express themselves. This study has been carried out to reveal the significance of family communication patterns and mental health as well as the effects they may have on personal and social life. The identification of these patterns helps us realize some aspects of family functions. Indeed, the identification of family communication patterns and styles, as well as their description will help us predict and explain the function of families and the related prescriptions and advices. Researchers have tried to identify and classify the family communication patterns. Fitzpatrick and Richie (1994) reconceptualized the work primarily accomplished by Macleod and Chaffee and identified two fundamental dimensions of conversation orientation and conformity orientation in the family communication patterns. Conversation orientation has been defined as: "the extent to which the families provide the grounds where family members are encouraged to act freely and comfortably in their interactions, discussions and communications on a wide range of issues (Koerner and Fitzpatrick, 1997).

Conformity orientation is "the extent to which the families emphasize on the similarity of attitudes, values and beliefs". A combination of these two dimensions forms four family communication schemas that are called family

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communication patterns (Koerner and Fitzpatrick, 1997). Each pattern describes a certain type of families. These four patterns or four family types are produced by a combination of low or high situations on a 2-dimentional continuum of conversation orientation and conformity orientation and they include consensual families, pluralistic families, protective families, and lessez-faire families. Consensual families obtain high scores on both dimensions of conversation orientation and conformity orientation. They try to put a great emphasis on agreeing with each other, even when they are encouraging one another to express different ideas. Pluralistic families gain a high score in conversation orientation, but a low score in conformity orientation. Among the features of these families, one can refer to open, free and comfortable communications and being emotionally protective. Protective families gain a low score in conversation orientation, but a high score in conformity orientation. These families can be recognized by their overemphasis on conformity with parents and obeying them. Moreover, the members of these families avoid open disagreements and conflicts by the evident obedience of the authority of the parents.

The term of "mental health" means physical and emotional welfare, and the absence of mental disease. This concept refers to the abilities of an active, perfect and flexible life in confronting the pressures and tensions in the life. In many aspects, family is a unique texture for helping the adjustment of mental health, and the most important environment that contributes to physical and mental health of its members (woodo, 1996). The ways of family communications and the methods in which the family members express their ideas and feelings are considered to be one of the most significant factors that influence the psychological health of family members and their functions (Noller and Fitzpatrick, 1993; cited in Koerner and Fitzpatrick, 2002).

Anxiety is one of the most prevalent psychiatric disorders that can cause disorders in the adolescents in learning and reciting abilities and relating the issues with each other (Atkinson & Hornby, 2002). Several studies show negative relationships between understanding the individual with regard to conversation orientation and anxiety (Gudy Kanest, Nishida, 2001; Vittengl & Holt, 1998; cited in Kooroshnia, 2006) and social anxiety (Reno, Kenny, 1992; Duronto, Nishida, Nakayama, cited in Tajali, 2007). The findings of Huang (1999) on the dimensions of family communications patterns and personal traits of 196 university students with average age of 21, show that self-esteem has a positive and significant relationship with conversation orientation, and a negative relationship with conformity orientation. The findings show a negative relationship between self-esteem and anxiety, depression, aggression (Mruk, 1995, cited in Huang, 1999) educational wastage and drug addiction (Huang, 1999).

Depression is another indicator of mental health that is being developed worldwide. This disorder is related with school problems, losing the job, disappointment and suicide (Beck, Steer, Brown, 1985, cited in Ciarochi et al, 2002, cited in Tajalli, 2007). The results of studies on the relationship between conformity orientation and depression do not match. Some studies show a negative relationship between conformity orientation and depression (Koerner & Fitzpatrick, 1997; Higgenz, 1987, 1989, cited in Koerner and Fitzpatrick, 1997 cited in Tajalli, 2007).

Physical symptoms are another indicator of mental health. For this indicator, physical symptoms that an individual has experienced during the past month are being investigated (Taghavi, 2001). The evidences show that the health of an individual is being widely influenced by social stimuli (House et al, 1994, cited in Wickerma et al, 2001, cited in Tajalli, 2007). The beginning of acute diseases such as hypertension (House et al, 1994 cited in Wickerma et al, 2001), disorders in immune system of body (Herbert et al, 1994, cited in Wickerma et al, 2001; Santick, 1999), health disorders (Delongis, Folgman, Lazaros, 1998, cited in Santick, 1999) and asthma disorder and chronic cold (Cohen, Tyrell & Smith, 1991, cited in Santick, cited in Tajalli, 2007).

1. Method.

The research method is a descriptive study using correlation that assesses family communication patterns and mental health.Statistical population of this study includes high school students of Shiraz. The sample of this study

includes 114 individuals that have been sampled from two classes of three high schools by a cluster random sampling and the questionnaire is given to them and then collected and statistically analyzed.

2. Instrumentation

To measure the dimensions of family communications patterns or, in other words, conversation orientation and conformity orientation, the revised tools of family communication patterns (Fitzpatrick & Ritchie, 1994; Ritchie, 1991; Ritchie & Fitzpatrick, 1990, cited in Koerner & Fitzpatrick, 2002) have been used. This tool is a self-rating questionnaire that deals with the degree of agreement and disagreement of the respondents with 26 7-scale statements on the status of family communication. The reliability of this tool has been focused in many studies. Subscale of conversation orientation has always showed a higher reliability, compared with conformity orientation. For conversation orientation, the value of Chronbach's α scale has been 89% in 5 studies. And it has been in the range of 84%-92% for conversation orientation.

General Health Questionnaire (GHQ) has been invented by Goldberg (1972) and it has been aimed to design, discover and identify mental disorders in several centers and environments. The questions of this questionnaire investigate the mental status of an individual during the past month and it includes symptoms such as abnormal thoughts and feelings and aspects of tangible behavior. Yazdanpanah (1996) obtained the value of the reliability of GHQ using internal consistency method and Chronbach's alpha coefficient of 84% (Alavi, 2002).Also, Shamason et al (1986) obtained the reliability coefficient of 93% in India. In this study, the reliability coefficients waere estimated to b

3.Finding

To study the descriptive data of the variables, first the mean and standard deviation, minimum and maximum value of variables and dimensions have been obtained and demonstrated in the following table.

Table1. Mean and SD of variables and their dimensions

Variables	Number	Min	Max	Mean	SD
Communicative Patterns	114	22	95	56.52	1.37
Mental Health	114	4	80	50.12	1.66
Conformity Orientation	114	0	41	18.92	09.62
Conversation Orientation	114	3	60	37.60	1.26
Physical Symptoms	114	0	21	13.21	5.02
Anxiety	114	0	21	12.14	5.12
Social functioning	114	1	20	11.36	3.57
Depression	114	0	21	13.41	6.37

Table2. The Matrix of Variables & Their Dimensions Correlation

Variables	1	2	3	4	5	6	7	8
1.Communicative Patterns	1							
2.Mental Health	0.71	1						
3.Conformity Orientation	0.455**	0.255*	1					
4.Conversation Orientation	0.377**	0.247**	0.267**	1				
5.Physical Symptoms	0.082	839**	0.134	0.190*	1			
6.Anxiety	0.153	0.864**	0.218*	0.331**	0.677**	1		
7.Social	0.071	688**	0.180	0.155	0.479**	447**	1	

functioning								
8.Depression	0.031	874**	0.208*	0.144	0.592**	0.670**	0.502**	1

**P,0.001
*P,0.005

Is there a significant relationship between family communication patterns and mental health?

To study the degree of the relationship between the family communication patterns and mental health, Pearson Correlation coefficient was used and the results have been mentioned in the following table.

Table 3.The relationship between family communication patterns and mental health

Variables	Family Communication Patterns	Mental Health
Communication Patterns	1	
Mental Health	0.71	1

Considering the results observed in the above table, it can be concluded that there is a significant relationship between mental health and communication patterns.

Does the conformity of the family communication patterns predict the mental health of the children?

To study the predictability level of the conformity dimension of family communication patterns and mental health, multiple regression analysis has been simultaneously used. Several indicators resulted from regression for independent variable of mental health has been presented in the following table.

Table 4 . Predictability of the conformity dimension for mental health

Variable	B	T	P<	R	R^2	F	P<
Mental Health	0.225	2.44	016	255[a]	0.051	5.99	016[a]

The results of this table show that the conformity dimension of family communication patterns does not predict the mental health of children.

Does the conversation dimension of the family communication patterns predict the mental health of the children?

To study the predictability level of the conversation dimension of family communication patterns for mental health of children, multiple regression analysis has been simultaneously used. Several indicators resulted from regression for independent variable of mental health has been presented in the following table.

Table 5 . Predictability of the conversation dimension for mental health

Variable	B	T	P<	R	R^2	F	P<
Mental Health	0.247	2.70	0.008	247[a]	061	7.30	0.008[a]

As it can be observed in this table, the dimension of conversation is a good predictor for the mental health of children.

Do the family communication patterns predict the mental health of children?

To study the predictability of family communication patterns for the mental health of children, regression analysis was used. The data analysis is presented in the following table.

Table 6. Predictability of the family communication patterns for mental health

Variable	B	T	P<	R	R^2	F	P<
Mental Health	0.071	13.0	0.456	0.071	0.005	0.560	0.456

This table tells us that family communication patterns can not predict mental health of children.

4.Conclusion:

Family communication patterns are made of two orientations of conformity and conversation, and mental health consists of four scales of physical symptoms, anxiety, and disorder in social function.

The data was analyzed by Pearson Correlation coefficient in this study. The results of the table revealed that there is a significant relationship between mental health and communication patterns. These two variables should be investigated separately together with other issues.

Former studies on family communication patterns and the indicators of mental health show that there is a negative relationship between conformity orientation and depression (Beck, Steer and Brown, 1997, cited in Kelly et al, cited in Tajalli, 2007). However, other studies have reported a significant positive relationship between depression and conformity (Kertner, Smith, Bennett et al, cited in Kooroshnia, 2006).

The results obtained from simultaneous regression analysis for the second question and shown in the table 4 proved a negative response to the question. That is to say, the conformity dimension is not a good predictor for mental health. Since it is a value in our society to conform to the standards of parents and disregarding the values is considered as a taboo, therefore, the first variable, i.e. the communication patterns, should be studied together with other issues other than mental health.

The findings of the previous studies show that there is a positive correlation between conformity orientation and shyness. There are also evidences that show shy people are inclined toward being anxious (Ketten Kelly, 2000; Philips, 1997, cited in Kelly et al, 2002; cited in Tajalli, 2007).

To analyze the third question, simultaneous regression was used. As it can be seen in the table, this question is focused that the conversation dimension is a good predictor for mental health. This study is in conformity with the previous studies in this regard.

The former studies on the influence of family function on mental health of family members on the Iranian and Afghan families in England shows that healthy family members contact each other face to face and express their ideas. The members enjoy conversation with each other and respect the experiences of one another. These findings reveal that conversation orientation in the family can be the indicator of healthy family members and children (Moosavi, 2000, cited in Tajalli, 2007).

About question four the results obtained in this study show that although there is no relationship between communication patterns and mental health, these two issues can undoubtedly be considered in their own place. Then, we should try hard for the optimal improvement of these two components, because even if the communication patterns and mental health are two separate issues, they are significant factors in different stages of life.

Huang (1991) studied family communication patterns and the personality traits of 96 university students with the average age of 21. The findings of this study show that self-esteem has a significant positive relationship with conversation orientation and negative relationship with conformity relationship. However, the findings indicate a negative relationship between self-esteem and anxiety, depression and aggression.

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