

Family Function and Depression, Anxiety, and Somatization among College Students

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Abstract

The aim of this study was to determine the relationship between depression, anxiety and somatization among college students. The method of research was correlation. Using cluster sampling 140 college students was selected. Then family assessment device (F.A.D) and SCL-25 questionnaires administrated. Collected data analyzed using Pearson correlation coefficient. The results show that there is significant relationship between family dysfunction and depression. There is no significant relationship between family dysfunction and anxiety. There is significant relationship between family dysfunction and somatization.

Keywords: family function, depression, anxiety, somatization

Introduction

Review of research showed that about 2 percent of college students studying show symptoms of mental illness during their course of study. Some of them have mild illness and to quickly recover, however, others have severe illness such as schizophrenia or manic-depressive (Sharifi, 2003). In addition, about 10 percent of students may experience psychological symptoms that are less severe, and about 20 percent of them show transition psychological states that accompanied with physical symptom and expressed more in relation to test anxiety (Sharifi, 2003).

Psychological problems among students are including depression, anxiety, and physical building. The main and central features of depression are deep decrease desire to enjoy everyday activities such as socializing, entertainment, sports, food and sexual relations. The inability to gain pleasure and steady state is inclusive and consistent. In general, the severity of depression depends on the number of symptoms and the degree of their influence (Pour Afkare 2006). Anxiety that is no reason fear and sadness, accounted a sign of many psychological disorders that often decreased by defensive behaviors such as escape from an unpleasant situation or act as a discipline special ritual (Azad, 2008).

The symptom of somatization disorders includes multiple physical complaints those are chronic or reversible. Nausea and vomiting, difficulty swallowing, pain in hands and feet, shortness of breath with without in relation to movement, dementia and complications of pregnancy and menstruation are the most common symptoms of these patients. These patients explain their complaints with excited and exaggerated manner ((Pour Afkare 2006).

The family function is an important aspect of family environment that affect children physical, social and emotional health. In fact what happened within the family and how it function can be a key factor in building resilience and reducing the current and future risks

Associated with adverse events and inappropriate conditions. The stimulating and nurturing environment enables the child to learn and make progress. In contrast, the dysfunctional family environment can be harmful for many aspects of child growth and positive transition to adulthood (Silborn and et al, 2006).

Functionality is that what degree the patterns of family are effective and useful on achieved their goals. Dysfunctional family points to no useful Family patterns and interactions with stress and disease behavior. (Mousavi, 2004). McMaster model categorized family function in seven categories that include: problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, public effectiveness (Najarian, 1995).

There is a relationship between poor family function and children's physical symptoms, anxiety, sleep disturbances, depression and impaired social functioning (Fattah Zade, 2009). Family problems can lead to fail in school and education, social disintegration and social alienation, and alcohol and drug use (Committee on Government Service Provision, 2007, quitted Valker and Sheferd, 2008). Optimal family functioning is a concept that directly impact on the needs, goals, life satisfaction and emotional ties of family (Miller, Rayan, Kittner and et al, 2000).

In university environment, among the variables that can affect students' psychological health is a family function. Therefore, in this research the relationship between family function and depression, anxiety, and somatization are studied. The research of Salary (2001) showed that there is direct relationship between depression symptoms and family dysfunction.

Saiady(2002) showed that there is relationship between family function and all scales of SCL90. Lashkari (2004) found that individuals who reported own family function better their general mental health status was better. Jafari, Sadri and Fathi Agdam (2005) in their research concluded that there is significant relationship between family function and mental health of students.

College students are important part of society that their psychological problems can decrease their mental energy and tolerates sever cost to social, as result damage social and it's economic. Thus, attention to psychological problems of students and identify variables associated with psychological problems, can step in to provide mental health collage students.

Methodology

The method of study is correlation.

Population: statistical population of this study was all students of Islamic Azad University of Karaj Branch in school year of 88-89.

Sample and sampling: sample of this study was 140 students that were selected using cluster sampling.

Instruments: Two questionnaires were used in this research:

A: Family Assessment Device (F.A.D)

Family Assessment Device developed to measure family functioning based on McMaster model by Natan B. Epstein, Lawrence M. Baldwin & Duane S. Bishop. This questionnaire has 45 items that scored from 1 to 4 named 1 = strongly disagree, 2 = agree, 3 = disagree, strongly disagree = 4. Low scores shows health function of family. Alpha Cronbakh for subscales of this questionnaire are between 0/72 to 0/92(Karimi Bavrsad 2010).

B: SCL-25

This questionnaire is common in psychopathology. And has high correlation with SCL90 (Najarian and Davoodi, 2001). This questionnaire scored 0 to 4. Validity of questionnaire is 0/97 for female and 0/98 for male.

Data analysis: Pearson correlation coefficient was used to analysis of data.

Findings

Table1: descriptive indicators of research variables

variables	mean	Standard deviation	N
Family function	30/133	19/33	140
Depression	1/12	0/962	140
Anxiety	1/34	0/833	140
somatization	1/29	0/787	140

Table1 show descriptive indicators of research variables such as mean and standard deviation.

Table2: correlation coefficients between family function and depression, anxiety and somatization

	depression	anxiety	somatization
Family function	0/376**	0/144	0/286**
sig	0/01	0/09	0/01

** correlation is significant at 0/01 level

First hypothesis: there is relationship between family function and depression.

Table 2 shows that correlation coefficient of family function and depression is significant. So, we can conclude that there is significant relationship between family function and depression. Because the high score in family function questionnaire indicate no healthy family function. Therefore, no healthy family function is correlate with depression.

Second hypothesis: there is relationship between family function and anxiety.

Table 2 shows that correlation coefficient of family function and anxiety is no significant. So, we can conclude that the relationship between family function and anxiety is no significant.

Third hypothesis: there is relationship between family function and somatization.

Table 2 shows that correlation coefficient of family function and somatization is significant. So, we can conclude that there is significant relationship between family function and somatization. Because the high score in family function questionnaire indicate no healthy family function. Therefore, no healthy family function is correlate with somatization.

Conclusion

Results showed that the relationship between family dysfunction with depression and somatization is significant. But the relationship between family dysfunction and anxiety is not statistically significant. College students experience much Stress because of school activities, financial pressures; lack the necessary skills to deal with the lack of time. Excessive pressure and stress among college students often lead to education failure fail, unemployment, health

problems, poor performance, dropout, and in some cases even lead to suicide (Akhavan Tafti and Vali zade, 2006).

To explain this research results can be noted to McMaster model about family function that every extent family have better function in implementation of own functions such as roles, sex, controlling behavior, emotional accompaniment the same extent it can be effective in decreasing behavior problems, marital satisfaction and strengthening adaptive and normative behavior.

With regard to research findings much of individual problems, started from family or end to family. The criterion of functionality in family is not that stress, conflict, and problem no exists, but is that family what extent able in realization of tasks and functions that in turn depends on the structure and adjustment ability of family.

Researchers have shown that family function is effective on improving quality of life and increasing individual health level in community. It also is effective on decreasing family problems, increasing life satisfaction, creating hope, and improving life skills. By improving family function can increase general health of children and prevent from mental and physical disorders of them. Good family function can help members to cope with stress and inappropriate conditions. Disorder in family function make members confused, worry and relational problems and treat member health. In fact, what happened in family and the way of it function is key on flexibility and adopt with difficult conditions and situations. In families with good function, problem solving occurred appropriate; roles and responsibilities are clear and flexible; communications are direct and verbal communication is consistent with the symptoms of the face and body language; emotional accompanied and appropriate supervision is exist; and conflicts posed and resolves. All of these dimensions and characteristics educable and with training them can enhance family function and decrease psychological problems of students.

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