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THE RELATIONSHIP

BETWEEN FAMILY FUNCTIONING, SELF-IDENTIFICATION AND MENTAL HEALTH OF FEMALE HIGH SCHOOL STUDENTS IN KARAJ

LA RELACIÓN ENTRE EL FUNCIONAMIENTO FAMILIAR, LA IDENTIFICACIÓN PERSONAL Y LA SALUD MENTAL DE ESTUDIANTES FEMENINOS DE LA ESCUELA SECUNDARIA EN KARAJ

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ABSTRACT

This study was conducted aimed at examining the relationship between family functioning, identity and mental health of second and third grade female high school students. The sample consisted of 200 female students of Karaj city who were selected by cluster sampling from the statistical population. Subjects responded to GHQ, FAD and Ahmadi's existential crisis questionnaires. Data were analyzed using correlation coefficient and regression analysis and the hypotheses were tested. Based on the results, it was found that there was a significant positive relationship between family functioning and mental health, between self-identification and mental health, as well as between family functioning and mental health of female students (p = 0.01). In addition, the results of regression analysis indicated that family functioning and self-identification together explained about 50% of the variance in mental health of female students. The limitations of this study were the subject's loss and the degree of confidence in their answers, because the study was conducted using the questionnaire and had the same limitations as all the studied with questionnaire. According to the results of this study and previous ones, some students had a low mental health and their mental health played a very significant role in their academic performance and daily life. So school authorities were recommended to adopt programs to improve the mental health of students by improving family functioning. Moreover, families were recommended to take steps to improve family functioning given the impact of the family on individuals' mental health and to increase family efficiency by participating in family enrichment programs.

Keywords: Family functioning, self-identification, mental health, adolescents.

RESUMEN

Este estudio se realizó con el objetivo de examinar la relación entre el funcionamiento familiar, la identidad y la salud mental de las estudiantes de secundaria de segundo y tercer grado. La muestra consistió en 200 estudiantes de la ciudad de Karaj que fueron seleccionadas por muestreo de conglomerados de la población estadística. Los sujetos respondieron a los cuestionarios de crisis existencial de GHQ, FAD y Ahmadi. Los datos se analizaron utilizando el coeficiente de correlación y el análisis de regresión y se probaron las hipótesis. Con base en los resultados, se encontró que había una relación positiva significativa entre el funcionamiento familiar y la salud mental, entre la autoidentificación y la salud mental, así como entre el funcionamiento familiar y la salud mental de las estudiantes (p = 0.01). Además, los resultados del análisis de regresión indicaron que el funcionamiento familiar y la autoidentificación juntos explicaron alrededor del 50% de la variación en la salud mental de las estudiantes. Las limitaciones de este estudio fueron la pérdida de los sujetos y el grado de confianza en sus respuestas, porque el estudio se realizó utilizando el cuestionario y tenía las mismas limitaciones que todos los estudiados con el cuestionario. Según los resultados de este estudio y los anteriores, algunos estudiantes tenían una salud mental baja y su salud mental desempeñaba un papel muy importante en su rendimiento académico y en su vida diaria. Por lo tanto, se recomendó a las autoridades escolares adoptar programas para mejorar la salud mental de los estudiantes mejorando el funcionamiento familiar. Además, se recomendó a las familias que tomaran medidas para mejorar el funcionamiento familiar dado el impacto de la familia en la salud mental de las personas y para aumentar la eficiencia familiar al participar en programas de enriquecimiento familiar.

Palabras clave: Funcionamiento familiar, autoidentificación, salud mental, adolescentes.

INTRODUCTION

Today, in most societies, human life has faced with tremendous changes in all aspects the reflection and nature of which are very tangible in personal and social life. At the same time, the health of individuals, especially their mental health, which is of a specific complexity, has undergone the most transformation than the other aspects of life, and the family structure that has had a significant impact on the mental health of family members has evolved and taken various roles (Jafari, 2006). The family plays a part in the mental health of individuals and society to the extent that some scholars such as Akerman (1998, quoted by Sanai (2003), hold that the family is of a healing nature. According to Akerman, the healing nature of the family as a natural phenomenon includes all processes that occur by itself within the family to heal.

In many studies, it is suggested that adolescents who have had childhood experiences in unfavorable family environments have demonstrated Social and behavioral abnormalities during their later growth period. During this period, adolescents have different needs such as self-identification, understanding their existential value, self-awareness, emotional independence from the family, establishing healthy relationships with others, and acquiring the necessary skills in dating (Shoarinejad, 1998). Such needs are met in a warm and satisfying family environment. In fact, it is the family that provides the mental health of adolescents.

Adolescents must first have a healthy ego in order to enjoy mental health in the family. Ego is the most important psychological element in identity development that is associated with other social, cultural, emotional, and intellectual elements. For example, Erikson (1966), defines the identity of ego mentally, in which there is a kind of homogeneity to the methods of ego integration, and these methods are effective in maintaining ego homogeneity and its meaning for others. In his view, identity is considered as a perception of the ego that is a coherence between the experiences of past, present and future.

Adolescence is one of the most challenging, the most stressful, the most attractive and at the same time the most problematic seasons of life for adolescents, parents, teachers, and community health professionals. At the same time, it is a period with the best joy, fun, excitement, idealism, and optimism, during which the adolescent achieves the pleasure of autonomy, independence, intimacy, and planning for the future and reaches the peak of physical, emotional, and mental development (Khodayarifard & Abedini, 2007).

Adolescents are ready to accept important mood changes. Parents and educators should recognize these traits and treat adolescents appropriately. They need to know that adolescents are trying to break free from the constraints imposed by older members of the family, school, and community so that they can make their own decisions and that they seek to express their identity.

Parents should be aware that family is always known as a harbor in the lives of most adolescents. Less adolescent crises will be observed if parents order less, impose their comments less, and provide strategies more than ever so that they can share their power with adolescents. Adolescents who find their parents always present on the scene and feel they can rely on them grow better and have a healthier mentality (Ganji, 2010).

As an adolescent, people realize that there is a gap between what they think and feel and how they behave. They criticize their personal characteristics and compare themselves with others using intellectual skills (Berck, 2001).

In fact, adolescents are constantly trying to gain identity. Identity is shaped on the basis of confirmation or rejection, childhood imitations by adolescents, and the historical and social conditions that motivate the individual to follow specific criteria (Erikson, 1982). For Marcia, identity is an internal, spontaneous and dynamic entity that is rooted in one's past tastes, abilities, beliefs, and experiences (Ahadi & Jamhari, 1999).

Most studies have attributed the largest share to the family among the determinants of behavior. Perhaps this is because the family is the first learning environment that individuals experience and there is a direct relationship between the richness and content of what they learn and function and content of the family environment (Eshtinn, Balldowin & Bishab, 1983).

The family is the first founding body of personality, values, and intellectual standards that is largely involved in the fate and lifestyle of people in the future and their morality and mental health largely depend on it (Ahadi & Mohseni, 1999; quoted by Yousefnejad, 2007).

MATERIALS AND METHODS

Sampling was done by cluster sampling method, so that some schools were selected from high schools in Karaj and some classes from each school and questionnaires were distributed among them.

The study population consisted of all female second and third grade high school students in Karaj in during 2011-2012. The tool was a 60-item questionnaire that was developed to measure family functioning according to the

McMaster Model of Family Functioning. This model reflects the structural, occupational, and interactive characteristics of the family and identifies six aspects of family functioning. These aspects include problem solving, relationship, roles, emotional companionship, emotional involvement, and behavior control. So the family assessment tool consisted of six subscales to measure these aspects, in addition to a seventh subscale related to overall family functioning.

The 28-item General Health Questionnaire was developed by Goldberg & Goldberg (1979), including 4 sub-scales with each scale of 7 questions. The scales are:

- Physical symptoms.

- Symptoms of Anxiety and Sleep Disorders.

- Social function.

- Symptoms of depression.

The Ahmadi's existential crisis questionnaire consisting of 14 categories assessing different aspects of the existential crisis was used to measure identity. Taken together, these aspects illustrate the extent of a person's overall existential crisis. The existential crisis has various aspects that were collected and studied by Ahmadi from various sources and eventually came into these 14 categories.

Data analysis was performed using SPSS 16 software. In order to test the hypotheses, the data were analyzed using inferential statistics tests (one-way ANOVA, Pearson correlation test, and Multivariate Regression test).

RESULTS AND DISCUSSION

Descriptive indicators of variables including mean and standard deviation can be seen in Table 1.

Table 1. Descriptive Indicators of variables.

Standard deviation	Mean	Maximum	Minimum	Variable
7.0721	1.3229	196	81	Family functioning
7.66276	12.0812	31	0	Self-identification
16.20581	29.3711	73	6	Mental health

The first hypothesis

There is a correlation between family functioning and mental health of female students.

According to Table 2, there was a significant correlation of 0.506 between family functioning and mental health at the significance level of 0.01. As a result, the first hypothesis was confirmed and it could be said that there was a significant positive correlation between family functioning and mental health of female students.

Table 2. The correlation between family functioning and mental health.

Mental health	Variables
0.506 0.01 200	Family functioning Significance level Sample size

The second hypothesis

There is a correlation between the components of family functioning and mental health of female students.

According to Table 3, there were significant correlations of 0.267, 0.225, 0.391, 0.398, 0.381, 0.358, between the components of family functioning (problem solving, relationship, roles, emotional companionship, emotional involvement, and behavior control) and mental health, respectively at the significance level of 0.01. As a result, the second hypothesis was confirmed and it could be said that there was a significant positive correlation between the components of family functioning and mental health of female students.

Table 3. The correlation between the components of family functioning and mental health.

Overall functioning	Behavior control	Emotional involvement	Emotional companionship	Roles	Relationship	Problem solving	Variables
0.468 0.01	0.359 0.01	0.3810.01	0.398 0.01	0.391 0.01	0.275 0.01	0.267 0.01	Mental health Significance level

The third hypothesis

There is a correlation between self-identification and mental health of female students.

According to Table 4, there was a significant correlation of 0.687 between self-identification and mental health at the significance level of 0.01. As a result, the third hypothesis was confirmed and it could be said that there was a significant positive correlation between self-identification and mental health of female students.

Table 4. The correlation between self-identification and mental health.

Mental health	Variables
0.687 0.01 200	Self-identification Significance level Sample size

The fourth hypothesis

Family functioning and self-identification of female students predict their mental health.

According to Table 5, the multivariate correlation coefficient was 0.712 and their squared was 0.507, indicating that family functioning and identity explained about 50% of changes in mental health.

Table 5. Multivariate correlation and its coefficient in regression analysis.

Standard error of the estimate	R-squared	R	Model
11.70052	0.507	0.712	1

The F test (analysis of variance) was used to evaluate the significance of the R-squared the results of which are given below:

Table 6. Analysis of variance in multivariate regression.

Significance level	F	Mean squares	Degrees of freedom	Sum of squares	Sources of variation	Model
0.01	89.018	12186.819 136.902	2 173 175	24373.63 23684.084 48057.722	Regression Remainder Total	1

Table 6 indicated that the calculated F was significant. The standardized beta coefficient was estimated to assess the contribution of each variable in predicting mental health according to Table 4.7 indicating that a unit change in the mentioned components was equivalent to how much change in mental health.

According to Table 7, the family functioning beta was 0.169 indicating that one unit change in family functioning score was equal to 0.169 unit change in mental health score. The identity beta was 0.605 indicating that one unit change in self-identification score was equal to 0.169 unit change in mental health score.

Table 7. Standardized beta coefficients to assess the contribution of each variable.

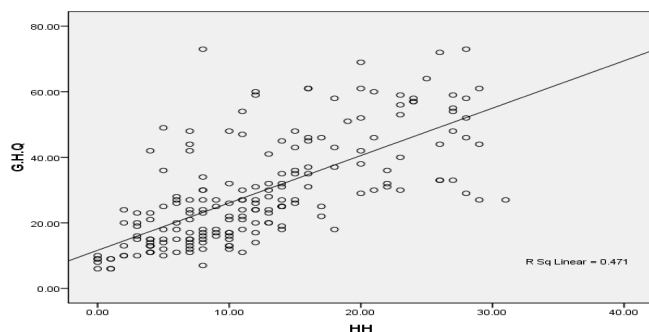| Significance level	T	Beta	Standard error	B	Model
0.009 0.01	64.2 9.44	0.169 0.605	0.052 0.138	0.138 1.307	عملکرد خانواده هویت یابی

Figure 1. Regression line of the correlation between self-identification and mental health.

According to Figure 1, as the mean scores of identity crisis in the subjects increased, the mean mental health scores also increased.
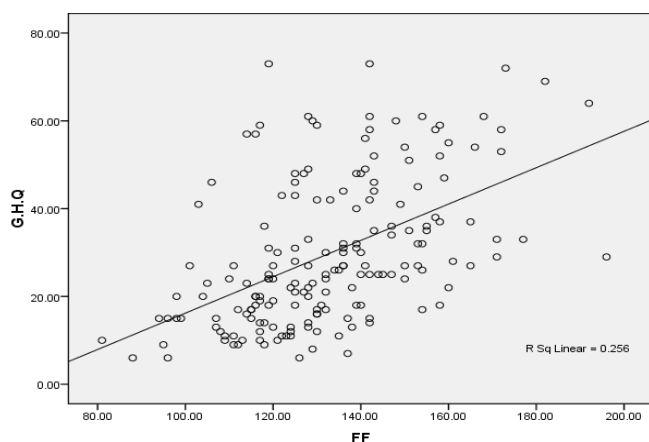

Figure 2. Regression line of the correlation between family functioning and mental health.

According to Figure 2, as the mean scores of family functioning in the subjects increased, the mean mental health scores also increased.

CONCLUSIONS

In general, there was a significant correlation between family functioning and mental health. Better-functioning families had no problem in the relationship between family members, expressing affection and respect among members, and hierarchies of power in the family. In fact, these features were aspects of mental health. As a result, it was predicted that families with better functioning would also have higher mental health. In addition, the results indicated that there was a correlation between self-identification and mental health.

This result was consistent with those of studies by Pasha and Gol Shokoufe (2003); Berzonsky (2004); Rajabi,

Chahardouli & Atari (2007); Jomenia (2008); and Rajai, Bayazi & Habibipour (2009), indicating that the better self-identification by students, the higher mental health of them.

According to the results of this study and previous ones, some students had a low mental health and their mental health played a very significant role in their academic performance and daily life. So school authorities were recommended to adopt programs to improve the mental health of students by improving family functioning.

Moreover, families were recommended to take steps to improve family functioning given the impact of the family on individuals' mental health and to increase family efficiency by participating in family enrichment programs.

Families and school authorities are suggested to increase their awareness of the characteristics and problems of adolescence and identity crisis.

Counselors are advised to address the problems raised by raising awareness of the characteristics of adolescence and enhancing their skills in holding workshops and training classes.

In addition, it is recommended that this study be conducted on a group of boys and the results be compared.

Further studies are recommended to control variables such as socio-economic level and so on.

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