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The Relationship Between Family Functioning and Psychological Symptomatology in Married Couples

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Abstract

The aim of the study is to investigate the relationship between family functioning and psychological symptomatology in married and divorcing couples. Previous studies indicate that family functioning affect psychological symptomatology. The sample consisted of 100 married and 103 divorcing individuals. The personal information form, the Family Functioning Device (FAD), and the Short Symptom Checklist (SSC) was used for data collection. Results of the linear regression analysis showed that family functioning and whether one is married or divorcing significantly predicted psychological symptomatology. The correlation analysis indicated that there were significant and positive relations between family functioning and all SCC subscales, except for hostility. Females had significantly higher somatization, anxiety, and phobic anxiety levels. Married couples had significantly better FAD and lower social insecurity and depression scores compared to divorcing couples; whereas divorcing couples had significantly lower hostility scores than married couples. Longitudinal studies need to be conducted on the topic.

Key words: Family functioning, divorce, family, short symptom checklist, marriage, psychological symptomatology.

Family is the smallest unit of society which has a major influence on individuals. Family functioning affects the social and psychological development of each family member. During childhood, emotional development is influenced by the family environment and therefore family environment plays a key role in the behaviors and emotions of both children and adults (Cuffe, McKeown, Addy & Garrison, 2005). The McMaster Model, which provides a comprehensive model of family assessment and treatment, defines six dimensions of family functioning: problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control (Ryan, Epstein, Keitner, Miller, & Bishop, 2005). Previous studies have indicated that abnormal family functioning is related to psychological symptomatology and contribute to the development of various psychiatric disorders (Ai, Weiss, & Fincham, 2014; Erol, Yazici, & Toprak, 2007; Friedman et al., 1997; Keitner & Miller, 1990; Palabiyikoglu, Azizoglu, Ozayar, & Berksun, 1994; Rounsaville, Prosoff, & Weissman, 1980; Trangkasombat, 2008).

Friedman et al. (1997) investigated family functioning in nonclinical and clinical families of patients with a wide range of psychiatric disorders. It was found that regardless of specific diagnosis, having a family member with a psychiatric disorder was a risk factor for poor family functioning. Kim and McKenry (2002) showed that the quality of marital relationships had a significant effect on psychological well-being. In a longitudinal study conducted by Sagrestano, Paikoff, Holmbeck, and Fendrich (2003), it was determined that changes in family functioning were associated with changes in depression for both children and parents. The authors also found that increases in conflict and decreases in positive parenting were related to increased parental depressive symptomatology. Wang, Mansfield, Zhao and Keitner (2012) investigated family functioning in depressed and nonclinical Chinese families and found a consistent association between depression and problematic family functioning.

Marital relationships provide couples with emotional support, well-being, and mutual reinforcements; which help in reducing vulnerability to psychological disorders (Gove, Style, & Hugher, 1990; Ren, 1997). Divorced individuals exhibit higher levels of psychological problems compared to married and single people (Berman & Turk, 1981; Bloom, Asher, & White, 1978; Gove, 1972). In a study by Horwitz, White, and Howell-White (1996), it was demonstrated that being married and staying married enhanced mental health. Similarly, Marks and Lambert (1998) showed that couples becoming separated or divorced had decreased levels of psychological well-being compared to the married.

Although previous studies have demonstrated that there is a strong association between individual psychopathology and family functioning, the direction of the link between these two variables is not clear. Most of the studies conducted on this topic have investigated family functioning in families with a specific psychiatric disorder. The present study examines family functioning of nonclinical couples who are married and who are in the process of divorce in relation to general psychological symptomatology.

There are a limited number of Turkish studies conducted with families and couples. The majority of these studies focus on couple adjustment, marriage, and satisfaction. The importance of family and family functioning has been newly recognized in our country. In addition, there are only a limited number of scales pertaining to family functioning. These two factors are presumed to result in the lack of Turkish studies on family functioning. Contributing to the Turkish literature on family functioning would expand our understanding of family dynamics in Turkey, which is influenced by Muslim and collectivist cultural traditions.

The purpose of this descriptive study is to determine the relationship between psychological symptomatology and family functioning in Turkish couples who are either married or are in the process of divorce. Considering the available evidence on the topic, we hypothesized the following:

Family functioning would be a significant predictor of psychological symptomatology.

There will be a positive relationship between family functioning and psychological symptomatology.

Couples who are in the process of divorce will have higher levels of psychological symptomatology and worse family functioning compared to married couples.

Method

Participants

This is a cross-sectional study. The sample of the study consisted of 100 married couples and 103 couples who applied to family courts for divorce in Izmir, Turkey. A total of 203 individuals participated in the study on a voluntary basis. The sample group was determined via the random sampling method. The mean age of all participants was 35.85 (SD = 8.87) and the mean duration of marriage was 11.66 (SD = 8.79). The mean age of

participants who are in the process of divorce was 34.30 (SD = 7.16) and the mean duration of marriage was 10.89 (SD = 6.42). The mean age of participants who are currently married was 37.45 (SD = 10.14) and the mean duration of marriage was 12.46 (SD = 10.67). The whole sample's ages ranged from 20 to 64 years.

Materials and Procedure

Personal Information Form (PIF)

The Personal Information Form was developed by the researchers in order to collect sociodemographic information including age, gender, education status, number of children, occupation, and income status and marriage-related data such as the duration of marriage, type of marriage, and reason for divorce (only answered by couples who are in the process of divorce).

Family Assessment Device (FAD)

FAD is a self-report questionnaire developed by Epstein, Bolwin, and Bishop in 1983 in order to evaluate various aspects of family functioning. FAD was based on the McMaster Model of Family Functioning, which evaluates 7 different dimensions: general functioning (the overall health/pathology of the family), problem solving (the way in which the family resolves problems), communication (the clarity and directness of the family's exchange of verbal information), roles (the clarity and appropriateness of the distribution of family roles), affective responsiveness (whether the family members experience and respond with a full spectrum of feelings experienced by human beings), affective involvement (the extent to which family members are interested in each other's activities and concerns), and behavior control (the clarity of family rules). Each item is scored on a 4-point Likert scale, where the participant rates his/her agreement with the statement (1 = strongly agree; 4 = strongly disagree). Higher scores indicate worse family functioning. The Turkish version of the FAD (60- item version) questionnaire was standardized by Bulut (1990). The internal consistency (alpha coefficient) values of the subscales ranged between 0.72 and 0.92. The test-retest reliability of the Turkish version was tested with a 15-day interval and the reliability coefficients were found to vary between 0.66 and 0.76. The Turkish version of the FAD was found to be a valid and reliable instrument (Bulut, 1990).

Short Symptom Checklist (SSC)

The Short Symptom Checklist is a self-report questionnaire which includes 58 items chosen from the Symptom Checklist (Derogatis, Lippmann, and Covi, 1973) in order to assess current psychopathology. The Turkish adaptation study of the Short Symptom Checklist was conducted by Hisli Sahin and Durak (1994), who found the Cronbach alpha coefficients of the subscales to be 0.55-0.86. Individuals are asked to endorse, on a 5-point Likert scale, how much they have suffered from each of the symptoms presented by the 58 items. Higher scores indicate higher levels of psychological symptomatology. The SSL consists of 9 subscales: somatization, obsessiveness, social insecurity, hostility, phobic anxiety, depression, anxiety, paranoia, and psychoticism. Additional items evaluate eating disorders, sleep disorders, thoughts on death and dying, and guilt. In addition, 3 global scores are calculated, which are the Distress Severity Index, the Total Symptom Index, and the Symptom Distress Index.

Procedure

After receiving informed consent, the Family Functioning Device, the Short Symptom Checklist, and the Personal Information Form was administered individually to the participants by the researcher, who worked as a social worker at family courts. Prior to data collection, the researcher explained the purpose of the study and stated that the information provided by the participants will be used anonymously for research purposes.

Data was analyzed with the SPSS 20.0 for Windows software. Descriptive statistics were presented and the FAD and SSC scores of the participants were compared according to demographic characteristics using the independent samples t-test. The Pearson correlation analysis was conducted in order to determine the associations between FAD and SCC total and subscale scores. Finally, a linear regression analysis was carried out for investigating the association between family functioning and psychological symptomatology, where psychological symptomatology was the criterion variable.

Results

Table 1 s*ummarizes the frequency distribution of demographic characteristics of the participants.*

Table 1. *Frequency Distribution of Demographic Characteristics (n = 203)*

	Couples in divorce process (n = 103)		Married couples (n = 100)	
	F	%	*f*	%
Gender				
Female	63	61.2	55	55
Male	40	38.8	45	45
Level of income				
Low	53	51.5	12	12
Moderate	32	31.1	33	33
Good	18	17.5	55	55
Level of education				
Elementary school	32	30.1	16	16
Middle school	24	23.8	15	15
High school	25	24.3	32	32
University	23	22.3	37	37

Table 2 shows the differences in the FAD and SSC mean total scores and mean subscale scores by marriage status. Total FAD scores (general functioning) and all FAD subscale scores of married couples and couples in the process of divorce were significantly different. Married couples obtained significantly lower mean FAD total and subscale scores compared to divorcing couples, which indicates that married participants had better family functioning. When we examined the SSC subscale scores by marriage status, we found that married couples obtained significantly lower social insecurity ($p<.01$) and depression scores ($p<.05$) compared to divorcing couples; whereas divorcing couples had significantly lower hostility scores than married couples ($p<.05$).

Table 2. *Mean and Standard Deviation for Scores on the FAD and BDI According to Marriage Status*

	Couples in divorce process (n = 103)		Married couples (*n* = 100)			
Scale	*M*	*SD*	*M*	*SD*	*t*	*p*
FAD						
General functioning	2.33	0.80	1.50	0.46	8.95	.000**
Problem solving	2.51	0.87	1.64	0.58	8.35	.000**
Communication	2.29	0.67	1.63	0.45	8.19	.000**
Roles	2.31	0.53	1.91	0.36	6.14	.000**
Affective responsiveness	2.31	0.76	1.57	0.58	7.77	.000**
Affective involvement	2.41	0.44	2.29	0.31	2.20	.028*

Behavior control	2.25	0.41	2.12	0.37	2.31	.022*
SSC						
Somatization	9.61	3.75	10.21	3.34	-1.19	.233
Obsessiveness	10.43	3.92	10.53	3.54	-.17	.859
Social insecurity	8.66	3.24	6.11	2.10	6.63	.000**
Depression	9.75	4.22	8.65	3.16	2.11	.036*
Anxiety	9.96	3.68	9.54	3.07	0.88	.379
Hostility	7.23	2.84	8.36	2.41	-2.55	.011*
Phobic anxiety	6.46	1.87	6.59	1.87	-0.49	.623
Paranoia	9.77	3.05	9.04	2.96	1.74	.083
Psychoticism	7.34	2.61	6.88	2.17	1.38	.167
Additional items	6.19	2.79	5.92	2.15	.78	.436
SSC total	85.45	24.04	81.95	21.98	1.07	.283

*p<.05, **p<.01.

Table 3 shows the differences in the FAD and SSC mean total scores and mean subscale scores by gender. There were no significant differences in FAD total and subscale scores according to gender. Women attained significantly higher scores on the somatization, anxiety, and phobic anxiety subscales of the SSC compared to men (p<.05).

Table 3. *Mean and Standard Deviation for Scores on the FAD and BDI According to Gender*

	Women (n = 118)		Men (*n* = 85)			
Scale	*M*	*SD*	*M*	*SD*	*T*	*p*
FAD						
General functioning	2.00	.84	1.82	.66	1.64	.10
Problem solving	2.17	.89	1.95	.80	1.82	.07
Communication	2.01	.71	1.89	.58	1.34	.18
Roles	2.14	.51	2.08	.47	.82	.41
Affective responsiveness	2.00	.83	1.87	.68	1.19	.23
Affective involvement	2.35	.41	2.35	.35	.09	.92
Behavior control	2.22	.42	2.13	.34	1.75	.08
SSC						
Somatization	10.34	3.64	9.29	3.38	2.09	.03*
Obsessiveness	10.91	3.92	9.88	3.37	1.96	.051
Social insecurity	7.61	3.15	7.11	2.83	1.16	.24
Depression	9.55	4.11	8.72	3.18	1.55	.12
Anxiety	10.26	3.53	9.04	3.07	2.54	.012*
Hostility	7.91	3.15	7.61	3.23	.66	.50
Phobic anxiety	6.77	1.96	6.19	1.67	2.19	.02*
Paranoia	9.73	2.99	8.96	3.02	1.80	.07

Psychoticism	7.27	2.64	6.89	2.04	1.12	.26
Additional items	6.24	2.64	5.80	2.26	1.25	.21
SSC total	86.65	24.63	79.65	20.11	2.14	.03*

*p<.05

Table 4 summarizes the Pearson correlations between the FAD total score (general functioning) and SSC subscale scores.

Table 4. *Summary of Intercorrelations, Means, and Standard Deviations for Scores on the FAD and SSC Subscales*

Measure	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*M*	*SD*
1. FAD	-	.185**	.185**	.815**	.351**	.191**	.134	.147*	.215**	.261**	.192**	1.92	.77
2. Somatization	.185**	-	.656**	.150*	.616**	.732**	.594**	.649**	.429**	.613**	.704**	9.91	3.56
3. Obsessiveness	.185**	.656**	-	.102	.648**	.712**	.572**	.605**	.592**	.623**	.653**	10.48	3.73
4. Social Insecurity	,815**	,150*	,102	1	,252**	,132	,052	,140*	,139*	,192**	,142*	7.41	3.02
5. Depression	,351**	,616**	,648**	,252**	1	,745**	,581**	,540**	,505**	,704**	,720**	9.21	3.77
6. Anxiety	,191**	,732**	,712**	,132	,745**	1	,723**	,643**	,512**	,685**	,704**	9.75	3.39
7. Hostility	,134	,594**	,572**	,052	,581**	,723**	1	,515**	,510**	,642**	,545**	7.78	3.18
8. Phobic Anxiety	,147*	,649**	,605**	,140*	,540**	,643**	,515**	1	,432**	,493**	,587**	6.52	1.86
9. Paranoia	,215**	,429**	,592**	,139*	,505**	,512**	,510**	,432**	1	,567**	,499**	9.41	3.02
10. Psychoticism	,261**	,613**	,623**	,192**	,704**	,685**	,642**	,493**	,567**	1	,634**	7.11	2.41
11. Additional items	,192**	,704**	,653**	,142*	,720**	,704**	,545**	,587**	,499**	,634**	1	6.05	2.49

*p<.05, **p<.01.

A linear regression analysis was then performed to predict psychological symptomatology from the total FAD score and marriage status. It was observed that total FAD score and marriage status were significant predictors of total SSC scores. The model accounted for 14.6% of the variance in psychological symptomatology.

Table 5. *Predictors of Psychological Symptomatology*

Variable	*B*	*SE B*	*B*	*P*	95% CI
Constant	62.255	4.062		.000	(54.245-70.266)
FAD – General functioning	13.085	2.287	.443	.000	(8.574-17.595)
Marriage status	-7.383	3.565	-.160	.040	(-14.413- -.353)

$R^2 = .146$, *p<.001

Discussion

The main hypothesis of the current study was that family functioning and marriage status would be significant predictors of psychological symptomatology. Linear regression analysis, which was conducted to test the main hypothesis of the study, showed that both variables accounted for a significant portion of the total variance in psychological symptomatology. The correlation analysis indicated that there were significant and positive relations between family functioning and somatization, obsessiveness, social insecurity, depression, anxiety, phobic anxiety, paranoia, psychoticism, and additional item subscale scores pertaining to psychological symptomatology.

The secondary goal of the study was to investigate the differences in family functioning and psychological symptomatology levels by gender and marriage status. It was demonstrated that female participants had significantly higher somatization, anxiety, and phobic anxiety levels compared to males. Family functioning mean scores of female and male participants were not significantly different. Total FAD scores (general functioning) and all FAD subscale scores of married couples and couples in the process of divorce were significantly different. Married couples had significantly better FAD scores compared to divorcing couples. We also found that married couples obtained significantly lower social insecurity and depression scores compared to divorcing couples; whereas divorcing couples had significantly lower hostility scores than married couples.

Our results pertaining to the relationship between family functioning and psychological symptomatology support the findings of Ai, Weiss, and Fincham (2014), Erol,

Yazici, and Toprak (2007), Keitner and Miller (1990), Palabiyikoglu, Azizoglu, Ozayar, and Berksun (1994), Rounsaville, Prosoff, and Weissman (1980), and Trangkasombat (2008). Similarly, Friedman et al. (1997) determined that family functioning is correlated with psychiatric disorders. Wang, Mansfield, Zhao, and Keitner (2012) determined a consistent association between depression and problematic family functioning. Sagrestano, Paikoff, Holmbeck, and Fendrich (2003) also found that increases in conflict and decreases in positive parenting were related to increased parental depressive symptomatology.

We found that family functioning of married and divorcing couples was significantly different and that married couples exhibited significantly better levels of family functioning compared to divorcing couples. This finding is in parallel with the results of Horwitz, White, and Howell-White (1996) and Marks and Lambert (1996). Also, married couples had significantly lower depression and social insecurity scores than divorcing couples. This finding is consistent with the results of studies conducted by Whisman (2007) and Afifi, Cox, and Enns (2006). Marriage can be considered as a social network and divorcing individuals may also have interpersonal problems with people other than their spouses, which explains the finding pertaining to elevated levels of social insecurity among divorcing couples. However, married couples had significantly higher hostility levels compared to divorcing couples. This finding is supported by the results of Overbeek et al.'s study (2006), which indicated that divorced couples did not exhibit high rates of developing psychological disorders and that marriage problems and not divorce itself is related to psychological problems.

In our study, it was demonstrated that female participants had significantly higher somatization, anxiety, and phobic anxiety levels compared to males. Gender is an influential factor in developing psychological disorders.

In Turkey, only a small number of studies on divorce have been conducted and none of these studies examined family functioning among divorced individuals. Our study is unique since it is the first study investigating the relationship between divorce and family functioning in Turkey.

Family is very important for the maintenance of psychological well-being and integrity. Problems within the family system prepare the way for psychological disorders. Deteriorated family functioning leads to psychological problems and would also result in divorce, which, in turn, may lead to psychological problems and distress. However,

longitudinal studies on the topic need to be conducted in order to determine the causal relationships between family functioning and psychological symptomatology.

Specific limitations have to be acknowledged in the current study. One of these limitations involves the instruments used in our study. The Family Assessment Device has been developed 20 years ago and is the only instrument available in Turkish that evaluates family functioning in a detailed way. Therefore, it would be beneficial for future studies to develop new instruments which evaluate family functioning in the Turkish population. Our sample included participants from a specific part of the Izmir province in Turkey. Therefore, our results cannot be generalized to the Turkish population.

In conclusion, our results support the hypothesis that family functioning predicts psychological symptomatology. Our study is expected to fill the gap in the literature regarding the lack of Turkish studies on the topic.

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