Family Social Environment: A Study on Risk & Protective Factors Among Children and Adolescence

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Abstract

The family is a primary social unit of every culture. In India, the family rather than the individual has been considered as the unit of social system. Family has long been assumed to have a major influence on the development of children and adolescents. There are many conditions in the family settings that affect the family relationship – broken homes, reconstituted families, small or large families, sibling relationships, number of children in the families, etc. Contribute to the development of children and adolescents. The present research paper highlights the importance of the family social environment. The paper revealed that each and every family has its own unique environment. The present research paper has emphasized the importance of family and child-rearing practices. A favorable family–social environment leads to a rich psychological harvest for the individual. Psychologists now agree that rich experiences in the family during childhood produce rich brains.

Keywords

Family Social Environment, Children & Adolescents.

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Introduction

Early interest in the study of the family was concentrated mainly in the works of anthropologists and sociologists. These studies were designed primarily to find out what the patterns of family life were in different cultures, the roles played by different family members, and the child-training methods in common use in these cultures.

Family-social environment refers to the climate prevailing in the home, which varies from culture to culture, society to society, and family to family (Moos R.H & Moos B.J. 1986).

In a study of the influence of parental child-rearing attitudes and values on the family environment, Ollendick, Labrteanux, and Horn (1978) found that mothers with democratic, egalitarian child-rearing attitudes saw more cohesion and recreational orientation and less family conflict and control, whereas mothers with hostile-rejecting and authoritarian attitudes reported less emphasis on expressiveness and more on achievement. Mothers who see child development as a static, predetermined process establish a relatively structured family environment, where those who value self-direction promote more emphasis on expressiveness (Haddad, 1995).

The family environment has a powerful influence on a family's successful adaptation to change. The family climate plays an important role during both normative transitions in family life, such as pregnancy and parenthood, and family crises, such as divorce, chronic childhood illness, severe handicaps, retardation and other life stressors.

The family social environment can influence how a family reacts to the deinstitutionalization of a mentally ill or retarded family member. Two years after mentally retarded persons were discharged from a state-operated institution; families with more emphasis on organization and control were much less likely to experience problems than where families that were not as well organized and were more expressive or achievement-oriented (Willer, Intagilate, and Atkinson, 1981).

Larger families tend to be more structured and less cohesive and those of a higher socioeconomic status tend to put more emphasis on cultural and recreational pursuits (Boake and Salmon, 1983). Patterns and kinds of parental occupations are reflected in the family social environment. McKenzie (1983) studied the families of graduate students and classified their parent's occupations according to the Holland categories (Holland, 1985). Students whose fathers were in social-type careers rated their families as high in intellectual and recreational orientation and as low in religious emphasis, organization and control.

Slater and Haber (1984) found that high family conflict was related to lower self-esteem, greater anxiety and less internal control among high school students in both intact and divorced families. Similarly, disturbance among adolescent boys in both intact and father-absent families was associated with less supportive and expressive interfamilial relationships, and less family orientation toward personal growth. Nihira, Meyers, and Mink (1980) found that a family harmony dimension, measured in part by high cohesion and expressiveness and low conflict, was associated with better adjustment among Trainable Mentally Retarded (TMR) and Educable Mentally Retarded (EMR) children.

The nuclear family social environment may be influenced by transgeneration by each spouse's family of origin as well as cross-generationally by the relationship between the spouse's families of origin and their concepts of an ideal family environment.

Garfinkle (1982) found that family cohesion was linked to verbal communication, and intellectual orientation to visual memory, perhaps because more stimulating ideas are provided for the child to retain. Other researchers noted that cohesion, intellectual orientation and expressiveness were relate to more and better home stimulation for the child and to the child's mental development (Gottfried and Gottfried, 1984) and that intellectual orientation was associated with mental development.

Hyperactivity and aggression have been associated with the absence of a positive family environment, that is, a family environment low on cohesion and expressiveness and high on conflict (McGee, Silva, and Williams, 1984) compared to families of normal boys, families of boys with anxiety disorders tend to be more oriented towards achievement and less expressive and less active in intellectual and recreational pursuits (Haddad, 1985).

Low cohesion and recreational orientation, high conflict, and high life stress predicted depressed mood among junior high students even after family demographic factors were considered. Less cohesion, independence, and organization and more achievement orientation were related to suicidal ideation (Friedrich, Reams, and Jacobs, 1982). Low family support, especially in combination with high life stress, was strongly related to adolescent symptom complaints (Tyerman and Humphrey, 1983). But high-risk adolescents from families that are low in cohesion have maintained their well-being in the face of stressful family life by developing extra family social ties (Hirsch, 1985; Prasinos and Tittler, 1981).

Investigators have considered the psychosocial and health-related impact of family environment on adults. For example, the family milieu influences marital

adjustment and satisfaction, stress resistance, depressed mood, and nutrition and health practices.

Marital adjustment and more satisfaction with family life are associated with high family cohesion, expressiveness, and organization, and lack of conflict (Jensen et. al. 1983; Waring et. al. 1981). The relationship between family support and functioning was stronger among women than among men (Billings and Moos, 1982b).

Family support may reduce the risk of depression among women under high stress. In a study of women reentry students, most of whom were married and had children living at home with them; lack of family cohesion was related to more life stressors and higher depressed mood. As the level of family cohesion rose, increases in the number of negative life events were less strongly associated with depression (Roehl and Okun, 1984).

A more cohesive, independent family and environment is associated with a more nutritious diet (Kinter, Boss, and Johnson, 1983). In addition, particular aspects of family environments have been implicated in varied psychosomatic disorders. For example, Wolcoll and his colleagues (1981) found a relationship between family independence, achievement, and expressiveness and high serum gastrin levels among men with duodenal ulcers.

Hollahan & Moos, (1982) Investigated that the family is an important resource in coping with stress. Adolescents who remain relatively healthy under stressful situations have been found to perceive high family cohesion Mitchell *et.al.*, (1983) concluded that, adolescents who perceived less family support have been found to experience more depression and stress. Billing & Moos, (1984) found that, a supportive, cohesive family environment fosters psychological well-being. Children experiencing high control but low cohesion have been found to be more introverted and depressed. Beck and Clark, (1989) resulted that, habitual negative thoughts are problematic for the depressive adolescent.

Willian R. Beardslee, M.D., (1990) has developed, two promising short-term interventions that aim to prevent depression in this at-risk population. Santrock, (1990) resulted that, a lack of both affection and emotional support, high control, and a strong push for achievement by parents during childhood is related to depression. Seiffge, and Krenke, (1991) studied interactions between stress and depression in adolescents to assess the stress. Moderating effects of family relations and peer relations in this age group, Ss were 167 adolescents and young adults (aged 13-18 yrs). Interaction among these variables was analyzed and age differences and Gender differences were determined.

In another study Windle, Michael, (1992) shows significant associations with depressive symptoms and delinquency, as well as with low family and friend support. Reicher, and Hannelore, (1993) concluded that for girls highest measures of psychopathology (including depression and thought disorders) were found in those Ss with low family support high peer support was associated with greater externalizing behavior, including aggression and delinquency.

Straus, Kantor, Glenda, and Kaufman, (1994) resulted that Ss who experienced corporal punishment in adolescence had an increased risk later in the life of depressive symptoms, suicidal thoughts, alcohol abuse, physical abuse of children, and wife beating. Mcfarlane, A.H. Bellissimo, A Norman, (1995) resulted that social self-efficacy and social support from family and peers were negatively associated with depression and therefore acted as protective factors. Among factors that increased vulnerability to depression during adolescence were being female and exposure to stressors. Tubman, Jonathan, G, Windle, Michael, (1995) found that in psychosocial functioning by temperamental continuity groups and by gender temperamental difficulty was associated with higher levels of depression, stressful life events, use of some substances, and lower perceived family support. Gender differences were indicated for family support, depression, stressful life events and alcohol use.

In a study by De, Leon, and Carolyn, (1996) resulted that individuals repetitively receiving an explicit verbal message of unwantedness from their caretakers during childhood or adolescence would differ from those not receiving such a message: in terms of some combination of three variables : Level of depression, level of social support and quality of relationships with extended family. Levi, Gabriel, and Carla, (1997) concluded that trazodone was safe and effective for over 50% of the sample. Those with depression alone and with LD NOS did particularly well, and those with ODD did particularly badly. The presence of psychopathology in the parents and negative life events were associated with poorer responses to trazodone.

Nilzon, Kjell, R, Palmerus, and Kerstin, (1997) investigated the influence of familial factors on childhood depression and anxiety, results show significant differences between the groups on several familial characteristics including frequency of major family problems, life events, parents, symptoms patterns of overprotection family cohesion and lack of happiness. Scheer, Scott D. and Unger, Donald G. (1998) investigated that Russian adolescents (aged 14-17 Yrs) who were surveyed at a suburban Moscow secondary school in 1992. The purpose of this study was (1) to explore the relationship of the Russian family environment with adolescent substance

use and depression and (2) to use cross-national research methods for replicating and confirming studies of family, environment, and substance was similar to studies with US : (1) Russian youth who viewed their families as conflictual, non-supportive and without close relationships with their parents feeling more depressed and (2) substance users were not as close to their parents and families as non-users.

Woodward, Lianne, J, Fergusson, David, M, (1999) results indicate that by age 18 years children with high rates of early peer relationship problems were at increased risk of externalizing behavior problems such as criminal offending and substance abuse, but were not at increased risk of anxiety disorder or major depression. Subsequent analyses revealed that these associations were largely explained by the effects of child & family factors associated with both early peer relationship problems and later adjustment was the extent of children's early conduct problems.

Kumpulainen, and Kirsti, (2000) concluded that externalizing behaviors and depression predicted later heavy use of alcohol when gender and family SES and structure were controlled. It is concluded that children with behavioral deviance and depression were at risk of subsequent excessive alcohol use. Wiesner, Margit, and Bittner's (2000) in their study the results confirm the postulated model. Additional analyses show that for female adolescents, difficult temperament was the best predictor of peer rejection. Whereas for males the best predictor was impaired family climate. Betula Aydin, and Filiz Oztutuncu (2001) hypothesized that family cohesion was found to be related to the degree of negative thoughts and depressive mood of the adolescents, but perceived control within the family was not.

Sidebotham (2001) viewed that although parents hold a very positive view of their children, do perceive parenting as being stressful. This is exacerbated by social structures and attitudes that do not value or support children and their families. Rudolf (2001) proposed that both family and recent stress contribute to concurrent and future deficits in the perception of the control helplessness; family disruption generally.

Brewis, Alexandra (2002) concluded that the relationship between children's normal hyperactive and inattentive behavior in the two locations and some adaptive correlates. In attention is associated with poorer social functioning in both. Hyperactivity appears to be at least as problematic at home as at school. By Ellen Barry, Globe Staff (2003) in their study at loss, its role in depression found that the death of a family member is only about half as likely to lead to depression. In another study sponsored by the National Institute of Mental Health (NIMH) (June 2003) concluded that a dysfunctional family environment is a possible pathway to

be the development of depression in adolescents. The family environment is an especially salient context for the development of depression in preadolescent girls.

In a study conducted by Pryce dettling (2004) in their study tried to describe how daily deprivation of biological parenting in primate infants disrupts the development of homeostasis. They concluded that in marmoset, neglect-like manipulation of early deprivation leads to chronic changes in homeostatic systems, similar to early life adversity and in Major Depressive Disorder (MDD). Fuligni, Andrew, J. Alvarez (2005) revealed that the family obligation is associated with the development of children's academic motivation. The initial results suggest that there are differences between young children from many immigrant families and their peers families backgrounds in their reasoning about family obligations.

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