

Research Article

Family Dysfunction and Depressive Tendencies in Adolescents

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Abstract. Depressive tendencies describe the extent to which a person experiences symptoms of depression. Depression is defined as a psychological condition in which a person experiences deep negative feelings. The onset of depression symptoms can be caused by several factors, one of which is environmental factors. Family can be an environmental factor that affects the psychological well-being of individuals. Families that do not carry out their roles well can be referred to as a dysfunctional family. Adolescence marks the transition from childhood to adulthood. During this period, individuals have a higher prevalence of depression. The objective of this research was to determine the relationship between family dysfunction and depressive tendencies among adolescents in Malang City. The research was conducted with a correlational quantitative approach. 114 subjects were recruited. Data were collected using the Family Assessment Device General Functioning Scale and the Depression Tendency Scale. The results showed that generally, respondents had moderate depressive tendencies, with a mean score of 94.64. Results related to family dysfunction showed a family mean score of 2.1498. This figure indicated that on average the families functioned poorly. This research revealed that there was a significant positive correlation between the two variables with $r = 0.626$, where the higher the level of family dysfunction, the greater the tendency for depression.

Keywords: depression, family dysfunction, adolescents

1. Introduction

The World Health Organization (WHO) describes that being healthy is not only free from disease or infirmity, but also perfect physically, mentally, and socially. A person's health condition has an impact not only on their personal life, but also on national health conditions. The greater the number of individuals who suffer from health issues, the greater the disease load in a country. Based on IHME's research in 2017, the largest contributor, nationally, to the burden of disease is mental disorders. Based on data from the same research, depression is the most prevalent mental disorder experienced by people in Indonesia [1].

According to WHO, half of all mental cases begin at the age of 14 years, when individuals enter adolescence. In line with this, the results of the 2018 Basic Health

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Dates

Published 28 January 2022

Publishing services provided by Knowledge E

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Selection and Peer-review under the responsibility of the ICoPsy Conference Committee.

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Research showed that the prevalence of depression in Indonesian society begins at the age of 15 years [1]. This is possible since adolescence is a transition period in which a person will experience changes in various aspects accompanied by various life conditions that are being experienced. This can make adolescents as a group that are vulnerable to mental problems.

Adolescent mental health can be influenced by several factors, one of which is family. Family is mentioned in Info Datin as one of the stressors that can increase the tendency of mental disorders. Classified family as part of the psychological factors that can affect the risk of depression in adolescents. This is related to the presence of parents, parenting and family treatment in adolescents which can trigger depression. Stated that depression in adolescents is caused by a lack of understanding, attention and affection. In addition, it can also be caused by depression experienced by parents, lack of emotional attachment, parental marital conflicts and economic problems in the family.

Family function will greatly affect the growth, development and welfare of family members. Family function refers to the structural features and interpersonal interactions of family members such as problem solving, communication, roles, adaptability, warmth, closeness and behavioral control. When the structure and process of interaction in the family do not go well, it can be said that the family is dysfunctional.

A research conducted found that family dysfunction is significantly associated with feelings of loneliness, anxiety and depression in adolescents. In Indonesia, studies with similar variables are still rare. This study aimed to examine the relationship between family dysfunction and depressive tendencies in adolescents in Malang City [2].

2. Literature Review

Borrill defines depression as a word that represents a variety of moods from lack of enthusiasm to severe problems that interfere with daily life. Depression is characterized by a negative mood and loss of interest in life that lasts for at least two weeks or more. Depression is a normal response that appears when a person experiences a disappointing event [8]. However, if depression occurs when a person faces an event that is slightly unpleasant and lasts long enough to interfere with activities, this indicates that the person has a depressive disorder. The degree that describes whether or not depression is normal for a person is called a depressive tendency. When this condition arises more easily as a result of events that do not generally result in depression, a person is considered to have a high tendency to depression and has the potential to

develop a depressive disorder. The grouped depressive symptoms in the DSM-5 into four aspects, namely emotional, cognitive, motivational, as well as function and behavior [8]. Emotional aspects include feeling down, depressed and crying, irritable, hopeless and feeling restless and/or angry. Cognitive aspects can be characterized by difficulties with concentration, doubts that result in difficulty in making decisions, decreased self-confidence, feelings of inadequacy, negative thoughts about oneself and the future as well as regret and guilt for past events or behaviors. Symptoms in the motivational aspect include a loss of motivation to carry out daily activities, including getting out of bed, a loss of interest in participating and meeting many people, a loss of motivation to do hobbies, an inability to feel and respond to pleasant things and a decrease in sexual drive. Meanwhile, symptoms of function and behavior include doing activities or speaking more slowly, changes in sleep patterns, changes in appetite that cause changes in body weight $\pm 5\%$ of normal body weight, and a decrease in effectiveness in accomplishing anything.

A family is a psychosocial group in which each member, including the subject and other people, both children and adults, is bound by a naturally formed commitment [3]. The family has several functions that can affect the growth, development and welfare of family members. Family functioning has several other terms such as healthy families, functional families, normal families and strong families. This term refers to structural features and interpersonal interactions of family members such as problem solving, communication, roles, adaptability, warmth or closeness and behavioral control. When the structure and process of interaction in the family goes well, it can be said that the family has a healthy and functioning system. On the other hand, when the structure and process of interaction in the family do not go well, the family is considered to be dysfunction. Explained that family dysfunction is a condition of impaired communication and the inability of family members to reach closeness and express themselves to one another. Family function can be seen from the way family members treat other family members, such as providing support and assistance when other family members face difficulties. Stated that the functioning or failure of a family can be seen from the level of communication, conflicts that occur, support and affection given between family members, the ability of family members to express feelings and desires, time spent together, freedom, achievement orientation, morals, religion and the ability of family members to solve problems.

In short, family functioning is the ability of the family to carry out its role effectively in meeting the needs and welfare of its members. Meanwhile, family dysfunction is a

condition when the family has difficulty in carrying out its role effectively both in meeting the needs and supporting the welfare of its family members.

3. Method

This research was conducted with a correlational quantitative approach that focused on the relationship between the two research variables. The sampling technique used in this research was voluntary sampling. This technique was chosen because it was deemed appropriate to the online research data collection technique. With this technique, sample members who were willing and met the predetermined criteria were acquired. The number of samples in this study were 114 people from a total population of 84,347 people. Data collection in this study was carried out through google form using the Family Assessment Device General Functioning Scale which contained 12 items to measure the level of family dysfunction and the Depression Tendency Scale which was made by the researcher to measure the level of depression tendency. The Depression Tendency Scale consisted of 37 items.

The adaptation process of the Family Assessment Device General Functioning Scale was carried out through several stages, which include, licensing, translating the instrument into Indonesian, translating the instrument back into English, consulting and supervising the results of the re-translation with the person in charge of the original instrument, revising items to adjust the choice of words with the aim of items and consulting the results of the translation to the supervisor. As for the stage of making the Depression Tendency Scale, the researcher made the scale based on the symptoms of major depression in the DSM-5. This scale was compiled using the summated ratings method, the Likert scale model is a statement scale that uses the response distribution as the basis for its assessment. This scale was made with 5 response ranges, namely HSL, SR, KD, SJ, HTP. After the items were arranged, an assessment was carried out by two expert judges to adjust the items to the existing indicators and aspects. This assessment also aimed to improve the language of the items that have been compiled. The results of the assessment were then processed using the Alken's V formula and corrected items were made according to the judger's suggestions and inputs.

The data collection of this research took place from April 6 to 11 2021, with the target respondents ranging in age from 15 to 19 years old and residing in Malang City. This research had 114 participants, with 71,9% being female and 28,1% being male. 74,6% of the respondents were high school students (SMA), the majority of whom were 16 years old, and the majority of them lived in Sukun Subdistrict, Malang City.

4. Results and Discussion

The distribution of the Depression Tendency Scale revealed that 7 respondents had a very low level of depression, 31 respondents had a low tendency, 46 respondents were in the moderate category, 20 respondents were in the high category and 10 other respondents were classified as very depressed. In general, the tendency of depression which was possessed by the respondents was in the moderate category. The analysis of the Family Assessment Device showed that there were 41 respondents with a good level of family functioning, whereas 73 respondents had families belonging to the category of dysfunction. The mean score of family dysfunction obtained was 2,1498, which indicates that in general, the respondent's family belongs to the dysfunctional category.

The hypothesis in this study was tested with Pearson's Product Moment formula. The results of hypothesis testing showed $p < 0,05$ with an r value of 0,626. Therefore, it is concluded that there is a significant positive correlation between the Depression Tendency variable and the Family Dysfunction variable. If the individual has a high level of family dysfunction, the individual will tend to have a high level of depression tendency as well.

The American Psychiatric Association explained that some grief events such as the loss of a loved one, parental divorce, bankruptcy, natural disasters and declining health conditions can cause a response in the form of symptoms of depression. The results of data collection showed that the most common incidents experienced by respondents were breakups and heartbreaks. This problem is common in adolescence, because at the age of adolescence individuals begin to have an interest in the opposite sex. In addition, the spread of the current pandemic also triggers symptoms of depression. Various studies have shown that the pandemic has an impact on increasing the prevalence of depression. The results of the self-examination of the Association of Indonesian Mental Medicine Specialists (PDSKJI) on 1.522 respondents, showed that 64% of respondents experienced symptoms of anxiety and depression due to the outbreak of this pandemic. The results of the analysis in this study indicate that the most common symptom experienced by respondents is a change in sleeping hours.

Results related to family dysfunction showed a family mean score of 2,1498. This figure shows that the family has a poor function. So, in general, the respondent's family experienced dysfunction. Based on the data gathered, it can be seen that family dysfunction is caused by difficulties in communicating about the negative feelings experienced. This difficulty can be caused by the inappropriate response of family members in responding to existing affective stimuli; as a result, adolescents prefer

not to convey the affective experiences they have. These difficulties indicate a lack of affective response dimensions related to the family's ability to support when other family members express emotions and feelings that are being experienced [4]. In addition, it can also be related to the psychological function of the family to provide an environment that supports the development of family members, so that the psychological aspects can be developed and protected optimally.

The results of the hypothesis test showed that there is a strong relationship between the variables of family dysfunction and depressive tendencies. Therefore, the proposed research hypothesis is accepted (H1 is accepted), where the higher the level of family dysfunction, the higher the level of depressive tendencies in adolescents. The results of this study are in line with research conducted which proves that there is a significant relationship between the level of family dysfunction with anxiety and depression in adolescents [2].

Other findings related to the importance of family functionality in the lives of adolescents can be seen from research conducted, where it was discovered that family function can be a mediator between psychopathology and the quality of life possessed by adolescents [5]. The family has an important role to minimize the psychopathology experienced by adolescents. Not only that, sustainable family functions can also improve the quality of life of adolescents in the future.

Family functionality can be influenced by various factors, for instance, found that family functionality can be influenced by age, marital status, employment status, education level, knowledge related to family functions and access to information. The study also found that families in rural areas tend to function better than those in urban areas [6].

The function of the family at this time has a very important role for everyone. The spread of the Covid-19 pandemic, which is entering its second year, threatens family resilience. Significant life changes in a short period of time has made the Covid-19 outbreak a stressor that threatens individual well-being. Research conducted about family function and adolescent adjustment during the pandemic, discovered that acceptance and support from families, especially parents, can help reduce symptoms of stress experienced by children [7].

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