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Research Paper

The Relationship Between Dysfunctional Family Dynamics and Depressive Symptoms Among Young Adults

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ABSTRACT

The purpose of this study is to assess the relationship between dysfunctional family dynamics and depressive symptoms, among young adults (ages 18 years to 25 years). The aim is to examine the relationship between dysfunctional family dynamics and depressive symptoms, to investigate the relationship between the two variables. A total of 120 young adults were taken for the study. The Centre for Epidemiologic Studies Depression Scale (CES-D) and Family Cohesion Scale (FACES II) are used to collect the data and a correlation and regression analysis is performed to test the hypotheses. The findings suggest there was a positive correlation between dysfunctional family dynamics and depressive symptoms among young adults. This suggests that higher level of dysfunctional family dynamics is associated with higher level of depressive symptoms among young adults, and vice versa. Several limitations were identified in this study, Firstly, the sample size was relatively small (n=100), which may have affected the statistical power and generalizability of the findings. Additionally, self-report measures were used, which are subject to social desirability bias. Moreover, the data was collected through online form thus increasing the possibility of extraneous variables. These results contribute to the understanding of the relationship between dysfunctional family dynamics and depressive symptoms, among young adults. However, further research with larger and more diverse samples is needed to provide a more comprehensive understanding of this relationship.

Keywords: *Dysfunctional Family Dynamics, Relationships, Depressive Symptoms, Young Adults*

Dysfunctional Family Dynamics

"Dysfunctional families are those characterized by rigid boundaries, poor communication, and ineffective problem-solving strategies." (Salvador Minuchin, 1974)

Robin Skynner and John Cleese (1993) "Dysfunctional families are the ones characterized by poor communication, unrealistic expectations, and unresolved conflicts."
"A dysfunctional family is one in which relationships or communication are strained." (APA)

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A dysfunctional family is one in which there is emotional turmoil, conflict, and a lack of ability to work together as a cohesive unit as a result of poor or unhealthy relationships, communication, and interactions. Unresolved disputes, distorted family roles, poor communication styles, emotional dysphoria, and unhealthy coping strategies like codependency or addiction are all potential signs of dysfunctional families. Behaviour patterns in dysfunctional families frequently impede the development of individuals and healthy relationships, which adds to the problems and challenges that the family system faces on a daily basis.

CAUSAL FACTORS

Dysfunctional family dynamics are multifaceted and can vary widely depending on individual circumstances, including:

- Family Trauma: Family dynamics can be greatly impacted and dysfunctional relationships can be exacerbated by exposure to traumatic experiences such as physical or emotional abuse, neglect, domestic violence, substance misuse, or the death of a family member.
- Unhealthy Communication Patterns: Family miscommunication can result in misunderstandings, arguments, and emotional distancing due to poor communication skills or behaviours including criticism, defensiveness, stonewalling, or contempt.
- Lack of Boundaries: Healthy relationships can be difficult to sustain in families where boundaries are unclear or broken. Enmeshment (over-involvement in each other's life) and disengagement (emotional detachment) are two problems that might arise.
- Ineffective Conflict Resolution: Families that struggle with conflict resolution may turn to unhealthy coping strategies like manipulation, aggressiveness, or avoidance, which exacerbates unresolved issues and strain.
- Mental Health Issues: Anxiety, sadness, bipolar illness, and personality disorders are examples of untreated mental health conditions that can lead to dysfunctional patterns of behaviour, communication, and relationships in family members.
- Inter-generational Patterns: Families may have dysfunctional relationships and behaviours that are passed down through the generations if they are not addressed and broken through intervention.

THEORIES OF DYSFUNCTIONAL FAMILY DYNAMICS

Family Systems Theory: According to this theory, families function as linked systems in which dysfunction or changes in one area of the system can have an impact on the entire family. Poor differentiation—the inability of an individual to distinguish their own feelings and thoughts from those of others—causes dysfunction and results in entanglement or disengagement.

Ecological Systems Theory: This theory highlights how crucial it is to comprehend people in the context of their larger surroundings. Stressors and difficulties in different ecological systems, such as the family, community, or society, can lead to dysfunction in families.

Intergenerational Transmission Theory: According to this theory, dysfunctional patterns and behaviours are inherited by family members and are passed down from one generation to the next. When unresolved problems from earlier generations are repeated and recreated in later family members, dysfunction may result.

PERSPECTIVE ON DYSFUNTIONAL FAMILY DYNAMICS

Psychological Perspective: Psychologists see dysfunctional families as places where people are emotionally abused, neglected, or traumatized, which results in maladaptive coping strategies and psychological discomfort. This perspective stresses how critical it is to treat underlying emotional wounds and encourage recovery via counselling and other forms of assistance.

Sociological Perspective: Sociologists may believe that social isolation, poverty, and inequality are more general socioeconomic issues that result in dysfunctional families. This perspective emphasises how structural problems affect family dynamics and promotes social policies that deal with the structural obstacles to good family functioning.

Family Systems Perspective: This perspective, which is based on family systems theory, believes that family interaction and communication patterns lead to dysfunction in families. Inadequate boundaries, inflexible roles, and unresolved family system problems can all lead to dysfunction. Restructuring these interactions is the main goal of interventions in order to encourage better functioning and relationships.

EFFECTS OF DYSFUNCTIONAL FAMILY DYNAMICS

Dysfunctional family dynamics can have profound and far-reaching effects on individuals, impacting various aspects of their physical, emotional, and social well-being.

The following are a few of the most frequent negative impacts of dysfunctional family dynamics:

- Emotional Problems: People from dysfunctional homes may struggle with a variety of emotional issues, such as anxiety, sadness, low self-esteem, and mood swings. They could find it challenging to control their emotions and build wholesome connections.
- Behavioural Issues: Children and adolescents who grow up in dysfunctional families are more likely to experience behavioural issues. Aggression, disobedience, drug misuse, delinquency, and other conduct problems are examples of this.
- Poor Academic Performance: The stress and unpredictability of their home environment might cause children from dysfunctional households to suffer academically. They could struggle to focus, finish homework, and consistently show up to class.
- Interpersonal Conflict: Conflict, poor communication, and conflict are common features of dysfunctional family relations. Because of this, people could find it difficult to resolve conflicts with others and have constant interpersonal problems in their relationships.

IMPORTANCE OF DYSFUNCTIONAL FAMILY DYNAMICS

While dysfunctional families are often associated with negative connotations, it's important to recognize that they serve a purpose in highlighting areas of concern and potential growth.
The following are some reasons why understanding dysfunctional families can be important:

- Identifying Patterns: Behaviour, communication, and interpersonal patterns are frequently repeated in dysfunctional families. Individuals and professionals can gain a better understanding of the dynamics and underlying problems within the family system by recognising these patterns.

- Awareness and Prevention: Researchers and practitioners can learn about risk factors and early indicators of dysfunction by examining dysfunctional households. Preventive measures that try to address problems before they worsen can be informed by this awareness.
- Informing treatments: Creating treatments that effectively support improved functioning requires an understanding of dysfunctional family dynamics. Therapeutic strategies can be modified to address particular problems in the family system, like unresolved trauma, boundary conflicts, or breakdowns in communication.
- Breaking Generational Cycles: Dysfunctional behaviours and patterns are frequently inherited from previous generations and have intergenerational foundations. Families who are dysfunctional have the chance to break these cycles and encourage constructive change for upcoming generations.
- Promoting Compassion and Understanding: Researching dysfunctional families can help people develop empathy and compassion for those who are struggling in these kinds of situations. It can assist in debunking stigma and promoting a more sophisticated comprehension of the intricate elements causing dysfunction in families.

Depressive Symptoms

"Depressive symptoms are the expressions of inward-directed anger turned against oneself, resulting in feelings of guilt, worthlessness, and self-blame." (Sigmund Freud,1917)

Aaron T. Beck (1967) "Depressive symptoms arise from negative cognitive distortions, such as pessimistic thinking, self-criticism, and feelings of hopelessness."

"Depressive symptoms are repeated exposure to uncontrollable and aversive events, leading individuals to perceive a lack of control over their lives." (Martin Seligman,1975)

Depressive symptoms are the emotional, cognitive, and physical aspects of depression, a mood illness marked by persistent feelings of melancholy, hopelessness, and a loss of interest or pleasure in activities. The degree of these symptoms can vary, and they may make it difficult for the person to go about their everyday activities.

CAUSAL FACTORS

Some of common causal factors associated with depressive symptoms are:

- Genetic Factors: Research indicates a hereditary susceptibility to depression and that the condition may run in families. But our understanding of the precise genetic markers associated with depression is still lacking.
- Brain Chemistry and Neurotransmitters: Depression has been associated with imbalances in specific neurotransmitters, including norepinephrine, serotonin, and dopamine. These substances are essential for mood regulation, and changes in their amounts may exacerbate depression symptoms.
- Life Events and Stress: Depressive episodes can be brought on by traumatic life events, such as the death of a loved one, trouble in a relationship, money troubles, or ongoing stress.
- People's susceptibility to depression might also be influenced by how they manage stress and misfortune.

- Trauma and Abuse: Neglect, abuse, trauma throughout childhood, and other traumatic events can raise an individual's chance of experiencing depression in later life. Trauma's long-term psychological impacts can affect coping strategies and mood control.
- Cognitive Patterns and Negative Thinking: Depression is frequently accompanied with persistently negative thought patterns, such as illogical beliefs and cognitive distortions. These kinds of thinking can lead to a pessimistic view of oneself, the outside world, and the future.

THEORIES OF DEPRESSIVE SYMPTOMS

- **Biological theory:** This hypothesis highlights how neurotransmitter imbalances (e.g., serotonin, dopamine, and norepinephrine) and brain chemistry play a role in the development of depressive symptoms. Depression may be exacerbated by hormone imbalances, genetic predispositions, or anomalies or dysregulation in the way the brain functions.
- **Psychodynamic Theory:** This theory holds that unresolved conflicts and unconscious processes—especially those pertaining to loss, bereavement, or unresolved concerns from childhood experiences—are the root cause of depressive symptoms.
- **Cognitive Theory:** According to this theory, the onset and persistence of depressive symptoms are significantly influenced by distorted or negative thought processes.
- **Behavioural Theory:** According to this theory, the emergence of depressed symptoms may be caused by unfavorable life experiences, interpersonal conflicts, or a lack of positive reinforcement.

PERSPECTIVE ON DEPRESSIVE SYMPTOMS

- **Biological Perspective:** It is commonly believed that neurotransmitter imbalances in the brain, namely in relation to serotonin, norepinephrine, and dopamine, are the cause of depressed symptoms. A role could also be played by genetic predispositions and anomalies in the structure and function of the brain. To address these biological variables, treatments like electroconvulsive therapy (ECT) and medication (antidepressants) are frequently utilised.
- **Psychological Perspective:** A number of theories, including psychodynamic, cognitive- behavioral, and humanistic views, can be used to explain depression symptoms psychologically. Psychodynamic theories may propose that early life events or unresolved conflicts are the root cause of depression. The main focus of cognitive-behavioral theories is on dysfunctional thought processes and behaviour patterns that exacerbate and prolong depression symptoms. Humanistic theories might place more emphasis on how existential issues and the pursuit of meaning play a part in depression.
- **Social Perspective:** The experience and understanding of depressive symptoms are also shaped by social variables, including cultural influences, interpersonal connections, and socioeconomic status. The onset and intensity of depression symptoms can be influenced by social determinants of health, such as social support, cultural exposure, and resource accessibility. Cultural norms and beliefs can affect how people express and manage depression and how they feel about getting help.

EFFECTS OF DEPRESSIVE SYMPTOMS

Depressive symptoms can have profound effects on various aspects of an individual's life, some common effects are:

- Emotional Effects: Prolonged emotions of melancholy, hopelessness, and despair are frequently brought on by depressive symptoms. It might be quite difficult for someone to feel happy or joyful because they feel so empty or numb. Emotional stability is further impacted by frequent mood swings and irritation.
- Cognitive Effects: Depression symptoms can seriously affect cognitive performance, making it harder to focus, remember things, or make decisions. Negative thought patterns, such excessive self-criticism or thoughts of worthlessness, may occur in some people. Cognitive biases that lead to overgeneralization or all-or-nothing thinking might intensify depression symptoms.
- Physical Effects: Depression can present with physical symptoms in addition to its mental health issues. Changes in weight or appetite, sleep disorders (hypersomnia or insomnia), exhaustion or poor energy, and unexplained aches and pains are common medical complaints. These physical symptoms may worsen everyday functioning and add to a general feeling of being unwell.
- Behavioural Effects: Depression can cause behavioural changes, including a decrease in motivation and a reluctance to participate in once-enjoyed activities. People may find it difficult to complete tasks, and they may exhibit avoidance or procrastination behaviours. Severe depression symptoms may result in substance misuse or self-harming behaviours, among other self-destructive behaviours

IMPORTANCE OF DEPRESSIVE SYMPTOMS

Understanding the importance of depressive symptoms is essential for early recognition, intervention, and support:

- Indicator of Mental Health: Depression symptoms are important markers of mental health and overall wellbeing. They indicate discomfort and perhaps underlying problems that would need to be addressed.
- Impact on Functioning: A person's capacity to perform in a variety of spheres of life, such as employment, education, relationships, and daily activities, can be severely hampered by depressive symptoms. Comprehending these indications is imperative in order to tackle their consequences and aid persons in preserving or reinstating their ability to perform.
- Physical Health Implications: Depression affects not only mental health but also physical health. There is evidence connecting depressive feelings to a number of health issues, such as immune system malfunction, chronic pain, heart disease, and poor sleep. Thus, identifying and treating these symptoms may have an impact on one's general health and wellbeing.
- Reducing Stigma: Acknowledging the significance of depression symptoms contributes to lessening the stigma associated with mental illness. Through recognising depression as a valid health issue and providing assistance to those impacted by it, we may foster compassion, comprehension, and acceptance in the community.

DYSFUNCTIONAL FAMILY DYNAMICS AND DEPRESSIVE SYMPTOMS

Individuals' development and worsening of depressive symptoms can be greatly influenced by dysfunctional family dynamics. These families may have poor or nonexistent communication patterns, which can result in miscommunication, conflict, and emotional neglect. Sometimes people may feel alone and unvalidated in their experiences due to a lack of emotional support or validation. Furthermore, unhealthy coping strategies like substance addiction, avoidance, or scapegoating may be displayed by dysfunctional families, which can worsen depressing and dismal feelings. Depression may also arise as a result of abuse, trauma, or unsolved issues within the family structure. Rigid family duties and expectations can also make people feel inadequate or stuck since they can't live up to the high expectations placed on them. In general, dysfunctional relationships within families can produce a poisonous atmosphere that compromises people's mental health and causes depression symptoms to appear and linger. It is essential to identify and address these factors within the family in order to assist people in their journey towards depression healing and recovery.

REVIEW OF LITERATURE

Dadi et al. (2023) conducted a qualitative exploration to understand the experiences of childhood emotional abuse among emerging adults. These results offer information for more accurate assessment and intervention techniques that target the abuse as well as the underlying dynamics of the family.

Tam et al. (2023) conducted a study to explore the correlates of depressive symptoms among college students in Hong Kong, China. Positive correlations between depressive symptoms and childhood maltreatment, trauma, peer estrangement, and hopelessness were found in the cross- sectional study. These results highlight how crucial it is to take into account several spheres of influence when attempting to comprehend and treat melancholy in college students.

López Jr. et al. (2022) investigated how dysfunctional family communication impacts suicidal ideation severity in adolescents. The results showed that ineffective family communication, which was mediated by issues with emotion control and depressed symptoms, predicted an increase in suicide thoughts. The study emphasizes how important it is to include family dynamics in adolescent suicide prevention programs.

Kewalramani and Hazra (2022) examined the link between adverse childhood experiences (ACE) and present family dynamics in young adults. They discovered that ACE was linked to increased conflict and decreased family expressiveness and cohesiveness. Gender disparities were evident: women exhibited negative correlations between ACE and expressiveness and cohesiveness, while men showed positive connections with conflict and negative correlations with cohesiveness. These results underline the need for future study using bigger and more diverse samples by highlighting the intricate interactions between childhood trauma and current family dynamics.

Momeñe et al. (2022) investigated the link between childhood trauma and body dissatisfaction in young women, focusing on the mediating role of self-criticism. Increased self-criticism was linked to childhood trauma, and this in turn was linked to higher levels of body dissatisfaction. According to this mediation concept, increased self-criticism caused by childhood trauma may be an indirect cause of body dissatisfaction. In interventions aimed at

addressing young women's body dissatisfaction, the study highlights the significance of addressing childhood trauma and self- criticism. This may help lower the likelihood of eating disorders, body dysmorphic disorder, and depressive symptoms in the population.

Song et al. (2022) investigated the mediating effects of the parent-child relationship on the association between childhood maltreatment and depressive symptoms among adolescents. The parent-child relationship and childhood maltreatment were found to be significantly negatively correlated, while depressed symptoms were positively correlated. The correlation was somewhat mediated by the parent-child bond, which had a greater impact on girls and kids who had siblings. This emphasizes how crucial it is to improve the parent-child bond in order to lessen teenage depression symptoms.

Wang et al. (2022) investigated the relationship between childhood traumas, dysfunctional attitudes, and specific types of anhedonia in young adult patients with major depressive disorder (MDD). Their research showed that dysfunctional attitudes, childhood traumas, and anhedonia were positively correlated. The association between childhood traumas and anhedonia was found to be mediated by dysfunctional attitudes, according to structural equation modeling. The strongest correlation between sensory and social anhedonia and childhood emotional deprivation was found, with dysfunctional attitudes acting as a mediating factor. According to the study, an early intervention aimed at addressing dysfunctional attitudes and emotional neglect throughout childhood may be beneficial in reducing symptoms of anhedonia in young adult MDD patients.

Zhou et al. (2022) investigated the predictors of suicidal ideation (SI) among college students with major depressive disorder (MDD). SI was greatly influenced by elements like depressive symptoms, personality traits, dysfunctional attitudes, and early trauma. Complex mediation pathways were shown by structural equation modeling, highlighting the necessity of addressing these aspects in college students with MDD who are trying to prevent suicide.

Eigenhuis et al. (2021) conducted a qualitative study aiming to understand the factors influencing help-seeking behavior among adolescents and young adults with depressive symptoms. The study discovered that while health illiteracy and treatment-related attitudes influenced help-seeking, scholastic difficulties and the weight of the illness drove people to seek treatment. The school and home environments were shown to be significant factors, and challenges pertaining to the accessibility of mental health care were noted. The results highlight how crucial it is to address a number of issues in order to enhance this age group's use of mental health services.

Fei et al. (2021) investigated the link between perceived parental control and subclinical depressive symptoms among college freshmen, examining the mediating role of empathy and the moderating effect of gender. The findings indicated that parental control and depression symptoms were positively correlated, with empathy playing a somewhat mediating role. Gender also had an impact on the association between depressed symptoms, empathy, and parental control, with varying effects noted for paternal and maternal control. These results provide guidance for improving mental health and creating interventions for first-year college students.

Fong, Loh, and Chee (2021) conducted a systematic review aiming to explore the relationship between parenting behaviors, parenting styles, and non-suicidal self-injury

(NSSI) among young individuals. Some indications revealed a connection between invalidating parenting techniques and NSSI, although the evidence on the association between behavioral control and NSSI was not conclusive. While admitting limitations such as the use of self-report measures, the review emphasizes the significance of parenting actions and styles in affecting non-sexual self-harm (NSSI) among kids. More study is necessary to have a thorough knowledge of this relationship.

Hinojosa-Marqués, Domínguez-Martínez, and Barrantes-Vidal (2021) conducted a comprehensive review to explore the influence of family environmental factors on individuals at the At-Risk Mental State (ARMS) for psychosis. The study emphasizes the necessity of individualized family support during this crucial time and more research into the factors causing dysfunctional family dynamics.

Kaman et al. (2021) investigated risk and resource factors for depressive symptoms during adolescence and emerging adulthood using data from the German BELLA study. Gender-specific connections were noted, where school stress was a risk factor for boys and bad mother-child ties predicted depressive symptoms in females. In females, peer competency was associated with lower depressed symptoms, and in boys, family cohesion provided protection. The study highlights how crucial it is to take gender into account when treating depressed symptoms during this crucial stage of development.

MacPherson et al. (2021) investigated the predictive effects of parenting processes and family functioning on depressive symptoms and suicidal ideation (SI) in adolescents with comorbid substance use disorders (SUDs) and psychiatric disorders. Over the course of the 12-month period, the results indicated improvements in SI and depressed symptoms, with better outcomes predicted by increased baseline parental surveillance. On the other hand, no discernible predictive effects for baseline family functioning or other parenting techniques were discovered. The study emphasizes how crucial parental supervision is to helping adolescents with co-occurring SUDs and mental health issues achieve better results.

Ochoa et al. (2021) explored the intergenerational impact of adverse childhood experiences (ACEs) on Hispanic families, concentrating on parent-child communication and parental sadness as mediators of the relationship between parental ACEs and externalizing behaviors in adolescents. The results highlighted how crucial it is to address family communication and parental mental health in order to comprehend how ACEs are transmitted and to guide therapies for Hispanic adolescents.

Shorey, Ng, and Wong (2021) conducted a systematic review and meta-analysis to explore the global prevalence of major depressive disorders, dysthymia, and elevated depressive symptoms among adolescents. The research highlights the necessity of focused interventions that target cases of clinical depression as well as heightened depressed symptoms in teenagers, stressing the significance of gender-specific and culturally appropriate methods.

Zhao, Ford, Wang, and Karl (2021) investigated the link between parenting, self-compassion, friendships, and depressive symptoms among adolescents in the UK and China. The results highlighted in all cultures, self-compassion was linked to fewer depressed symptoms. On the other hand, in both nations, positive friendship quality was surprisingly associated with more depression symptoms. In China, but not in the UK, self-compassion was adversely correlated with disputes arising from friendships. Taking into account cross-

cultural variations in psychological determinants, these results highlight the significance of self-compassion therapies in improving social functioning and mental health among teenagers.

Alves et al. (2020) conducted a cross-sectional study to examine how perceived interparental conflict impacts depressive symptoms in emerging adults, focusing on the mediating role of aggressive attitudes. The association between interparental conflict and depression symptoms was adversely mediated by verbally confrontational attitudes. Anger mediated the relationship between interparental conflict and threat appraisal/depressed symptoms, whereas hostile attitudes positively mediated the correlation between threat/self-blame appraisals and depressive symptoms. These results shed light on the complex interactions among emerging adults between mental adjustment, expressing aggressiveness, and handling interparental conflict.

Brawer-Sherb et al. (2020) conducted a qualitative exploration to understand the experiences of emerging adult women raised by single mothers perceived to be depressed. These results highlight areas for future research to improve treatment outcomes and meet the specific needs of this population, emphasizing the necessity for customized interventions and support networks.

Cook (2020) investigated the impact of helicopter parenting on emerging adults' adjustment. The findings indicated a connection between helicopter parenting and a rise in depressed symptoms, drug abuse issues, and a decline in interpersonal competency. These relationships were mediated by perceived stress and the denial of psychological needs, illuminating the nuanced processes by which helicopter parenting influences transition to emerging adulthood.

Nenov-Matt et al. (2020) conducted a cross-diagnostic study aiming to explore the relationship between loneliness, social isolation, and their distinction in patients with persistent depressive disorder (PDD) and borderline personality disorder (BPD). Rejection sensitivity (RS), childhood maltreatment (CM), social network characteristics, clinical measures, and feelings of loneliness were all examined in this study that compared PDD and BPD patients with healthy controls. The findings showed that, in comparison to healthy controls, both patient groups had higher scores for RS and CM, smaller social networks, and higher degrees of felt loneliness and symptom severity. It was highlighted that loneliness contributes to the overall symptom load in PDD and BPD patients, as loneliness was associated with the severity of clinical symptoms and mediated by RS.

Kealy, Rice, and Cox (2019) examined the relationship between childhood adversity, individuation difficulties, perceived social support, and depressive symptoms in young adults. The results showed a substantial modified moderating effect between childhood adversity and individuation difficulties, especially when perceived social support was lower. Particularly, in people who experienced early adversity, high levels of individuation difficulties aggravated depressive symptoms; however, this impact was counteracted by higher levels of perceived social support. This emphasizes how crucial it is to take social support and individuation challenges into account when designing therapies aimed at reducing depressive symptoms in young people who experienced childhood trauma.

Monaghan Simon, DiPlacido, and Conway (2019) investigated the relationship between attachment styles, self-differentiation, and depression in college students. Through self-differentiation, the study discovered that depressed symptoms were predicted by insecure connection. The significance of addressing attachment-related concerns in therapies aimed at lowering depressed symptoms in college students is highlighted by these findings.

Barboza (2017) examined the latent classes and cumulative impacts of adverse childhood experiences (ACEs) on adult psychosocial outcomes. The study found five unique ACE profiles using latent class analysis, ranging from extremely abusive and dysfunctional to normative, low risk. In spite of comparable levels of cumulative risk within each class, adult psychosocial outcomes were negatively correlated with high-risk profiles. The significance of taking into account the type and pattern of ACEs when designing treatments and providing child welfare support is highlighted by these findings.

Jansen (2017) investigated the impact of extended family relationships on the mental health of young adults. The results highlighted that good relationships with relatives beyond the immediate family were also linked to lower depression levels, especially in women. But the benefits of extended family ties were lower for men. These results highlight how crucial it is to take extended family dynamics into account when designing therapeutic interventions to meet the mental health needs of young people.

Marcotte, Diallo, and Paré (2017) investigated predictors of depressive symptoms during the post- secondary transition period. The results highlighted that Academic performance was adversely correlated with externalized and learning issues, whereas sadness over time was favorably correlated with personal traits. Developing interventions to enhance mental health during this crucial time requires an understanding of these variables.

Infurna et al. (2016) conducted a meta-analysis to examine the links between depression and different types of childhood maltreatment. The results highlighted that although there was a weaker correlation between depression and sexual abuse, psychological abuse and neglect had the largest connections. The study emphasizes how crucial it is to take particular types of abuse into account when analyzing depression consequences.

Mandelli, Petrelli, and Serretti (2015) conducted a meta-analysis to examine the relationship between childhood trauma and adult depression. After applying a rigorous technique to integrate the current research, they discovered that emotional abuse and neglect were most strongly associated with depression, followed by physical abuse, sexual abuse, and domestic violence. The study emphasizes the necessity for focused therapies by highlighting the unique impact that emotional trauma and neglect play in adult depression risk.

Sharma and Kirmani (2015) examined depression in college-going boys and anxiety in college- going girls, considering the challenges of adjusting to college life. The study emphasizes the value of providing mental health care to college students, arguing that mental health clinics should be established and that students should have access to psychologists and counselors with the necessary training to meet their mental health requirements.

Reed, Ferraro, Lucier-Greer, and Barber (2014) investigated the enduring impact of the family environment on emerging adult mental health during the college transition. They

investigated the relationship between unfavorable home situations and depressed symptoms through self-efficacy, which is tempered by social provisions, using a stress process paradigm. The study discovered that poor home circumstances were linked, through a decrease in self-efficacy, to greater rates of depression symptoms. The impact was lessened by social provisions, indicating the significance of social and familial support in the development of adult mental health therapies.

METHODOLOGY

Aim

To study the relationship between dysfunctional family dynamics and depressive symptoms, among young adults.

Objective

1. To study the relationship between dysfunctional family dynamics and depressive symptoms among young adults.
2. To study the effect of dysfunctional family dynamics on depressive symptoms among young adults.

Hypotheses

- H1: There is no significant relationship between dysfunctional family dynamics and depressive symptoms among young adults.
- H2: There is no effect of dysfunctional family dynamics on depressive symptoms among young adults.

Sample and Its Selection

The current study included a group of 140 participants. From the data of 140 participants 120 participants were included. The following questionnaires were used in the current study, Centre for Epidemiologic Studies Depression Scale (CES-D) and Family Cohesion Scale (FACES II). The questionnaires were kept confidential.

Locale of the Study:

The sample was collected from the people of Delhi (NCR) region.

Variables

Dependent variable: Depressive symptoms
Independent variable: Dysfunctional family dynamics

Tool Description

SI. No.	Name of the tool	No. of items	Reliability	Validity
1.	Centre for Epidemiologic Studies Depression Scale (CES-D)	20	Test-retest method	Good concurrent validity and construct validity
2.	Family Cohesion Scale (FACES II)	20	0.75 to 0.85 Test-retest method	-

Description of Tools Employed

1. **Centre for Epidemiologic Studies Depression Scale (CES-D):** This tool was developed by Laurie Radloff in 1977 to assess depressive symptoms. This instrument is used to measure depressive symptoms in the general population. The scale has twenty items that measure depressive symptoms during the past week. The responses were rated on a four-point Likert scale, with 3 being all of the time and 0 being rarely or none of the time, for a total score of 0 to 60.
2. **Family Cohesion Scale (FACES II):** This tool was developed by David H. Olson, John Portner, and Robert Q. Bell in 1982 to assess family cohesion and adaptability. This tool is used to assess the family cohesion and adaptability. The scale contains twenty items that assess what family members perceive their family's level of cohesion in terms of emotional bonding, boundaries, and shared activities. The items were scored on a five-point Likert scale ranging from 0 (never) to 4 (very often), for a total score of 0 to 80.

Procedure

The structured questionnaire was provided to the participants with plenty of time to think about their answers before it was collected. The participants had one-on-one time, and their replies were gathered according to their perspectives. The information was gathered and kept in tabular form, complete with every statement included. After scoring for all the undergraduate students, the mean for both variables were obtained. Scoring was then begun for each responder individually. Standard deviation was determined after the mean calculation, and significant variations were sought for.

ANALYSIS OF RESULT

The present study was conducted to assess the relationship between dysfunctional family dynamics and depressive symptoms. The age group of the young adults ranges from 19-25 years. For this purpose, a group of 300 were asked to participate out of which 120 were screened.

CORRELATION BETWEEN VARIABLES

Table 2: Correlation for Dysfunctional Family Dynamics and Depressive Symptoms

Pearson Correlation	**Dysfunctional Family Dynamics**	**Depressive Symptoms**
Dysfunctional Family Dynamics	1	.057
Depressive Symptoms	.057	1

The table 2, shows that dysfunctional family dynamics and depressive symptoms have a significant linear relationship. Furthermore, a positive relationship has been determined between dysfunctional family dynamics and depressive symptoms.

REGRESSION

Table 3: Add Table Name

Model Summary

Model	**R**	**R square**	**Adjusted R Square**	**F**	**Sig.**
1.	.057	.003	-.005	.390	<.001

a. Predictors: (Constant), Dysfunctional Family Dynamics
b. Dependent Variable: Depressive Symptoms

This table 3 shows how much of the variance in Depressive Symptoms is explained by the independent variable (Dysfunctional Family Dynamics). The R square was .003. This means that that Dysfunctional Family Dynamics effect 0.3% of the variance in Depressive Symptoms.

DISCUSSION AND CONCLUSION

This study aimed to examine the relationship between dysfunctional family dynamics and depressive symptoms. It included a total of 120 participants. The following instruments were used to study the variables: The Centre for Epidemiologic Studies Depression Scale (CES-D) and Family Cohesion Scale (FACES II). The sample consisted of young adults in and around in Delhi NCR region. The dependent variable was while the independent variable was perceived stress. The results were analysed using Correlation and Regression.

The first hypothesis states that there is no significant relationship between dysfunctional family dynamics and depressive symptoms among young adult which was eventually rejected as the results showed a positive correlation between dysfunctional family dynamics and depressive symptoms. Previous research by Kouros and Garbar (2014), showed dysfunctional family dynamics positively correlates with depressive symptoms. Therefore, the study emphasizes on the importance of working on decreasing dysfunctional family dynamics to reduce effects of depressive symptoms.

The second hypothesis states that there is no effect of dysfunctional family dynamics on depressive symptoms among young adult which was eventually rejected because dysfunctional family dynamics had a moderated effect on depressive symptoms among young adults.

Limitations

The present research had been carried out within a short duration of time and thus faced following constraints;

- The study relied on self-report data, these instruments have limitations.
- The data was collected through online form thus increasing the possibility of extraneous variables like acceptance and social desirability.
- Sample size could have been larger that could have allowed more differences to be studied upon regarding the objectives of the research
- Less work has been done regarding the independent and dependent variable

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Conflict of Interest

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