

Research Paper

## The Influence of Family on Women's Psychological Well-being: A Study in Kurnool Andhra Pradesh

Dr. Syed Zainul Abiddin<sup>1</sup>, Dr. Shahnawaz Mushtaq Mangral<sup>2\*</sup>

### ABSTRACT

**Background:** Women are disproportionately affected by mental health disorders and are often subjected to social factors more frequently. Many studies indicate that negative mental states often stem from insufficient interaction with the environment, with family dynamics being a significant contributing factor. This research builds upon existing studies in the mental health field, specifically examining how family functioning influences both positive and negative mental states in females. **Aims:** This study examined the proposed model suggesting that effective family functioning contributes to heightened positive mental states and, consequently, diminishes negative mental states in females. **Methods:** A group of 201 female students, including both undergraduates and postgraduates, participated by filling out survey packets to explore the series of connections outlined. The surveys used included the General Family Functioning Scale, Oxford Happiness Questionnaire, Herth Hope Index, Life Orientation Test, and Depression Anxiety Stress Scale. **Statistical analysis used:** Subsequently, a Structural Equation Model was built and assessed using the evaluated measurement model of underlying factors. **Results:** The analysis revealed significant effects. Results demonstrated that there is a positive correlation between healthy family functioning and positive mental states, while both are negatively correlated with negative mental states. These findings offer strong empirical support for the idea that healthy family dynamics can alleviate negative mental states by bolstering positive mental resources. Consequently, negative mental states can be effectively understood as a consequence of family functioning influenced by positive mental states. **Conclusions:** The research proposes that interventions that address both family functioning and the enhancement of positive mental states could be especially beneficial in tackling negative mental states among females. This study offers insights that contribute to recommendations for policy, practice, and future research endeavors.

**Keywords:** Influence, Family, Women's Psychological Well-being

The policy landscape often defines women's health primarily within the realm of reproduction and maternal health, which is justified by the well-documented influence of women's health on the overall well-being of society (Marcia, 1997; Ware & Good, 1995). However, there arises a pertinent question: what about initiatives

<sup>1</sup>Research Scholar, Shri Venkateshwara University Gajraula UP., India

<sup>2</sup>Research Supervisor

\*Corresponding Author

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specifically tailored to address women's needs beyond their roles as mothers? This inquiry challenges conventional health policies and urges for broader definitions of women's health, encompassing not only reproductive aspects but also mental health (Rosenfield & Maine, 1985). Women's welfare is influenced not just by biological factors and childbirth but also by psychological well-being. Therefore, it's imperative to integrate mental health considerations into mainstream health policies, as women are disproportionately affected by mental health disorders, often stemming from social factors (Van der Kwaak, Vanden Engel, & Richters, 1991).

### ***Previous research on mental states***

Comparative analysis of various empirical studies on mental disorders consistently reveals a higher prevalence of negative mental states among women, often attributed to the social circumstances many women face (Ware & Good, 1995). The majority of research findings suggest that these negative mental states stem from inadequate interactions with the environment, with the family environment being a significant contributing factor (Chauhan, 2006; Chorpita & Barlow, 1998; Das, 1994; Joshi & Tomar, 2006; Parker, 1983; Sharma, Verma & Malhotra, 2008). Studies conducted in Brazil, Mexico, and Pakistan have also highlighted links between emotional deprivation or controlling behavior and psychological distress in women (Kaya, 1985; Malik, Bukhtiari, & Good, 1992; Naeem, 1992; Nancy, 1995; Nations & Rebhun, 1988). Chorpita and Barlow (1998) proposed a model illustrating the environmental influences on the development of negative mental states, suggesting that life experiences with diminished control may contribute to a cognitive style prone to interpreting subsequent events as beyond one's control, thus increasing vulnerability to mental distress.

Psychologists have identified a set of human strengths that serve as buffers against mental illness, including happiness, courage, optimism, interpersonal skills, hope, honesty, and perseverance (Khordzanganeh, Heidarie, & Naderi, 2014; Seligman, 1998). Positive predictors of happiness, such as satisfaction with relationships with supportive individuals, have been identified (Lu & Argyle, 1992), underscoring the importance of positive interpersonal relationships for individual well-being. Research also suggests that hope and optimism contribute to both physical and psychological well-being (Aspinwall & Taylor, 1992; Scheier, Carver, & Bridges, 1994). Carr (2004) argued that positive mental states are not only correlated with but also predictive of both physical and mental health. Seligman and Csikszentmihalyi (2000) advocated for counselors and psychologists to create environments that cultivate these strengths within families and other settings.

### ***Family Functioning***

The development of family systems theory stemmed from the works of Ackerman (1959), Jackson (1965), Minuchin (1974), and Bowen (1978), building upon the principles of general systems theory proposed by Bertalanffy (1973). General systems theory integrates concepts from Gestalt psychology, emphasizing the holistic view, and Kurt Lewin's field theory (1951) (Schwab, Stephenson, & Ice, 1993). A fundamental premise of family systems theory is the interconnectedness of family members, with each member exerting predictable and recurring influences on others (Fingerman & Bermann, 2000; Van Velsor & Cox, 2000). Family functioning is more closely associated with the transactional and systematic aspects of the family system rather than the individual's intrapsychic characteristics (Westley & Epstein, 1969). It refers to a set of fundamental attributes that characterize and elucidate how a family system operates (McCubbin & Thompson, 1991). Family therapists and theorists have identified various dimensions of family functioning. McMaster's Model of Family

Functioning (Epstein, Bishop, & Levin, 1978) conceptualizes family functioning through six dimensions: problem-solving, communication, roles, affective responsiveness, affective involvement, and behavioral control. The McMaster Model of Family Functioning (MMFF) (Epstein et al., 1978) provides a clinically oriented understanding of families, delineating the structural and organizational aspects of the family unit and transactional patterns among members that differentiate healthy and unhealthy families. Numerous studies have explored the family functioning of individuals with psychiatric disorders, including depression, adjustment disorders, anxiety disorders, etc. (Friedmann, McDermut, Solomon, Ryan, Keitner, & Miller, 1997; Keitner, Miller, & Ryan, 1993; Miller, Keitner, Whisman, Ryan, Epstein, & Bishop, 1992).

### ***Contributions and Limitations of previous research***

Despite the significance of research exploring mental states in women, several notable limitations exist within this body of literature. These limitations are outlined below. However, it's important to acknowledge the valuable contributions of previous studies and how they intersect with the identified limitations. Research often indicates a correlation between positive mental states and negative mental states, with the former considered protective for mental health (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Environmental factors are also deemed influential in fostering mental well-being (Seligman, 2002). Studies commonly depict an unhealthy family environment as a precursor to mental distress, while highlighting the supportive role of healthy family functioning in promoting positive beliefs, thoughts, and behaviors. Many studies investigating the relationship between family functioning and mental health issues have primarily focused on adolescents. When examining mental states as dependent variables, previous studies, much like the current one, have typically concentrated on reducing negative mental states. However, prior research often adopts a general approach in identifying antecedent social or psychological variables to mental states, lacking direct psychological measurement or modeling and employing weaker methodologies. In contrast, this study examines antecedent social and psychological variables of mental states by directly modeling negative mental states as the causal outcome of a network of these variables. Thus, this study employs a more rigorous approach in its investigation.

### ***The present study***

Based on the aforementioned rationales, our aim was to investigate mental states in the following manner: (a) as a dependent variable, (b) utilizing advanced latent variable modeling techniques, (c) with an emphasis on identifying a network of interconnected antecedent variables that could potentially mitigate negative mental states, (d) focusing on a gender-specific sample of women, and (e) within a non-Western cultural context. Specifically, we aimed to examine a model proposing that healthy family functioning contributes to heightened positive mental states and subsequently reduces negative mental states, as illustrated below:

Healthy Family Functioning → Increased Positive Mental States → Reduced Negative Mental States

The structural model tested in this study suggests that healthy family functioning fosters an increase in positive mental resources. Consequently, positive mental states are posited to act as a cognitive and emotional defense against negative mental states. We hypothesize that the direct impact of family functioning on negative mental states will be less significant compared to the indirect effects mediated by positive mental states. It is presumed that when a healthy family environment promotes elevated positive mental states, the reduction in

negative mental states will be substantial, as positive mental states are believed to provide resilience against such negativity.

In this investigation, the antecedent variable, family functioning, is operationalized using the General Family Functioning Scale, an overarching measure derived from one of the subscales of the Family Assessment Device (FAD), which is based on McMaster's Model of Family Functioning (Epstein et al., 1978). The mediating variables in the model include positive mental states, defined as happiness (measured by the Oxford Happiness Questionnaire), hope (measured by the Herth Hope Index), and optimism (measured by the Life Orientation Test – Revised). The causal variable in the model, negative mental states, is operationalized as depression, anxiety, and stress, measured using the Depression Anxiety Stress Scale.

### ***Purpose of the study***

The primary aim of the study was to examine a model proposing that mental states are influenced by family dynamics. To achieve this, the study initially evaluated the measures used in the research through a measurement model. Subsequently, a Structural Equation Model (SEM) was developed and assessed, focusing on negative mental states with family functioning and positive mental states as precursor variables.

In constructing our SEM model, we acknowledged the validity of certain relationships between the constructs as proposed in existing literature. However, it's important to note that these relationships had not been tested within a causal modeling framework. Therefore, while we considered these relationships plausible for the purpose of constructing testable causal and measurement models, we did not automatically assume their validity in any specific sample or population when testing the models. Thus, the study both acknowledges the validity of the proposed relationships for constructing models and refrains from automatically assuming their validity when testing the models.

## **METHOD**

### ***Participants***

The research was carried out in the Kurnool Andhra Pradesh of India, specifically collecting data from 201 female students enrolled in undergraduate and postgraduate programs at the Kurnool Andhra Pradesh the participants' ages ranged from 20 to 35 years, with an average age of 26years.

### ***Instruments***

The current study utilized self-reported instruments as follows:

- a. McMaster General Family Functioning Scale:** This scale, a subscale of the McMaster Family Assessment Device (FAD), was developed by Epstein, Baldwin, & Bishop (1983) based on the McMaster Model of Family Functioning (MMFF; Epstein, et al., 1978; Westley & Epstein, 1969). It comprises 12 items, half of which are phrased positively and the other half negatively. The scale assesses the overall health or pathology of the family, with scores ranging from 1 (strongly agree) to 4 (strongly disagree).
- b. Life Orientation Test – Revised (LOT-R):** Developed by Scheier, Carver, & Bridges (1994), this test consists of 10 items. Three items measure optimism, three measure pessimism, and four serve as fillers. It employs a 5-point scale, ranging from 0 (strongly disagree) to 4 (strongly agree), with items 3, 7, and 9 being reverse-scored. Fillers (items 2, 5, 6, and 8) are not scored.

- c. **Herth Hope Index (HHI):** An abbreviated version of the Herth Hope Scale (Herth, 1992), this index comprises 12 items based on three dimensions: temporality and future, positive readiness and expectancy, and interconnectedness. Responses are on a 4-point scale, ranging from 1 (strongly disagree) to 4 (strongly agree), with items 3 and 6 being reverse-scored.
- d. **Oxford Happiness Questionnaire (OHQ):** Derived from the Oxford Happiness Inventory (OHI), this questionnaire includes eight items from the OHI, some phrased positively and others negatively. Responses are on a 6-point Likert scale, ranging from 'strongly agree (6)' to 'strongly disagree (1)', with items 1, 4, and 8 being reverse-scored.
- e. **Depression Anxiety Stress Scale (DASS-21):** Developed by Lovibond and Lovibond (1995), this scale comprises three subscales, each with seven items: Depression, Anxiety, and Stress. It assesses various aspects such as dysphoria, hopelessness, autonomic arousal, and stress levels. Ratings range from 0 (never) to 3 (almost always).

### ***Procedure***

Participants were provided with a survey package containing all the instruments described above, along with clear instructions. The questionnaires were distributed to participants across various departments and collected on subsequent days.

### ***Data analysis***

A measurement model comprising three latent variables (LVs) corresponding to family functioning, positive mental states, and negative mental states was developed, and the strength of the relationships between these LVs was investigated. Confirmatory Factor Analysis (CFA), using Analysis of Moment Structures (AMOS 20.0), was employed to assess the adequacy of the measurement model before testing more complex Structural Equation Models (SEMs). The primary focus of the study was on understanding the relationships between family functioning, positive mental states, and negative mental states. Hierarchical Structural Equation Modeling (HSEM), as proposed by Byrne (1998) and Kaplan (2000), was utilized to examine these relationships.

Structural Equation Modeling (SEM), conducted using AMOS 20.0, was employed to test the study hypotheses. SEM was chosen for its ability to correct for measurement error and estimate both direct and indirect (mediated) effects simultaneously. Constructs were represented using item-parcels, which are sums of items (Bandalos & Finney, 2001). The use of parcels is deemed acceptable as long as the indicators represent a single dimension and are closely interrelated (Little, Cunningham, Shahar, & Widaman, 2002).

### ***Model fit:***

In assessing model fit for both Confirmatory Factor Analysis (CFA) and Structural Equation Models (SEMs), a combination of parameter investigations, chi-square/degrees of freedom ratio, relative fit indices, and information criteria are typically employed. All parameters should fall within acceptable values, with the chi-square/degrees of freedom ratio ideally close to or less than two. Various relative fit indices, such as the Root Mean Square Error of Approximation (RMSEA), Goodness-of-Fit Index (GFI), and Comparative Fit Index (CFI), are used to measure model fit relative to a baseline model hypothesizing a unidimensional factor structure (Hu & Bentler, 1999).

In this study, standard indices and cutoff values were utilized to evaluate fit. Specifically, RMSEA should be less than .08, and GFI and CFI should each exceed .90, as recommended by Kline (1998). These measures serve as indicators of model fit, with all parameters estimated using the maximum likelihood procedure.

## RESULTS

### *Confirmatory factor analyses*

A correlation matrix was computed among the domains of family functioning, positive mental states, and negative mental states (see Table 1). With three exceptions, all intra-domain correlations were found to be significant, indicating overall medium to high size relationships (Cohen, 1988).

Confirmatory Factor Analysis (CFA) was conducted on the overall measurement model, incorporating all three latent variables. The analysis yielded satisfactory model fit ( $\chi^2(17, N = 201) = 53.58, p < .001$ , ratio = 3.15; CFI = .93; GFI = .94; RMSEA = .10), suggesting that the observed variables served as good indicators of the latent variables and that the three latent variables represented distinct constructs. Figure 1 illustrates that the indicators displayed high factor loadings, with an average factor loading of approximately 0.71.

Table 2 demonstrates that the factors of positive and negative mental states are negatively and statistically significantly related to each other. The family functioning factor is positively and statistically significantly related to positive mental states but negatively related to negative mental states. These relationships align precisely with the theoretical predictions.

### *Structural Equation Modeling (SEM)*

To assess the relationship between the predictor latent factor, healthy family functioning, and the outcome latent factors of positive and negative mental states, a Structural Equation Model (SEM) was employed. Table 3 indicates that the model fit the data well, with the chi-square/degrees of freedom ratio close to two for the SEM model, GFI = .96, CFI = .96, and RMSEA = .07, which is less than 0.08.

**Table 1: Correlations among Family Functioning, Positive and Negative Mental States Indicators**

Variable	2	3	4	5	6	7	8
Family Functioning Domain							
Negative	-.54***	-.28***	-.36***	-.34***	.45***	.25***	.34***
Positive	-	.27***	.37***	.23**	-.24**	-.08	-.11
Positive Mental States Domain							
Happiness		-	.59***	.43***	-.44***	-.20**	-.17*
Hope			-	.53***	-.48***	-.14	-.25***
Optimism				-	-.44***	-.19**	-.18*
Negative Mental States Domain							
Depression					-	.49***	.51***
Anxiety						-	.52***
Stress							-

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 2: Matrix outlining Factor Correlation**

	Family Functioning	Positive Mental States	Negative Mental States
Family Functioning	-	.51*	-.55*
Positive Mental States		-	-.64*
Negative Mental States			-

\* $p < 0.001$ .

**Table 3: Model Fit Statistics**

Model	Description	$\chi^2$	df	$\chi^2/df$	GFI	CFI	RMSEA
M1	First-order model: 8 indicators, 3 factors	53.58	17	3.15	.94	.93	.10
M2	SEM model for Mental states	35.75	17	2.10	.96	.96	.07

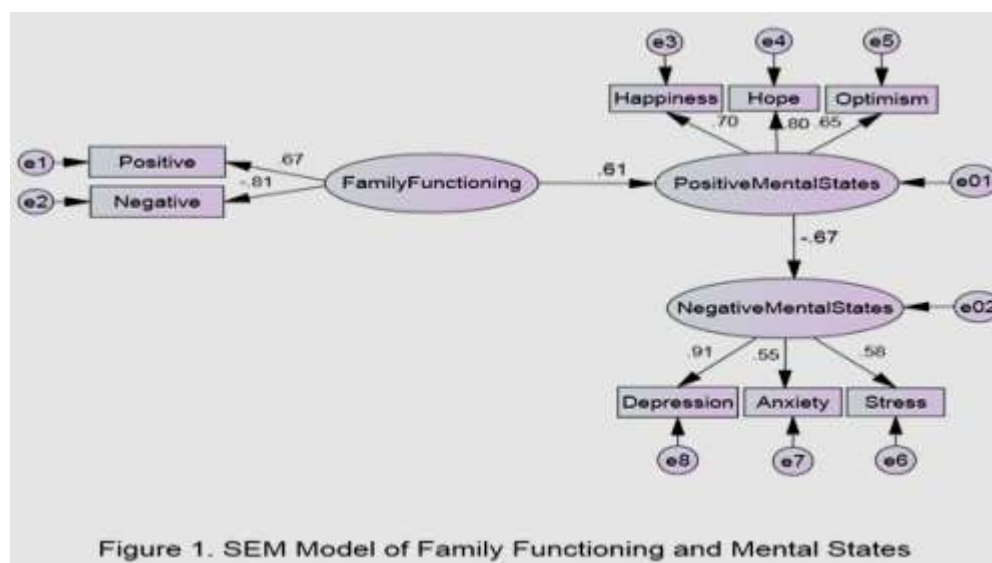


Figure 1 illustrates that all relationships between the latent variables were as hypothesized. Healthy family functioning is significantly and positively related to positive mental states, which, in turn, are significantly and negatively related to negative mental states. Therefore, positive mental states act as a mediating variable between healthy family functioning and negative mental states in women. The substantially good fit of all models allows for valid inferences to be drawn, including that: (a) The survey scales represent substantially good measures of the factors they are intended to measure; (b) Negative mental states can be accurately modeled as an outcome of family functioning mediated by positive mental states.

## DISCUSSION

The study's findings suggest a significant positive relationship between healthy family functioning and positive mental states, while both are negatively associated with negative mental states. This pattern aligns with previous research conducted in various cultural contexts, both western and non-western. However, the simultaneous modeling of these variables as interacting factors influencing outcomes has been limited in previous studies. Here, we demonstrate that positive mental states mediate the relationship between family functioning and negative mental states, elucidating how these factors work together to influence outcomes. Specifically, healthy family functioning is proposed to increase positive mental states, which in turn have a larger direct impact on reducing negative mental states. Essentially, our hypothesis suggests that family environment indirectly impacts negative mental states by enhancing positive beliefs and thoughts, which directly reduce negative mental states.

While earlier studies have mainly focused on adolescents, our research explores this relationship among female students in Kurnool Andhra Pradesh, highlighting the importance of positive mental states as a mediator in mitigating negative mental states in women. This finding strengthens the case for interventions aimed at bolstering both environmental factors and individual strengths. Given that positive mental states were identified as a mediating



variable, interventions targeting improved family functioning are expected to foster the development of strengths and subsequently reduce negative mental states in women. Therefore, interventions need not directly target negative mental states; instead, by emphasizing the enhancement of healthy family functioning and the cultivation of strengths, reductions in negative mental states can be anticipated.

Although not explicitly tested in this study, the results suggest that combined interventions targeting both family functioning and positive mental states may be particularly effective in addressing negative mental states in women.

***Limitations and recommendations:***

The present study has several limitations that warrant consideration. Firstly, the sample was restricted to female students Of Kurnool Andhra Pradesh which limits the generalizability of the findings to broader populations. Additionally, the study lacked longitudinal data, which could have enabled the estimation of causal effects of family functioning on mental states while considering previous levels of these variables. Longitudinal data allow for the examination of how variables change over time and can provide more robust evidence of causal relationships. Furthermore, longitudinal modeling often reveals attenuated effects between variables across time due to various factors. Although efforts were made to minimize measurement error in the present model, the magnitude of structural paths may have been influenced by the absence of longitudinal data. Given these limitations, future studies could benefit from incorporating more diverse samples and utilizing longitudinal data. Such approaches would enhance the generalizability and robustness of the findings, providing a deeper understanding of the relationships between family functioning and mental states.

## **CONCLUSION**

This study demonstrates that mental states in women can be effectively modeled as influenced by family dynamics. The modeling indicates that both family functioning and positive mental states play pivotal roles in mitigating negative mental states among women.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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