Original Article

IEEPJ Vol. 4, No. 3, 2022, 441-449

http://ieepj.hormozgan.ac.ir/

Iranian Evolutionary and Educational Psychology Journal

IEEPJ

Comparing of Pathology and Family Integration within Process and Content Model in High and Low Resilience Families

Fateme Darenjani Shirazi[1], Nadereh Sohrabi[2], Mahboubeh ChinAveh[3]

1- PhD Student, Department of Psychology, Arsanjan Branch, Islamic Azad University, Arsanjan, Iran

2- Assistant Professor, Department of Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran

3- Assistant Professor, Department of Psychology, Arsanjan Branch, Islamic Azad University, Arsanjan, Iran

* Corresponding author's Email: sohrabish.2006@yahoo.com

Abstract: The aim of this study was to compare the pathology and family integration within the process and content model in high and low resilience families. The method of the current research is a descriptive survey and the statistical population includes 6000 parents of middle school students were living in Shiraz city in 2020. The sample size of the research was 361 people who were selected by accessible sampling method. Self-report family content scale (SFCS), self-report family process scale and Sixbey Family Resilience Assessment Scale (FRAS) were used to collecting data. The data were analyzed using the MANOVA test. The results revealed that there is a significant difference between high and low resilience families in the subscales of job and education, time to be together, financial resources, physical appearance, social dignity and physical and mental health. According to the findings, coping skills, cohesion and mutual respect and religious belief, decision-making, problem solving and communication skills were higher in families with high resilience than families with low resilience. In general, the findings exhibited that there is a significant difference between high and low resilience families in family integrity.

Keywords: Pathology and family integration, process and content model, resilience

Introduction

The family is a social and natural system with a complex emotional structure, whose characteristics are love, loyalty and continuity of membership (Jahani et al., 2012). Therefore, the family has the first and most stable effects on mental development and even mental disorders. The most important function of the family is to create security and peace of mind for the family members, and therefore it can be said that it is a protective factor against all kinds of difficulties and dangers, and it is a supporter and a safe haven for its members in any situation. However, the family, like other social institutions, is not immune from various damages and may face various problems and hardships during its lifetime, and when it suffers damage, not only will have the functions, but it will be the cause of many psychological and even physical damages to individuals and the collapse of the family, and finally, the society will not be immune from its harmful damages, because the society is made up of families.

By studying the research literature in the field of family, we find that different models have been presented in the field of family, which the bases and principles of each of these views are different from each other, and each family is considered from a specific perspective. One of the models presented in the field of family is the Family process and content model (FPCM) was developed by Samani (2005). FPCM is derived from the principles of two systemic and conflict theories, which,

Article information: Received: 2022/03/21 | Accepted: 2022/05/7 | Published: 2022/09/1. https://doi.org/10.52547/ieepj.4.3.441

[DOR: 20.1001.1.25884395.2022.4.3.4.8]

[DOI: 10.52547/ieepj.4.3.441]

with a comprehensive view, pays attention to the three dimensions of family: processes, family content, and family social context, which affect the efficiency of families (Samani, 2011). In this model, which is a native model for Iranian families and has the ability to show a psychological profile, the efficiency of a family is dependent on three sets of factors: 1) family processes; 2) family content; 3) The social aspect of the family. The family process includes all the functions of family members over time to organize emotional, cognitive and social events, including the family's ability to adapt to new needs and conditions and various communication skills, decision-making, coping with stress, problem solving, and flexibility, child rearing, planning and leadership. The content of the family includes the qualitative level of physical and mental health of the family, occupation, income, education, number of family members, presence and absence of family members, literacy level, place of residence, age, sex, race, nationality etc. The most important elements of these demographic factors are fixed and changeable. Finally, the social aspect of the family includes the belief system and standards that encompass the institution of the family in a society (Samani, 2011). On the other hand, family pathology refers to factors that threaten the mental health of the family. In the psychological profile, on the horizontal axis, sub-scales of the processes including decision-making and problem-solving skills, communication skills, coping skills, cohesion, respect and religious belief were placed, and on the vertical axis, the sub-scales Family content includes job and education, quality of living place, educational facilities, financial resources, physical appearance and social status, physical and mental health. This profile shows the experts in which process or which content each family is weak or strong, and thus it is possible to take prescriptive measures and plan treatment plans for them (Siamak, 2010).

On the other hand, integrated family in the contextual model of the family process and content is a family in which the father, mother and child are all in the same range of family typology. On the other hand, family pathology refers to factors that threaten the mental health of the family. In the psychological profile, on the horizontal axis, sub-scales of the processes including decision-making and problem-solving skills, communication skills, coping skills, cohesion, respect and religious belief were placed, and on the vertical axis, the sub-scales Family content includes job and education, quality of living place, educational facilities, financial resources, physical appearance and social status, physical and mental health. Based on this profile, the experts recognize which process or which content in the family is weak or strong, and thus it is possible to take prescriptive measures and plan treatment plans for them (Siamak, 2010).

On the other hand, resilience is very important as one of the variables related to positive psychology. Sixbey (2005) considers resilience to be effective flexibility against life events and states that resilience is the ability to adapt appropriately when exposed to stressful and dangerous situations or important threats. Resilience is the ability to bounce back from sustained and ongoing difficulty and the ability to repair oneself. This human capacity can make him triumphantly overcome unfortunate events and improve his social, academic and professional competence despite being exposed to extreme tensions. Resilience is a characteristic that varies from person to person and can grow or decrease over time and is formed based on the intellectual and practical self-correction of human

[DOR: 20.1001.1.25884395.2022.4.3.4.8]
[DOI: 10.52547/ieepj.4.3.441]

beings in the trial and error process of life. Enhancing resilience leads to the growth of people in acquiring better thinking and self-management skills and more knowledge (Alessandri et al., 2016).
The life of families has changed dramatically in the last few decades. Every change brings a challenge. Considering these challenges, it is necessary for families to have strategies to deal with them. The family's ability to face challenges and overcome problems and the power to achieve goals can be the most concise definition of family resilience, which are mainly considered in the field of family communication, beliefs and spirituality, bonds and emotions, and family organization (Happer et al., 2017). According to Black and Lobo (2008), family resilience is understood when the family and individuals face a tragedy and can maintain the patterns of functioning after facing stressful factors. In general, resilience is characterized by the emergence of good outcomes despite adverse conditions that maintain competence under stressful conditions or sustain recovery after injury (Walsh, 2003). Also, Patterson (2002) concluded that regulating emotions and the emotional atmosphere of the family leads to the reduction of interpersonal differences and increases resilience. Also, the findings show the positive effect of people's ability to regulate emotions in increasing resilience at higher levels (Patterson, 2002). For example, Tahmassian et al. (2017) in a research entitled "Analysis of the health status of Iranian families: the concept of a healthy family, recognition of the characteristics of a healthy Iranian family and harmful factors from the point of view of experts" on 25 experts, it was shown that experts from different fields emphasize on the transition process of the Iranian family; For this reason, it should be said that the Iranian family is a family that is moving towards modernity. But this family does not have a firm position on the spectrum of tradition and modernity, so that in some relationships, it is closer to tradition and in others, it is closer to modernity. Abdi et al. (2019) in a research entitled "Investigation of the psychometric characteristics of the resilience scale in women with breast cancer" which was conducted on 202 breast cancer patients in medical centers in Tehran indicated that resilience in women with breast cancer can have an effective and helpful role in their life path. Miller et al. (2020) in a study entitled "Family Separation and Health Outcomes: Understanding Risk and Opportunities for Resilience" concluded that parental separation is considered an adverse event and can lead to negative health consequences throughout life, so it is very necessary to pay attention to the issue of resilience among families. Morgan et al. (2020) in a study entitled "Comparison of psychological resilience and its related factors in Chinese families with first and only children" concluded that the total psychological resilience score, and resilience subscales like emotion control and goal focus average scores of families with first children are significantly lower than only children. Total psychological resilience scores for both males and females were significantly lower in firstborns, compared to only children, respectively. Emotional warmth and understanding in both parents were positively associated with total psychological resilience in the only child. Severe punishment by father and rejection/denial by mother were negative factors with overall psychological resilience score in only child. Severe punishment and non-acceptance/denial by the father and severe punishment by the mother had a negative relationship with the total psychological resilience score in the first-born infant. Child abuse had a negative relationship with the psychological flexibility score in the only child, and it had a negative relationship with goal focus and emotional control. Morote et al. (2020) in a research titled "Development and Validation of a Theory-Based School Resilience Scale

[DOR: 20.1001.1.25884395.2022.4.3.4.8]
[DOI: 10.52547/ieepj.4.3.441]

for Families" concluded that a multidimensional structure of school resilience is embedded as a collective resilience factor. It can be described and measured in family members and systems related to adolescents. Further studies should determine its role in promoting adolescent family resilience, mental well-being, educational outcomes, and their positive adaptation in challenging contexts. Therefore, the current research seeks to answer the question of whether there is a difference between pathology and family integrity in the process and content model in families with high and low resilience.

Material and Methods

The current research was a causal-comparative study in which family pathology in the process and content model was compared in families with high and low resilience. The statistical population included all couples (parents of middle school students living in Shiraz) in 2020. According to the current situation (problems and restrictions due to the corona virus), the selection of parents was done in the form of accessible sampling. In this research, using Cochran's sample size estimation formula with a statistical population size of 5976 people at a confidence level of 95% with a probability of error of 5%, the sample size was calculated as 361 people. The subjects of the study were first explained about the objectives of the study; they were assured that the received information would remain confidential and the data would be analyzed in groups. To collect data, self-report questionnaires of family process (SFPS), family content (SFCS) and family resilience (FRAS) were used, which are described below.

Self-Report Family Process Scale (SFPS): The Family Process Self-Report Scale (SFPS) was developed by Samani (2005) based on the theoretical model of family process and content. This questionnaire has 43 questions in which the subject has to choose his level of agreement with each of the items by choosing a five-point scale. This questionnaire examined the family process in 5 areas (decision making and problem solving, coping skills, cohesion and mutual respect, communication skills and religious beliefs). The method of scoring the self-report scale of the family process (SFPS) is a 5-point Likert scale from 1 to 5, which is considered to be 5 for the answer "completely disagree" and "completely agree". The range of scores of this questionnaire is between 43 and 215. A high score in each of these areas indicates that there is more of that process among family members. In order to determine the reliability of the family process scale, Samani (2005) used two methods of calculating Cronbach's alpha and the test-retest method. The alpha coefficient for decision-making and problem-solving, coping skills, cohesion and respect, communication skills and religious beliefs were reported as 0.86, 0.88, 0.76, 0.79 and 0.79, respectively. The results of test-retest reliability of these factors were 0.83, 0.77, 0.78, 0.72 and 0.79, respectively. The validity of the questionnaire was calculated using the correlation coefficients of each question with the total score and it showed that all questions have a significant correlation with the total score.

Self-Report Family Content Scale (SFCS): The Family Content Self-Report Scale (SFPS) was developed by Samani (2005) based on the contextual model of family content and process. This questionnaire has 38 questions in which the subject has to choose his level of agreement with each of the items by choosing a five-point scale from "completely disagree" to "completely agree". This

[DOR: 20.1001.1.25884395.2022.4.3.4.8]
[DOI: 10.52547/ieepj.4.3.441]

questionnaire examines the content of the family in 7 areas (occupation and education, time together, financial resources, physical appearance and social status, physical and mental health, living space and educational facilities). The scoring method of the self-report family content scale (SFCS) is a 5-point Likert scale from 1 to 5. The range of scores of this questionnaire is between 43 and 190. A high score in each of these areas indicates the adequacy and satisfaction of the family members in that area. In order to determine the reliability of the family content scale, Samani (2005) used two methods of calculating Cronbach's alpha and the test-retest method and reported its reliability at a satisfactory level. The validity of this questionnaire was calculated using the correlation coefficients of each question with the total score and it showed that all questions have a significant correlation with the total score.

Family Resilience Assessment Scale (FRAS): The FRAS is a standardized tool for measuring family resilience that was developed by Sixbey (2005) based on Walsh's (2003) family resilience system theory. This questionnaire has 66 questions in which the subjects must choose their level of agreement with each of the items. This questionnaire examines the resilience of the family in 6 areas, which are: 1- family communication and problem solving, 2- benefiting from economic/social resources, 3- maintaining a positive outlook, 4- connection family, 5- family spirituality 6- the ability to create meaning for difficulty. The range of scores of this questionnaire is between 66 and 204. The higher a person's score in this scale means that the family has a high level of resilience and a low score means that the family has a low level of resilience. (To determine high resilience and low resilience, two standard deviations, high and low, of the average were considered). The psychometric evidence of this scale has been confirmed by Sixbey (2005). The validity of this questionnaire was calculated using the correlation coefficients of each question with the total score and it showed that all questions have a significant correlation with the total score. Data were analyzed using MANOVA and using SPSS-23 software.

Results

Table 1 shows the mean and standard deviation of the process and content components of the integrated family model. In Table 2, MANOVA results related to process components are presented.

Table 1. Mean and standard deviation of the process and content components of the integrated family model

Variable	High resilience families		Low resilience families	
	Mean	SD	Mean	SD
Job and education	6.54	1.24	4.28	1.43
Time to be together	5.98	1.33	3.78	1.86
Funds	6.18	1.53	3.91	1.16
Physical appearance and social status	6.13	1.83	4.09	1.36
Physical and mental health	5.28	1.39	3.18	1.12
Living space	4.33	1.12	4.23	1.11
Life facilities	4.87	1.31	4.32	1.09
Decision making and problem solving	7.14	1.29	5.32	1.22
Coping skills	6.64	1.23	4.39	1.56
Coherence and mutual respect	7.75	1.09	4.98	1.26
Communication skill	5.19	1.59	3.89	1.62
Religious belief	7.71	1.51	5.12	1.32

[DOR: 20.1001.1.25884395.2022.4.3.4.8]
[DOI: 10.52547/ieepj.4.3.441]

Table 2. MANOVA results to test the difference between two groups in content components

Test	Value	F	Error DF	p
Pillai's trace	0.150	63.18	717	0.001
Wilks' lambda	0.850	63.18	717	0.001
Hotelling's trace	0.176	63.18	717	0.001
Roy's largest root	0.176	63.18	717	0.001

According to Table 1, the value of F in four MANOVA tests is significant at the 0.001 level. Therefore, the effect of the group variable on at least one of the dependent variables (content components) is significant. Therefore, it can be said that there is a significant difference between two groups of families with high and low resilience in at least one of the content components. Table 3 shows the results of ANOVA embedded in MANOVA.

Table 3. Results of ANOVA embedded in MANOVA related to content components

Index	Variable	SS	DF	F	p
Group	Job and education	698.92	1	38.48	0.001
	Time to be together	299.46	1	10.39	0.001
	Funds	151.54	1	9.18	0.003
	Physical appearance and social status	149.92	1	37.76	0.001
	Physical and mental health	780.01	1	47.89	0.001
	Living space	16.31	1	1.49	0.222
	Life facilities	0.551	1	0.125	0.724

According to Table 3, there is a significant difference between the two groups in the subscales of job and education, time to be together, financial resources, physical appearance and social status, and physical and mental health. Considering that the average of the subscales in families with high resilience is higher than families with low resilience, so this difference is in favor of families with high resilience. Table 4 shows the results of the MANOA test to examine the difference between the two groups in the subscales of the process.

Table 4. MANOVA results to test the difference between two groups in process components

Test	Value	F	DF	p
Pillai's trace	0.383	88.47	714	00.1
Wilks' lambda	0.617	88.47	714	00.1
Hotelling's trace	0.620	88.47	714	00.1
Roy's largest root	0.620	88.47	714	00.1

According to Table 5, the value of F in four MANOVA tests is significant at the level of 0.001. Therefore, the effect of the group variable on at least one of the dependent variables (process subscales) is significant. Therefore, it can be said that there is a significant difference between two groups of families with high and low resilience in at least one of the components of the process. Table 5 shows the results of ANOVA embedded in MANOVA.

[DOR: 20.1001.1.25884395.2022.4.3.4.8]
[DOI: 10.52547/ieepj.4.3.441]

Table 5. Results of ANOVA embedded in MANOVA related to process components

Index	Variable	SS	DF	F	p
Group	Decision making and problem solving	12655.64	1	204.66	0.001
	Coping skills	10968.18	1	264.31	0.001
	Coherence and mutual respect	7807.52	1	272.68	0.001
	Communication skill	458.57	1	81.16	0.001
	Religious belief	981.03	1	68.75	0.001

According to Table 5, there is a significant difference between the two groups in the subscales of decision making and problem solving, coping skills, cohesion and mutual respect, communication skills and religious belief. Considering that the average of the subscales in families with high resilience is higher than families with low resilience, so this difference is in favor of families with high resilience.

Discussion

The results showed that there is a significant difference between the two groups of families with high and low resilience in the subscales of job and education, time to be together, financial resources, physical appearance and social status, and physical and mental health. Therefore, the mean values of the subscales of job and education, time to be together, financial resources, physical appearance and social status and physical and mental health are more in a family with high resilience than a family with low resilience, so this difference is in favor of a family with high resilience. Also, there is a significant difference between the scores of two groups of families with high and low resilience in the subscales of decision-making and problem solving, coping skills, cohesion and mutual respect, communication skills and religious belief. Therefore, the average scores of the subscales of coping skills, cohesion, respect and religious belief in the family with high resilience is more than the family with low resilience, so this difference is in favor of the family with high resilience. Our results are in line with previous studies (Abdi et al., 2019; Black & Lobo, 2008; Miller et al., 2020; Morote et al., 2020; Nam et al., 2016; Simon et al., 2005; Tahmassian et al., 2017).

In the possible explanation of this hypothesis, it should be said that families without problems are successful in achieving goals, use actions well in adapting to new situations, and work well in organizing their talents, and in addition they have a high level of family (such as income and good job, higher education, housing, health, etc.). Families that have a suitable situation in terms of process and content are effective in forming a suitable resilience in family members by creating a healthy and safe environment and keeping children away from stress and psychological pressure. If communication skills among family members be at a suitable level, their ability to deal with problems increases. These skills help the family to express their feelings and thoughts easily and achieve mutual understanding about each other's behavior, and this mutual understanding increases the resilience of the family (Samani, 2011).

On the contrary, the problematic family has low quality in terms of content and family process. This means that skills such as problem-solving, decision-making, confrontation, flexibility and communication skills are very weak in such families and they do not have adequate facilities for life. They use unhealthy family patterns and their interactions are accompanied by tension and unhealthy behaviors. The emergence of destructive conflicts harms the unity of the family, causes hypocrisy, aggression and militancy, and finally

[DOR: 20.1001.1.25884395.2022.4.3.4.8]
[DOI: 10.52547/ieepj.4.3.441]

its disintegration. The occurrence of frequent conflicts and arguments between parents causes chaos and disintegration of the family and has a negative effect on the quality and behavior of children (Patterson, 2002).

Coherence and emotional bond, decision-making method, interests and reactions basically lead to the balance of family members. Healthy families, due to the high level of processes such as decision-making and problem-solving skills, coping and communication skills, religious beliefs, as well as rich family content that includes suitable jobs, more financial resources and suitable facilities feel resilient and believe that they are successful in performing their duties and have the necessary ability.

Family pathology refers to the factors that threaten the mental health of the family. In expressing the importance of family pathology, it should be noted that the root of most of the behavioral, emotional, social and moral abnormalities of the people of a society originates from the crisis in family. Therefore, the purpose of family pathology is, on the one hand, to know the causes and factors that cause the failure of the family and the formation of family problems, and on the other hand, it is to provide the desired prevention methods. Also, the family has a systematic structure of power and creates complex forms of overt and covert messaging and possesses elaborate negotiation and problem-solving methods that allow it to successfully complete a variety of tasks. However, the family, like other social institutions, is not immune from various damages and may face various problems and hardships during its lifetime (Sadat Hosseini & Hosseinchari, 2013).

The obtained findings can be used by family counseling centers to consider resilience in the form of complementary programs for families and increase the resilience of families. It is also suggested to prepare appropriate training packages to improve resilience and to solve the specific challenges of each family in order to reduce family damage.

Conflict of interest: The authors state no conflict of interest in the study.

Financial sponsor: The authors acknowledge that they have not received any financial support for all stages of the study, writing and publication of the paper.

Acknowledgements: The researchers wish to thank all the individuals who participated in the study.

References

Abdi, F., Banijamli, S., Ahadi, H., & Koushki, s. (2019). Psychometric properties of of Resilience scale (CD-RISC) among women's with breast cancer [Research]. *rph*, *13*(2), 81-99. https://doi.org/10.52547/rph.13.2.81

Alessandri, G., Eisenberg, N., Vecchione, M., Caprara, G. V., & Milioni, M. (2016). Ego-resiliency development from late adolescence to emerging adulthood: A ten-year longitudinal study. *Journal of Adolescence, 50*, 91-102.

Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of family nursing*, *14*(1), 33-55.

[DOR: 20.1001.1.25884395.2022.4.3.4.8]

[DOI: 10.52547/ieepj.4.3.441]

Happer, K., Brown, E. J., & Sharma-Patel, K. (2017). Children's resilience and trauma-specific cognitive behavioral therapy: Comparing resilience as an outcome, a trait, and a process. *Child abuse & neglect*, *73*, 30-41.

Jahani, S., Sohrabi, N., & Samani, S. (2012). *Comparison of family process and content in families with hyperactive and normal children* Second National Conference on Psychology - Family Psychology, Tehran.

Miller, K. K., Brar, P., Brown, C., García-Huidobro, D., Shramko, M., & Svetaz, M. V. (2020). 29. Family Separation and Latinx Youth Health Outcomes: Understanding Risk and Opportunities for Resilience. *Journal of adolescent health*, *66*(2), S16.

Morgan, T., Yang, S., Liu, B., & Cao, Y. (2020). A comparison of psychological resilience and related factors in Chinese firstborn and only children. *Asian journal of psychiatry*, *53*, 102360.

Morote, R., Anyan, F., Las Hayas, C., Gabrielli, S., Zwiefka, A., Gudmundsdottir, D. G., Ledertoug, M. M., Olafsdottir, A. S., Izco-Basurko, I., & Fullaondo, A. (2020). Development and validation of the theory-driven School Resilience Scale for Adults: Preliminary results. *Children and Youth Services Review*, *119*, 105589.

Nam, B., Kim, J. Y., DeVylder, J. E., & Song, A. (2016). Family functioning, resilience, and depression among North Korean refugees. *Psychiatry research*, *245*, 451-457.

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of marriage and family*, *64*(2), 349-360.

Sadat Hosseini, F., & Hosseinchari, M. (2013). The Survey of Validation and Reliability of Family Resiliency Scale. *Family Counseling and Psychotherapy*, *3*(2), 181-209. https://fcp.uok.ac.ir/article_9624_9ea6c853a93e42246bb442b26958b6cd.pdf

Samani, S. (2005). *Family Process and content Model: A Theoretical Model* British Psychological Society & Social Psychology, Birmingham, UK.

Samani, S. (2011). Family process and content model: A contextual model for family studies. *Procedia-Social and Behavioral Sciences*, *30*, 2285-2292.

Siamak, S. (2010). Family types in the family process and content model. *Procedia-Social and Behavioral Sciences*, *5*, 727-732.

Simon, J. B., Murphy, J. J., & Smith, S. M. (2005). Understanding and fostering family resilience. *The Family Journal*, *13*(4), 427-436.

Sixbey, M. T. (2005). *Development of the family resilience assessment scale to identify family resilience constructs*. University of Florida.

Tahmassian, K., Mootabi, F., Chimeh, N., Anari, A., Anari, R., & Taheri Far, Z. (2017). Situation analysis of iranain families: Concept of healthy family, recognizing features of iranain healthy family and traumatic factors from the expert's view [Qualitative]. *Nursing and Midwifery Journal*, *15*(8), 630-641. http://unmf.umsu.ac.ir/article-1-3127-fa.html

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*(1), 1-18.

[DOR: 20.1001.1.25884395.2022.4.3.4.8]

[DOI: 10.52547/ieepj.4.3.441]