Effectiveness of Family Therapy on Poor Communication and Family Relationship: An Intervention Study

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ABSTRACT

Background: A structured way of communication can bring clarity of expression between family members which help to maintain the homeostasis in the family. Like communication, there are various other aspects in the family that affects the entire familial relationship, such as cohesion between the members, their way of handling conflict situation and level of expressiveness amongst them. Aim: To evaluate and intervene poor communication and familial relationship through providing family therapy. Methods and Materials: This was an intervention study with a pre-post experimental design. Fifteen families those who had attended the OPD of the Institute of Psychiatry, Kolkata were selected in this study following clear inclusion and exclusion criteria and through purposive sampling technique. After assessing with FCS and BFRS, eclectic family therapy as provided, followed by postassessment in the same parameters. Descriptive statistics and Wilcoxon signed-rank test were used for statistical analysis. Results: The findings reveal that an eclectic family therapeutic approach significantly improved communication level and overall family relationship among the members of the families. **Conclusion:** The study highlights the impact of communication in a familial relationship in the form of cohesion, expressiveness and conflict resolution through a practical implication of family therapy, which demonstrated to be highly effective.

Keywords: Family therapy, couples, communication, family relationship

INTRODUCTION

A family is a social unit characterized by interpersonal relationships, the common residence with individual cooperation who shares an emotional bond. It is part of a social system which is diverse in nature. Family is that entity which holds us to preserve harmony and brings balance into our life. Communication is that dominant force in a family that holds the key for a strong, healthy and lasting relationship among family members. Any relationship can be revamped by isolating detrimental, misunderstandings, problematic aspects of communication and enhancing interaction process that gets suppressed or changed through times. A family that stays together shares a common bond; maintain cohesion among its members through positive communication that helps members to maintain balance in a familial relationship.

A structured way of communication can bring clarity of expression between family members which help to maintain the homeostasis in the family. Like communication, there are various other aspects in the family that affect the entire familial relationship, such as cohesion between the members, their way of handling conflict situation and level of expressiveness between them. Cohesion is a strong emotional bonding that individual express towards each other to promote their support. Conflict arises when people living together have lack of cohesion that increases with other familial issues. "Family cohesion is the emotional bonding among family members and the feeling of closeness, acceptance within the family system" (McKeown et al., 1997). To develop emotional bonding family must regulate the emotional expressiveness between them.

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In the familial relationship, emotional expressiveness refers to the dominant pattern of both verbal and non-verbal expressions in the family. The study focuses on intricate relational patterns that exist in families and intervening them through imparting family therapy. Family therapy lies on the systems perspective, which proposes that change in one part of the system can bring out change in other parts, and the change can produce fruitful solutions. Family-based intervention can be described as a collection of techniques that focuses on family communication, cohesion, conflict resolution, emotional expressiveness and various other processes and dynamics. Some of the common evidence-based family therapeutic approaches are Brief Strategic Family Therapeutic Approach, Structural Family Therapeutic Approach, Family Behaviour Therapeutic Approach and Functional Family Therapeutic Approach. The goals of these interventions are to bring about systemic changes, enhancing positive family activities, improving communication pattern, equipping with problem-solving skills and enhancing overall family relationship.

Objectives

To evaluate and intervene poor communication and familial relationship through family therapy.

METHODS AND MATERIALS

The study was a cross-sectional, institution-based, pre-post intervention study which was conducted in Kolkata, West Bengal. Through purposive sampling 15 married couple, between 25-50 years of age with their children who have attended the Out-Patient Department of Institute of Psychiatry, Kolkata were included in the study. A person who has an acute psychiatric illness, any disability, chronic or neurological illness in the family and those who had more than 2 children were excluded from the study. After recruiting families, consent was obtained and pre and post-assessment were done after the stipulated number of therapy sessions. Statistical analysis was done using Statistical Package for Social Sciences, version 25 (SPSS-25), Descriptive statistics were used for Socio-demographic profile and Wilcoxon Signed Rank Test used for pre-post assessment. The following instruments were used:

Socio-demographic Datasheet

Family Communication Scale (Olson et. al., 2004): Which identify the pattern of communication present in the family.

Brief Family Relationship Scale (Fok et al., 1994): measures a person's perception of the quality of the family relationship and other dimensions, like cohesion, emotional expressiveness and family conflict.

RESULTS

Socio-demographic Profile

The age range of participants of families was found between 7-40 years. Among 15 families 60% hailed from the sub-urban background, 20% each from a rural and urban background. Majority of the families i.e., 80%, were Hindus whereas 20% were Muslim. A large majority of 86.7% of married couples with children belong to the nuclear family and 13.3% were from joint family. The range of the numbers of family members of the married couples with children was 3-7. Occupational background revealed that 46.7% each in the study were either unemployed or student, and 6.7% were full time employed. Almost 40% of the participant's monthly family income was less than 5,000 INR, 20% has between 10,001 -15,000 INR and 40% of them had 15,001 -20,000 INR.

Table 1 - Socio-demographic Profile

Variables	Categories	Frequency (%)	
		Mean ± SD (N-15)	
Age		22.53 ± 11.63	
Domicile	Urban 3 (20%)		
	Sub-urban	9 (60%)	
	Rural	3(20%)	
Education	Primary education	7 (46.7%)	
	Secondary education	7 (46.7%)	
	Graduation	1 (6.7%)	
Religion	Hinduism	12 (80%)	
	Islam	3 (20%)	
Type of family	Nuclear	13 (86.7%)	
	Joint	2 (13.3%)	
Numbers of family members		3.93 ± 1.03	
Occupation	Full time Employed	1 (6.7%)	
	Student	7 (46.7%)	
	House maker	7 (46.7%)	
Current status of employment	Employed	8 (53.3%)	
	Unemployed	7 (46.7%)	
Family income	Less than 5,000	6 (40%)	
(Per month)	10,001 - 15,000	3 (20%)	
	15,001 – 20,000	6 (40%)	

TABLE 2 Pre-post Intervention Comparative Profiles of Family Communication and Family Relationship

Variable	Negative Rank	Positive Rank	Tie	Z
Communication	0	15	0	-3.411***
Cohesion	0	15	0	-3.411***
Expressiveness	0	15	0	-3.441***
Conflict	0	15	0	-3.448***

^{***} Correlation is significant at the 0.001 level (2-tailed)

The above Table2 indicated the comparative profile of communication and different areas of family relationships (like cohesion, expressiveness and conflict) on pre and post-intervention among married couples with children which was done by using Wilcoxon signed-rank test. Statistically, a significant difference has been found on family communication and family relationships on pre and post-intervention at 0.001 level.

Figure – 1 showed the mean score of pre-assessment of FCS was 15.73 and the post-assessment mean score of FCS was 29.33. The mean score of pre and post-intervention of BFRS were 25.13 and 43.26. In FCS higher score indicated a better level of communication and higher scoring of BFRS indicated improved level of family relationships; which evaluate that after the intervention scores were found to be more effective than previous.

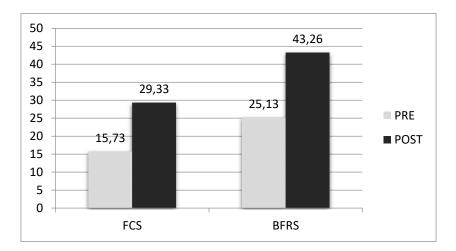


Figure – 1 Mean score of pre-post Intervention of FCS and BFRS

DISCUSSION

In Indian context, families are described as a social institution with its responsibilities for child-rearing, child development, family member's emotional and economical support. After becoming a parent, both partners often focus on their parental role and consequently forgo the effort that is needed to put in other relationship including their marriage. A sudden involvement of a child between the married couple sometimes creates various communication dynamics which affect the family as a whole.

When pathological interaction and miscommunication can sabotage any familial relationships, healthy communication can strengthen the relationship and help to maintain homeostasis within the family. One supportive study by Smith et al., (2009) suggested that family communication has a crucial role in relation with various family domains. Another study by Miranda et al., (2016) suggested that communication has a significant impact on family relationship including cohesion between the family members, expressiveness of their inter-personal relationships and conflict.

In this present study a multi-faceted approach was taken to help the participatory families to bring a comprehensive change in various aspects of familial relationships by improving communication pattern, problem-solving abilities, engaging family in constructive activities, strengthening we feeling and enhancing the overall familial relationship. Through this eclectic approach, it was aimed to intervene intricaterelational patterns through family therapy and instil constructive changes.

While some of the problems were common and similar among the families other problems were polls apart. Some of the common problems were found to be criticizing each other, having excessive outburst of anger, neglecting each other's opinion, absence of sub-system, inappropriate adaptive pattern, higher expectation, and acting on impulse among family members.

Pre-assessment further suggested that there were towering problems in communication in families, which was affecting every familial relationship. As the child became the mediator between a married couple that affects family dynamics broadly, create marital conflict, bring a lack of cohesiveness, and inhibit emotional expressiveness. For managing those significant issues individual emphasis was given on their communication pattern. Some of the other issues that came out after the pre-assessment; were lack of communication between married couples, poor spousal sub-system, high negative expressed emotion, child's behavioural

problems like stubbornness, excessive anger outburst, demanding behaviour, rigid family boundary, family rituals, lack of adaptive pattern, cohesion and poor coping strategies.

All the dimensions of the family relationship were targeted in the eclectic approach of family therapy. Among many, common techniques some were specifically for the adults i.e., married couple or other family members and some were to intervene the child/children in the family. **Reframing** was a technique where the family members got the opportunity to perceive their interactions or situation from a different perspective, which found to have a positive outcome of that particular situation. **Prescriptions of rituals** were suggested to exaggerate or move against the rigid pattern of family rituals, so the couple can maintain their tasks and rituals according to their appropriate and suitable time. **First-order changes** were superficial behavioural changes that were not attempted to change the structure of the system but to bring some temporary changes in the family. These changes were little more than cosmetic change or perhaps simply a reflection of a couple's good intentions. Since some of the families were found to have too rigid or too flexible family boundaries, researcher attempted to create family boundaries that were autonomous and interdependent enough to allow for the growth of the family member.

The study also focused on the children and issues revolving around them. To intervene child's behavioural problem reinforcement-punishment, token economy, storied approach as part of family therapy were used. **Reinforcement** is the process of rewarding each other of family members for certain desire behaviour and **punishment** is a technique that weakens an undesired behaviour to reduce the chances that the behaviour will occur again. Another technique that mostly used as the **token economy**, where the target-based token was given in desired behaviour to modify a child's problem behaviour through reward.

Like the present study, various other studies found improvement through techniques of family therapeutic approach in similar domains. Some of the studies have supported that appropriate techniques of family therapeutic approach bring changes in different family dynamics (Robbins et al., 1996; Bressi et al., 2008).

After providing the intervention package, improvement in both the domains were evident in both the FCS and BFRS, where the higher score indicated the higher level of enhanced communication and family relationships. Similarly, a study by Roy, et al., (2017) revealed that appropriate use of family therapy techniques had a positive impact on parents of children and adolescents. Supporting the study, Bograd, M., (1992) suggested that family therapy had an essential role in conflict resolution. The present study findings suggested adequate use of eclectic family therapy techniques provided changes in family communication along with different familial relationships.

Limitation: A main shortcoming of the study was the small number of families recruited in the study and no control group was included in the study.

Future direction: The emerging evidence on this study allows further researchers to develop a detailed treatment modality, which can be more effective in solving the family problems based on current prospect.

CONCLUSION

Family is a complex unit and every family dynamic are entangled with each other. Ahealthy communication style enables the family to skilfully amend family cohesion and tackle situational and developmental demands when needed. The study highlights the importance of communication and familial relationship among persons suffering from mental illness. It

yields the practical implication of the eclectic approach of family therapy which found to be extremely beneficial for families with mental illness.

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Conflict of Interest: None.

Ethical Clearance: Institutional ethics committee approved the protocol of the study.

REFERENCE

- Bograd, M., (1992). Values in conflict: challenges to family therapists' thinking. *Journal of Marital & Family Therapy*, 18(3), 245-256.
- Bressi, C., Manenti, S., Frongia, P., Porcellana, M., Invernizzi, G., (2008). Systemic Family Therapy in Schizophrenia: A Randomized Clinical Trial of Effectiveness. *Psychother Psychosom*, (77), 43-49
- Fok, C. C. T., Allen, J., Henry, D., & Team, P. A. (2014). The Brief Family Relationship Scale: A Brief Measure of the Relationship Dimension in Family Functioning. *Assessment*, 21(1), 67–72.
- Halberstadt, A. G., Cassidy, J., Stifter, C. A., Parke, R. D. & Fox, N. A. (1995). Self-expressiveness within the family context: Psychometric support for a new measure. *Psychological Assessment*, 7, 93–103.
- Hogue, A., Liddle, H. A., (2009). Family based treatment for adolescent substance abuse: controlled trials and new horizons in services research. *Journal of Family Therapy*. 31 (2), 126-154.
- Jackson, S., Goossens, L., Eds. (2006), Psychology Press: New York, NY, USA, 1–10
- Jaworska, N., & MacQueen, G. (2015). Adolescence as a unique developmental period. *Journal of psychiatry & neuroscience: JPN*, 40(5), 291.
- Jiménez, L., Hidalgo, V., Baena, S., León, A., &Lorence, B., (2019). Effectiveness of Structural-Strategic Family Therapy in the Treatment of Adolescents with Mental Health Problems and Their Families. *International Journal of Environmental Research and Public Health*, 16(7), 1255.
- Lubenko, J., Sebre, S., (2010). Longitudinal associations between adolescent behaviour problems and perceived family relationship. *Procedia-Social and Behavioral Sciences*, 5, 785–790.
- MacCracken, M. (1998). Social Cohesion and Macroeconomic Performance. Ottawa, Canada
- McKeown, R. E., Garrison, C. Z., Jackson, K. L., Cuffe, S. P., Addy, C. L., & Waller, J. L. (1997). Family structure and cohesion, and depressive symptoms in adolescents. *Journal of Research on Adolescence*, 7, 267-282.
- Miranda, A. O., Estrada, D., & Firpo-Jimenez, M., (2000). Differences in Family Cohesion, Adaptability, and Environment among Latino Families in Dissimilar Stages of Acculturation. *The Family Journal*, 8(4), 341–350.
- Olson, D. H., Gorall, D. M., & Tiesel, J. W. (2004). Faces IV package. *Minneapolis, MN: Life Innovations*, (39), 12-13.
- Robbins, M. S., Alexander, J. F., Newell, R. M., & Turner, C. W., (1996). The immediate effect of reframing on client attitude in family therapy. *Journal of Family Psychology*, 10(1), 28–34.
- Roy, T., Thirumoorthy, A., & Parthasarathy, R. (2017). Culturally Relevant Family Therapy Practice with Parents of Children and Adolescents. *Indian Journal of Psychological Medicine*, 39(2), 137-142.
- Rowe, C. L., (2012). Family therapy for drug abuse. *Journal of Marital and Family Therapy*, 38 (1), 59-81.
- Smith, M. K., Freeman, A. P., & Zabriski, B. R., (2009). An Examination of Family communication within the core and balance model of family leisure functioning. *Family Relations*, 58, 79-90.

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