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## Differences in family functioning and mental health between divorcees and married women: A comparative study

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### Abstract

Responsibilities of women's in multiple roles may endanger their health and eventually disrupt their family functioning. Thus mental health and family functioning have an impact on each other. This cross-sectional study was performed aimed to the compare family functioning and mental health in divorcees and married women with the participation of 190 women in 2015. We used Family assessment device (FAD) and General Health Questionnaire (GHQ 28) for data gathering. The mean age of the divorced and married women were  $31.8 \pm 6.77$  and  $32.73 \pm 6.67$  years, respectively. All domains of family functioning as well as General health in divorced women was over than the married women ( $p < .001$ ). regarding to the higher level of problem in family functioning and general health in divorcees we suggest to be done intervention for educating problem-solving skills, effective compatibility with the environment, coping skills, cognitive emotion regulation, and the promotion of women's cognitive resilience for couples who want a divorce.

**Keywords:** Family Performance, Mental Health, Divorcees.

### 1. Introduction

Today, divorce is one of the main risks that threaten families, so identifying factors such as socio-economic, personal, psychological and family factors is a priority of mental health [1, 2]. When social, cognitive and emotional functions of family are disturbed, family members gradually lose their sense of satisfaction to their family life. A gradual reduction of family satisfaction initially leads to the emotional separation, and then to the social isolation, and eventually leads to a divorce legal term [3]. People who are experiencing a divorce process is often faced with a lot of personal and interpersonal conflicts and in the process, identity confusion, loss of hope, change In the lifestyle, and serious problems In the social network is not unexpected [4]. Various studies have noted to negative impact of a divorce on public health, including mental, social and emotional health. For example, it has been shown that a divorce and separation are related with increased anxiety, depression and alcohol abuse, and even can lead to numerous problems such as aggression, neurosis, and relationships problem with family and friends [5].

However, the statistics indicates an increase in the divorce rate in recent years in Iran. Official statistics show that in 2014 occurred one divorced for every 4.4 marriages. At the same date, Kermanshah province (a west part of Iran) is located in the eighth place of divorce in country with a rate of a divorce per 4.1 marriages [6].

Family functioning plays an important role among the factors affecting the occurrence marital problems and divorce. Family functioning means family's ability to coordination or adapt to changes, solving conflicts, solidarity among members, met the disciplinary patterns, respect for boundaries between people, and enforcement of rules and principles of the family institution, with the aim of protection of the family [7]. Researchers believe that the of family functioning represents a family adaptive skills which leads to its development and role playing, and shows favorable conditions for family in terms of growth, problem solving, communication, roles, emotional responsiveness and emotional involvement. As a result, the families who have good levels of these dimensions have higher efficiency [8]. In this situation the power of the elements of family conflict will decrease, and couples move toward more positive and effective interactions rather than conflict. The efficacy of couples in each family functioning structure can be a shield against factors causing conflict [9]. Family functioning can be studied in the different aspects such as problem solving, communication, roles, emotional involvement, emotional responsiveness, and behavior control [10]. Bahari and Saberi have reported that all subscales of

family functioning in divorced women has been more than ordinary women, means that family functioning of families of divorced women has been less than ordinary families. They believe that predicting a divorce is possible only through the overall scale of family functioning, and problem solving can play the predictive role with caution<sup>[11]</sup>.

Today upward trend of divorce rates in the Iran considering to its negative consequences has raised concerns in the community. Therefore, it is necessary to identify factors affecting the mental health through the study of differences in family functioning in ordinary and divorced families. Considering to this issue, this study was conducted to compare the general health status and family functions of divorced and married women in Gilan-e Gharb County.

## 2. Methods and Materials

This study is a cross-sectional study, which was carried out with the participation of 190 women (92 divorced women and 98 married women) in 2015 and in the city of Gilan-e Gharb; located in Kermanshah province at the west part of Iran. Subjects were randomly selected and completed the data collection instruments which included two standard questionnaires as follows:

A- Family assessment device (FAD): is consisted of 60 questions in the seven scope including problem solving, communication, roles, emotional involvement, emotional responsiveness, behavior control, and overall performance, and responsiveness to its questions is based on four-part Likert scale from strongly agree (1) to strongly disagree (4). The score is calculated for each item from one to four, and 60 to 240 for a total instrument<sup>[10]</sup>. Higher scores indicate poor performance in the family and lower scores indicate better performance of family. In the questionnaire, the questions that reflect the inefficient function have a reversed score. The first version of the questionnaire contains 53 items, which in the new version seven items was added in the subscales of communication, roles, and problem solving to increase the validity of scale<sup>[12]</sup>.

Epstein *et al.*, have reported the internal consistency of the questions in different fields, from 0.72 for the scale of roles to 0.92 for the scale of overall performance<sup>[10]</sup>. In Iran, Sanaei and Amini have reported Cronbach's alpha for subscale from 0.83 for communications to 0.92 for overall performance<sup>[13]</sup>. Also in two studies from Iran the total Cronbach's alpha for FAD were reported 0.79, and 0.94<sup>[14, 15]</sup>.

B- General Health Questionnaire (GHQ 28): To investigate the mental health status of women in this study we used the 28-item general health questionnaire, which was designed by Goldberg to identify mental disorders in medical centers<sup>[16]</sup>. This questionnaire is the most known screening tool for mental disorders, which had a huge influence on the development of behavioral and psychiatric sciences<sup>[17]</sup>. GHQ 28 questionnaire includes four scales; somatic symptoms, anxiety and insomnia, social dysfunction and depression. There are two methods of scoring to the questionnaire. The traditional method, that option will rated as (0-0-1-1), and the maximum rate in this way is 28<sup>[18, 19]</sup>, and the other which is more common the questions are rated on a Likert scale from 0 to 3 and maximum score is 84<sup>[20-22]</sup>. A common scoring method was selected and cutoff point of mental health was considered score 23. That means score higher than 23 shows disorder and less than 23 is a sign of health. In various studies, the Cronbach's alpha coefficient of questionnaire have been satisfied<sup>[23, 24]</sup>.

In this study, we met the ethical issues in research including the right of people to participate or not participate in the

study, explain ambiguous points of research for participants, and the confidentiality of individual information by the researchers. Before data collection, informed consent form was obtained from participate.

Data analyzed with SPSS19 and initially the normal distribution was evaluated using the Kolmogorov-Smirnov test. Since assuming normal distribution of data was rejected, for statistical analysis Mann-Whitney test was used in addition to Chi-square test and descriptive statistics.

## 3. Results

The mean age of the married and divorced women were  $32.73 \pm 6.67$  and  $31.8 \pm 6.77$  years, respectively. The mean age of the husband in married women was  $34.18 \pm 6.75$  year and in divorced women was  $32.73 \pm 6.13$ . Number of family members in married women was  $3.22 \pm 0.94$  and in divorced women was  $2.64 \pm 0.82$  that there was a significant difference in this field ( $p < .001$ ). Family history of divorce in divorcees was 22.8% which is significantly higher than married women ( $p < .001$ ). Also addition of husband in divorced women was significantly more than married women ( $p < .001$ ). Distribution of subjects in both groups in terms of demographic variables is presented in Table 1.

In the present study mean score of all domains of family functioning in the divorcees were more than married women, which respectively include problem solving, communication, roles, emotional responsiveness, behavioral control, and overall performance ( $p < .001$ ) and emotional involvement ( $p = .007$ ). Table 2

Also according to the findings, the mean score of all domains of general health including physical symptoms, anxiety and insomnia, social function, and depressive symptoms in divorcees was more than married women ( $p < .001$ ). In addition, the mean scores of all domains and a total scale, was higher in divorced women than the determined cut-off point, which indicates the presence of disorder in the aforementioned areas in divorced women.

## 4. Discussion

As mentioned in the results, family functioning in all fields of study was lower and dysfunctional in divorced women compared to married women. These results confirmed that the family functioning is the most important factors in marital life, which could affect on occurrence of divorce.

Bakhsipour and colleagues believe that whatever couples act more efficiently they will experience better and more coherent relationship and this will ultimately reduce family conflicts<sup>[9]</sup>. In this section, to determine more precisely the role of family functioning, we examine its components in the married and divorced women.

In the present study consistent with other studies<sup>[11, 25]</sup>, the status of problem solving in divorced women was lower than married women. Bilynsky *et al.*, believe a dysfunctional family is unable to solve its problems and conflicts and its functions are disrupted<sup>[26]</sup>. Therefore, problem solving skills can be considered as an important factor associated with the divorce.

Communication is one of the most important domains of family functioning, because the both psychologists and couples believe that the most common and devastating problems in failed marriages are due to communication problems<sup>[27, 28]</sup>. In the present study consistent with similar studies<sup>[11, 25]</sup>, the communication functioning in divorced women was weaker than married women. It should be noted that disparity in any partnership is a natural thing, but evidence suggests that high levels of marital conflict is

associated with familial relationship [29]. The relationship between family members is directly linked to the function of each member, and the ability of individual members to function is associated with the total performance of family [30]. It is natural that healthy families are more willing to dialogue and commenting and thus are less conflicted [31]. Satir believed that a relationship in the families of divorced women is ambiguous, incomplete, and imprecise [32].

In the present study consistent with similar studies [11, 25], the role playing of family in divorcees was lower than married. Ryan *et al* believed that the roles in healthy families are assigned and clearly marked, while in the dysfunctional families members add to family duties and functions of the roles is not clear [33]. Nazari reported that coordination in the division of tasks and roles in the families of divorced women is weaker than healthy families [25], which correspond with the Ryan *et al*, about the excessive homework on a family member [33]. Failure of family in doing the assigned duties and functions undermines the member relations, and divorce may be the result of the failure of members in the fulfillment of their duties [11].

In the present study, consistent with other studies [11, 25], family functioning of divorced women in the fields of emotional responsiveness and emotional involvement was weaker than married women. Carlson and colleagues believe that communication in the families includes two types: instrumental communication and emotional communication. Functions in instrumental communication are usually more appropriate, but often families are having difficulty in emotional dimension [34]. Studies have shown that healthy families have a higher emotional integrity and instead low connections and commitment will faced families to the risk of disintegration of the family and divorce [35, 36].

Behavioral control was the other variable which was studied in the present study and consistent with similar studies [11, 25], results showed that families of divorced women had lower behavioral control compared to the married women. Miller and colleagues believe that the failure to reach a common solution significantly is associated with the anarchy in family function and lack of control over behavior family members [37]. In fact, when the control behavior does not occur anarchy is not unexpected. Ryan believes in such families the instability leads to weakness and failure in the performance of family [33].

Overall performance of family is the last variable studied in the family functioning which in this study was significantly more favorable in married women than divorced women. Similar studies also reported weaker status of this variable in divorced women [11, 25]. In the study of Bahari and Saberi this variable has been introduced as the most important factor in predicting divorce among subscales of the family functioning [11]. In a study of Bakhshipour the overall performance identified as the most important factor for adjustment of family [9].

In families with optimal functions, love is absolute; members are receptive to each other; the tolerance to the conflict and anxiety is high; and when required, assist to each other voluntarily [38]. In contrast in dysfunctional families there is no satisfactory communication, numerous problems exists in interpersonal boundaries, individuals have low morale, and depression is common sense [39]. Women due to the emotional sensibilities are more likely at risk of mental disorders compared to men. Responsibilities of women's in multiple roles may endanger their physical and mental health and

eventually disrupt their family functioning [19]. Accordingly, mental health and family functioning have an impact on each other.

According to Goldberg, mental health is constantly adapting to changing conditions and efforts to achieve balance between the internal demands and environmental impacts [40]. In the present study, 33.7 percent of married women and 81.4 percent of divorced women have some degree of mental health problems. In similar studies, the rates of psychiatric disorders in divorced women have been reported significantly more than married women. [18, 19, 41-43]. Among the four dimension of general health in this study, depression had lowest and social functioning had highest scores in women. Means there was the least problem in dimension of depression and most difficulty in terms of social functioning that is consistent with similar studies [21, 44, 45]. However, in studies of Noorbala [18] and Sadeghi [19] results were reversed so that depression and social functioning have been reported as most and least disorders, respectively. In all studies reviewed, four disorders including somatic symptoms, anxiety and insomnia, social dysfunction and depression, were more common in divorced women than married women. To explain this issue Noorbala believes that the stress of divorce, financial problems, life management, and other issues concerning children are potential reasons for the higher psychological disorders in divorced women [18]. Also, it should be stated that these women have less emotional and psychological support; as a result they experience more mental disorders [21]. Generally, the family can be a source of growth and development and/or agent for produce injury and mental disorders for its members. So if family couldn't play a fundamental role in order to provide a healthy and good environment for its members, leads to the irreparable damage [13].

## 5. Conclusion

According to the results it is suggested to be carried out mental health interventions in couples who want a divorce to promote mental health and family functioning in the areas of problem solving, communication, roles, emotional responsiveness, emotional involvement, and behavioral control to prevent the occurrence of divorce. In this way researchers can use of problem-solving skills, effective compatibility with the environment, coping skills, cognitive emotion regulation, and the promotion of women's cognitive resilience. It is also necessary to be held educational and therapeutic programs in psychological and counseling center for couples and families and in addition to strengthening the dimensions of family functioning, and preventing of marital conflict and thereby acted for the strength of the marital relationship and family cohesion.

**Table 1:** The distribution of participants based on demographic variables

Variables	Subcategory	Sample groups		total	P-value
		Married women	Divorced women		
Job	housewife	63(64.3%) <sup>a</sup>	59(64.1%) <sup>a</sup>	122(64.2%)	P<.001
	Employee	33(33.7%) <sup>a</sup>	17(18.5%) <sup>b</sup>	50(26.3%)	
	other	2(2%) <sup>a</sup>	16(17.4%) <sup>b</sup>	18(9.5%)	
husband job	Employee	37(37.8%) <sup>a</sup>	29(31.5%) <sup>a</sup>	66(34.7%)	P<.001
	Self-employed	48(49%) <sup>a</sup>	44(47.8%) <sup>a</sup>	92(48.4%)	
	Unemployed	2(2%) <sup>a</sup>	19(20.7%) <sup>b</sup>	21(11.1%)	
	other	11(11.2%) <sup>a</sup>	0(0%) <sup>b</sup>	11(5.8%)	
Education	Sub-diploma	22(22.5%) <sup>a</sup>	24(26.1%) <sup>a</sup>	46(24.2%)	P=.026
	Diploma	41(41.8%) <sup>a</sup>	39(42.4%) <sup>a</sup>	80(42.1%)	
	Academic	35(35.7%) <sup>a</sup>	29(31.5%) <sup>a</sup>	64(33.7%)	
divorce in the family	Yes	3(3.1%) <sup>a</sup>	21(22.8%) <sup>b</sup>	24(12.6%)	P<.001
	No	95(96.9%) <sup>a</sup>	71(77.2%) <sup>b</sup>	166(87.4%)	
Death of parents	Yes	60(61.2%) <sup>a</sup>	66(71.7%) <sup>a</sup>	126(66.3%)	P=.084
	No	38(38.8%) <sup>a</sup>	26(28.3%) <sup>a</sup>	64(33.7%)	
Addiction of husband	Yes	2(2%) <sup>a</sup>	13(14.1%) <sup>b</sup>	15(7.9%)	P<.001
	No	96(98%) <sup>a</sup>	79(85.9%) <sup>b</sup>	175(92.1%)	

a, b: small letters indicate significant differences in The distribution of people between married women and divorced.

**Table 2:** Compare the subscales of family functioning in married women (n=98) and divorced women (n=92) by Mann-Whitney test

Variables	Married women		Divorced women		P-value
	Mean±SD	Mean Rank	Mean±SD	Mean Rank	
Problem solving	14.78±3.18	57.64	19.81±4.59	131.05	P<.001
Communication	21.85±4.41	62.40	27.59±3.87	126.57	P<.001
Roles	25.26±4.17	65.17	30.05±3.59	123.97	P<.001
Emotional responsiveness	13.76±3.12	62.82	17.40±2.36	126.18	P<.001
Emotional involvement	19.29±6.43	84.40	20.70±7.55	105.92	P=.007
Behavior control	20.73±3.40	61.71	25.38±3.07	127.22	P<.001
Overall function	28.17±6.00	57.33	37.33±4.83	131.31	P<.001

**Table 3:** Compare the subscales of General Health in married women (n=98) and divorced women (n=92) by Mann-Whitney test

Variables	Married women		Divorced women		P-value
	Mean±SD	Mean Rank	Mean±SD	Mean Rank	
physical symptoms	5.47±3.54	69.78	9.4±4.15	122.90	P<.001
anxiety & insomnia	5.32±3.78	72.94	9.69±5.25	119.53	P<.001
social function	6.53±2.37	67.54	10.41±3.70	125.28	P<.001
depression	2.44±2.85	69.57	8.25±6.22	123.13	P<.001
Total general health	19.75±10.27	65.37	37.76±17.13	127.60	P<.001

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