



THE INFLUENCE OF FAMILY DYSFUNCTION ON ADOLESCENT PSYCHOLOGICAL HEALTH: A LITERATURE REVIEW-BASED STUDY

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Abstract:

The increasing prevalence of adolescent psychological health issues worldwide has become a significant public health concern affecting the future. Families, as the primary environment providing material and emotional support for adolescent development, play a crucial role in fostering growth and psychological well-being. This study employed a literature review methodology, using keywords such as family dysfunction, adolescents, and psychological health, to search for definitions of family dysfunction and relevant literature about its effects on adolescents' psychological health. The review study summarized the definitions of family dysfunction, related research, and its impact on adolescent psychological health. The findings suggest that addressing the impact of family dysfunction on adolescent psychological health effectively requires collaborative efforts from families, schools, and society. Establishing collaborative prevention and intervention mechanisms among family, schools and society, providing educational programs to improve family function, and adopting family-centered intervention strategies are essential steps toward solving this critical issue.

Keywords: family dysfunction, adolescent, psychological health

1. Introduction

Youth psychological health issues represent a global social challenge (García-Carrión *et al.*, 2019). In recent years, the incidence of psychological and behavioral issues among Chinese adolescents has been gradually increasing (Ministry of Education of the People's Republic of China, 2023). The 2022 China National Depression Blue Book reports that there are 95 million depression patients in China, approximately 50% of whom are students. The growing prevalence of adolescent psychological health issues worldwide has become a significant public health concern for the future. Adolescence is a period

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marked by substantial changes on multiple levels (cognitive, emotional, psychological, social, etc.) (Mastrotheodoros, 2020) and is a critical period in the development of an individual's physical and psychological well-being (Kwong *et al.*, 2019). Research has found that the family plays a crucial role in promoting adolescent growth and psychological health development (Miller, 2000), internalizing problems (Graber, 2013) and externalizing problems (Georgiou & Symeou, 2018) in adolescent psychological health being closely related to the quality of family functioning.

Research has found that good family functioning is a necessary condition for the healthy development of family members' physical, psychological, and social functions (Epstein, 2016). Good family functioning also implies higher parental marital satisfaction, greater support for parent-child relationships, and open and effective family communication (Hussong *et al.*, 2022). The better the family functioning, the higher the individual's self-esteem (Valkenburg *et al.*, 2021), and the fewer issues related to depression and anxiety, as well as corresponding psychological problems (Shek, 2002), that also means the better psychological health among adolescents. Conversely, family dysfunction can lead to various psychological issues and family crises among members, resulting in an increase in psychological problems among adolescents. Compared to good family functioning, family dysfunctions such as chaotic parental marital status (e.g., single parenting, divorce, infidelity, or emotional neglect), violence in intimate relationships, domestic emotional abuse, physical neglect, and emotional neglect (Alto *et al.*, 2023) are more likely to lead to externalizing psychological problems in adolescents (Sonya, 2020). Therefore, exploring the impact of family dysfunction on adolescent psychological health is of significant importance, given the increasing prevalence of psychological health issues among adolescents.

2. Methodology

A literature review method was used, the keywords "family dysfunction, adolescent, psychological health", the definition of family dysfunction were tracked, and related literature about family dysfunction, adolescent, and psychological health were searched in indexed journal databases (such as Scopus, CNKI, Web of Science) and other relevant electronic databases. Based on the literature, the retrieved articles were reviewed and analyzed.

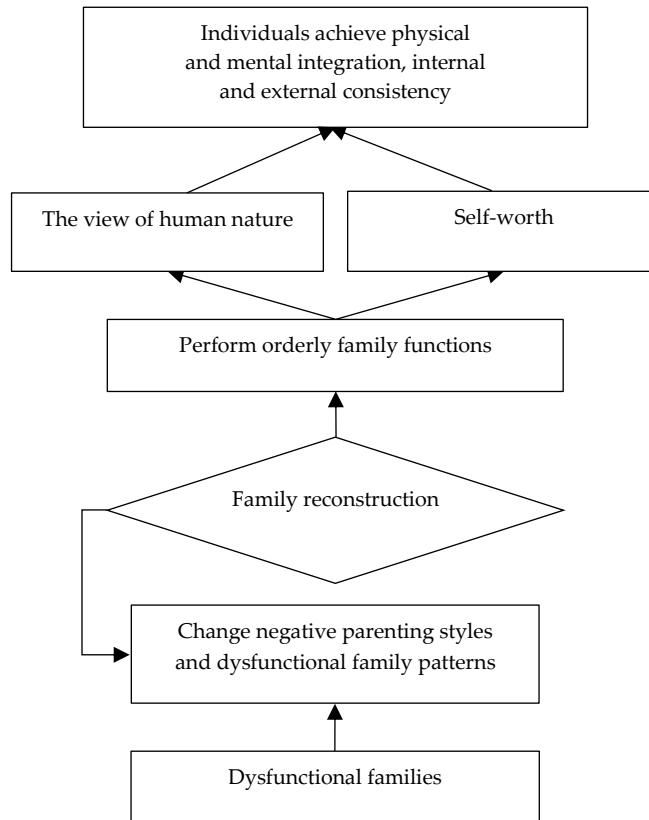
3. Theory

3.1 Satir Family Therapy

In the Satir family therapy model, dysfunctional families undergo therapy to alter negative relational patterns among family members, lead to family restructuring and establishing orderly family functions. This process helps individuals integrate their views on humanity and self-worth, foster high self-esteem and ultimately and achieve a state of

physical and psychological integration and internal consistency. Figure 1 shows the Satir family therapy model.

Figure 1: Satir family therapy model



Note: The table was built by the research.

3.2 Overlapping Spheres of Influence

In the theory of Overlapping Spheres of Influence, Epstein (2016) believes that family, school and society are the three main environmental factors that affect the growth of adolescent students (Epstein *et al.*, 2019), and they jointly assume the responsibility for the education and growth of adolescent students. Because of their different social functions, characteristics and roles, families, schools and society independently or interactively affect the learning and development of adolescent students (Epstein, 2016; Epstein *et al.*, 2019). Under the common educational goal of developing future citizens, a student-centred partnership should be established among families, schools and society. Caring young students are the core (Epstein *et al.*, 2019), with the aim to provide more social support to families by strengthening family, school and social cooperation, improve parenting ability (Epstein *et al.*, 2019), improving the family-rearing environment, creating a warm and harmonious family living environment and a safe and healthy school learning and social growth environment; improve the happiness of adolescents and promote their academic level, so as to achieve the expected goal of benefiting adolescents (Epstein, 1992; Epstein *et al.*, 2019).

4. Result

4.1 Definition of Family Dysfunction

Based on different theories and models, the definition of family dysfunction varies. On the basis of integrating various models and research on family dysfunction, Ariel (1987) drew on semiotics, linguistics, and information processing theory to define family dysfunction as a relationship between three entities: potential abnormalities (i.e., differentiation and adaptive anomalies within the family system), operational disorders (i.e., internal system dysfunctions manifesting as distortions in information processing), and failures (i.e., inadequate task performance). This theory aims to elucidate a set of universal characteristics and patterns, positing that these traits and patterns are obscured beneath the dysfunctional information processing within families. Beavers and Voeller (1983) defined "severe" family dysfunction as follows: "*poor boundaries, communication confusion, lack of common focus, rigid family processes, despair, cynicism, and denial of conflicting emotions.*" Skinner *et al.* (2009) used the term "problem" families to describe family dysfunction, defining "problem" families as those in which one or more members receive professional help for issues related to psychological health, emotional difficulties, alcohol, drugs, school-related problems, or significant legal issues. Generally, problem families indicate a higher degree of dysfunction in terms of role performance and emotional involvement.

Families with severe dysfunction typically exhibit lower levels of mutual communication and problem-solving abilities (Clarke & Critchley, 2016). Building on previous research, Nie *et al.* (2020) defined family dysfunction as a family system that fails to promote appropriate functioning. Wang *et al.* (2020) argued that family dysfunction is characterized by poor problem-solving strategies and ineffective communication among family members, indicating that the family system fails to facilitate its proper functioning. According to the McMaster Family Functioning Model, family dysfunction refers to a family system's inability to facilitate problem-solving, communication, roles, emotional responses, emotional involvement, and behavior control (Epstein *et al.*, 1983). Dysfunction occurs when one or more of these dimensions fail to operate appropriately (Guo *et al.*, 2018). In their study on family dysfunction and adolescent internet addiction, Liu *et al.* (2022) found that family dysfunction can be defined as a particular family experiencing inappropriate functioning due to factors such as a lack of communication and problem-solving abilities. In summary, family dysfunction refers to a state in which one or more dimensions constituting family functioning fail to operate appropriately within the family system, leading to physical and psychological health issues among family members or operational disturbances within the family system.

4.2 Research on Family Dysfunction

Researchers have explored and studied various factors affecting families using different research paradigms (Dai & Wang, 2015), leading to the development of various schools

of thought and theoretical models (Zanganeh *et al.*, 2015). Result-oriented family functioning theories include the Olson Circumplex Model (Olson *et al.*, 2019) and Beavers System Theory (Hamilton & Carr, 2016). Process-oriented family functioning theories include the McMaster Model of Family Functioning (Gawulayo *et al.*, 2021) and Skinner's Process Model of Family Functioning (Skinner *et al.*, 2000). Based on these various models, different scales and questionnaires have been developed.

Skinner *et al.* (2009) used the Family Assessment Measure (FAM-III) to assess problem families. FAM-III includes seven dimensions: task accomplishment, role performance, communication, emotional expression, participation, control, values, and norms. It comprises three different scales: a general scale with 50 items to assess the entire family system; a dyadic scale with 42 items to measure various dyadic relationships within the family (Jager *et al.*, 2014); and a self-report scale with 42 items to evaluate individual diagnostic capabilities in studying "problem" families. The Family Assessment Device (FAD), based on the McMaster Family Functioning Model (Epstein *et al.*, 1983), provides a global standard for measuring family dysfunction. The FAD includes 12 self-report items, with participants responding on a 4-point Likert scale. Scores are reverse-coded where necessary, with higher total scores indicating greater levels of internal family dysfunction (Epstein *et al.*, 1983; Nie *et al.*, 2020). In dysfunctional families, members experience estrangement and lack communication skills, which can lead adolescents to transfer these behaviors to peer relationships, negatively affecting their peer interactions (Nie *et al.*, 2020; Yu *et al.*, 2000).

Tucker and Rodriguez (2014) found that cohesion, expression, and conflict levels are important indicators of family dysfunction. Olson *et al.* (2019) used the Circumplex Model to assess family cohesion and flexibility, suggesting that extremely low or high scores on these assessments indicate family dysfunction. In relation to family dysfunction, the Circumplex Model theory refers to this as "imbalance." Olson (2000) combined the dimensions of cohesion and flexibility in ascending order to derive four types of imbalance models: chaotic disengagement, chaotic enmeshment, rigid disengagement, and rigid enmeshment. Wang *et al.* (2021) found that decreased family cohesion, reduced flexibility, and low communication levels hinder adolescents from obtaining positive psychological resources (Wang *et al.*, 2021), leading to internalized psychological issues in adolescents (Brock & Kochanska, 2015).

Based on family functioning theories and their related dimensions, researchers have conducted extensive studies on family dysfunction. Research has identified various causes or characteristics leading to family dysfunction, such as:

- a) Family stressors (Huang *et al.*, 2022), including political, economic, social, demographic, and educational changes;
- b) Lack of family cohesion (Factor *et al.*, 2019; Rousseau *et al.*, 2022);
- c) Lack of family flexibility (Factor *et al.*, 2019; Rousseau *et al.*, 2022);
- d) Estrangement among family members (Nie *et al.*, 2020);
- e) Poor parental marital status (Tucker & Rodriguez, 2014), including single-parent families (Rada, 2018), parental divorce, intimate partner violence, low marital

- satisfaction (Factor *et al.*, 2019; Mikolajczak *et al.*, 2018), or one parent has an affair or emotional affair;
- f) Domestic violence;
 - g) Abuse (Tucker & Rodriguez, 2014), including physical and emotional abuse;
 - h) Lack of familial affection (Pérez-Fuentes *et al.*, 2019);
 - i) Family conflict (Factor *et al.*, 2019);
 - j) Family trauma;
 - k) Negative life events (Brooks *et al.*, 2020; Hussong *et al.*, 2022), such as illness, abortion, abnormal death of family members, and epidemics;
 - l) Lack of effective communication among family members (Clarke & Critchley, 2016);
 - m) Poor problem-solving skills (Pourmovahed *et al.*, 2021);
 - n) Lack of unconditional acceptance of family members (Pourmovahed *et al.*, 2021);
 - o) High parental control (Mikolajczak *et al.*, 2018);
 - p) Family chaos or disorganization (Factor *et al.*, 2019; Mikolajczak *et al.*, 2018; Zvara *et al.*, 2014);
 - q) Low parenting competence (Angley *et al.*, 2015; Karaer & Akdemir, 2019), including overprotection, demands, and neglect;
 - r) Gender discrimination within the family;
 - s) Child abandonment, foster care, or grandparent caregiving;
 - t) Parental disagreement or exclusion due to conflicting values (Skinner *et al.*, 2000);
 - u) High parental expectations;
 - v) Conflicts or interference from extended family (Mikolajczak *et al.*, 2018);
 - w) Role displacement or role rigidity (Beavers & Hampson, 2000).

In family systems, the presence of one or more of these dysfunctions often leads to psychological and physical health issues among family members, particularly adolescents.

4.3 Influence of Family Dysfunction on Adolescent Psychological Health

The influence of family dysfunction on adolescent psychological health, including internalizing problems (Guo *et al.*, 2017), externalizing problems (Mastrotheodoros *et al.*, 2019), and problem behaviors (Wang *et al.*, 2023), is well-documented (Bögels & Brechman-Toussaint, 2006; Guo *et al.*, 2018). Depression and anxiety are among the primary psychological health issues in adolescents (Wang *et al.*, 2021). These conditions can lead to academic failure (Wang *et al.*, 2020), school absenteeism, dropout (Shao *et al.*, 2020; Wang *et al.*, 2020), internet addiction (Leontopoulos *et al.*, 2024; Shao *et al.*, 2020), peer relationship problems (Triscoli *et al.*, 2019), low self-esteem, substance abuse (Sugaya *et al.*, 2011), non-suicidal self-injury, suicidal ideation, and suicide attempts (Zubrick *et al.*, 2017). Previous research has identified family dysfunction as a key factor contributing to adolescent depression and anxiety (KavehFarsani *et al.*, 2020). Wang *et al.* (2021) found a bidirectional relationship between family dysfunction and adolescent depression and anxiety: dysfunctional family phenomena such as parental marital conflict, low parent-

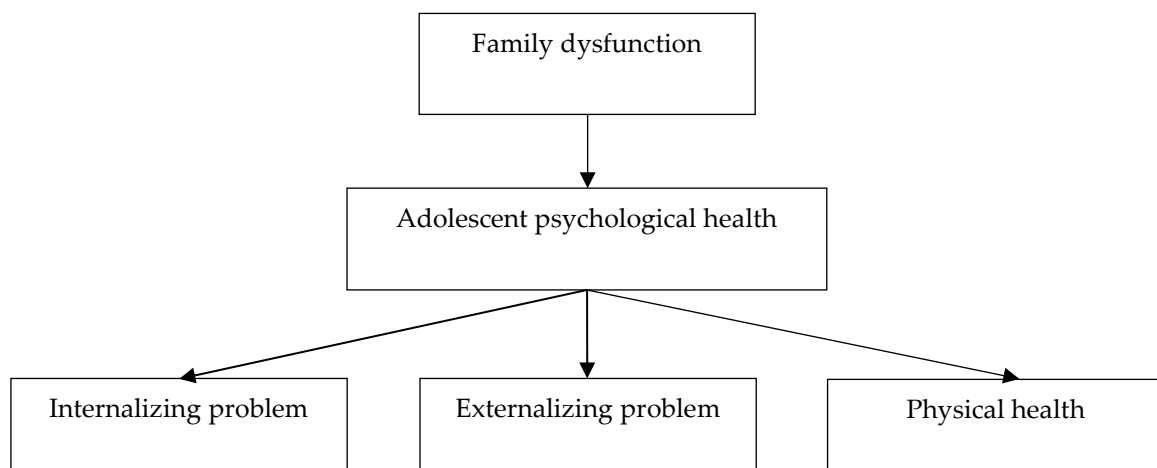
child interaction, estrangement among family members, and family instability contribute to depression and anxiety; simultaneously, depression and anxiety adversely affect family functioning, leading to poorer communication, decreased cohesion, and increased conflict and disputes. The relationships between family members also significantly impact adolescent psychological health. Conflicts in parent-child relationships not only increase adolescent anxiety and depression but also lead to problem behaviors such as risky behaviors, aggression, and dangerous conduct (De Los Reyes *et al.*, 2019). Research has also shown that when adolescents do not experience parental acceptance, familial love, and warmth, they often exhibit depressive symptoms (De Los Reyes *et al.*, 2019; Nie *et al.*, 2020). Within the family system, Shao *et al.* (2020) found that physical neglect, emotional neglect, sexual abuse, physical abuse, and emotional abuse are associated with symptoms of adolescent depression, anxiety, and externalizing behaviors.

Parenting styles also have a significant impact on adolescent physical and psychological health (Greene *et al.*, 2020). Adverse childhood experiences (Wang *et al.*, 2021), such as intergenerational parenting, problematic parenting, foster care, or negative parenting behaviors (Greene *et al.*, 2020), as well as low parental caregiving ability, can lead to adolescent depression or other psychological health disorders, substance abuse, and physical health issues. Empirical research on adolescents during their school years reveals the relationship between parental educational expectations and adolescents' academic and psychological health. Excessively high parental educational expectations can lead adolescents to doubt their academic self-efficacy, resulting in school aversion, learned helplessness, and negatively affecting academic development (Rutherford, 2015). In terms of psychological health, the greater the discrepancy between parental educational expectations and adolescents' self-expectations (Zhang, 2024), the more problem behaviors adolescents exhibit. In studies on adolescent self-harm (Cassels *et al.*, 2018) and suicidal behavior, Martin *et al.* (1995) found significant correlations with severe family dysfunction, including family chaos, lack of cohesion, parental separation or divorce, and a family history of suicide (Rytilä-Manninen *et al.*, 2018). Additionally, factors such as family structure and population policies also influence family dysfunction and adolescent psychological health. Research by Wang *et al.* (2023) indicates that in China, only children are more likely than non-only children to exhibit depressive symptoms due to mother-child conflicts during puberty (Xiao *et al.*, 2017).

In practice-based research, scholars have found that the impact of family dysfunction on adolescent psychological health often manifests as physical health problems (Hayaki *et al.*, 2016). Rousseau *et al.* (2022) found that certain characteristics of family dysfunction, such as low family cohesion (Ciao *et al.*, 2015; Rousseau *et al.*, 2022), estrangement between family members (Rousseau *et al.*, 2022; Tafà *et al.*, 2017), low family flexibility (Ciao *et al.*, 2015; Tafà *et al.*, 2017), communication issues (Murphy *et al.*, 2017), marital dissatisfaction, weak parental alliance (Sim *et al.*, 2009), excessive parental control (Guo *et al.*, 2018), and emotional problems, are associated with adolescent anorexia nervosa. Research has found varying conditions of family dysfunction among adolescents with anorexia, and the severity of dysfunction is related to the severity of

clinical symptoms in these adolescents: the more severe the family dysfunction, the more severe the adolescents' clinical manifestations. Early research on the family functioning of adolescents with chronic pain, although inconsistent, generally identifies factors such as low cohesion (Naidoo & Pillay, 1994), high control (Romano *et al.*, 1997), intense family conflict (Naidoo & Pillay, 1994; Romano *et al.*, 1997), and rigid family roles. Hayaki *et al.* (2016), evaluating family functioning in relation to chronic pain classification, found that adolescents with chronic pain exhibit poor emotional communication, physical abuse, emotional abuse, and neglect within their families, and they recommend early identification and family intervention. Recent studies have found a significant association between parental physical or emotional neglect, specific patterns of family interaction dysfunction, and adolescent restrictive eating disorders (RED), recommending a family-centered approach for assessment and treatment (Coci *et al.*, 2022). Figure 2 shows the influence of family dysfunction on adolescent psychological health.

Figure 2: The Influence of Family Dysfunction on Adolescent Psychological Health



Note: The table was built by the research.

5. Discussion

Researchers have conducted extensive studies about the influence of family dysfunction on adolescent psychological health, aiming to explore the relationship between the two. Based on the collected literature, most studies used quantitative methods, typically employing family functioning assessment scales and related variable scales for surveys, and structural equation modeling for mediation or moderation research (Huang *et al.*, 2022), with other research methods being less common. Most studies suggest that a causal relationship between family dysfunction and adolescent psychological health issues has not yet been established (Hayaki *et al.*, 2016). Some studies propose that there is a bidirectional relationship between family dysfunction and adolescent psychological health issues (Wang *et al.*, 2021). In addition to identifying a significant correlation

between family dysfunction and adolescent psychological health issues, most studies also offer corresponding intervention recommendations based on their findings.

Family dysfunction has significant impacts on adolescent psychological health, and other relevant stakeholders also play a crucial role (Pechmann *et al.*, 2020). For adolescents who are rapidly developing both physically and emotionally in various environments, schools, social networks (Astell-Burt *et al.*, 2012), and policymakers play a crucial role in shaping and influencing adolescent psychological health (Pechmann *et al.*, 2020). Multidisciplinary research indicates that shared social norms and support networks may have a protective effect on adolescent psychological health (Astell-Burt *et al.*, 2012).

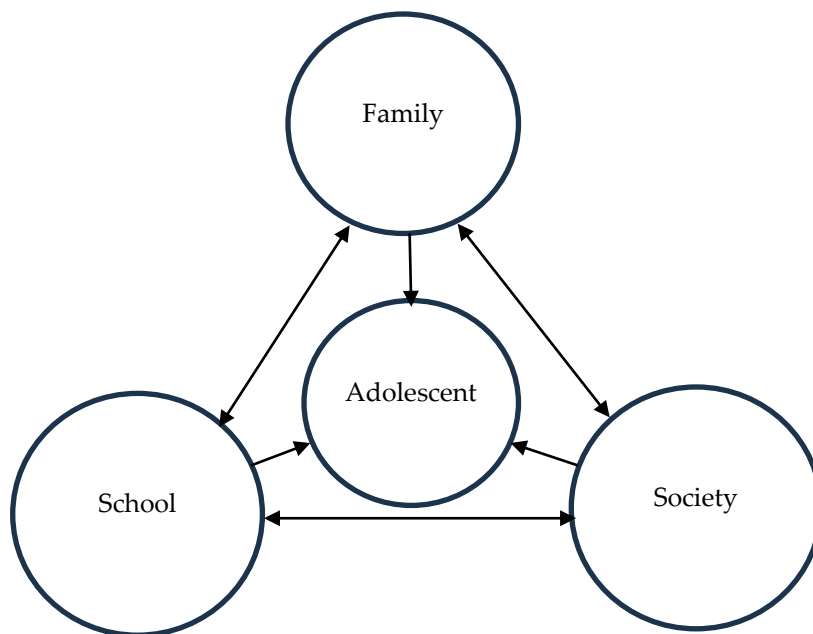
Social support is a crucial resource for improving family functioning (Huang *et al.*, 2022), and high levels of social support enhance individual psychological resilience (Kurudirek *et al.*, 2022). Social support for parents not only improves marital relationships and family functioning but also enhances the quality of parent-child relationships (Huang *et al.*, 2022). Feinberg *et al.* (2022) found that couple-centered preventive interventions play a crucial role in enhancing parental psychological health and co-parenting quality, furthermore increasing overall happiness and satisfaction among parents, adolescents and families. Additionally, researchers have investigated the positive impacts of family-based interventions on family functioning and relationships. The results indicated that these interventions have positively affected family relationships, improved family functioning and member interactions, and significantly advanced adolescents' academic performance. This suggests that the family, as a functioning system, can enhance overall family dynamics through its evolving nature and member interactions (Factor *et al.*, 2019).

Research indicates that there is a significant association between perceived social support and psychological well-being (Emadpoor, 2016; Kurudirek, 2022). Positive social interactions and support have a beneficial impact on adolescents' psychological health and well-being (Jakobsen, 2022; Kurudirek, 2022). Adolescents who perceive an increase in social support levels also experience improvements in their psychological health (Kurudirek, 2022). Adolescents who feel loved, valued, and respected by those around them (Morris, 2012), or who perceive sufficient social support, have a lower risk of physical and psychological illnesses (Yang *et al.*, 2020). High levels of social support also enhance an individual's psychological resilience in facing adversity (Killgore *et al.*, 2020). The more support adolescents receive from peers, parents, teachers, and society (Jakobsen, 2022), the higher their subjective well-being and positive emotional experiences (Wilson *et al.*, 2020), which increases their likelihood of success in school.

Welfare has now become a central issue in education (Narea *et al.*, 2022). Ross *et al.* (2020) investigated the importance of establishing systems to support adolescent welfare and recommended adopting a comprehensive approach to address the needs of adolescent psychological health and well-being (Avorgbedor & Vilme, 2021). With the modernization of society, the government education system has assumed primary responsibility for providing the knowledge and skills necessary for adolescents to

become productive citizens (Fadyl *et al.*, 2020). This marks a significant shift in educational responsibility from the family to the state. With the implementation of laws, the state's involvement in family matters has increased, indicating that the state's authority in education and the development of future citizens has become a given fact (Brien & Stelmach, 2009). Therefore, under the guidance of laws and policies, schools, as the primary sites for adolescent education, bear the responsibility of integrating schools, families, and society into a broader support system, which is also a common trend in the modern world. Because of the shared educational goals of ensuring children's happiness and preparing them to be competent future citizens, families, schools, and society should be ideal partners (Gerdes *et al.*, 2022). For family dysfunction and adolescent psychological health, figure 3 shows the support that schools and society can offer and partnership among families, schools and society.

Figure 3: The Model of Collaborative Partnership among Family, School and Society



Note: The table was built by the research

6. Conclusion

Analysis of the literature, this study found family dysfunction have significant influence on adolescent psychological health. Based on the literature and the discussion, the study found effectively addressing the impacts of family dysfunction on adolescent psychological health requires the collaborative efforts of families, schools, and society. Providing educational programs aimed at improving family functionality through schools and social services, encouraging parents to actively seek social support (Huang *et al.*, 2022), along with adopting family-centered therapeutic strategies and establishing

comprehensive prevention and intervention counseling mechanisms, are effective approaches to addressing this critical issue.

7. Limitation

This study is a literature review and is constrained by the limitations of electronic database searches, resulting in a restricted number and scope of collected literature. Additionally, due to methodological constraints, there is a lack of empirical research data.

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Conflict of Interest Statement

The authors declare that there are no conflicts of interest to disclose.

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