Family types in the family process and content model

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Abstract

The aim of the study was to compare the psychological output of different family types in the Family Process and Content Model. The study designs in four stages with different participants. All participants in the study consisted of 1460 high school students and college students aged 12 to 33 years. In this study the Self-report Family Scale (SFP Scale), the Self-report Family Content Scale (SFC Scale), the Family communication Patterns, the Self Discrepancy Scale, and the Inventory of School Motivation (ISM) were used. The result of the study revealed that the healthy families and unhealthy families in the FPC Model, have significant differences with the in family communication patterns, children motivation, level of discrepancy, and academic performance. Also the finding showed significant differences between healthy families and problematic families in the above indicators. In sum, the FPC Model revealed that different types of family in the FPC Model have different psychological output.

Keywords: Family type, Family process, Family model

1. Introduction

The Process and Content Model (FPC Model) is a contextual and Psychoeducational model for family studies. According to this model, family is a dynamic system which includes both a number of elements with specific relations and characters (possession), which distinguish this system from others systems, and a set of particular outcomes related to a certain context and a given social convention (Samani, 2005).

Family has three dimensions in this model: family process, family content, and family social context. Family process refers to the functions that organize the family. These functions enable the family to adjust and adapt itself with new needs and conditions. Communication skills, decision making, coping, problem solving, flexibility, tolerance, and perspective taking are a number of these functions which construct the family process. Based on this model, the family processes are trainable. The results of different studies have shown that the skills such as problem solving (Gange, 1980; Tisdell, & Lawrence, 1988), communication skills (Leadbeater, Hellner, Allen, & Abner, 1989; Weene, 2003), and self-presentation (Hoffman, & Field, 1995) can be taught to families. The findings
have also revealed that family training enhances the quality level of the family processes (Christoff, Scott, Kelley, Schlundt, Baer, & Kelly, 1985; Sternberg, & Bry, 1994).

Family content in FPC, refers to family members' judgment on the quality level of their health (physical and mental), job, income, presence and absence of members, educational level, place of residence, investment, etc. Different findings have demonstrated that family contents have a direct/indirect effect on the family performance (Samani, 2004), life satisfaction (Clark & Oswald, 1996), and family conflict (Boles, 1996).

Family social context, on the other hand, represents the cultural environment and the belief systems surrounding a family (Samani, 2005). A family then should integrate itself with the dominant social context. Failing to do that, it will be rejected from the society. So, the more integration, the better performance the family will have (Samani, 2008b).

This model creates 4 relationship types by placing the dimensions of Process and content on bisecting continua (see figure1): healthy families (with high process and high content), unhealthy families (with low process and low content), and problematic families (low process and high content or high process and low content).

Figure1. Family type in FPC model

1. Family types in FPC model

Family typology is the first step for family intervention. The FPC model as a family model tries to do this. Healthy families in FPC model have effective family processes to adjust themselves and organize their potentials to perform effectively in different circumstances. They also have acceptable family contents such as a satisfactory job, sufficient income, high level of education, high level of health, a good location for living, etc. According to Samani (2005), this kind of family, as a system, has high efficacies for rearing children, making communication, coping with stressful situations, solving problems, making money, satisfying one another, making decisions, and so on. Children in such families have high level of mental health (Samani and Abdolah-zadeh, 2009), good motivation (Salehi, 2009), successful academic achievements (Jafari, 2009), and efficient social skills (Behbahani, 2009).

Unhealthy families, on the contrary, nether enjoy neither efficient processes nor satisfactory contents to handle their problems. This can be due to the fact that, they were not provided with enough chance to make use of the processing skills in their life time nor did they possess the necessary contents to meet their basic needs. Children brought up in these families have a low level of academic motivation (Salehi, 2009), mental health problem (Samani, 2002), and poor academic performance (Jafari, 2009).

Problematic families, however, possess either process or content. While Salehi (2009) indicated that the problematic families who had weak processes also had a low level of motivation, Jafari (2009) revealed that those who suffered from unsatisfactory contents showed poor academic achievements.
2. Main hypothesis of the FPC model
In FPC model deficiency in process or content will make lots of problems and conflicts for a family. So, the main hypothesis of the family model is as follows: high levels of family process and family content are most conducive to healthy family functioning, while the low levels of family process and family content are associated with unhealthy family functioning. The second hypothesis is "families with healthy types will generally functions more adequately than those at the unhealthy or problematic families. The third hypothesis for the FPC model is "healthy family change their functions to adapt to developmental needs and situational stress. The fourth hypothesis is the optimum performance of the family the more integrated family.

The present study was designed to examine differences among the family types of FPC model in family communication style, self-discrepancy, and academic motivation. It was expected that family member in healthy family have a high academic motivation, high ideal self, and good conversation style.

3. Methods

3.1. Sample
The study includes three different samples. First sample includes 450 high school students (273 girls and 177 boys). The second sample consisted of 360 high school students (160 girls and 160 boys) and the last sample consisted of 650 college students from Shiraz University (397 girls and 253 boys). The mean ages for these samples were 16.5, 16.3, and 21.7 respectively.

3.2. Instruments

3.2.1. Self-report family process scale (SFPS)
To measure the family life skills, the SFPS was used (Samani, 2008). The SFPS is a 43-item scale, consisting of the following five conceptually distinct subscales: Family communication skills, Family cohesion and respect, Coping strategies, Problem Solving & decision making, and religious orientation. The SFPC was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Previous studies have reported good psychometric properties with alpha-coefficients ranging from .75 to .92 for the subscales (Samani, 2008). the mean correlation of factors with each other was .33 and the mean correlation between factors and total score of the scale was .66 these indexes revealed discriminate validity of factors as well as convergent validity of factors with the family process scale.

3.2.2. Self-report family content scale (SFCS)
The SFCS (Samani, 2008) is a 38-items scale designed to evaluate the family possession such as educational level, family investment, family social prestige, physical and mental health and so on. The SFCS was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The SFCS consisting of the following seven conceptual subscales: Mental and physical health, physical appearance and social prestige, job and education, time together, Space of living, and financial resources. Internal consistencies for the subscales were ranged from .73 to .90 and test-retest reliability (with two weeks interval) ranged from .72 to .91. In this study the SFPS and SFCS were used to diagnosis the family types of participants based on FPC model.
3.2.3. Self-discrepancy questionnaire (SDQ)

The SDQ was used to measure the Real-self, Ideal-self, and Ought-self. The SDQ is a 21-items scale with a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Each self was measured by 7 items. To compute the ideal and ought self discrepancy real-self was subtracted from ideal-self and ought-self respectively. The SDQ was developed in 2009 both on theoretical and empirical bases to measure self discrepancy.

3.2.4. The Persian form of Family communication pattern scale

The family communication pattern scale (Koernre and Fitspatrik, 2006) was developed to measure family conversation orientation and family conformity orientation. The scale is a 25-items scale with a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Persian form of the scale was adapted by Koroushnia and Latifian (2008) for Iranian adolescents. Internal consistencies for the conversation orientation and conformity orientation were reported .89 and .79 respectively.

3.2.5. The Inventory of School Motivation (ISM)

The ISM (McInerney & Sinclair, 1991) was designed to measure student's motivational goal. The Persian form of ISM was adapted for Iranian students (Salehi, 2009). The ISM consisting of the following subscales: task(mastery), ego(performance), social solidarity, and extrinsic motivation. Participants responded to each item on a 5-point scale (1= strongly disagree to 5= strongly agree). Internal consistencies for the subscales were ranged between .50 to .83.

3.3. Procedure

To exam the family type differences based on dependent variables (self-discrepancy, academic motivation, and communication style), three samples were used. The first sample was used to compare the family communication style in different types of family in FPC model (healthy family, unhealthy family, and problematic families). In this way family communication questionnaire (specifically), and SFPC, and SFCS were filled out by participants in the sample. All participants in the second sample filled out SFPC, SFCS, and the short form of school motivation. But the participants in the third sample filled out SFPC, SFCS, and SDQ. Therefore, all participants filled out SFPC, and SFCS generally, and the participants in the first to third sample filled out only one of the following instruments: family communication style, the short form of school motivation, and SDQ.

Identifying family type in this study was based on SFPC and SFCS. The cut of points for SFPC and SFCS to identify family types was 3 (the mean score in the scale). If a family has a score equal or greater than 3 in both scales, it was identified as a healthy family. If in both scales has scores lower than 3, was identified as an unhealthy family. Finally, if the family has only a score equal or greater than 3 in SFPC or SFCS, it was identified as a problematic family.

4. Results

4.1. Multivariate differences between the four family types in motivation

The results of MANOVA showed that there were significant differences among family types in subscales of the ISM (Table 1). Scheffe test revealed the higher scores for mastery, performance, and extrinsic motivation in students in healthy families and problematic families (type A). There were no significant differences between healthy families and problematic families in ISM subscales. In contrast unhealthy families have a higher score in social solidarity subscale.
Table 1. Results MANOVA: compare the family types in motivation

| Variables       | Healthy (n=138) | Problematic type A (n=130) | Problematic type B (n=119) | Unhealthy (n=63) | F    | P<  
|-----------------|-----------------|---------------------------|---------------------------|-----------------|------|-----
| Mastery         | 4.0             | 4.1                       | 3.1                       | 2.8             | 47.8 | .001|
| Performance     | 3.8             | 3.8                       | 3.1                       | 2.9             | 35.3 | .001|
| Social solidarity| 2.5             | 2.2                       | 2.6                       | 3.4             | 36.8 | .001|
| Extrinsic       | 3.9             | 3.9                       | 3.5                       | 3.5             | 22.5 | .001|

Problematic families type A: good process and poor content
Problematic families type B: good content and poor process

4.2. Multivariate differences between the four family types in communication pattern

To study differences in conversation and conformity orientation among family types, MANOVA was performed (table 2). The analysis showed significant differences among different family types in both conversation and conformity subscales. Multiple comparisons were performed by post-hoc scheffe test to locate the significant group-by-group differences. Post-hoc scheffe test revealed the significantly highest score for conversation orientation was found in the healthy family sample in comparison with unhealthy families and problematic families (type B). This test showed that without exception the significantly lowest score for conformity was found in the healthy families.

Table 2. Results MANOVA: compare the family types in communication patterns

| Variables             | Healthy (n=110) | Problematic type A (n=73) | Problematic type B (n=74) | Unhealthy (n=63) | F    | P<  
|-----------------------|-----------------|---------------------------|---------------------------|-----------------|------|-----
| Conversation orientation| 3.6             | 3.4                       | 3.3                       | 2.8             | 52.3 | .001|
| Conformity orientation | 2.4             | 2.7                       | 2.8                       | 2.9             | 8.1  | .001|

4.3. Multivariate differences between the four family types in self-discrepancy

The results of MANOVA that there were significant differences among family types in ideal and ought self-discrepancy. The scheffe test showed healthy families have significant lowest scores for ideal and ought self-discrepancy. In contrast unhealthy families have highest scores in both ideal and ought self-discrepancy.

Table 3
Results MANOVA: compare the family types in self-discrepancy

| Variables             | Healthy (n=287) | Problematic type A (n=149) | Problematic type B (n=120) | Unhealthy (n=94) | F    | P<  
|-----------------------|-----------------|---------------------------|---------------------------|-----------------|------|-----
| Ideal self-discrepancy| .6              | .8                        | .7                        | 1.4             | 28.4 | .001|
| Ought self-discrepancy| .4              | .6                        | .6                        | 1.1             | 13.1 | .001|

5. Discussion

The present study focused on testing this hypothesis of the FPC model that: "families with healthy types will generally functions more adequately than those at the unhealthy or problematic families. High motivation scores in
family with high level of processing, high conversation score and low ideal and ought self-discrepancy scores in healthy family sample confirmed the hypothesis.

The present findings also supported the efficiency of the FPC model. The results of the study revealed that family process and family content dimensions are two important factors for predicting family performances.

References

Behbahani, M. (2009). Family types in family process and content model and communication pattern. Unpublished MA dissertation, Shiraz University.

Boles, D.B. (1996). Factor analysis and the cerebral hemispheres: “unlocalized” functions. Neuropsychologia 34 (7), 723–736.

Christoff, K. A., Scott, W. O., Kelley, M. L., Schlundt, D., Baer, G., & Kelly, J. A. (1985). Social skills and social problem-solving training for shy young adolescents. Behavior Therapy, 16, 468-477.

Clark, A. E., & Oswald, A. J. (1996). Satisfaction and comparison income. Journal of Public Economics, 61(3):359–381.

Gagne, R. M. (1980). Learnable aspects of problem solving. Educational Psychologist, 15, 84-92.

Hoffman, A., & Field, S. (1995). Promoting Self-Determination Through Effective Curriculum Development. Intervention In School and Clinic, 30 (3), 134-141.

Jafari, M. A. (2010). Academic achievement in different family types in family process and content model. Unpublished MA dissertation, Shiraz University.

Leadbeater, B. J., Hellner, I., Allen, J. P., & Abner, J. L. (1989). Assessment of interpersonal negotiation strategies in youth engaged in problem behaviors. Developmental Psychology, 25(3), 465-472.

Salehi, S. (2009). School motivation in different types of family in the FPC model. Unpublished MA dissertation, Shiraz University.

Samani, S. (2002). A causal model for family cohesion, emotional autonomy and mental health. Unpublished Doctoral dissertation, Shiraz University.

Samani, S. (2004). Developing a family cohesion scale for Iranian adolescents. Paper presented at the 28th International Congress of Psychology, 8-13 August, Beijing, China.

Samani, S. (2005). Family Process and Content Model. Paper presented in International Society for Theoretical Psychology Conference, 20-24 June, Cape Town, South Africa.

Samani, Siamak. (2008a). Validity and Reliability of Family Process and Family Content Scales. Paper presented in the XXIX International Congress of Psychology, 20-25 July, Berlin, Germany.

Samani, S. (2008b). Developing and family functions scale for Iranian families. Iranian Journal of Psychiatry and Clinical Psychology, 4, 162-168.

Samani, S., Abdolahzadeh, N. (2009). Family and adolescent mental health.

Sternberg, J., & Bry, B.H. (1994). Solution generation and family conflict over time in problem-solving therapy with families of adolescents: The impact of therapist behavior. Child & Family Behavior Therapy, 16(4), 1-23.

Weena, C. (2003). Effects of communication skills training on parents and young adolescents from extreme family types. Journal of Child and Adolescent Psychiatric Nursing.

Tisdell, D. A. & St. Lawrence, J. S. (1988). Adolescent interpersonal problem-solving skill training: Social validation and generalization. Behavior Therapy, 19, 171-182.