CHAPTER II

REVIEW OF LITERATURE

In this chapter, the researcher has arranged all relevant literature and studies reviewed under the following scheme.

1. Family Studies Under Various Disciplines.
2. Concepts And Approaches Developed By Family Studies.
3. Family Studies In India.
5. Studies On Family Functioning.

**Family Studies Under Various Disciplines:**

Family is seen as the natural and fundamental unit of society and the most important reason for choosing family as the fundamental unit relates to its significance in the emotional life of the individual and the society. The family and its influence on various aspects of our life has been studied by a number of researchers from different disciplines.

The Anthropological perspective in understanding personality development was by Margaret Mead's (1934) pioneering study of Adolescence in Samoa and received great recognition with the publication of Kluckhohn's (1960) collection of papers on values of family system. It also examined the impact of cultural factors on individual mental health by analysing the transmission and mediation of values in a family setting. Alexander Leighton in Stirling County study found that, the neurotic
patterning found in the family is a function of two processes: (1) a value conflict within the culture (2) a culturally recurrent mode of self-devaluing with roots in child-rearing methods. J. Haley (1962) an anthropologist interested in personality development and clinical problems reported that, "every family is almost a different culture". These anthropological studies support the view that, each family as a small group develops its own norms, values and role definitions.

Many 'Sociological' and 'Social-psychological' studies were conducted on the families. Burgess (1926) formulated "the family as a unity of interacting personalities". His concept of the 'whole family' has received great attention in family sociology. Another aspect of Burgess's formulation is that the problems of different children in the same family develop different identities. Uniqueness of ordinal position provides a basis for expecting that, the personalities of children in the same family will differ from each other in some way. The social-psychological influences and approaches brought the idea that, groups including families have a distinctive psychological character. Lewin, Lippit and White's (1939) study categorised groups as authoritarian, democratic and laissez-faire. This found its way into discussions of the effects of the family on children's behaviour and interaction patterns in the family supporting this viewpoint. J. Haley (1962) proposed that, a neurosis can be considered a rigid intrafamilial interaction pattern that is pathogenic in quality. Interaction is a concept that is used to refer to a variety of phenomena which may be regarded as physical contacts such as, those of mothering, cognitive interchanges, in which information is exchanged or towards decision making, behaviour in which 'roles' and 'norms' are
The social-psychological literature concerned with group structure and development have influenced family researcher's selection of content areas in the family studies. Examples of these content areas are patterns of parental affect, conflict, and control, associated with child behaviour such as dependency, assertiveness and hostility from the sociological content areas. The social-psychological content areas are the concept of role differentiation has been closely associated to the dimensions of dominance (instrumental functions) and affect (socio-emotional functions) and to the development and functioning of family groups. (Parsons and Bales (1955).

A beginning of the "psycho-analytical" attention to the whole family was evident in 1930s. The International Congress of the Psychoanalysis in 1936 was devoted to the topic "The Family Neurosis and the Neurotic Family". Ackerman's (1958) first paper on "Family unity" came soon after.

Psychiatric attention had also been moved from two-person relationship in the family to the whole family. There were several reasons for this shift. (1) The disordered behaviour of the patient is viewed as stabilising the relationships among the other family members. Improvement in the symptoms in the patient is sometimes accompanied by the development of symptoms in other family members. (Jackson D. 1957). (2) There are reported instances of a spread of therapeutic effect from patient to family members. (3) Another consideration is that, improved behaviour in family relationships is seen as a criterion of therapeutic progress. (4) Ackerman (1956) stated that, he finds it
difficult to carry out therapy without dealing directly with other family members to restore healthy family relationships.

The decades of 1950s and 1960s found a number of studies on the pathological behaviour of psychiatric patients, especially with schizophrenics and reported that, there are definable family patterns and processes which are crucial to the understanding of the etiology, development and maintenance of abnormal behaviour. Those studies brought out concepts such as 'pseudo-mutual relationships', 'transactional thought disorders' (Wynne et al. 1958), 'marital schism and marital skew' (Lidz et al. 1957), 'double bind communications' (Bateson et al. 1956), 'emotional divorce' (Bowen 1960), 'schizophrenogenic mothers' (Fromm-Reichman, 1948) and communication clarity (Mishler and Waxler 1965). Frank (1965) states that certain family patterns and processes are found in the parent-child interaction of schizophrenics, neurotics or those with behaviour disorders, which could be identified as unique to them or which could distinguish one group from the other. Vogel and Bell (1960) described a pathological form of relationship in which a child is pushed into the role of family 'scapegoat' and becomes emotionally disturbed.

Conceps And Approaches Developed By Family Studies:

Studies on families were conducted by different disciplines, and a number of concepts were brought out. Hill and Hansen (1960) analysed many studies on families and they identified five approaches to the study of family.

1) **The interactional approach.** In this approach, the family is a unity of interacting persons, each occupying a position within the family and having a
number of assigned roles.

(2) The **structure-function approach.** In this approach, the family is viewed as a social system, one of the many components of the complete social system (society). This approach studies the function, the family performs in the society.

(3) The **institutional approach.** This is strongly allied with historical analysis. Institutionalisits emphasise the family as a social unit, in which, individual and cultural values are central concerns.

(4) The **situational approach.** This approach studies the situation itself, or the individual's overt behaviour in response to the situation. The situationalists turn to the study of family as a social situation of behaviour. The family is seen as a unit of stimuli acting towards a focal point-the child.

(5) The **developmental approach.** Family developmentalists view the family as an arena of interacting personalities, intricately organised internally into paired position. This approach furnishes an opportunity for the internal development of families, from the formation through wedding to their dissolution in divorce or death.

**Family Studies In India**

A good number of studies have been conducted in India in relation to family and mental health problems. In most of the studies, respondents were adults with certain type of mental health problems and their families. The various aspects of the families studied were; family structure, that is, nuclear
and joint families of neurotics, mental illness in nuclear and joint families (Bhatti et al. 1974), family structure and mental illness (Ramachandran et al. 1981), family structure and psychiatric disorders (Sethi et al. 1978), family jointness, social interaction and neuroses (Sharma et al. 1984). All the family structure and jointness studies dealt with nuclear and joint families and the prevalence of mental health problems in those families. Family patterns constituted the forms of parental behaviour, and nature of family interactions and the findings are parental rejection, over protection, promotion of guilt feelings, social isolation, dependence, nuclear pattern of family, modern day stressors and conflicts contribute to the development of mental illness.

Family size and mental health problems (Rao V.N. 1984) reported that, majority of the neurotic respondents had big families, and the level of anxiety was found to be increasing with the increase in family size.

Patterns of family relationship in Schizophrenia (Rastogi et al. 1971) were studied and classified into five types of family patterns, namely, 1) harmonious and understanding relationships, 2) immature parents seeking dependence from each other 3) father aggressive and dominant with mother and child subdued 4) dominating and castrating mother and father passive and dependent and 5) competitive families.

Family structure and mental health problems were studied by a number of researchers. Bhatti et al. (1974) studied the relationship between the structure of the family and psychiatric disorders and found that there is no relationship between type of psychiatric disorders and type of family (nuclear or joint). Agarwal et al. (1978) contradicted the above finding with their study. They found that degree of jointness of families related to neurotic manifestations.
Bagadia et al. (1973) reported that a larger number of depressive patients belonged to nuclear families than to joint families. A literature review made by Chopra (1984) on the relationship of family structure and dynamics with psychiatric disorders in India, found that majority of recent Indian studies show that nuclear families are more prone to psychological problems than joint families. Shetti et al. (1972) in their psychiatric survey of 500 rural families, reported that the factors of family structure (joint vs nuclear), education, religion, economic status were not significantly related to psychiatric disorders. Sethi et al. (1978) reported that, with respect to family structure, schizophrenia was not related to family structure.

Channabasavanna and Bhatti (1982) critically examined the available literature on the relationship between family typology and psychiatric disorders in India. After the review, the authors advocated that, in the Indian culture it is more important to study the family interaction and functioning of the patients, than to study the mere structure. Because, culturally speaking, no family in India exists as a nuclear unit. The family always continues and cherish its contacts with their family of origin. Major events in the family are taken only in consultation with the family of origin. Thus even though the family has the nature of a nuclear structure, the functioning has a joint nature.

With its new understanding of the family system, this study aimed to identify the pathological interaction patterns in the families of the patients and to study the relationship with types of mental illness. The results showed that, the neurotic families have a pathological interactional pattern at the level of communication, concern and leadership as compared to the normal families.

The authors concluded that, to understand the family typology the best
approach would be to have the ‘family self’ as the basic construct instead of any other approach. Family self is explained as, which is ascribed to and achieved by the family based on its social status in the ladder of social hierarchy. This makes the Indian family a unique family system in the world. According to them, the overall social network for any Indian is almost the same irrespective of the nuclear or joint structure of the family. The author's family typology scale based on 'Family self' identified four types of families.

1. **Normal Cohesive Type**: In this type of families, leadership is democratic, communication, reciprocal and two-way, role is complementary, reinforcement is balanced with a blend of reward and punishment, the type of social support is primary social support system and there is real balance between social self and family self.

2. **Egoistic Type**: With unilateral or authoritarian leadership, single track, one way channel communication, lack of role related values, no rewards with punishments and negative reinforcement, family is considered as the secondary social support system and the family self is prominent.

3. **Altruistic Type**: In these families, the leadership is unintended, communication is mostly reflecting on the covert meanings, role discrepancy, only positive reinforcements or rewards, family is the primary social support and there is a predominant social self.

4. **Anomic Type**: In this type of families, there is marginal or stop-gap leadership, communication is with messages without any meanings and messages are misinterpreted, discrepancy of role, reinforcement is through coercion and punishment, family is tertiary
social support system and individual self is dominant than family or social self.

Bhatti and Channabasavanna (1986) have constructed a family interaction scale which classifies family into three categories namely cordial, indifferent and antagonistic types.

STUDIES ON FAMILY STRUCTURE:

Structure refers to the repetitive patterns of interaction that become routine and for the most part operate out of the awareness of the family members. The structure is distinguished from process by its resistance to or slower rate of change, rather than by any physical properties.

There are certain theories to explain the structure of families. The most important one is the 'epigenetic theory' by Lewis.J.M (1986). This theory suggests more or less early developmental phases in the life of the family, with each phase containing certain culturally prescribed developmental tasks or challenges. The ways in which the marital couples begin early in their relationship to grapple with and to resolve these tasks provide the basic building blocks of what will become of that family's organizational structure. From such a perspective, the early coming together phase of the parental marriage may be understood to have particularly powerful structure building implications for the future family. In this phase, the couples resolve three developmental challenges in a manner leading to mutual satisfaction. These three developmental challenges are 1) commitment 2) power and 3) closeness. The process of commitment involves a shift of each spouse's primary commitment away from his or her family of origin to their own marital
relationship. The allocation of power which each couple must negotiate (almost always indirectly) are the questions that flow from the need to evolve a systematic approach to decision making. The third developmental challenge of the early stages of relationship is establishing the balance of separateness and attachment considered optimal in the relationship. Separateness is related to individuation. It is a measure of how each participant experiences himself or herself as different from the other. It is a struggle to achieve a mutually satisfactory balance between closeness and distance in the relationship. This is central to the formulation of the basic organisational structure of the marriage and family.

These three developmental tasks of the early stage of family development illustrate the epigenetic perspective that currently dominates understanding the roots of family organisational structure.

There is another issue requiring attention in the relationship of family's organisational structure to a family's shared beliefs and values. It is assumed that, there is a direct and predictable relationship between underlying and unarticulated family values and the organisational structure of the family. The underlying family beliefs are difficult to measure directly and often have to be inferred from the nature of the family's structure. In addition, whether they are shared by all family members and the degree of commitment of each family member to each belief are complicating. Also it is even unclear, exactly which beliefs are central to family structure.

Reiss's (1981) theory of family is a very clear statement regarding the relationship of underlying family beliefs and family structure. It focuses primarily on the nature of shared family beliefs about the social environment.
This may be explained with the help of religious values and beliefs which help the Indian families to be intact; that gives a structure to the families.

Another explanation for family structure is, who makes the family unit or membership, including all people whom they see as significant to the family system. Assessment of family structure also includes specific information about family members, such as relevant historical information, current socio-economic status of the members and the composition of the family's social network. The family's immediate environment also should be described, including location of family residence, description of the neighbourhood, the degree to which the family feels safe and connected to their neighbourhood, where children attend school, and accessibility to essential services such as healthcare facilities, grocery stores, shopping areas, and transportation. (Anna M. Mepham (1991)).

Robert Green et al. 1985 explains family structure as "the nature of power structure, the parental coalitions and the family members' closeness to each other, mythology (how the family views itself), goal directed negotiations, the autonomy of its members and the nature of the family affect and affective expressions".

Structural family theory is based on the systems outlook and consequently emphasises the active, organised wholeness of the family unit. (Goldenberg et al. (1980). Within this context, Minuchin (1975) stated that family members relate according to certain arrangements which often are not explicitly stated or even recognised. These arrangements govern family members' transactions and form the structure of the family.

According to Lynda Henley Walters (1982) family structure related to (1)
the decision making-husband or wife ,(2) power structure-elders or youngsters, husband or wife,(3) status-older members have more status than younger members, older members have higher prestige, more rewards and more responsibilities (4) roles-instrumental and expressive roles, mostly instrumental roles are held by males and expressive roles by females, and (5) family interaction pattern-positive and negative interactions - mostly mothers use more positive and encouraging statements than fathers.

Cladwell et.al.(1984) studied the family structure of rural South India and identified six types of family structures. They were (1) nuclear family with conjugal couples with their unmarried children (2) stem family with two married couples of different generations, that is the older couple are the parents of the young husband, (3) joint family with married siblings living together-most often brothers and their families with their parents live together (4) joint stem family is the classical full pyramid where the older couple have with them more than one of their married children and usually grand-children as well (5) extended family, any of these types, if other persons, usually relatives live with them and (6) eroded family where a widowed mother or father lives with the younger couple, because both the couples shared the residence before the death of one of the parents.

Patricia Cohen and Judith Brook (1987) studied the family factors related to the persistence of psychopathology in childhood and adolescence and found that, life events, the family environmental factors, family structure risk factors, parental availability, especially mother availability and child rearing variables were influencing the persistence of psychopathology. They also expanded each factor as follows. (1) The life events were parental divorce,
child hospitalization and maternal separation. (2) The family environmental factors were the socioeconomic status of the family, parental education, occupation and income, residential stability or instability, physical quality of home, parental sociopathology—problems with alcohol, drugs or criminality—and sibling sociopathology. (3) Family structure risk factors were child living with an unmarried mother only, with an unmarried mother and father, with unmarried mother and father substitute, child living with married mother only, child living with father only, child living with both biological parents. (4) Parental availability especially mother, that is, maternal separation exceeding six months and number of siblings. (5) Child rearing variables were educational aspirations for the child, use of power assertive punishment methods like hitting, scolding, threatening and privilege removal, cognitive oriented disciplining like explaining, distracting and comparing child's behaviour to standards, strictness and consistency in carrying out discipline, father involvement in child rearing and religious participation of the child.

To explore the family structure, we should understand the family composition and type, based on the traditional definition of family. According to these concepts, Anna Cm. Phatter (1991) identified a number of variables of family structure. They are (1) family composition (2) family type (3) relevant historical information about members (4) socio-economic status of the family (5) composition of family's social networks and (6) the physical environment of the family.

Volster N.R. et. al. (1991) used family structure as independent variable and child, family and environmental problems and stress as dependent variables and studied the family structure and stressors in a population of
child guidance clinics. The family structure factors identified were (1) single parent families (biological mother/father) (2) two parent families (biological) (3) remarried (biological mother/step father) (4) child's mother living with another adult (friend, relative etc) and (5) children living apart from both biological parents (with relatives or foster care).

Thus the investigator through review of literature identified a number of variables which constitute family structure.

**FAMILY STRUCTURE**

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<td>1. Family unit or membership.</td>
<td>1. Nuclear family with conjugal couples and children.</td>
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<td>2. Socio-economic status of</td>
<td>2. Stem family with two married couples of different generations.</td>
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<td>4. Joint stem family, with older couples and one or two married children and their families.</td>
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<td>5. Extended family.</td>
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<td>6. Eroded family with one of the widowed couple staying with the youngest couple.</td>
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STUDIES ON FAMILY FUNCTIONING

The family appears to be universal, at times it may be diffuse and not easily identified as a unit. A family exists for a particular purpose in the social context, in which it finds itself, and is shaped by this purpose. It is perceived to be functioning as a self-regulating open system, with its own unique history and structure. Its structure is constantly evolving through the dynamic interaction between the family's mutually interdependent individuals and larger subsystems with a complementarity of needs. A great deal of overlap exists among dimensions of family functioning that are described and studied by a number of investigators of family.

The concept of function, as it has been employed in the sociological literature on the family is multidimensional having different meanings. When we say the family is 'functional' for society in several ways, the term 'functional' has to do with the good or integration of society. This refers to the universal function of the family.

'The functions of the family have changed'. This is another way of explaining the functions of family. This idea of family functioning has to do with the "tasks" performed by the family. Also this idea says that the family has to perform certain central tasks of the society that are performed in the family setting.

When we say 'the family functions in the following way' it describes how the family actually operates in the everyday living.

Now the researcher intend to describe the universal function and the central tasks in the society performed by the family, and the functions of family in its day-to-day living situations.
Aberle D.F. et. al. (1950) states the family functions as (1) to reproduce individuals (2) to protect its boundaries (3) motivate persons to take positions of leadership, and (4) to solve the economic problem of physical survival. Among these functions, some of them appear to be performed by the family in every society. These are called "universal family functions". Kingsley Davis (1966) speaks of reproduction, maintenance, placement and socialization (or raising the young) as universal family functions. George P. Murdock (1957) says, the universal functions are reproduction, socialization, economic co-operation, and sexual relation.

Along with the statement of the universal function of the family, the researcher would like to say that, the functions of the family are changing as the society changes. The main reasons for this social change as well as change in the family functions are industrialisation and urbanisation.

William F. Ogburn (1933) in his writings in 1930s reports that, the economic functions are transferred to factories and offices, the educational functions moved into schools, the religious functions moved to churches and such institutions, the recreational functions to the theaters and stadiums and the medical functions to the hospitals. As a result of this, the family is left to provide affection and understanding for its members, or in other words satisfying the psychological needs of its members.

Earnest Burgess (1963) says that, the family is moving from an institution to a companionship. The institutional characteristics of the family include authoritarian or autocratic power, stability and permanence, the perpetuation of culture, compliance with predetermined roles, and the carrying out of numerous tasks such as economic, religious, and recreational ones, as a unit.
Due to industrialisation and urbanisation, the modern families - moved away from the institutional character towards a "unity which develops out of mutual affection and intimate association of husband, wife and children". The new characteristics of the modern families are egalitarian in decision-making, individual choice of mate, based on affection and personality, concern with happiness and adjustment in marriage and a great modification of the family's traditional functions. The external factors making for family stability, such as control by custom and community opinion have been greatly weakened. The permanence of marriage, more and more depends on the bonds of affection, temperamental compatibility, and mutual interests.

Even though a lot of changes take place in the functions of family in a society, family is the functional central unit. Family is the prime economic and socializing unit and there is a great concern for keeping the individual family unit intact.

In this context of family functioning, a number of investigators tried to operationalise the family functions and assessed the families from a clinical as well as research point of view.

The way families operate is of interest to many disciplines while sociologists and social psychologists try to explain the variations in family life, social workers and family therapists develop strategies for therapeutically intervening in family life. Review of literature revealed two additional focus of studies of family functioning; studies concerned with family health, where family health and family functioning are synonymous (Haggerty 1965, Smilkstien 1975, Pratt 1976, Lewis et.al.1977, Roghmann et.al. 1973).
Studies which attempted to develop an instrument for use by welfare, medical and mental health practitioners to assess the functioning of families in need of help. (Geismer and Ayres 1959, Otto 1963, Deykin 1972, Pless and Statterwhite 1973, Smilkstien 1978).

Despite the widespread use of the term family functioning and related or synonymous terms such as family strength (Otto 1963), family homeostasis (Jackson 1959) family environment (Moos and Moos 1976) family interaction (Farber 1959), energised family (Pratt 1976), family competence (Lewis et al. 1976), and social functioning of families (Gerson 1967), yet, the meaning of family functioning is unclear since few of its users have explicitly defined it.

Geismer et al. (1959, 1962) defined family functioning as all behaviour including attitudes and feelings bearing upon well-being of the family group (a) all individual behaviour and adjustment of family members (b) performance of roles in keeping with family role expectations of the community. The authors operationalised the concept of family functioning in nine areas such as individual behaviour and adjustment, child care, family relationships and unity, health practices, use of community resources, household practices, relationship to caseworker, social activities, and economic practices.

Deykin (1972) defined family functioning as "behaviour and perception patterns among family members and between the family unit and the community. This concept has been operationalised into six areas of family life, such as decision-making, marital interaction, child-rearing, emotional gratification, response to community, and response to crises".
Roghmann et al. (1973) approach family functioning in a very simple way. They developed the concept in relation to needs of the family. The definition given by Roghmann et al. (1973) was "the successful meeting of necessary needs in the family". They operationalised it into three positive expressive areas like, overall family happiness, marital troubles, and the time husband spends with family.

According to Anna McPhatter (1991) family functioning is how the family system handles the day to day living and whether their efforts are functional and satisfactory to all members of the family. The functional aspects of the family system were (1) individual member's developmental issues (2) family developmental issues (3) how roles are identified and carried out (4) the way instrumental and expressive functions are handled, (5) communication styles and pattern, functionality of communications within the family (6) how family solves problems, and conflicts and (7) family goals and degree of agreement on them.

Jerry M. Lewis (1986) demonstrated that, families came to be located on a continuum of 'family competence' a measure of how well the family functions, both as a facilitator of the children's developing autonomy and as an effective support system to the parent. The most competent families demonstrate high levels of both interpersonal closeness and individuality. Communication is clear and spontaneous and problem solving is effective, with negotiation a central process. A wide range of affective expression is apparent and the parental coalition is strong and characterized by shared power and psychological intimacy.

Dysfunctional family organisation may be either dominant- submissive or
chronically conflicted, both of which maintain considerable inter-personal distance. In the dominant-submissive family, a dominant parent is rigidly in control of the family and his or her powerful influence pervades every aspect of their family life.

Chronically conflicted families are characterized by unending parental conflict. Beneath the surface of each conflictual theme is the parent's inability to decide on a mutually satisfactory arrangement regarding the distribution of power in the marital relationship. Each spouse seeks to have the upper hand, neither gives in, and the children are drawn into the battles. Manipulation, exploitation, vulnerabilities and blaming are common. Problem solving is inefficient, the family mood is angry and suspicious, and psychological intimacy is impossible. Because of the family's rigidity, each decision or crisis provokes the same response that is heightened parental conflict.

At the severely dysfunctional end of the continuum are families characterised by disorganisation and chaos. In these families, there is often blurring of individual boundaries, an insistence on total agreement of family members about all issues, a profound distrust of outsiders, an avoidance of any form of change, and strong prohibitions regarding separation from the family.

**Continuum of family competence**

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Competent families  Dysfunctional families  Chronically conflicted families  Disorganised and chaotic families.
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Study of well functioning families reveal that, their basic organisational structure allows both separateness and attachment. They facilitate open expression of opinions and feelings and to take responsibility for their own thoughts, feelings and actions, accepting and valuing individual differences and encouraging family member's involvement with the surrounding environment. At the same time, well functioning families facilitate the development of closeness and the capacity for psychological intimacy. The parents in a well-functioning family are models in their day-to-day interactions, demonstrating that, the vulnerability associated with a close attachment is not dangerous.

Pless and Statterwhite (1973,1975) defined family functioning "as the way in which the family unit operates across many dimensions, the dynamics of everyday life". It has been operationalised, based on the presence of desirable patterns and activities in six areas such as communication, closeness, decision-making, cohesion, marital satisfaction and level of happiness.

Lewis et al (1976) called family functioning, family competence and defined it as "family with flexible structure, open to growth and change, and response to new stimulation, development of capable individuals". Family competence has been operationalised in the areas of power structure, family individuation, acceptance of separation and loss, perception of reality and affect.

Smilkstein (1978), defined family functioning as the process of nurturing that promotes emotional and physical growth and maturation of family
members. The definition has been operationalised as satisfaction with five expressive functions of adaptation, partnership, growth, affection and resolve.

Kaplan et. al.(1978) defined family functioning as the fulfillment of responsibilities and operationalised as the presence of stated functional problems in three predominantly instrumental areas: school performance, work and house making.

Olson (1979) defined it as family member's perception of family cohesion and adaptability.

From the above mentioned definitions of family functioning it is inferred that, family functioning is a dynamic concept relating to the way family members interact and carry out tasks. More specifically it is the process of fulfilling activities which contribute to the maintenance of the family unit and the well being of its members.

Barnhill (1979) reviewed clinical reports of effective family functioning and noted eight fundamental dimensions of health. Barnhill grouped these dimensions into four themes: (1) identity processes (individuation Vs. enmeshment, mutuality Vs. isolation) (2) change (flexibility Vs. rigidity, stability Vs. disorganisation) (3) information processing (clear Vs. distorted perceptions and communications) and (4) role structuring (role reciprocity Vs. ambiguity or conflict and clear Vs. diffuse generational boundaries). This model portrays wellness as being dynamic and the individual developmental changes and interaction among systems and subsystems move the family either toward greater wellness or greater dysfunction.
According to Pollack (1957) healthy families incorporated the following characteristics: spousal interdependence and the willingness to forgo personal needs in order to promote partner satisfaction, the primary positive feelings between spouses, healthy sibling relationships, parent-child relationships characterised by mutual exchanges and the ability to encourage individual development.

Jansen (1958) was one of the first social scientists to investigate well-functioning families. Based on previous research, eight indicators of family closeness or solidarity were noted: agreement, co-operation, mutual concern, affection, esteem, mutual interest, trust and enjoyment of association.

Fisher and Colleagues (1978, 1982, 1983) considered that, healthy family is one in which the members develop an attitude of comraderie or close friendship and mutuality. That is, members are reciprocally accepting, supporting and caring for one another. They honour their agreements and commitments. At the same time, behavioural and attitudinal differences are respected. These characteristics are achieved through open and direct communication.

Otto (1962, 1963) delineated twelve different definitive characteristics of "strong families". They provide for physical emotional and spiritual needs of their members. Family members are sensitive to the needs of other members, communicate clearly, provide support, security and encouragement, and carry on growth-producing relationships inside and outside the family. Roles are performed with flexibility, and the autonomy of members is respected. Members have a sense of loyalty and unity and co-operate well with each
other. They are able to grow with and through the presence of children. They are able to foster and maintain relationships within the community. Further, they can utilise crisis as a means of growth and seek and accept help when appropriate.

Stinnett and colleagues (Stinnett 1979, Stinnett et.al.1982, Stinnett et.al.1979) continued to clarify the characteristics of the strong family. These studies identified six key strengths. (1) expression of appreciation (2) time together (3) clear and direct communication patterns (4) a shared religious orientation (5) commitment to one another and (6) effective problem solving skills. Both Otto (1962) and Stinnett et.al. (1977, 1982) argued that, their findings could be useful in preventive and clinical intervention.

Family therapists and other professionals working with families focussed a great deal of attention on family pathology and wellness. One of the most important studies of family wellness was the Timberlawn study (Lewis, et.al. 1976). This work delineated eight characteristics of competent families. They are (1) members realised that individual needs are satisfied within the context of interdependent relationships (2) boundaries are permeable enough to allow for involvement and interaction outside the family system (3) communication is direct and there is little confusion about who is the speaker and who is being addressed (4) there is an egalitarian parental dyad with complementary roles in family leadership (5) individual autonomy and responsibility for feelings and actions are encouraged (6) expressions of warm empathic understanding are frequent experiences (7) the families are organised and able to effectively negotiate differences between members and change is accepted as normal and (8) family members share a value system that helps them
understand their existence in relation to the larger universe.

Beavers (1981) summarised these findings in eight conceptual areas (1) a systems orientation (2) boundary issues (3) contextual clarity (communication) (4) power (5) affective issues (6) encouragement of autonomy (7) task performance and (8) transcendent value systems.

The Mc Master model of family functioning (Epstien, Bishop and Levin 1978) defined six specific dimensions along which families vary. They are (1) problem solving in well functioning families is undertaken so that, problems not only left unresolved but are solved in a way that enables the family to continue to function effectively (2) communication concerning both instrumental and affective tasks is clear and direct, verbal and non-verbal messages are congruent (3) roles within well families are reasonably allocated, roles do not overburden any members and accountability for completion of behaviour is clear (4) family members show affective responsiveness and are able to experience appropriate affect over a range of stimuli, both welfare and emergency emotions are considered (5) affective involvement is concerned with the extent to which family members are interested in and place, value on each other's activities and concerns and (6) behavior control in which families are clear and decisive about the rules governing their behaviour.

Hansen (1981) employed a unique methodology in studying functional families by actual moving in and living with them. She found that functional families had a smoother, more relaxed life style. These families tended to use clear, direct communication, persuasion, and humour rather than authoritarian styles of punishment. Family problems were addressed as soon
as possible, and outside resources and support were utilized in solving problems if necessary. Family relationships were characterized by agreement, realistic expectations, and genuine interest. In addition, these families made time during the day to relax and share interests as opposed to more productivity and criticism.

Joan F. Robertson et al (1989) identified six family factors which cause depression among adolescents. They were (1) parental rejection (2) family conflict (3) parental control (4) family religiosity (5) living situation and (6) mother employment.
Family Functioning

Family Functions (D.F. Aberle et.al. 1950)

1. To produce individuals
2. To protect its boundaries
3. To motivate persons to take leadership.
4. To solve economic problems of physical survival.

Family Functioning (Deykin 1972)

1. Decision-making
2. Emotional gratification
3. Response to community
4. Marital interaction.
5. Child rearing.
6. Response to crises.

Universal Family Functions (Kingsley Davis 1966)

1. Reproduction
2. Maintenance
3. Placement

Universal Family Functions (Anna Mc. P. Phatter 1991)

1. Reproduction
2. Socialization
3. Economic co-operation
4. Sexual Relation
5. Role identification and carrying out.
6. Handling of instrumental and expressive functions.
7. Communication styles and pattern.
8. Family problem solving procedures and conflicts.
9. Family goals and degree of agreement on them.
<table>
<thead>
<tr>
<th>Family Functioning (Smilkstein 1978)</th>
<th>Healthy Families (Pollack 1957)</th>
<th>Strong Families (Stinnett et al. 1979, 1982)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Partnership</td>
<td>2. Willingness to forgo personal needs</td>
<td>2. Time together</td>
</tr>
<tr>
<td>5. Resolve</td>
<td>5. Parent-child relationships</td>
<td>5. Commitment to one another</td>
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<td>6. Effective problem solving skills</td>
</tr>
</tbody>
</table>

**Family Functioning**

Kaplan (1978)

1. School performance
2. Work
3. Housekeeping

**Family Wellness** (Beavers 1981)  
**Functional Families** (Hansen 1981)  
(Timberlawn study)

1. A systems orientation
2. Boundary issues
3. Contextual clarity (communication)
4. Power
5. Affective issues
6. Encouragement of autonomy
7. Task performance
8. Transcendent value systems.

1. Relaxed life style
2. Clear and Direct communication
3. Immediate problem solving
4. Use of external resource in problem solving if necessary
5. Realistic and genuine interest in family relationship
6. Sharing of interest.
Family Functioning (Geismer et al. 1959, 1962)
1. Individual behaviour and adjustment
2. Child care
3. Family relationships and health practices
4. Use of community resources
5. Household practices
6. Relationship to caseworker
7. Social activities
8. Economic practices

Family Competence (J.M. Lewis 1986)
1. Competent families
2. Dysfunctional families
3. Chronically conflicted families
4. Disorganised and chaotic families

Family Functioning
Family Functioning
Strong Families
(Pless and Satterwhite 1979) (Burnhill, 1979) (Otto, 1962, 1963)
(Pless and Satterwhite 1973, 1975)

1. Communication
2. Closeness
3. Decision-making
4. Cohesion
5. Marital satisfaction
6. Level of happiness
7. Sensitive to the needs of other members.
8. Clarity of communication.
9. Support
11. Role flexibility
12. Respect of autonomy
13. Sense of loyalty and unity.
14. Ability to grow with and through the presence of children.
15. Ability to foster and maintain relationship with community.
11. Utilise crises as a means of growth.
12. Seek and accept help when appropriate.

<table>
<thead>
<tr>
<th>Family Functioning (Lewis et.al. 1976)</th>
<th>Well Functioning Families (Jansen 1952)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family power structure</td>
<td>1. Agreement</td>
</tr>
<tr>
<td>2. Family individuation</td>
<td>2. Co-operation</td>
</tr>
<tr>
<td>3. Acceptance of separation and loss</td>
<td>3. Mutual concern</td>
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<td>4. Perception of reality and affect</td>
<td>4. Affection</td>
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<td>5. Esteem</td>
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<td>6. Mutual interest.</td>
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<td>7. Trust</td>
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<td>8. Enjoyment of association.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Mc. Master Model of Family Functioning  (Epstien et.al.1978)</th>
<th>Family Interaction(Bhatti 1986)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem solving</td>
<td>1. Communication</td>
</tr>
<tr>
<td>2. Communication</td>
<td>2. Leadership</td>
</tr>
<tr>
<td>3. Role clarity</td>
<td>3. Role</td>
</tr>
<tr>
<td>4. Affective responsiveness</td>
<td>4. Reinforcement</td>
</tr>
<tr>
<td>5. Affective involvement</td>
<td>5. Cohesiveness</td>
</tr>
</tbody>
</table>
Family Factors (Robertson J.F. et.al. 1989)

1. Parental rejection
2. Family conflict
3. Parental control
4. Family religiosity
5. Living situation
6. Mother employment

Family Functioning (Bloom 1985)
1. Cohesion
2. Expressiveness
3. Conflict
5. Active-recreational orientation.
6. Religious emphasis.
7. Organisation
8. Family sociability
10. Family idealisation
11. Disengagement
12. Democratic family style
13. Laissez-faire family style
14. Authoritarian family style
15. Engagement

Family Interaction (Beherens et.al. 1969)
1. Family investment of selves at home
2. Family group patterns of interactions
3. Interaction of husband and wife as marital partners.
4. Interaction of husband and wife as parents.
5. Parent child interactions.
6. Child-parent interaction
STUDIES ON FAMILY RELATIONSHIP

The study of quality of family relationships dates back to Hamilton's (1929) classic study of marital adjustment. Since that time, numerous attempts have been made to define and assess the quality of family relationships. Relationship is the standing of one-person to another. It continually alters due to communication and interaction.

The direct person-to-person relationship within the nuclear family are (1) father-mother, and mother-father (2) father-child and child-father (3) mother-child and child-mother (4) child-child. The reciprocal father-child and mother-child relationships may be a father-son or father-daughter and mother-son or mother-daughter relationship. Indirect relationships are those between sub-groups in the family and are considered as "group relationships".

Each individual plays a number of roles in the family and these influence relationship. The relationship involves a reciprocal interaction, husband-wife and wife-husband. The pair also interact reciprocally as male-female person-person, father-mother roles. Cartwright and Zanders(1948) described small groups by a number of characteristics and many family researchers followed these concepts for the study of families, conceptualising family as a small group. Cartwright and Zanders characteristics of small groups are (1) size (2) amount of physical interaction among members (3) degree of intimacy (4) level of solidarity (5) locus of control of group activities (6) extent of formalisation of rules governing relations among members, and (7) tendency of members to react to one another as individual person or as occupants of roles. These characteristics had been applied to families as a small group and
studied in terms of its structure, interaction, communication, roles, cohesion and general characteristics.

While studying the family relationship a variety of terms have been used by different investigators. Some of them are family life satisfaction, family functioning, family strength, dyadic happiness and so on. Based on a number of theoretical frameworks as well as empirical and clinical models, both researchers and clinicians have identified a roster of marital and family related attributes and patterns which are various descriptive dimensions of marriage and family life. These include open and direct communication, role adaptability, flexibility, cohesion, companionship, commitment, affectational expression and kinship loads.

Jan Ehrenwald (1963) brought out four major patterns of interaction in family which are key to family relationship. They are (1) patterns of sharing are derived from the prevalence of "giving-supportive-affectionate" attitudes of the family. (2) patterns of resistance and rebellion, usually seen in response to "controlling-authoritative" patterns. (3) Complementary patterns tend to neutralise neurotic attitudes in family pair and thus to establish pathological patterns of adjustment. (4) patterns of contagion result from the prevalence of sick interpersonal relationship in the family.

Wynne (1984) reported the genesis of relational system in a family based on the concept of primary groups by C.H. Cooley (1909). According to Cooley, family is the basic primary group in the society and the relational system of each individual is developed in the family. Wynne explains the process of genesis of relational system in the family as (1) attachment/care giving, referring to complementary affectional bonding (2) communicating,
that is, sharing focus of attention and exchanging meanings and messages (3) joint-problem solving that is sharing of tasks, interests and activities and (4) mutuality, referring to patterns of reengagement, renewing and deepening each of the preceding modes of relations.

According to Wynne, the terms, relatedness, relating and relational systems are used to refer to the qualities and patterns of the processes that take place between persons. Within a given role relationship, such as husband-wife or parent-child, a variety of processes and qualities of relating evolve over time, even though the "relationship" is in a sense structurally unchanged.

The family relationship is explained by various investigators in different terms. Kinston et. al (1987) used the term alliances to measure the relationships in the family. They are (1) marital relationship (2) parental relationship (3) parent-child relationship (4) child-parent relationship and (5) sibling relationship.

Moose et.al.(1976) have used three family dimensions to explain the internal family environment. One of the dimensions were relationship dimension which comprised of (1) Cohesion (2) expressiveness and (3) conflict. Cohesion is a constructive, positive and satisfying relationship between people. Family cohesion is one with a greater emotional dimension and richness and increased dependence upon caring, loving, sharing and the meeting of each other's emotional needs. A number of psycho social functions have been identified as contributing to greater cohesion. These include support, self-disclosure, regard emotional gratification, congruency in experience, interaction, communication and behaviour in fulfilling
expectations and goals of others.

Families with disturbed relationship are marked by Doane (1978). They are (1) a preponderance of parent-child coalition (2) weak parental coalitions (3) conflicting parental relationship (4) rigid pattern of interacting (5) low level of general harmony or closeness (6) low effectiveness in task-performance (7) deviant communication style.

Minuchin (1975, 1978) developed the concept of "psychosomatic families". He identified the relationship between the family patterns and the somatic patterns of the disease activity and illness behavior. According to Minuchin these families displayed characteristic patterns of interactions such as: (1) enmeshment refers to an overly involved and hyper-responsive quality in family interaction (2) overprotection, refers to excessive nurturing and hypersensitivity of family members to one another's distress (3) rigidity refers to the tendency to retain patterns of functioning and interaction in the face of need for change (4) poor conflict and conflict avoidance refer to patterns that avoid disagreement or prevent resolution of conflict and (5) triangulation of the patient refers to a focus on the child and or the illness which help the spouses to avoid a conflict blaming the child or illness.

Based on Minuchin's structural model of psychosomatic family, Linda M. Perosa et al. (1982) developed another family relationship dimension comprising of (1) enmeshment (2) disengagement (3) neglect (4) overprotection (5) rigidity (6) flexibility (7) conflict resolution (10) parent management (11) triangulation (12) parent-child coalition and (13) detouring.
To describe the family functioning Olson et al (1983, 1979) identified two major constructs cohesion and adaptability. Olson and his colleagues elaborated a theoretical model of marital and family systems called the "Circumplex model" which is based on the dimensions of cohesion and adaptability. In this model family cohesion is defined as the emotional bonding that family members have toward one another. In this model some of the specific variables that can be used to diagnose and measure family cohesion dimensions are emotional bonding, boundaries, coalitions, time, space, friends, decision-making and interests and recreation. Family adaptability is defined as the ability of a marital or family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress. The concepts or variables used to measure family adaptability are family power (assertiveness, control, discipline) negotiation, styles, role relationships and relationship rules.

Another dimension communication is also considered in this model for facilitating couples and families to move on to the two dimensions. Positive communication skills (empathy, reflective listening, supportive comments) enable couples and families to share with each other, their changing needs and preferences as they relate to cohesion and adaptability. Negative communication skills (double messages, double-binds, criticism) minimise the ability of a couple or family to share their feelings and thereby restrict their movement on these dimensions.

Moos and Moos (1976, 1981) developed a three dimensional approach of family environments. The dimensions are (1) relationship dimension in
which the variables are cohesion, expressiveness, and conflict (2) personal growth dimension having variables, independence, achievement orientation intellectual - cultural orientations and moral -religious emphasis and (3) system maintenance dimensions with variables organisations and control.

Based on Olsons circumplex model and Moos's family environmental scale, Bloom (1985) developed another family functioning scale with 15 dimensions. The dimensions are (1) cohesion(2) expressiveness (3) conflict (4) intellectual - cultural orientation (5) active-recreational orientation. (6) religious emphasis (7) organisation (8) family sociability (9) external locus of control (10) family idealisation (11)disengagement (12) democratic family style (13) laissez-faire family style (14) authoritarian family style and (15) enmeshment

Beherans et.al.(1969) developed a family interaction scale with 7 dimensions of family life. They are (1) family investment of selves in home, which include maintenance and furnishings,cleanliness and orderliness (2) family group patterns of interactions which include, verbal and non-verbal interactions, family alignments, mutual warmth and affection, mutual support and co-operation, mutual satisfaction, common interest and activities, authority, role functioning and family group atmosphere (3) interaction of husband and wife as marital partners include reciprocal warmth and affection, balance of dominance mutual support, co-operation compatibility, verbal and nonverbal interaction maturity and independence, and functioning of husband and wife in their roles (4) interaction of husband and wife as parents which include division of labour in the care of children, agreement on rearing of children, sharing of pleasure in children, mutual support and co-operation
and conformity to traditional parental roles (5) parent-child interactions include overall interactions, physical interaction, verbal interaction, and non-verbal interactions. (5a) emotional interaction include spontaneity of interaction, warmth, affection and pleasure, decisiveness, consistency of emotional relatedness (5b) parent's act towards child like mode of relating to child, control of child, demands made of child, imposition of routines, anticipation of child's physical needs, meeting of child's demands, participation in child's activities. (6) child parent interaction include compliance of child with parental control and demands, demands on parents by child and absence of marked preference (7) child-child interaction like mutual acceptance and sharing of parents.
Family Relationship

Family Relationship (Jan Ehrenwald 1963)

1. Patterns of sharing.
2. Patterns of resistance and rebellion.
3. Complementary patterns.
4. Patterns of contagion.

Family Alliances (Kinsten et al. 1987)

1. Marital relationship.
2. Parental relationship.
5. Sibling relationship.

Family Environment (Moos and Moos 1976, 1981)

1. Relationship dimension
2. Personal growth dimension
3. System maintenance dimension

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>Independence</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressiveness</td>
<td>Achievement</td>
<td>Control</td>
</tr>
<tr>
<td>Conflict</td>
<td>orientation</td>
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</tr>
<tr>
<td></td>
<td>Intellectual-cultural orientation</td>
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<td></td>
<td>Moral and religious emphasis.</td>
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</tbody>
</table>
Genesis of Relational System in Family (Wynne - 1984)

1. Attachment
2. Communicating
3. Joint problem solving
4. Mutuality

Structural Family Interaction Pattern (Psycho-somatic Families) (Minuchin 1975, 1978)

1. Enmeshment
2. Overprotection
3. Rigidity
4. Poor conflict and conflict avoidance
5. Triangulation

Family Functioning (Circumplex Model) Olson et al (1983, 1979)

1. Cohesion
2. Adaptability
3. Communication

- Emotional bonding
- Negotiation style
- Boundaries
- Role relationship
- Communication
- Family power
- Positive
- Negative
- Skills
- Skills

Distorted Relationship in Families (Doane 1978)

1. Parent child coalition
2. Weak parental coalitions
3. Conflicting parental relationship
4. Rigid pattern of interacting
5. Low level of general harmony
6. Law effectivity intask-performance
7. Deviant communication style
Family Relationship Dimension (Linda M. Persosa et al 1982)
1. Enmeshment
2. Disengagement
3. Neglect
4. Over protection
5. Rigidity
6. Flexibility
7. Conflict avoidance
8. Conflict expression without resolution
9. Conflict resolution
10. Parent management
11. Triangulation
12. Parent-child coalition
13. Detouring

FORMULATION OF THEORY

Based on the literature reviewed, researcher came to the conclusion that, family is the basic functional unit of the society. This functional unit has a structure and functioning. The structural aspects and the functional aspects of the family unit are influenced by the relationship dimension. The relationship dimension in the families colours the structure and functions and makes it a configurational whole. In other words, family configuration is the dynamic interplay of the structural aspects, functional aspects and the relationship dimension of the family. That is, Family Configuration = Family Structure + Family Functioning + Family Relationship.

Based on this conceptualisation of the family configuration the researcher tried to identify the various factors or concepts which constitute the family
structure, functioning and relationship. It is found that there is lot of overlapping of structural, functional and relationship dimensions in the earlier studies reviewed. Hence the researcher operationalised the key concepts like family structure, family functioning and family relationship and identified the variables which are more related to each concept respectively. Further it is theorietised that, variation in these key concepts may contribute to the development of behaviour problems among children. In other words, the family configurational aspects are the independent variables and the behaviour problems of children the dependent variables. Variation in the independent variables may contribute to the severity of problems.

<table>
<thead>
<tr>
<th>Family structure</th>
<th>Behaviour patterns</th>
<th>No problem patterns</th>
<th>Mild problem patterns</th>
<th>Severe problem patterns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family configuration</td>
<td>Family functioning among children</td>
<td>Family functioning among children</td>
<td>Family functioning among children</td>
<td>Family functioning among children</td>
</tr>
</tbody>
</table>

With this theoretical formulation, the researcher identified the variables or factors which constitute the key concepts of independent variables.

Family structure:
- Family composition
- Physical environment of the family
- Sociopathology of the family

Family functioning:
- Communication
- Role clarity
- Leadership
- Social support
- Religious or value emphasis
- Disciplining
- Intellectual-cultural orientation
Family Relationship : Cohesion
Conflict
Expressiveness
Neglect

After identifying the variables in each key concepts, the researcher hypothesised that the variation in these variable may contribute to the variation or severity of behaviour problems among children.