

RELATIONSHIP BETWEEN FAMILY PSYCHOSOCIAL DYNAMICS AND PSYCHOLOGICAL WELLBEING AMONG IN SCHOOL ADOLESCENTS IN ZARIA EDUCATION ZONE

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Abstract

The study was carried out to assess the relationship between family psychosocial dynamics and psychological wellbeing among in school adolescents. The population of the study was 1000 SSI and SS2 secondary school adolescents. A sample of 300 (hundred) was randomly drawn from the population. A self-report instrument was used to collect data. The instrument was an adapted version from both Ryff and Becks psychological wellbeing scale and depression scale. Two research question were used for the study while two research hypotheses were formulated to guide the study. The inferential statistics were tested at 0.05 level of significance, while mean and standard deviation were used to answer research questions. The result indicates that family dynamics such as empathy, cohesion and satisfaction were strong positive predictors of psychological wellbeing among in school adolescents. The same result as well was found in the psychological dynamics of depression and anxiety making moderate contributions to the total variance of psychological wellbeing. It was therefore recommended that since the family dynamics were found to be strong predictors of psychological wellbeing of adolescents, families should practice them so as to enable adolescents maintain a good healthy life and stabilized psychological wellbeing.

Introduction

Families spend so much in the upbringing of their children. This they do through several investments in the life of the children in order to provide for their social and psychological needs. These enormous responsibilities are carried out by making distinctive investments on the children so as to ensure secured future for them or give them a promising future. Care, love and affection most times are provided for every member of the family in order to assist the children maintain a good physical and psychological health. Hewlett in Langton and Berger (2013) observed that parents make direct and indirect investments in their children by providing material resources, engaging in care giving activities, transferring knowledge, maintaining the home environment, and supplying other social and economic supports(Amato in Langton and

Berger, 2013). Also studies that use adolescents report suggests a stronger relationship between family structure and adolescent wellbeing (Langton and Berger, 2013).

Sheshly (2018), suggested that family is the first social unit for the development of the qualities of an individual. A true family grows and moves through life together. She described the family as warmth, a place where the core feelings of the members are nurtured. Family values represent the core values and guidelines that parents and family members hold in high regard for the wellbeing of the family. It provides necessary security and support, and acts as a buffer against external problems.

Several studies have been conducted on the contribution of family structures to the wellbeing of adolescents based on the premise of single family structure (Langton and Berger, 2013). Other studies covered areas of cognitive, educational, behavioral, socioeconomic, socio-emotional wellbeing and physical activities. But the psychological wellbeing of the adolescents have not been well covered by studies. It becomes imperative that studies involving adolescents' psychological wellbeing should be conducted to create broader awareness on the psychological wellbeing need of these young growing children, since this will enable them develop adequately and become useful to themselves, families, the society or immediate environment. The study further will isolate the family social dynamics and psychological dynamics in order to ascertain the degree of their contribution to adolescent wellbeing.

Khan, Taghdisi, and Nourijelyani (2015), noted that research on wellbeing has largely focused on adults in developed countries but little of these studies have been conducted on self-report wellbeing of adolescents in developing countries. There are an estimated 1.2 billion young people aged 10-19 years globally of which the largest population of them fall within adolescent group and approximately 70 percent of this population live in developing countries, that have the largest complex economic, social, political, and environmental contexts that give rise to wide range of challenges for adolescents to contend with as they move towards adulthood. Most of these adolescents are confronted with availability of little personal socioeconomic resources and social support to meet their daily need and face the mitigating challenges of poverty, inequality, gender and social class discrimination, ethnic and religious segregation (UNFPA, 2007).

Nicolais, Perrin, Panyavin, Nicholls, Plaza, Quintero, and Arango-Lasprilla (2016), in their study on the family dynamics and psychosocial functioning of children with spinal cord injury/disorder SCI/D from Columbia

where Pearson Product Moment Correlation Coefficient, and regression analysis were used to analyze data, they found that family system is central value to many individuals in several societies especially adolescent. Their finding demonstrated the importance of family system to the life of individual members of the family when it comes to the issue of health and wellbeing. Their finding further revealed that family dynamics are associated with the psychosocial functioning of children. Children at adolescent age of life demands more of family dynamics relationship in order to keep healthy state and wellness. Hence the role of family system in the maintenance of psychological wellbeing of adolescents are immeasurable. For these children to keep on living a healthy lifestyle, and remain in the best psychological wellbeing state, there must be a commensurate contribution from the family circle.

Hupert (2009), viewed Psychological wellbeing as living well, combination of feeling good and functioning effectively. It is a dynamic process emerging from the way in which people interact with the world around them. From the definitions people with high positive wellbeing reported feeling happy, capable, well supported, and satisfied with life. It also include better physical functioning, and good physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors (Khan, Taghdisi & Nourijelyani, 2015). Wellbeing Studies have also suggested the import of students 'physical, mental health and psychological wellbeing in the pursuit of good academic result (Ansari, Stock, Snelgrove, Xiaoling, Parke, Davies, John, Adetunji, Stoate, Deeny, Philips, and Mabhala, 2011). It is an obvious situation that adolescents from different socioeconomic groups are thought to be more vulnerable to situations that can give rise to issues that will affect their health conditions. It has been estimated that mental illness will make up 15% global burden of disease by 2020. Hence, psychological wellbeing of adolescents is becoming a significant mental health problem. USDHHS (2013). Ayub, Irfan, Naeem, and Blackwood (2012) observed that some leading mental health problems are depression, anxiety and eating disorders especially among young people.

Dodani, Mistry, Farooqi, in Khan, Taghdisi, and Nourijelyani (2015), in their study on Psychological Wellbeing (PWB) of school adolescents aged 12–18 years, its correlation with general levels of physical activity (PA) and socio-demographic factors in Gilgit, Pakistan reported 23.2% of low psychological wellbeing among students which according to them indicates depression. Shah, Hasan, Malik, and Sceeramareddy (2010) reported a very high prevalence of depression and anxiety among students, others indicated

4.7% prevalence of anxiety, and 19.5% of depression among medical students in Pakistan.

Savage (2011), Khan, Taghdisi and Nourijelyani (2015), suggests that adolescent wellbeing is a social and political objective and that guaranteeing psychological wellbeing of adolescents is socio psychological necessity. They also described Psychological wellbeing of adolescents as being content with life and understanding abundance of positive emotions. But when joined with the absence of psychopathology, is linked with greatest academic function, social skills and support and physical health, being a stage that lays strong foundation for future personality, and a critical period during human development in which life goals, values, direction and purpose in life are created.

Family system theory proposed that problems should be considered from a circular perspective. To them, problem exist in a context of relationship in which individual influence each other in the relationship. Their emphasis was on a bidirectional relationship in which a paradigm shift from individual blame is needed. Family interaction theory focused on the relationship within members of the family thus viewing family as a set of interacting personalities. To them, each member occupies a position where a number of roles are specified. Individual members sees norms and roles as a guiding principles for behaviours or attributes.

Shesly, (2018), Bowen's family theory views each family as being within a multigenerational context and suggest that pattern of family interactions end to repeat themselves over generations. In his explanation on differentiation as the key element in family relationship, he described it as the process unfolding, growth and maturation leading to a balance between emotional and intellectual state. The emotional level according to him, is associated with lower brain centers and relates to feelings, while the intellectual level is associated with the cerebral cortex or higher brain centers and relates to cognition. The degree of connectedness between emotional and intellectual system of a person dramatically affects the person's functioning, especially in social circumstances such as family. The lifestyle of each family member arises out of the interrelated behaviour of all family members. This serves as a bases for understanding the situation in which adolescents are involved. Their behaviour therefore is explored in the context of their family system, rather than in isolation. The focus is on the pattern of dynamics within a young person's family system which includes the effect of the adolescents' personal behaviours.

Empathy is considered as trait tendencies of a person to both affectively experience emotions of concern at the suffering of others and to

cognitively adopt the perception of another. Parents who are better able to empathize with their children provide more attuned caregiving show more harmonious interactions characterized by greater shared positive affect and mutual responsiveness. Empathic parenting is thought to help children develop effective emotion regulation skills, allowing children to develop greater mastery of their own emotions through parents' scaffolding of children's experiences. In turn, children with more empathic parents show less depression symptoms, as well as greater empathy themselves, with effects of empathy apparent in youths ranging from young children to adulthood. Environmental issues to a large extent enhance anxious moments which in essence interferes with the learning process of individuals. Anxiety becomes heightened in an environment of tense atmosphere where love, care and affection are lacking. Life issues as well promotes anxious situations which in essence affects psychological wellbeing of individuals. Orlu (2013), observed that children feel happy studying in an environment that provides happiness and friendly atmosphere. He further suggested that unconducive environment is linked or associated with deficits in mental concentration to poor performance of students. Wellbeing studies have suggested the import of students 'physical, mental health and psychological wellbeing in their educational pursuit and achievement of excellent outcome (Ansari, Stock, Snelgrove, Xiaoling, Parke, Davies, John, Adetunji, Stoate, Deeny, Philips, and Mabhala, 2011).

The study of depressive conditions among adolescent has become inevitable due to multiple result from studies implicating the negative impact of depression on adolescents. It is noticeable that adolescent period is transitional from childhood to adulthood. This is the time they face various challenges in life and pressure from different angles which in essence affects their normal lifestyle. Latch (2015), Ajidahun (2012) suggested that some of the sources of depression in adolescents is the challenges they encounter during this period of development, negative relationship with both peers and parents, death of beloved ones and other social pressures both from within and outside the family circle. Over time, depressive conditions in adolescents has been a worrisome issue and evidence from studies shows that it is in the increase now than before. (Nwachukwu, Okwara-Kalu and Agulanna, 2017).

Kamaruddin and Sa'ad (2015) suggested that family plays an important role in the development of an adolescent identity and wellbeing, a significant protective factor in the lives of a child. Family satisfaction have been found to be a major contributor to resilience and well-being; the most distinct of these being the effects of a warm, supportive family environment, marked by a close relationship (Kamaruddin and Sa'ad, 2015). In other words,

family satisfaction plays a critical role in determining the psychological wellbeing of the members of the family. In their study, it was discovered that this element alone explained 38% of the total variance in the adolescent wellbeing. Ayon, Marsiglia and Bermudez-Parsai (2010) suggested that there is a high reliance on the family for material, emotional support and help. It was also shown that adolescents who have limited family support system have low levels of wellbeing and are at risk of experimenting with substance abuse. Manzi, Regalia, Scabini, and Vignoles (2006), in their studies in United Kingdom and Italy on enmeshment, family cohesion and wellbeing in young adults in the transition from school to university, found family cohesion as the most associated with a better psychological wellbeing in both countries.

Statement of the problem

It is evident that adolescents at their stage of development, need much support from family members. Where this support is lacking, the tendency for them to develop psychological health problem is a very obvious situation. Our school system even at secondary level creates room for anxiety, depressive conditions, fear, and frustration for these children due to the quest for academic excellence. Further to this is the negative pressure from the social system on the growing child which is another worrisome situation. There are several mental and psychological health issues arising among adolescents that has become a matter of concern within education sector. The increasing rate of restiveness, juvenile delinquency, involvement in political activities as tugs, and desperation for materialism at a very young age among these young people is alarming, of which if this is allowed to continue unabated, it could grossly affect their psychological wellbeing. These negative occurrences, give rise to school dropout syndrome, and school avoidance behavior pattern among them. Several psychological health cases in the society today are traceable to adolescents' poor psychological wellbeing and this negatively affect their attention to schooling.

Objectives of the study

The objectives of the study are:

1. To determine if family social dynamics of (empathy, cohesion, satisfaction) can predict psychological wellbeing of in school adolescents.
2. To find out if family psychological dynamics of (depression, anxiety) can predict psychological wellbeing of in school adolescents.

Research Questions

The research questions that were used for study are:

1. What is the predictive value of family social dynamics of (empathy, cohesion, satisfaction) on psychological wellbeing of in school adolescents?
2. What is the predictive value of family Psychological dynamics of (depression, anxiety) on psychological wellbeing of in school adolescents?

Research Hypotheses

1. There is no significant predictive value of family social dynamics of (empathy, cohesion, satisfaction) on psychological wellbeing of in school adolescents.
2. Family psychological dynamics of (anxiety and depression may not predict the psychological wellbeing of in school adolescents.

Methodology

The study adopted a correlation survey design which is considered more suitable for the study. The target population of the study was 1000 SS1 and SS2 adolescent from two schools. A sample of 300 adolescents were drawn through random sampling techniques.

Instrumentation

A self – report questionnaire was used for the study. This instrument was adapted from Ryff psychological wellbeing scale to measure psychological wellbeing of adolescents. Becks depression scale was adapted for depression and anxiety.

Validity of the instrument:

The validity of the instrument was established by experts in educational psychology. Its internal consistency was established through pilot study which was achieved by using Cronbach Alpha reliability test. The test enabled the reliability coefficient to be obtained.

Data Collection:

Data was collected by the researcher and research assistants. The instrument was administered using on the sport administration system. This helped to make collection of the instrument to be more effective and where the subjects encounter problem in the completion of instrument it was immediately rectified.

Data analysis:

Information from the instrument collected was utilized in the data analysis using multiple regression statistical model which was tested at 0.05 level of significance.

Result of the study.

Research Question One: What is the predictive value of family social dynamics of (empathy, cohesion, satisfaction) on psychological wellbeing of in school adolescents?

Table 1: Showing Descriptive statistical Analysis of the family Empathy, cohesion, Satisfaction and Psychological Wellbeing of Adolescents of in School Adolescents.

Variables	N	Mean	SD
Psychological Wellbeing	299	34.12	4.83
Empathy	299	18.53	4.08
Cohesion	299	19.00	3.99
Satisfaction	299	18.95	3.96

The table above shows the descriptive analysis of the relationship between family empathy, cohesion satisfaction and psychological wellbeing of adolescents. Mean of the different variables shows that empathy achieved 18.53, with a standard deviation of 4.08, family cohesion obtained a mean of 19.00, SD 3.99, while family satisfaction achieve a mean of 18.95 SD 3.96.

Ho₁: There is no significant predictive value of family social dynamics of (empathy, cohesion, satisfaction) on psychological wellbeing of in school adolescents.

Table 2: The Social Dynamics Predictor variables and Psychological Wellbeing of in School Adolescents.

Model	Unstandardized Coefficients B	Standardized Coefficients SE	t	Sig	
(Constant)	27.785	1.549	17.937	.000	
Empathy	.183	.087	.155	2.114	.035
Cohesion	-.006	.930	-.005	-.063	.950
Satisfaction	.161	.086	.132	1.864	.063

Table 2: demonstrated the relative contribution of predictor variables to the dependent variable psychological wellbeing of in school adolescents. It shows that Empathy contribute 18.3% of the variance, family cohesion contributes the least of the total variance of 0.6% while family satisfaction contribute 16.1% of the total variance to the psychological wellbeing of adolescents

Summary of Regression Analysis on Family Social Dynamics (Empathy, Cohesion, Satisfaction) and Psychological Wellbeing.

Multiple R = .246
 R² = .060
 Adjusted R² = .051

Table 3: Correlation on Empathy, Cohesion, Satisfaction and Psychological Wellbeing of Adolescents.

Variables	N	Psychological wellbeing	Empathy	Cohesion	Satisfaction
Psychological Wellbeing	299	1.00	.218	.165	.207
Sig			.000	.002	.000
Empathy	299	.218	1.00	.609	.502
Sig			.000	.000	.000
Cohesion	299	.165	.609	1.000	.571
Sig			.002	.000	.000
Satisfaction	299	.207	.502	.571	1.000
			.000	.000	.000

Table 3 above shows the correlation analysis of family empathy, cohesion, satisfaction and psychological wellbeing of adolescents. The result indicates that all the variables tested were positively correlated with the psychological wellbeing of adolescents. It is evident here that family empathy, cohesion and satisfaction has direct relationship with psychological wellbeing of in school adolescents.

Table 4: Showing the Analysis of Variance (ANOVA) of the regression model Family Empathy, Cohesion, Satisfaction and Psychological Wellbeing of adolescents.

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	419.491	3	139.830	6.307	.000
Residual	6540.175	295	22.170		
Total	6959.666	298			

- Dependent Variable: Psychological wellbeing
- Predictors (constant), Cohesion, Empathy and Satisfaction

Research Question Two: What is the Predictor value of family Psychological dynamics of (depression, anxiety) on psychological wellbeing of in school adolescents?

Table 5: Mean and Standard Deviation of the psychological dynamics of Anxiety, Depression and Psychological Wellbeing of Adolescents.

Variables	N	Mean	SD
Psychological Wellbeing	299	34.1204	4.833
Anxiety	299	16.023	3.949
Depression	299	15.093	4.592

Table 5: Shows the mean and standard deviation of variables measured in this study. Psychological wellbeing scored a mean of 34.1204, with standard deviation of 4.833, anxiety obtained mean of 16.023, SD 3.95, while depression obtained a mean of 15.093, SD 4.592

H₀₂ Family Psychological dynamics may not significantly predict psychological wellbeing of in school adolescents.

Table 6: Showing Correlation on Psychological dynamics of (Anxiety and depression) and psychological wellbeing of Adolescents.

Variables	N	Psychological Wellbeing	Anxiety	Depression
Psychological Wellbeing	299	1.000	.175	.223
Anxiety	299	.223	1.000	.270
Depression	299	.175	.270	1.000

Table 6: shows that there is no significant correlation between psychological wellbeing of adolescents and anxiety and depression. This

indicates that anxiety and depression may not effectively predict adolescents psychological wellbeing, therefore, the null hypothesis is hereby rejected.

Summary of Regression Analysis on Psychological Wellbeing of in School Adolescents.

Multiple R = **.252**
R² = **.064**
Adjusted R² = **.057**

Predictors (constants) Anxiety and Depression.

Table 7: Regression Model of Analysis of Variance (ANOVA) on Anxiety, Depression and psychological Wellbeing of Adolescent.

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	443.718	2	221.859	10.078	.000
Residual	6515.948	296	22.013		
Total	6959.666	298			

Table 8: Showing the Regression Model Coefficients of the Predictor Variables on Psychological Wellbeing of in School Adolescents.

Model	Unstandardized Coefficients	Standardized	t	Sig	Coefficients
	B	SE			
(Constants)	28.688	1.293		22.185	.000
Anxiety	.199	.061	.189	3.237	.001
Depression	.152	.071	.124	2.121	.035

The table above shows the contribution of the independent variables to the prediction of the psychological wellbeing of in school adolescents. From the result, the following Beta values were observed, anxiety (B = 0.189, P < 0.05) Depression (B = 0.124, P < 0.05). This analysis indicates a positive correlation between the predictor variables (anxiety 0.001, P < 0.05), (depression = 0.035) and independent variable.

Discussion

The relationship between the family social dynamics which include: family empathy, family cohesion and family satisfaction as shown in table 3 and psychological wellbeing indicated a positive relationship. It shows that as the family empathy remains strong (P < 0.000), children wellbeing will also become positively stable. The same goes to family cohesion (P < 0.05). The

closer the members of the family are, the more stable the wellbeing of children. It Intel's that cohesiveness of the family has a very significant role in the wellbeing or health of the growing members of the family. The main stream satisfaction also correlated positively with the psychological wellbeing of the students (0.000). When the contribution of the variables were tested using multiple regression, empathy contributed 18.3%, which made it the highest predictor of psychological wellbeing of in school adolescent. As cohesion was isolated, it contributed 0.06% being the lowest predictor of psychological wellbeing, also satisfaction which was also isolated in this study, contributed 16.1%, which made it the second highest predictor of psychological wellbeing. In line with the study of Kamaruddin and Sa'ad (2015), family satisfaction was found to be more influential in predicting the psychological wellbeing of adolescents. In their study, cohesion was also found to have the highest beta coefficient, which according to them is the main factor of psychological wellbeing in the family. In this study, the value of R^2 is .060, which implies that 60% of the total variance was explained by the family social dynamics of empathy, cohesion and satisfaction, empathy having the highest contribution. This means that any family that maintains the practice of empathy, the psychological wellbeing of adolescent will continually be ascertained.

Hypothesis two showed the contributions of psychological dynamics of (anxiety and depression) to the psychological wellbeing of adolescents. Although this showed positive relationship and predictive value of depression was 12.2% while that of anxiety was 19.9% for this study. This may suggest that a person who has depressive condition may still live a healthy life if adequately supported from home front. Hence it is evidence that family systems may have a strong base of changing negative effects to positive effect. Other studies have shown inverse or negative relationship between psychological wellbeing and these variables. Helen, Tiffany, Gill, Taylor, Rhiannon (2012), suggest that there is no guarantee that both psychological wellbeing and psychological distress will not occur together in a personality. According to their study, positive psychological factors may have such a strong relationship with health as negative ones and the extent to which these psychological states are independent of each other may vary according to the external and internal environmental challenges people face.

Conclusion

The study has made significant contribution to knowledge in that it has studied these family elements in isolation which have given a clear view of the actual functioning of these family variables when studied differently. The

result of the study has shown that empathy is a strong positive predictive factor in the family set up which has the capacity to facilitate psychological wellbeing of the adolescents fervently. It has also shown that family wellbeing of members depend to a large extent on the effective functioning of the family dynamics. The study also revealed the significant relationship between depression, anxiety and psychological wellbeing. This shows that an individual with depressive condition can still live a healthy life if strongly supported from the home front. Hence adequate support from family members is required at all levels for good life, especially adolescents in the school.

Recommendations

The following recommendations were made:

1. From hypothesis one, it was revealed that empathy, cohesion and satisfaction are predictors of psychological wellbeing, therefore strong emphasis should be made on maintaining them and practicing these dynamics effectively in the family by members so as to help the adolescents live a better healthy and fulfilled life.
2. The study has shown that adolescents who have depressive conditions can still maintain a healthy life if adequately supported at family level. Since from this study depression was found to contribute 12.1% total variance to psychological wellbeing.
3. From this study, it has been shown that the presence of anxiety do not mean complete loss of access to healthy life, instead if the anxiety situation is properly managed can lead to a better psychological wellbeing of the adolescent since it was found to contribute 19.9% of total variance to psychological wellbeing of the adolescent.
4. Empathy should be maintained in families as a watch word for the purpose of effective practice so as to help provide a conducive family environment that will enhance good psychological wellbeing for the adolescents.

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