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Developing a model of healthy family (A Qualitative Research)

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ABSTRACT

Proper functioning of family ends in a healthy family and healthy family members. On the contrary, dysfunction of family is ensued by numerous adverse effects on individuals and the family itself. Thus, investigating various aspects of a healthy family is of interest conceptually and also with regards to developing a basis for family therapy. This study was conducted with the purpose of developing a model of healthy family in the Iranian society.
This study was performed using a grounded theory. Sixteen family and marriage specialists and 21 couples were examined by purposeful and random sampling respectively. Also, previous studies on healthy family were surveyed. Data was obtained through semi-structured interactive interviews to achieve saturation of information.
Transcripts of the interviews between family specialists and couples were analyzed. Categories of interviews were extracted using clustered multi-categorical coding.
One hundred and five initial codes were obtained from the interviews of family specialists. Using an axial coding and based on topics these codes were divided into 21 categories. The number of initial codes obtained for couples' interviews was 90 and the codes were classified into 19 divisions based on topics. Besides, the codes obtained from a survey of previous researches on healthy family were classified into 88 categories. Finally, the sought model of healthy family was constructed in 14 dimensions by triangulating among categories extracted from interviews with family specialists, couples and previous researches.
Family is the most valuable structure and the richest environment for growth, evolution and enhancement of physical, behavioural and personality-related characteristics. Hence, awareness of criteria and characteristics of healthy family can help couples, families and family therapists getting more knowledge of what is a normal and healthy behaviour, and thereby, use these criteria towards healthier families.
KEYWORDS: Healthy family, qualitative research, family and marriage specialists

1. INTRODUCTION

Family is one of the major social organizations. It forms human's personality. Utility, contentment, satisfaction, quality, and optimal functioning of family are very influential factors in efflorescence, growth and progress of its members(Locke & Williamson, 1985). We live in a multifaceted society wherein defining healthy family proves to be difficult. Despite, there are particular measures that can be used in determining the health level of a family(Barker, 2007).

The Merriam-Webster's dictionary defines family as a sociobiological unit in society comprising two or more adults living together and in cooperation with each other in taking care of children (whether biological or adopted),(Thompson & Henderson,2007).

In defining family, Goldenberg and Goldenberg stated that family is a complicated emotional system that covers some generations and is distinguished from other social systems by loyalty, emotion, and the perpetuityof membership in it (Goldenberg& Goldenberg, 2008). In its limited concept a family is a social unit stemming from marriage of a couple, which is completed by the children resulting from it(Ghaemi, 2010). Its distinction from other social systems is in that joining a family starts by marriage or being born or adopted, that its members are taken apart by death only, and that it's impossible to break all ties due to a family(carr,2006).

There are various definitions for healthy or unhealthy families, as there are several theories available on family function and relations(Walsh,2012; Bray,1995). In describing healthy family processes, considering each theory is important though many of them overlap with each other in terms of their approaches (Sperry, 2012).

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Walsh (2012) exhaustively reconsidered models of healthy family and argued that the terms healthy or normal could be interpreted in different manners. Accordingly, he initiated his reconsideration of the subject based on four definitions of health which consisted of normal as problem-free; normal as average; normal as healthy; and normal in relation to basic transactional processes in family systems.

There are many theoretical models for investigating families and deciding their normalcy. One of such models of family typology is contextual family process and content model (Samani, 2005).According to which families are divided into four types based on the two components of family process and family content. The family types in this model are: healthy/efficient family, unhealthy/inefficient family, and two types of problematic family (problematic in terms of process or content). The primary hypothesis in a model of family process and content is that, basically, healthy families outperform the other ones in the model, i.e. unhealthy and problematic ones (Samani, 2008).

A family of healthy functionality in terms of structural pattern is the one wherein there is complementation among the members, another characteristic of such family is accommodation of other members' needs, clear and flexible boundaries between members and ability to resolve conflicts and make changes in the course of life cycle of the family. Minuchin (1974) stressed that healthiness of a family does not necessarily mean lack of difficulties but clear reflection of normally occurring problems that must be tackled in a family life (Minuchin, 1974).

In their research Fisher &Sprenckle (1978) asked some family therapists to describe healthy family. In response, family therapist described a healthy family as a protective family that provides whose members with the feelings of security and valuableness. They also added that such families should have an open method of relationship which allows them discuss their important issues with each other. Those families suggest this major idea that change is possible (Fisher & Sprenckle,1978; as quoted by Peykarestan, 2001).Johnson and Ferguson (1990) classify families based on their functioning as healthy or of efficient functioning; and slightly, intermediate, or highly inefficient(Hadley, 1991).Likewise, Fleck(1980) enumerates five variables of family actions that must be accounted for when differentiating a healthy family from an unhealthy one. The variables include leadership, family restrictions, emotionality, relationship and cooperation towards a goal .

Healthy families share some characteristics some of the majors of which have been gathered in form of various lists. Not all of such characteristics have been agreed upon by all experts. Notwithstanding, they pose aspects of the subjects that allows distinguishing efficient families from the inefficient ones or those that are not healthy (Gladding, 2010).Parvizi et al. (2009) conducted a study titled "Exploring the concept of healthy family from adolescents' perspectives in Zanjan".The research was performed using a qualitative approach and content analysis.Its results revealed that role of family was emphasised by the youth, in the following areas: "relationships in family, healthy family, restrictions, options, religious believes". The youth mentioned as characteristics of a healthy family the importance of being perceived by parents, existence of an intimate parent-child relationship, lenience towards children and religious believes, and freedom within family.

Samani et al. (2010)investigated parenting styles in various forms of family in contextual family process and content model. Their findings suggested that, comparatively, healthy families enjoy positive parenting style and higher paternal involvement and use corporal punishment to a lesser extent. In contrast, unhealthy families were found of higher imposition rate of corporal punishment and poorer parental supervision. Results of the study carried out by Latifian(2008)showed that, comparing healthy families, unhealthy and problematic families make lesser use of positive parental behaviour (as quoted by Samani et al., 2010).In a description using contextual family process and content model of various kinds of families Behbahani (2009)concluded that pluralistic and consensual styles were the two major communication patterns in healthy families. He found that the major communication styles in unhealthy families were laissez- Faire and protective ones. Likewise, results of the study taken by Samani and Abdullahzadeh(2008) showed that healthy families suffer from lesser degree of emotional problems (depression, anxiety, stress) than other families do (as quoted bySamani et al., 2010).

According to the above argument, the main issue here is the controversy on what the concept of "healthy family" is. As Walsh (2012)mentioned in his comprehensive reconsideration of models of healthy family, the term normal or healthy can be construed in different manners. That's why in constructing a model of healthy family, healthy and optimal functioning of family is considered herein the light of the fact that a healthy individual is grown in a healthy family and a healthy family finally yields a healthy society, this study is aimed at expanding the horizon for experts, family therapists, and families themselves as to what a healthy family and its characteristics are. Accordingly, as its main question, this research is to develop a model of healthy family based on viewpoints of experts, couples and also using the past researches on the topic.

RESEARCH METHODOLOGY

This study was conducted with a qualitative approach This study was performed with a qualitative method, using grounded theory and triangulation of multidimensional look which involves categories excerpted from interviews with family and marriage specialists, those extracted from interviews with couples and finally from previous research on healthy families. Initially, reviewing the available body of literature, some set of semi-structured interview questions constructed and were discussed by the authors to ensure their content integrity and quality. Then the authors interviewed family specialists and couples. In the course of the interviews findings were analyzed and the number of interview sessions was increased to category saturation. Finally, 16 family and marriage specialists plus 21 couples were surveyed and data gathered up to information saturation using semi-structured and interactive interviews. The interviews were 25 minutes up to an hour long. All the dialogs were recorded and transcripts were literally made and checked back with the recordings. Subsequently, the transcripts were analyzed and interview categories were extracted using clustered multi-categorical coding. Using this approach the transcripts were reviewed several times and broken into the smallest significant building blocks, i.e. themes or content and, upon reviewing, classified based on similarity in meaning. Making the reviews, review and merging process was repeated until the authors came up with satisfactory categories and subcategories and acceptable stability in data. Afterwards, triangulation was performed based on the categories extracted from interviews with family specialists, couples and previous researches, and a model of healthy family was thereby constructed. Predetermined categories were not used for this research; instead, categories were extracted from the data.

Statistical Population

In this research the statistical population comprised the whole community of marriage and family specialists who lived in Iran and held PhD degree in any of the counseling or psychology disciplines with at least five years of experience of working as therapist for couples and families. The population also included all married high school teachers living in Khoramabad city Iran in the year 2012together with their spouses.

Sampling Method and Scheme

In the first part of this study purposeful sampling was made from family specialists ready to participate. This was accomplished by conducting semi-structured and interactive interviews with people having PhD degree in counseling or psychology with at least five years of experience in dealing with families and couples and ready to participate in this research. Thereby, 16 specialists were eventually surveyed using purposeful sampling.

In the second part of the research, multi-stage clustered random sampling was carried out from a list of teachers ready to participate. To do so two boys' high schools and another two girls' high schools were randomly chosen from every educational districts of Khoramabad city, Iran. The schools were then contacted and semi-structured interviews were carried out with randomly selected teachers ready to participate and their spouses. In the end, 21 couples were explored.

It's noteworthy that in either part, sampling was continued until category saturation, that is when no further information could be gained during interviews.

RESULTS

The transcripts of the interviews with family specialists and couples were qualitatively analyzed.105 initial codes were obtained from the interviews of family specialists. These codes were then categorized into 21 topical categories by axial coding based on similarity of topics. Likewise, from interviews with couples, 90 codes were obtained and categorized into 19 topical categories. Likewise, exploring the past research on healthy family, 88 categories were obtained. A model of healthy family with 14 dimensions was thus developed using the dimensions taken from the categories of interviews with family specialists and couples and also previous research on healthy family and a follow-up triangulation among them (figure 1).

Model	Dimensions

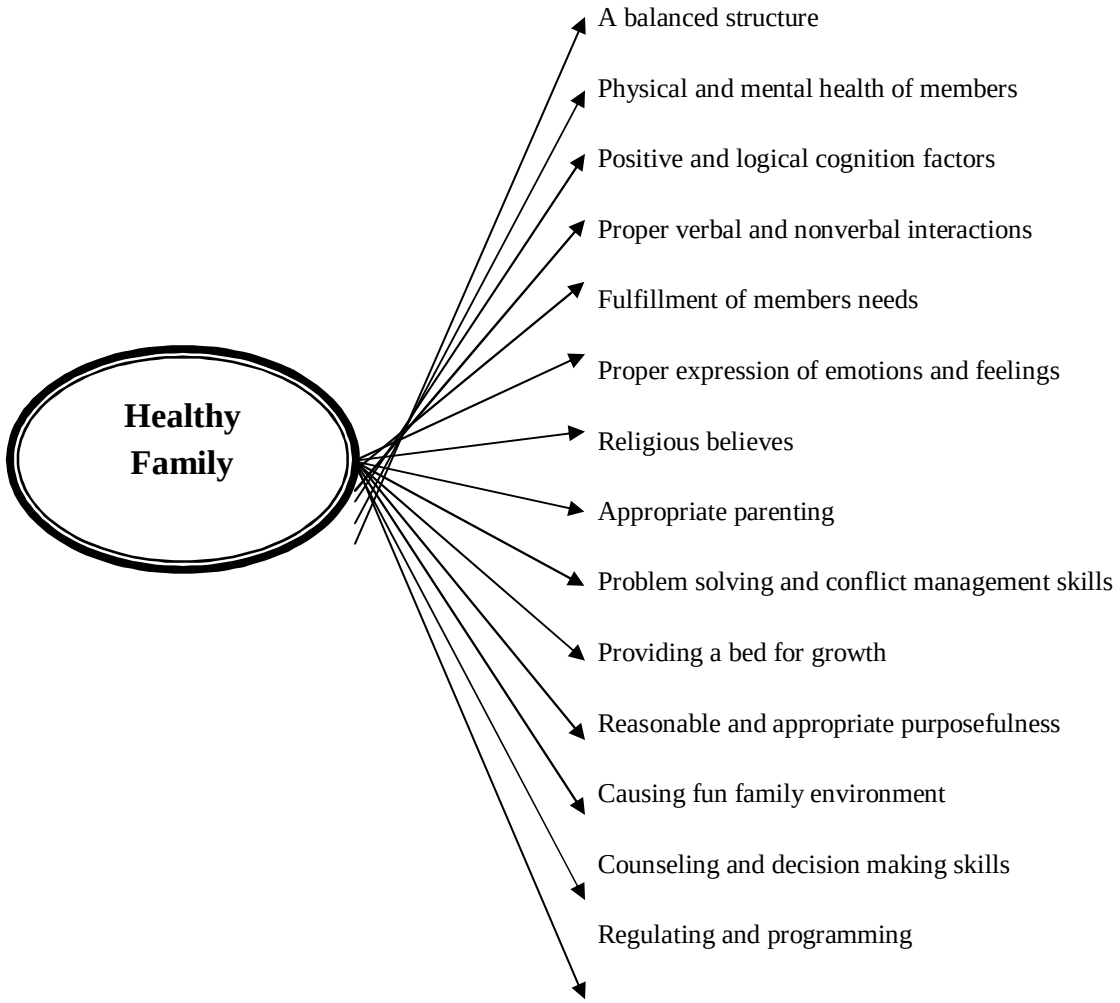

Figure 1. The model of healthy family developed from triangulation of categories taken from interviews with family specialists, couples, and previous researches.

DISCUSSION AND CONCLUSION

Based on the developed model, healthy family is a family wherein the following conditions obtain:

- A balanced structure (clarity and proper play of roles, family hierarchy, and clear and flexible boundaries)
- Appropriate parenting
- Causing fun in family environment
- Counseling and decision making skills
- Fulfillment of the members' needs (physical, mental, emotional, social, economic, sexual, security-related)
- Physical and mental health of members,
- Positive and logical cognition factors (thoughts, believes, views, values and expectations)
- Problem solving and conflict management skills
- Proper expression of emotions and feelings
- Proper verbal and nonverbal interactions (direct, clear and honest, close and friendly, mutual perception and respect, caring the members' rights)
- Providing a bed for growth

- Reasonable and appropriate purposefulness (at individual, couple, and family scales)
- Regulating and programming
- religious believes

Having identified the criteria and characteristics of the developed model of a healthy family, a review of researches on healthy family is now presented. Kephart(1961) lists socializing, personality growth, fulfillment of one's own needs, having recreation, and choosing spouse as regular functions of family(Gladding, 2010). Also, Fleck (1980) enumerates leadership, family boundaries, emotionality, communication, and purposeful actions as the five features of functions of family. Bivar&Bivar(1982) declared that healthy families feature particularities akin to being source of legal authority, stable regulation system, contributing in stable and durable educational behaviours, taking effective measures as to educating children and protecting marriage, establishing goals achievement of which is sought by every member of family, ability to be criticised, and adaptation with the natural issues resulting from growth, evolutions and unexpected crises (Gladding, 2010).

The study carried out by Samani and Abdullahzadeh (2008)indicated that there exists lesser emotional problems(depression, anxiety, stress) in healthy families (Samani et al., 2010). Olsonet al. (1999)counted commitment to family, gratefulness and kindness towards one another, positive relationships, spending some suitable time for enjoying together, feeling of spiritual health, ability to tolerate pressures and crises as the six salient features of healthy families.

Najarian (1995)mentions role playing, problem solving, and expression of emotions as three factors for efficiency of family. As alleged by Mousavi (2001), healthy and efficient families share the six characteristics of solidarity and intimacy, higher degree of flexibility in the role and responsibilities of members, direct and open relationships among members, close and warm couple relationship, intimate parent-child relationship, and lesser clashes. Results of the research done by Latifian (2008) showed that there is a positive parental behaviour in healthy families(Samani et al., 2010). Parvizi et al. (2009) mentioned the characteristics of healthy family as expressed by the adolescence living in Zanjan, Iran to be relationship in family, options, perception of the children by parents, necessity of a close parent-child relationship, tolerance towards children and religious believes, and freedom within family.

In a description of communication styles in healthy families, using contextual family process and content model, Behbahani (2009) claimed that pluralistic and consensual styles were the two major communication patterns in healthy families. Salehi (2009)showed that families enjoying a good situation from a process sense have children with higher levels of educational motivation and self-concept. Samani et al. (2010) alleged that in healthy families enjoy positive parenting style and higher paternal involvement and make lesser use of corporal punishment.

The review offered in this section and also the introduction of the past research on healthy family suggests that the model constructed here for healthy family covers all of the criteria suggested by the previous studies. All of the criteria of healthy family are combined into this single comprehensive model. As healthy and desirable functioning of family is a concept of direct impact on needs, goals, life satisfaction, and emotional relationships within a family (Miller et al. 2000), it can be concluded that the model thus developed will be exhaustive and that couples, families, marriage specialists, and family therapists can use it as a reliable model towards as much health as possible for families.

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