

A Study on the Generational Differences of Family Relationships and Characteristics in the Families of Psychiatric Patients

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The purpose of this study was firstly to examine the changes in familial relationships and characteristics of psychiatric patients' families among different generations, and secondly, to compare how these differ from the normal families. A total of 702 families, 235 families of psychiatric patients and 467 normal families, were involved in this study. In order to investigate the generational differences, the families were categorized into two groups based on the subject's age, those under 39 were categorized as the younger generation group and those over or equal to 40 as the older generation group. The Family Mental Health Test was used to evaluate the familial relationships and characteristics for each subject. The results indicated that within the psychiatric family group, there were no significant differences between the generational groups regarding the following factors: conflict between mother-in-law and daughter-in-law, inner openness of the family, parental over-protectiveness toward children, and outer openness to the social network. There were, however, significant differences in emotional stability, family cohesiveness, sexual satisfaction between the couple, patriarchal characteristic of the household, and parental attachment to children. Within the normal families, all other factors were significantly different between the generational groups except two which were parental over-protectiveness and reverence for parents.

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According to Park and Rhee (1999), unlike normal families, the families of psychiatric patients tend to have different familial relationships and characteristics. They have limited emotional stability, inner openness of the family, family cohesiveness, and openness toward a social network. Furthermore, those families, compared to normal families, show differences in the couple's sexual satisfaction, and conflict between the mother-in-law and daughter-in-law. In relationships with children, parents tend to be more devoted but somewhat dominant toward them. They also maintain more patriarchal family characteristics compared to those of normal families. These differences suggest that psychiatric patients' families have limited functions in terms of social and inner family relations. The differences also show that they lack emotional stability and cohesiveness.

Recently, there have been some criticisms about Korean families. This criticism is centered around the fact that Korean families have difficulty adapting to the rapidly changing society (Jang, 1994). As a result of industrialization and urbanization, we are experiencing somewhat drastic changes of family structures (Ham, 1995). A smaller number of family members due to the lower birth rate and the extinction of extended families, and the appearance of complex families are good examples of current structural changes occurring in families. However, the family environment and relationships remained unchanged.

Generally, well-functioning families have the ability to adapt to these rapid social changes in order to maintain their inner stability and healthy emotional relationships (Bloch et. al. 1994). Such an ability can be regarded as a characteristic of

a healthy family. The following characteristics are believed to be the familial factors of a healthy family: adaptability to social changes, flexibility, cohesiveness, ability to manage of conflicts, and clarity of communication. The concept of adaptability in families includes the ability to adapt successfully to environmental changes both inside and outside the family. Olson (1986) stated that the condition of a healthy family consists in the ability to adapt to changes and maintain family cohesiveness. Adaptation to changes can be defined as an ability to manipulate the power structure of the family, alternate the roles of its members, and change the rules within the family under stressful conditions. This definition suggests that a healthy functioning family requires the ability to adapt to environmental changes as well as to keep the family's inner stability. Therefore, family cohesiveness and the ability to adapt to changes can be regarded as the essential conditions of a healthy functioning family.

The purpose of this study was to investigate the changes in familial relationships and characteristics of psychiatric patients' families among different generations, and to see if there was any difference compared to that of normal families. The family relationship and characteristics used in this study were as follows: inner openness of the family, emotional instability within family, outer openness to the social network, family cohesiveness, patriarchal characteristics of the household, sexual satisfaction between the couple, and conflict between mother-in-law and daughter-in-law, parental over-protectiveness, attachment to and over-control of children.

The study on the generational differences of familial characteristics of psychiatric patients by

Park and Rhee (1999) indicates that for the families of psychiatric patients, the openness to the social network was very low resulting in isolation, and the interactive communication among family members was also limited in comparison to those of normal families. Since such characteristics would bring dysfunctional effects in adjusting to the changing social environment, this study further examined the generational differences on openness of the family. As it was discovered that the families of psychiatric patients had comparatively low sexual satisfaction, strong attachment or over-protectiveness of children, and conflictual relationships between the mother-in-law and daughter-in-law, reverence for parents, and patriarchal characteristic of the household, the study also examined the significances and implications of the results on the generational differences of the families of psychiatric patients when compared to those of the normal families.

In this study, 'psychiatric patient's family' is defined as families with members suffering from various psychiatric disorders such as schizophrenia, anxiety disorder, and affective disorder. 'Normal family' is defined as families with no known members suffering from any psychiatric disorder. In this study, the families were categorized into two groups based on the age of the wives in order to investigate the generational differences: those under 39 and those over or equal to 40. The reason age 40 was selected as the division line was as follows: Jang (1994) suggested that this criteria for the categorization was meaningful because of its historical significance. The wives in the older group (≥ 40) were born during or before the Korean War. The wives in the younger group (< 39) were born after

the war. Jang defined them as the new 'baby boomer' generation. Various factors of generations born after the war appeared to be different in comparison to the generations born before the war. First, they had a stronger tendency to give birth to only a single child. Second, the majority of marriages were based on economic sufficiency of the couple. Third, the divorce rate increased in this group due to personality differences between the wife and the husband. Therefore, the 'after-war generation' has been generally defined as a separate category with apparent differences in socio-psychological characteristics and family values from the 'before-war generation'. This study adopted Jang's classification to evaluate generational differences, using age 40 as the dividing line. The group under 39 was named the younger group and over or equal to 40 as the older group.

By investigating the change of family relationships and characteristics between the generations of psychiatric patients' families, this study will contribute to finding more effective ways to approach families with psychiatric patients.

Method

Subject

235 psychiatric patients' families and 467 normal families were selected considering their age and socio-economic status in Seoul. The subjects were the wives of the families. The average age of wives in normal families was 40.11 (6.11) and the average age of the wives in psychiatric patients families was 42.02 (8.27). There was a significant difference in the age between the wives of normal

families and those of the psychiatric family group ($F(1,701)=11.74, p<.001$). The distribution of the subjects' age was as following; 4.92% in their 20s, 42.66% in their 30s, 42.17% in their 40s, and 10.27% in their 50s. There was no significant difference in social class between normal families and psychiatric families ($\chi^2=5.80, p<.058$). The the distribution of social classes consisted of 25.6% in upper-middle class, 46.6% in upper-low class, 17.1% in middle class, 9.4% in low-upper class, and 1.3% in low-low class.

Subjects of the normal families were selected from elementary, middle, high schools and universities. Subjects of the psychiatric patients families were selected from various psychiatric hospitals consisting of 4 university hospitals, 4 general hospitals, 2 municipal hospitals, and 8 individual hospitals. The subjects were selected from the Kang-nam and Kang-buk areas and from hospitals of different types in order to evenly balance the number of families in each social class. Subjects were selected based on their residential area in order to obtain a sample unbiased by social class.

In this study, 'psychiatric patients' were children or adults with any DSM-IV diagnosis who were receiving various types of psychiatric treatments. Therefore, patients suffering from any mental disorder were selected. According to the psychiatric diagnosis distribution, the number of families who could clarify their disorder was 177 out of 235 families. Among 177 families, 29.8% were suffering from Anxiety Disorder, 27.7% from Schizophrenia, 14.9% from Personality Disorder, 13.8% from Affective Disorder, 4.8% from Attention Deficit Disorder, and 9.1% from others.

The instrument

To investigate family relationships and characteristics, the present study used the Family Mental Health Test of which Cronbach's α coefficients were .86-.69 (Park and Rhee, 1996). This test was constructed to assess the characteristics of family relationships, inner openness, and outer openness to the social network which includes 11 scales. The 11 subscales are as follows: the emotional instability scale consists of 15 items concerning the unstable emotional states of family members with a high score representing the unstable emotional states within the family. The inner family openness scale consists of 14 items which measure open communications and sharing of experiences among family members. The conflict between mother-in-law and daughter-in-law scale consists of 10 items with a high score indicating that the family has severe conflicts between the mother-in-law and daughter-in-law. The family cohesiveness scale consists of 8 items which measure family cohesiveness with a high score suggesting good bondage. The couple sexual satisfaction scale consists of 7 items concerning the sexual relationship between the couple. The openness toward social network scale consists of 10 items concerning the family's active contact with the outer environment with a high score representing the family's openness toward the social environment. The reverence for parents scale consists of 4 items with a high score representing strong reverence for parents. The patriarchal characteristics scale consists of 7 items with a high scores showing the family has definite and fixed characteristics of a patriarchy. The over-protective attitude scale consists of 5 items concerning the degree of parental over-protectiveness attitude

toward their children, with a high score meaning that the parents are highly over-protective. The attachment to children scale consists of 6 items concerning parental affection for and attachment to children, and the control over children scale consists of 6 items concerning the amount and of control parents have over their children. With a high score suggesting that the parents are setting extreme restrictions over their children.

Analysis of variance (ANOVA) and t-tests were utilized to analyze the data.

Results

Table 1 below presents the results of the ANOVA test which analyzed the differences by group (psychiatric and normal), age (under 39 and over or equal to 40) and the effects of group-age interaction.

The factors of the family's emotional instability, inner openness of the family, conflict between

mother-in-law and daughter-in-law, family cohesiveness, couple's sexual satisfaction, family openness toward a social network, family patriarchal characteristics, parental over-protective attitude toward children, and control over their children showed significant differences between the normal family group and the psychiatric patient family group. On the contrary, the factors of attachment to children and reverence for parents showed no significant differences between the two groups. As for the differences noted between the age groups, the factors of emotional instability, inner openness of the family, conflict between mother-in-law and daughter-in-law, family cohesiveness, couple's sexual satisfaction, family patriarchal characteristics, parents' overprotective attitude toward children, and attachment to children showed significant difference. The characteristics of inner openness, openness toward social network, and over-protective attitude toward children presented significant interaction effects between group and age.

In order to evaluate the generational differences

Table 1. ANOVA analysis results of group and age factor

	group	age	group × age
Emotional instability	33.42***	27.77***	.84
Inner family openness	19.23***	14.84***	8.17**
Conflict between mother and daughter-in-law	32.76***	7.55*	1.24
Family cohesiveness	23.65***	33.47***	1.16
Couple sexual satisfaction	7.07**	22.97***	.03
Openness toward social network	23.49***	5.35	3.86*
Reverence for their parents	1.09	.05	1.27
Patriarchal characteristics	6.51*	22.24***	.50
Overprotective attitude	16.03***	12.44***	6.62**
Attachment to children	2.56	10.49**	.20
Control over children	7.71**	1.02	.23

*** $p < .001$ ** $p < .01$ * $p < .05$

Table 2. Mean, SD, t value of scales in psychiatric families and normal families

	psychiatric family			normal family		
	youner group M(SD)	older group M(SD)	<i>t</i>	younger group M(SD)	older group M(SD)	<i>t</i>
Emoti insta	35.09(8.32)	39.02(9.00)	3.31***	31.65(8.52)	34.26(8.52)	3.19**
Inner openn	50.96(7.43)	51.21(7.15)	0.24	55.27(6.03)	52.22(7.05)	4.83***
Conflict be	24.66(12.39)	28.44(19.34)	1.65	20.38(6.52)	22.08(6.64)	2.59**
Family cohe	29.69(4.64)	28.10(5.42)	2.37*	32.13(4.32)	29.66(5.36)	5.34***
Couple sexu	23.33(4.19)	21.60(4.37)	3.03**	24.28(4.73)	22.68(4.49)	3.65***
Openness	31.06(4.80)	31.33(5.64)	0.38	34.06(5.23)	32.64(5.28)	2.88**
Reverence	11.74(3.54)	12.15(5.40)	0.84	12.44(3.14)	12.14(3.11)	0.97
Patriarch	17.37(5.28)	19.66(5.72)	3.11**	16.60(5.04)	18.28(5.27)	3.46**
Overprotect	12.24(2.91)	12.18(3.15)	0.15	10.61(2.72)	11.79(3.00)	4.33***
Attachment	18.05(3.55)	19.19(4.07)	2.21*	17.70(3.81)	18.55(3.85)	2.33*
Control	15.73(2.75)	15.30(3.29)	1.05	14.88(3.00)	14.70(3.26)	0.61

*** $p < .001$ ** $p < .01$ * $p < .05$

Emoti insta : emotional instability
 Inner openn : inner family openness
 Conflict be : conflict between mother and daughter-in-law
 Family cohe : family cohesiveness
 Couple sexu : couple sexual satisfaction
 Openness : openness toward social network
 Reverence : reverence for their parents
 Patriarch : family patriarchal characteristics
 Overprotect : overprotective attitude toward children
 Attachment : attachment to children
 Control : control over children

between the younger and older group in detail, the scores of each scale were analyzed by t-test. Table 2 below shows the analyzed result of each generational group of psychiatric patients' families and normal families.

As shown in table 2, the subject families were first categorized into normal and psychiatric patients' families. Then each family group was further divided into two groups according to the age of the wives: younger group (under 39) and older group (over or equal to 40). Then within each family group, the scores of family relation-

ships and characteristics were compared between the two age groups to see if there was a significant difference.

Within the patients' family group, the factors which showed significant differences between the age groups were: the family's emotional instability, the family cohesiveness, the couple sexual satisfaction, the patriarchal family characteristics, and the attachment to children. The younger group revealed significantly lower scores than the older group in family's emotional instability, family patriarchal characteristics and attachment to children. On the

other hand, they scored higher in family cohesiveness and couple sexual satisfaction than the older group. The factors of inner openness of the family, conflict between the mother-in-law and daughter-in-law, family openness toward the social network, reverence for parents, over-protective attitude toward and control over children showed no significant differences between the two age groups.

Within the normal family group, statistically significant age-group differences were detected in all factors except two which were the reverence for parents and control over children. The younger group presented significantly lower scores than the older group in family emotional instability, conflict between the mother-in-law and the daughter-in-law, family patriarchal characteristics, over-protective attitude toward children and attachment to children. On the contrary, the younger group scored higher than the older group in inner openness of the family, family cohesiveness, couple's sexual satisfaction and family openness toward the social network. Therefore, compared to the normal family group, the psychiatric patients' family group showed no significant differences between the two age groups in the factors of inner openness of the family, conflict between mother-in-law and daughter-in-law, family openness toward the social network, and over-protective attitude toward children. That is, the family openness and family relationship showed significant differences between the age groups within the normal family group while the psychiatric patients' family group showed none. As a result, there was an interaction effect between group and age in these family relationships and characteristics.

The following examines the generational difference of the families of schizophrenic and neurotic families based on the diagnosis of mental disorder.

The families which the number of them were less than ten cases based on the diagnosis and the age were excluded. Table 3 showed t-tests on the dependent variables among the families of schizophrenic and neurotic patients.

Results indicated the generational difference in sexual satisfaction between couples were present in the younger generation who had higher scores than the older generation in schizophrenic patients' families ($t=2.82, p<.05$). Within families of neurotic patients, results indicated a generational difference in family cohesion where the younger generational had the higher score than the older generation ($t=2.77, p<.01$).

Discussion

Within the psychiatric patients' family group, generational differences were found in the following factors; emotional instability, family cohesiveness, couple's sexual satisfaction, patriarchal family characteristics and attachment to children. In the psychiatric family group, the characteristics of emotional instability, patriarchal characteristics and attachment to children were lower in the younger group while family cohesiveness and couples' sexual satisfaction were strong.

Within the psychiatric patients' family group, the factors that remained unchanged from the younger group to the older group were inner openness of the family, conflict between mother-in-law and daughter-in-law, family openness toward the social network, reverence for parents, over-protective attitude toward children and control over children.

Comparing the normal and psychiatric patients' family groups, some factors showed a different trend of change. The inner openness of the family,

Table 3. Mean, SD, *t* of scales of Schizophrenic and nerotic disorder patients' family

	family of Schizophrenic patients			family of nerotic patients		
	youner group	older group	<i>t</i>	youner group	older group	<i>t</i>
	M(SD)(n=10)	M(SD)(n=42)		M(SD)(n=10)	M(SD)(n=42)	
Emoti instability	41.83(3.37)	38.26(7.69)	1.76	42.13(5.19)	42.06(3.55)	0.24
Inner openness	46.67(6.77)	41.30(8.18)	1.49	42.75(9.33)	44.88(7.30)	1.42
Conflict betw mother and daughter-in-law	21.00(4.47)	19.57(5.66)	0.64	23.14(8.67)	26.83(6.83)	0.69
Family cohesiveness	23.50(1.05)	21.78(3.56)	1.16	20.75(2.87)	24.35(4.14)	2.77**
Couple sexuality	20.00(2.37)	16.88(3.39)	2.62*	17.38(6.39)	16.65(4.99)	0.29
Openness	32.83(3.76)	29.44(6.65)	1.69	29.63(6.12)	32.73(6.14)	1.25
Reverence	10.17(1.83)	19.35(3.66)	0.16	11.57(5.06)	14.52(7.90)	1.16
Patriarchal charac	17.33(7.23)	17.69(5.58)	0.14	15.38(7.07)	19.19(6.13)	1.37
Overprotectivenes	13.50(3.62)	11.46(3.47)	1.25	11.75(3.85)	12.35(3.33)	0.39
Attachmentment	16.00(2.37)	18.93(4.05)	2.35	17.25(3.45)	19.77(4.97)	1.61
Over-control	15.67(1.75)	14.59(3.32)	1.12	15.68(2.17)	15.58(2.97)	0.31

***p*<.01 **p*<.05

conflict between mother-in-law and daughter-in-law, family openness toward the social network, overprotective attitude toward children showed no differences between the age groups within the psychiatric patients' group while in the normal family group, these factors showed significant differences between the age groups. On the other hand, some characteristics showed same trend of change in the two groups. The emotional instability, patriarchal family characteristics, and attachment to children were lower in the younger age group, however, family cohesiveness and couple's sexual satisfaction increased in the younger age group of both family groups. This finding might suggest that the characteristics of the psychiatric family group differ from the normal group in characteristics that are generally related to family openness (inner family openness and family openness toward the social network) and parent-children relationships (conflict between mother-in-law and daughter-in-law and parent's overprotective attitude

toward children). That is, these factors of family relationships and characteristics were static and less changeable in the psychiatric patient's group.

These results were similar to the ones of a previous study which used similar subjects but had a different aim, namely, to compare the psychosocial factors of psychiatric patients' family with the normal family without considering the age factor. According to Park and Rhee (1999), the psychiatric patients' families scored low in factors of inner openness of the family, family openness toward the social network, family cohesiveness, and couples sexual satisfaction. On the other hand, factors of conflict between mother-in-law and daughter-in-law, over-protective attitude toward children, attachment to children and control over children were scored high. Major factors that could be noted as a discriminating factor between the normal and the psychiatric family groups were the conflict between mother-in-law and daughter-in-law, emotional instability, family openness toward

social network, and over-protective attitude toward their children. The conflict between mother-in-law and daughter-in-law was the strongest discriminating factor between the two family groups. The conflict between mother-in-law and daughter-in-law was related to the excessive attachment of the mother-in-law to her son. This appeared to be the primary source of instability to a family's psychological well-being. It was suggested that within normal families, this conflict tends to diminish as the generations get younger along with the decrease in patriarchal family characteristics but could still be the primary conflictual factor for psychiatric families. The result of the study did not show significant differences between the young and old generations in the psychiatric patients' families, however, there were certainly big differences in the raw data. This indicates that one should consider the need to analyze the content of conflict in detail, before we can state that the conflict between mother-in-law and daughter-in-law has decreased with generations. In the surveys previously performed, it was found that different generations showed different forms of conflict between mother-in-law and daughter-in-law (Kim, 1993). They were categorized according to various causes such as economic resources and authority problems. The conflicts relating to economic resources were high in the group in their 20s while those of authority problems were low in the groups in their 20's, 30's compared to the group in their 40s. The main cause of conflict between the mother-in-law and daughter-in-law was mainly emotional in past but in present times, realistic problems such as problems of economic resources are the primary cause. It was a well-known fact that the source of conflict between mother-in-law and daughter-in-law had been shifting. In this study, it was noted that

while conflict between mother-in-law and daughter-in-law was continually decreasing in normal families, it still continued to remain in the psychiatric patients' families. However, this study did not specify the different forms of causes. In further studies, specifications of the causes for the conflicts should be made.

In this study, it was found that in the psychiatric family group, overprotective attitude toward children appeared at a high level throughout younger and older generations. For example, the parents accepted their children's demands without much consideration and/or they intended no control over their children's behavior. In a study performed on certain schizophrenia patients, patients reported that they felt they did not receive any real loving care from their over-protective parents (Yoo and Park, 1995). According to numerous studies, Korean parents were often found to be over-protective toward their children, and such attitudes resulted in a negative influence on the children's personality development (Jang, 1994; Jeung, 1988; Yoo, 1995). The fact that parents of psychiatric patients were more protective toward their children compared to the parents of normal families suggests the severity of over-protectiveness of the parents might be a sign of poor parent-children relationships. Therefore more research is necessary to analyze the psychological meanings of overprotective parent-child relationships within psychiatric families and the influences it has on the personality development of children.

In this study, the psychiatric patients' families had low openness toward the social network. It was stated in other studies that healthy families have the ability to relate readily with other significant social groups such as the extended family, the children's schools, friends, colleagues,

at work neighbors (Bloch et. al., 1994: Pratt, 1976: Price, 1976: Walsh, 1983). Also, as Ackerman (1958) suggested, open channels between the family and its surrounding 'culture' were necessary for its effective functioning. Families open to its surrounding environment received and contributed to cultural influences that can be either detrimental or beneficial. However, regardless of the few detrimental effects some cultural influences can bring about, it is always advantageous for the family to maintain an open system by having a distinct but permeable boundary between itself and the external world. This creates 'bi-directional traffic' that could bring a possible enhancement of the family's functioning and give them the confidence to be able to understand and master their social world; they can effectively explore and comprehend its nuances (Reiss, 1981). However, it was apprehended that normal families in Korea lacked such qualities, and remained detached from their surroundings and maintained their family-centralism (Jang, 1994). These characteristics of families were often pointed out to be the problem that prevented the development of a healthy functioning family. These qualities were found to be even more severe in psychiatric family groups. These characteristics led to the loss of the opportunity to solve problems through the help of the social network and also the opportunity to strengthen their confidence through social contact.

In this study, the inner openness of the family appeared to be low in both the young and old generations in the psychiatric families. The content of inner openness of the family consisted of communication among family members. For example, the members of a family are able to discuss their ideas and opinions openly and/or express their emotions and feelings frankly. Clear, open and

direct communication among the members of a family is necessary in maintaining a healthy functioning family system (Satir, 1967: Jacob, 1975: Sluzki, 1976). In a well-functioning family, communication has well-defined qualities. Members express themselves openly, directly, clearly, and congruently (Bloch et. al., 1994). Moreover, the content of their message is accompanied by corresponding emotions and other features of non-verbal communication, obviating any potential for misunderstanding. Some researchers also found that communication serves as an important method to solving conflicts (Wynne et. al., 1982: Weakland et. al., 1974). They found that healthy families tended to discuss their emotions and thoughts about matters according to a set of explicit rules instead of simply avoiding conflicts. Those families maintained mutually respectful relationships most of the time no matter how divergent their viewpoints. They were willing to negotiate and compromise. On the contrary, psychiatric families were very closed in their communication style, eliminating the opportunity to express and discuss their inner emotions and thoughts. In light of the results that showed the instability of family members' emotions and the recurrent existence of conflict among family members, the difficulties in communication could be strongly correlated with an unstable family relationship. Further study focusing on the problems of family communication and family emotional status are necessary. On the other hand, as the results were analyzed to examine the generational differences based on a diagnosis of a mental disorder, couple sexual satisfaction revealed low scores among families of schizophrenic patients, while family cohesion revealed low scores among families of neurotic patients. It is hard to clearly explain factors contributing to these results,

however, it can be interpreted that younger generations of neurotic families can express familial conflicts more freely than older generations by allowing themselves to be free from the family-centeredness and to express individual needs and demands, which may result in weakening of family cohesion. Among families of schizophrenic patients, sexual satisfaction between the couple showed higher scores for the younger generations than the older. This result confirmed that there is strong tendency to achieve sexual satisfaction among the younger generation's couples (Jeung, 1992). These results also suggest that familial characteristics may vary depending on the diagnosis of a mental disorder. The significances and meanings of such results on the generational differences in families of schizophrenic and neurotic patients can be further investigated through similar studies with sufficient numbers of cases for each diagnosis.

In this study, the following results were found: First, the psychiatric patients' group showed no generational differences in the factors of conflict between mother-in-law and daughter-in-law, inner openness of the family, overprotective attitude toward children, and openness toward the social network. Second, compared to the families of psychiatric patients, normal families showed age group differences in all the family factors of emotional instability, inner openness of the family, conflict between mother-in-law and daughter-in-law, family cohesiveness, couple sexual satisfaction, openness toward the social network, patriarchal family characteristics, and attachment to children excluding the factors reverence for parents and over-protectiveness of children. These results strongly indicated that the notable difference in the familial characteristics between psychiatric patients' families and normal families was that openness

among family members in terms of sharing experiences and engaging in conversations, openness among family members in terms of sharing experiences and engaging in conversations, and openness to the social network, such as social participation did not increase with the younger generations. This suggested that families of psychiatric patients have only a limited ability to communicate with each other and to maintain contact with the social network, and this did not improve in younger generations. This further indicated that the families of psychiatric patients tended to maintain an over-protective attitude toward children in terms of keeping the past pattern of parent-child relationships, which could help preserve the stability of familial relationships but yield difficulties in appropriately readjusting the familial relationships according to the changes in the environment. These characteristics did not change through the generations. Therefore, clinical treatment and intervention should be focused on strengthening and resolving fixed family relationships, and encouraging openness of the family toward the social network.

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정신장애자가족의 가족관계 및 특징에서 세대간 차이에 관한 연구

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본 연구는 정신장애자가족에 있어서 가족관계 및 가족 특징에서 세대간 차이가 있는지, 정상가족과 비교하여 세대간 변화에서의 어떠한 차이가 있는지를 밝혀보고자 시행되었다. 표집된 정신장애자가족은 235 가족, 일반가족은 467 가족으로 총 702가족이었다. 응답자는 조사된 가족의 주부였고 가족간 세대 차이를 알아보기 위해 가족의 주부 연령을 기준으로 두 세대집단으로 구별되었는데, 39세미만은 젊은 세대집단으로, 40세이상은 나이든 세대집단으로 구별되었다. 평가도구는 저자에 의해 제작된 가족정신건강진단검사가 가족관계 및 가족 특징을 평가하기 위해 사용되었다. 연구 결과를 보면, 정신장애자가족에서 고부갈등, 가족의 내적 개방성, 부모의 자녀에 대한 과잉보호적 태도, 가족의 외부 사회조직망에 대한 개방성은 세대간 차이를 보이지 않았다. 반면 정신장애자의 젊은 가족과 나이든 가족에서 차이를 보이는 요인은 가족의 정서 불안정성, 가족 결속, 부부 성관계 만족도, 가부장제 가족 특징, 자녀에 대한 애착이었다. 정상가족은 부모에 대한 효도, 자녀에 대한 과잉보호적 태도의 2개 요인을 제외한 모든 요인에서 세대간 유의한 차이를 보이고 있었다. 한편 각 정신장애 진단별로 나누어서 정신분열증환자가족과 신경증환자가족에서 세대간 가족에서의 세대간 변화를 살펴본 결과, 정신분열증환자가족은 젊은 가족에서 부부간 성적 만족도의 증가가 있었고, 신경증적 환자가족은 가족 결속이 낮음을 보이고 있었다.