

Stronger connections: family stress, violence and mental health

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Abstract

Traditional family dynamics, with modernity, have evolved disorganization in intra-familial relationship. Family support and affection plays an important role in securing attachment between family members which results in; physical, social, mental and emotional well-being. Alterations have attributed crucial exacerbation of mental illness in society. In Pakistan 89.2% of women with depression and 89.5% of women with Post traumatic stress disorder (PTSD) reported physical and psychological violence in the family. To identify psychosocial risk factors in order to enhance victim's quality of life. This case study was conducted in the period of October – December 2014 from various online databases such as PubMed, Cinahl, Medline and Google Scholar, and other relevant research articles ranging from 2009-2014. Family stress and violence is one of the key threats to individual mental health. Domestic violence often follows a cyclical pattern of abusive relationship which leads to mental illness. Encouraging relaxation exercises and strengthening social skill is significantly important to halt the deteriorating condition. Individual and group counselling session together with community based awareness platforms are the cornerstone options for the personalized and coordinated care. Public private partnership in short term and long term initiatives for empowerment would yield inspired individuals which in turn end up in inspired community. Genetic predisposition and stressful environmental conditions have a potential to deteriorate individuals mental health. Stress, violence, abuse, maltreatment is common in girls and in women who lives with foster families. Effective community participation is a way forward to weaken the connections between family stress, violence and mental illness from society.

Key words

Family dynamics, Stress, Violence, Mental health, Community

Introduction

Family is a group of people that has an emotional relationship between self and other (Jacobsen, 2004). It is a group that transmits values and beliefs to the next generation. Family support and affection plays an important role in securing attachment between family members which results in; physical, social, mental and emotional well-being (Jacobsen, 2004). Traditional family dynamics, with modernity, have evolved disorganization in intra-familial relationship. It includes changes in gender roles, parent-child relationship and opinions towards the head of the family (Ting, 2012).

These alterations have attributed crucial exacerbation of mental illness in society. Literature also evident that in Pakistan 89.2% of women with depression and 89.5% of women with Post traumatic stress disorder (PTSD) reported physical and psychological violence in the family (Trevillion, et al. 2013). In socio-cultural context, Asian women feel shame and guilt in acquiring help in the community. This is because in Asia, women are not considered as independent individuals whose role is just to keep the good family image in the society irrespective of what happens to her in closed boundaries.

They are neither the bread earner nor the educated individuals and thus not seen as financial partners in the family. They pursue themselves as powerless beings and do not have say in the decision making process of family. Therefore, they easily become victim of domestic violence. Even in a few cultures, behavior of controlling women by men considers a norm. Moreover, a myth strongly prevails that domestic violence should not be disclosed, it's a private matter (Benedictis, et al. 2014).

Before marriage, a girl is taught by their parents that from now onwards your in-laws are your actual parents and whatsoever happens to you, you need to adjust.

The word **ADJUST** is misunderstood and results in being the victim in intimate relationships. Victims doesn't not take maltreatment a priority to report it rather see behaviors as a functional symbol of everyday life. The attitude of being quiet and waiting for a time that heals everything refrain them from access to health care facility (Govt. office of Londaon, 2009). This paper would critically analyze a case-scenario in which family stress and violence have affected individual's mental health.

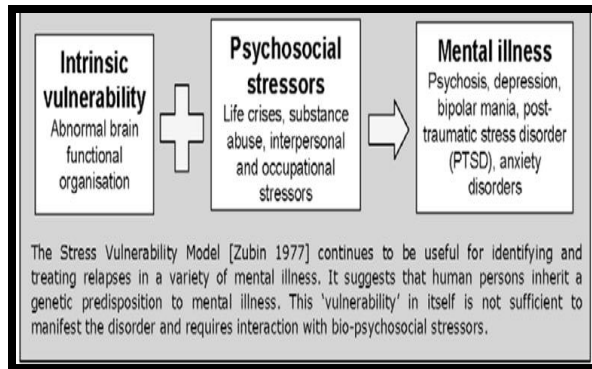


Figure 1 – The stress-vulnerability model

During my experience at a tertiary psychiatric care hospital in Karachi, I encountered a 30 year old female patient. She was diagnosed with residual schizophrenia. She lives with her brother and sister-in-law as her parents died when she was ten years old. Also, her mother had suffered from same psychiatric illness. After spending some time with her, she complained about her sister-in-law's unfavorable behavior. She stated that, "when my brother and his wife go to work, they used to lock me in one room. I remain alone throughout the day. On returning to home, she forcefully indulged me in doing home chore. They do not allow me to go to school." Moreover, she has a childhood history of seizure with frequent episodes of headaches in aura phase. These stressful events mentally disturbed her a lot. Her Mental Status Examination reveals symptoms like flat affect, attention deficit, loose association, circumstantiality, and concrete thinking.

Discussion

Family stress and violence is one of the key threats to individual mental health. The stress vulnerability model proposed by Zubin in 1977 (figure 1) explained that genetic predisposition together with environmental stimulus may contribute to mental illness particularly, schizophrenia (Goh & Agius, 2010). Literature affirms that 60% of the patients have developed schizophrenia due to the co-segregation of alleles with diseased parent. An offspring has a 6-17% inheritance risk of developing schizophrenia later in life (Malone 2012). Relating the case, her mother was also suffering from schizophrenia. In addition, there was environmental stress and violence history that affects patient's mental health. Primary stress was parental death and secondary stresses were school dropout and family, violating child's right that contributed in mental ill health. Literature scientifically confirmed that chronic stress increases the levels of pro and anti-

inflammatory cytokines that enhance the level of corticotrophin-releasing factor (CRF) in hypothalamus. Hypercortisolaemia impairs the negative feedback mechanism leading to degenerative changes in the brain. [9] Consequently, patient's biopsychosocial clue leads to the development of mental retardation. This mental retardation and worsening epileptic episode result in the development of schizophrenic symptoms like; attention deficit, loose association, flat affect etc (Goh & Agius, 2010).

This case can be further explained by Lenore E. Walker's model presented in 1979 which constitute a cyclical pattern of abusive relationship (Hidden Hurt, 2014) (Figure 2). The client underwent through all four phases of the Cycle of Abuse. The tension building phase was observed when patient's experience parental death. This phase has entirely changed her roles and responsibilities to self and to other family members. The sudden transformation in the authority has made client fearful and vulnerable to abusive relationship within the family. In incident phase, the patient has suffered a drop out from school and a forceful behavior from sister-in-law which further worsen the condition. The third and fourth phase of the cycle highlights the mitigation process against violent behavior.

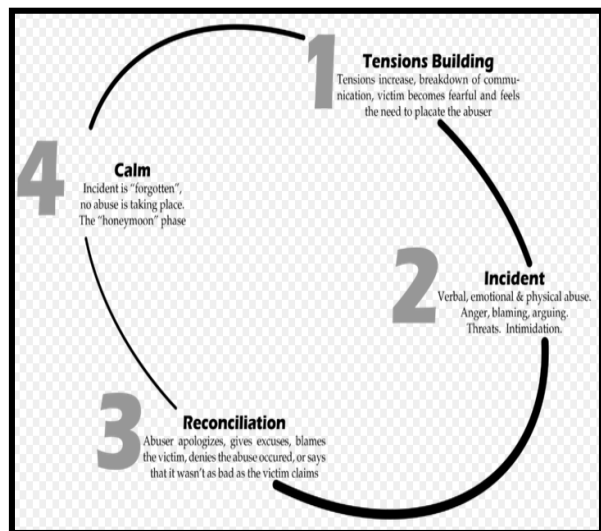


Figure 2 – Cycle of abuse

The role of a nurse comes here in reconciliation and calm phase. Initially, I prepared a teaching on some of the relaxation methods that would help her in coping with stressful stimulus. For instance, progressive muscle strategies used by professionals (University of Maryland, 2013). Referring to the case, I also developed the teaching plan and demonstrated her

the exercises and deep breathing procedure individually, that helped the patient in recovery. Next, Social skill training which includes; Cognitive Behavioral Therapy, Communicational Skills and Social Reinforcement will aid the patient in managing the conflicts in family and will help her to be more interactive in the community (Hazelden Foundation, 2014). This empowerment would also help her to prevent recurrence of violence. Later, approaching family as partnering in care is the central part of nursing. Few counselling sessions with family and then jointly with the patient and family both, in the presence of a trained family counselor would aid in negotiating with the family and the patient viewpoint at their individual stance. Likewise, family psychoeducational programs, particularly didactic strategies which include generating insight about the disease condition among family member can create hope in compliance (Sousa, et al. 2012). Presently, media nationally and internationally has the power to spread the knowledge in fastest accessibility. Currently in Pakistan, the Health TV channel is broadcasting diverse documentaries with expert panel discussion that increases public awareness nationally. Also, there are many web pages of a mental health rehabilitation center on social networking sites that time to time spread their approaches to care. World Health Organization (WHO) celebrates Mental Health Day every year on 10 October (WHO, 2014). Through this occasion, they would spread the awareness about mental illness globally. This is a great way to go ahead. Such initiative would not only spread awareness about psychiatric illnesses among diverse community, but would also become a reason to prevent its emergence. In addition, community participation is significantly important. Community awareness about the cycle of abuse's tension building phase would help in providing the psychological first aid to the victims. They may build capacity within their community to de-escalate domestic violence from grass root level. Relaxation, deep breathing, guided imagery and quiet ears are some of the relaxation Preconception genetic counselling awareness among youth and their families will avoid inter-generational impact of mental illness incidences from happening again.

Conclusion

Genetic predisposition and environmentally stressful conditions have a potential to deteriorate individuals mental health. One of the major factors is change in

the family dynamics. This can be evident in the form of stress, violence, abuse and maltreatment of humans. This change has made individuals at risk for developing mental illness. Collaboratively patient, family, neighbors, social worker, health care professional, law agencies, and governing body in the country have to mitigate to break the cycle of abuse and to reduce mental health care burden from the country.

Authors' contributions

Nazish Hussain Ali is currently a Bachelor in Science and Nursing student of class 2015 at Aga Khan University School of Nursing and Midwifery, Pakistan. She wishes to work in public health, social sciences, research and development in future.

Acknowledgement

I am particularly grateful for the assistance given by Shaista Taufiq Meghani in improving my manuscript.

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