

Men's Perception of Family Dynamics and Mental Status

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Abstract : The purpose of this study was to find exact nature of the family dynamics and mental status from their standpoints among men in Japan.

Methods:

1. Samples were 55 men who lived in an outskirts of Tokyo and agreed to participate in the study.
2. Instruments: Two kinds of questionnaires (Family Dynamics Measure II i.e. FDM II and a socio-demographic questionnaire) were used.

Findings: Seventy percents of participants were the middle-aged. The average age was 38.25 (SD 12.28), ranging from 18 to 73. Most of them were married (80.8%) and had children (65.4%). Among six dimensions of FDM II, Mutuality scored the highest followed by Clear communication, Stability, Individuation, and Role. Flexibility scored the lowest. Mental status had significant relationships with 5 dimensions of FDM II.

Conclusions: Scoring patterns and relationships to each dimensions of FDM II shown by men in Japan were quite similar to those shown by Japanese in the United States. Men's mental status was important to consider their state of family dynamics. When dealing with the family dynamics, men's side of the dynamics should not be overlooked.

Implication: Nurses should utilize the findings to encourage men's involvements to family matters in order to better family health.

Key words : Family Dynamics Measure II (FDM II), Mental status, Middle-aged, Japanese men, Family dynamics

Introduction:

Hard working Japanese businessmen were widely known in the world economic scene.

Also known were the non-complaining families behind them. However, there has been loud warning of crisis in families. An attention had been paid to the absence of fathers from their families. The blames were mainly lack of time for their families due to long commuting and working hours. Further, it also pointed that these situations had been aggravated by their uninvolved and indifference to family matters,

which may well be culturally bound and supported behavior¹⁾. Are men really alienated from their families? How do they actually perceive family dynamics?

Purpose:

The purpose of this study is to find exact nature of the family dynamics and mental status from their standpoints among men in Japan.

Methods:

Samples; In convenience sample, data were collected from 55 male participants who lived in a middle sized city, western outskirts of Tokyo, Japan.

The participants were obtained through various community groups and individual contacts.

To be included in the sample participants must be a

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male and a family member in a family with 2 or more adults (18 years old or over).

Instruments;

Two kinds of questionnaires were used; 1) The Family Dynamics Measure II (FDM II) and 2) a socio-demographic questionnaire.

1) The Family Dynamics Measure II (FDM II)²⁾:

The FDM II consists of the following six dimensions and are based on the conceptual framework of Barnhill's family health cycle (Barnhill, 1979).³⁾

The six dimensions are:

- (1) Individuation-Enmeshment
- (2) Mutuality-Isolation
- (3) Flexibility-Rigidity
- (4) Stability-Disorganization
- (5) Clear communication-Unclear/distorted communication
- (6) Role reciprocity-Role conflict

The FDM II is a 66-item Likert-type scale with Cronbach alpha coefficients ranging from .60 to .84 in the Erie County, New York study (1997), and .69 to .91 in Finnish studies (1996).⁴⁾ The Japanese version of the FDM II was established by back-translation method. The Cronbach alpha coefficients of FDM II Japanese version obtained ranged from .48 to .86.^{5,6)}

2) A socio-demographic questionnaire:

A socio-demographic questionnaire of 13 items addressed family size, education of participants/other family member, occupation of participants/other family member, age of participants and family member(s), mental status of participants, illness and problems/changes in a family. Seven questions modified from the Medical Outcome Study (MOS) 36-item Short Form Health Survey (SF-36) (Ware, 1996)⁷⁾ were used to ascertain participants' mental status.

The reliability coefficients of the SF-36 ranged from .70 to .90 in various studies. These questions were translated from English into Japanese. The sum of scores of 7 items, i.e. 7 being the lowest and 42 being the highest, was indication of their mental status.

The Cronbach alpha obtained by Japanese family study in U.S. and Japan was .83⁸⁾ and .71 to .79⁶⁾

respectively. The return of the questionnaires was the evidence of consent to participate in the study.

Occupation was estimated from referring to the occupational scale in the Hollingshead Four Factor Index Social Status (Hollingshead, 1975)⁹⁾.

The scale ranged from 9 to 1, 0 being a housewife.

The following is the examples of occupation corresponding to the scale:

9. Higher Executives, Major Professionals;
Physicians, Lawyers, Teachers (college/university)
8. Administrators, Lesser Professionals;
Authors, Editors, Registered Nurses, Pharmacists, Teachers (secondary school)
7. Minor Professionals, Managers;
Actors, Artists, Social Workers, Teachers (except the above)
6. Technicians, Semiprofessionals;
Sales managers, Secretaries, Foremen, Dental hygienists
5. Clerical and Sales workers;
Bank tellers, Bookkeepers, Cashiers, Telephone operators
- 4 Skilled manual workers, Craftsmen;
Bakers, Carpenters, Repairmen, Tailors
3. Machine operators, Semiskilled workers;
Barbers, Bus drivers, Hairdressers, Housekeepers, Sailors
2. Unskilled workers;
Bartenders, Gardeners, Messengers, Waiters
1. Farm laborers, Menial service workers;
Attendants, Cleaners, Maids, Laundresses

Findings:

Characteristics of participants:

Over 60% of participants belonged to 30-49 age groups, ranging from 18 to 73. Number of family member ranged from 2 to 9, averaging 3.62 (SD 1.32). About 80% were married and 60% had children. Average participants had 15 years schooling, ranging from 9 to 22 years in schools. (Table 1)

Score mean (SD), Item mean (SD) and Reliability of 6 dimension:

Five dimensions scored higher than 4. Among them Mutuality scored highest. Flexibility was the only dimension scored lower than 4. Chronbach alpha of 6 dimensions ranged from .51 to .87. (Table 2)

Mental status dimension's:

Score mean (SD), Item mean (SD) and Reliability:

Score of mental status ranged from 20 to 41, averag-

ing 30.86 (SD=4.91). Cronbach alpha obtained was .69. (Table 3)

Correlations among 6 dimensions and mental status:

Mutuality showed strong magnitude of relationships with Stability (.700, $p<.01$), Clear communication (.688, $p<.01$) and Role reciprocity (.640, $p<.01$). Stability showed quite strong to strong magnitude of relationships with Clear communication (.801, $p<.01$) and Role reciprocity (.638, $p<.01$). Clear communica-

Table 1: Characteristics of participants (n=55)

| | |
|--------------------------------------|------------------------|
| Number of persons in family | mean= 3.62, SD= 1.32 |
| Married | 80.8 % (n= 42) |
| With children | 65.4 % (n= 34) |
| Age of participants | mean= 38.25, SD= 12.28 |
| (Age range of participants) | 18 to 73 years old) |
| Illness in family | 15.1 % (n= 8) |
| Problems/changes in family | 11.5 % (n= 7) |
| Education of participants | mean= 15.12, SD= 2.83 |
| Education of an other family member | mean= 14.43, SD= 2.63 |
| Occupation of participants | mode= 3, 6, 7 |
| Occupation of an other family member | mode= 0, 3 |

Table 2 : Score mean (SD), Item mean (SD) and Reliability of 6 dimensions (n=55)

| Dimensions | Number of items | Range of scores | Score mean (SD) | Item mean (SD) | Alpha |
|---|-----------------|-----------------|-----------------|----------------|-------|
| Individuation-Enmeshment | 13 | 13-78 | 56.16 (5.72) | 4.34 (0.44) | .51 |
| Mutuality-Isolation | 11 | 11-66 | 50.67 (8.36) | 4.93 (0.78) | .87 |
| Flexibility-Rigidity | 10 | 10-60 | 36.89 (5.31) | 3.72 (0.50) | .53 |
| Stability-Disorganization | 9 | 9-54 | 39.82 (5.56) | 4.45 (0.60) | .70 |
| Clear communication- Unclear communication | 11 | 11-66 | 49.45 (7.93) | 4.54 (0.70) | .82 |
| Role reciprocity-Role conflict | 12 | 12-72 | 49.75 (7.40) | 4.21 (0.58) | .74 |

Table 3: Mental status dimension's Score mean (SD), Item mean (SD) and Reliability (n=51)

| | |
|-----------------|--------------|
| Number of items | 7 |
| Range of scores | 7-42 |
| Score mean (SD) | 30.86 (4.91) |
| Item mean (SD) | 4.42 (1.32) |
| Reliability | .69 |

tion showed strong magnitude of relationship with Role reciprocity (.683, $p < .01$). Mental status showed moderate to minimum magnitude of relationships with 5 dimensions of FDM II; Stability (.440, $p < .01$), Mutuality (.393, $p < .01$), Role reciprocity (.364, $p < .01$), Clear communication (.343, $p < .05$), and Flexibility (.277, $p < .05$). (Table 4)

Correlations between selected socio-demographic variables and 6 dimensions:

Education of participants was the only variable showed some correlations with dimensions, namely Clear communication (.358, $p < .01$), Flexibility (.329, $p < .05$), and Stability (.281, $p < .05$). However, these re-

lationships remained lower level of magnitude at moderate to minimum. (Table 5)

Correlations among selected socio-demographic variables:

Education of participants and other family member (most likely spouse) (.534, $p < .01$), occupation and education of participants (.617, $p < .01$) and occupation of participants and education of other family member (.570, $p < .01$) showed strong magnitude of relationships. Occupation and education of other family member showed moderate magnitude of relationship (.359, $p < .05$). (Table 6)

Table 4: Correlations among 6 dimensions and mental status

| Dimensions | Individuation-Enmeshment | Mutuality-Isolation | Flexibility-Rigidity | Stability-Disorganization | Clear communication-Unclear communication | Role reciprocity-Role conflict | Mental status |
|---|--------------------------|---------------------|----------------------|---------------------------|---|--------------------------------|---------------|
| Individuation-Enmeshment | | | | | | .294* | |
| Mutuality-Isolation | | | | .700** | .688** | .640** | .393** |
| Flexibility-Rigidity | | | | | | | .277* |
| Stability-Disorganization | | | | | .801** | .638** | .440** |
| Clear communication-Unclear communication | | | | | | .683** | .343* |
| Role reciprocity-Role conflict | | | | | | | .364** |

* $p < .05$ ** $p < .01$ Pearson r correlation

Table 5: Correlations between selected socio-demographic variables and 6 dimensions (n=52)

| Dimensions | Education of participants |
|---|---------------------------|
| Individuation-Enmeshment | |
| Mutuality-Isolation | |
| Flexibility-Rigidity | .329* |
| Stability- Disorganization | .281* |
| Clear communication-Unclear communication | .358** |
| Role reciprocity-Role conflict | |

* $p < .05$ ** $p < .01$ Pearson r correlation

Table 6: Correlations among selected socio-demographic variables

| | Education | | Occupation | |
|---------------------|-----------------------------------|--|-----------------------------------|--|
| | Participants ¹ n=52 | Other family member ¹ n=51 | Participants ² n=52 | Other family member ² n=48 |
| Education | | | | |
| Participants | | .534** | .617** | |
| Other family member | | | .570** | .359* |

* $p < .05$ ** $p < .01$ 1 Pearson r correlation 2 Spearman's Rho correlation

Correlations among family position, 6 dimensions and mental status:

When participants were married and husband, Flexibility had moderate magnitude of relationship (.391, $p < .01$). Family position classified as other (e.g. son-in-law, father-in-law, grandfather) had minimum magnitude of relationships with Role reciprocity (.300, $p < .05$) and Clear communication (.287, $p < .05$). (Table 7)

Correlations among age of participants, 6 dimensions and mental status:

Participants with ages over 50 showed negative mini-

mum magnitude of relationships with Mutuality (-.339, $p < .05$), Stability (-.288, $p < .05$) and Flexibility (-.282, $p < .05$). (Table 8)

Comparison of mental status with illness and problems /change in a family:

When there was illness in a family, mental status scored somewhat lower but statistically non-significant. However, when problems/change in a family, mental status scored somewhat higher but statistically non-significant. (Table 9)

Table 7: Correlations among family position, 6 dimensions and mental status (n=52)

| Dimensions | Spouse (Husband) | Parent | Child | Relative | Friend | Roommate | Other |
|---|------------------|--------|-------|----------|--------|----------|-------|
| Individuation-Enmeshment | | | | | | | |
| Mutuality-Isolation | | | | | | | |
| Flexibility-Rigidity | .391** | | | | | | |
| Stability-Disorganization | | | | | | | |
| Clear communication-Unclear communication | | | | | | | .287* |
| Role reciprocity-Role conflict | | | | | | | .300* |
| Mental status | | | | | | | |

* $p < .05$ ** $p < .01$ Spearman's Rho correlation

Table 8: Correlations among age of participants, 6 dimensions and mental status (n=49)

| Dimensions | Over 70 | 50-69 | 30-49 | 18-29 | 12-17 | 5-11 | Under5 |
|---|---------|--------|-------|-------|-------|------|--------|
| Individuation-Enmeshment | | | | | | | |
| Mutuality-Isolation | | -.339* | | | | | |
| Flexibility-Rigidity | -.282* | | | | | | |
| Stability-Disorganization | | -.288* | | | | | |
| Clear communication-Unclear communication | | | | | | | |
| Role reciprocity-Role conflict | | | | | | | |
| Mental status | | | | | | | |

* $p < .05$ ** $p < .01$ Spearman's Rho correlation

Table 9: Comparison of mental status with illness and problems /change in a family

| | | Illness (n=8) | | Problems/change in family (n=7) | |
|---------------|--------------|---------------|------|---------------------------------|------|
| | | Yes | NO | Yes | NO |
| Mental status | Mean | 4.29 | 4.48 | 4.55 | 4.35 |
| | SD | 0.82 | 0.66 | 0.64 | 0.69 |
| | Significance | .500(ns) | | .639(ns) | |

Mann-Whitney U ns = non significance

Discussion

Our participants' average age was about 38 and married rate was 76.4%. According to a recent government report, the average rate of married male is 69.5% for ages 35-39, 76.3% for 40-44, and gradually increase to 87.4% for 65-69 respectively (Kokusei, 2000).¹⁰⁾ Therefore, we could speculate that our male participants were married at a national level. However, the educational levels of both participants and the other family members (most likely wife) belonged to somewhat higher educational level than the average Japanese; about 70% of Japanese belonged to an educational level of under 12 years schooling (Kokusei,2000).¹¹⁾

Low Chronbach alphas with Individuation (.51) and Flexibility (.53) were probably due to cultural influences. In Japanese culture, self-centeredness and indecisiveness in nature are not encouraged. Those are strongly enforced for men particular. Ambivalent responses to the items included in two dimensions thus weakened the reliability.

Mental status had moderate magnitude of relationships to 5 dimensions of FDM II. The strongest correlation was found with Stability (.440), followed by Mutuality (.393), Role (.364), Clear communication (.343), and Flexibility (.277), proving Barnhill's model of healthy family cycle³⁾ and crucial relationship to their mental health.

Mutuality, Stability, and Role seemed to be key dimensions of family dynamics for men in Japan. These results suggested similarities of Julian's study (1992) which reported the mental health of men in mid-life were strongly affected by their marital relationships.¹²⁾

Education of participants seemed to influence perception of family dynamics, namely Flexibility, Stability, and Clear communication. These phenomena allowed us to speculate that the well educated might be somewhat flexible dealing with family matters and would speak out clearly and communicate among family members. In addition, being well educated they might be able to provide support and security needs

for their family. Longer schooling and the result of higher educational level also satisfies female spousal selection. Forty-three percent female junior college graduates and 70% of female university graduates regarded an education level of spouse to be important¹³⁾.

Over all mental status seemed to have non-significance with any socio-demographic variables. In fact, even comparison of mental status with illness and problems /changes in a family did not show statistical significance. Does this mean Japanese men are stoic?

One side of explanation to this question can be socialization and culturally learned male behavior. Men in general worldwide have some patterns of behavior expected of them as being a man. That is, they should conceal vulnerability and be independent^{14, 15)}. With this notion, concerning family and or health seemed to indicate their vulnerability. They must pretend family matters are not in their mind. Showing concerns to these matters readily mean weakness. The other speculation is based on characteristic of participants. The participants were specifically men belonging to younger and middle-aged groups, about 92% were under 55. Considering this age group, families were still socially active and energetic. They may not have enough time to be involved with family matters. As family study in India aptly stated that the cultural segregation of men's and women's family roles appears to be more influential¹⁶⁾. This finding may still well be applied to current Japanese family. Even though there have been many talks and literatures pointing at changes in family. Core of family culture, at least men's view point, may not be radically changed yet. That is, men work out and women tend their family. An indication of this point was shown at small incident of illnesses/problems (15.1% and 11.5% respectively) in family within this group.

Whereas the previous studies with Japanese family in the States and in Japan had indicated illnesses 19.4% and problems 25.7%, respectively¹⁷⁾. Two speculations could be made.

One is that these men are in a sense ignorant of their own health and family matters.

The other is that also culturally bound wife may not share family concerns in order to conceal their

inferiority. That is, not tending and managing family well as expected. I have tried to articulated men's characteristics with family dynamics. However, it could simply be that their illnesses /problems were minor in nature and not needing serious attention. As illnesses and problems/changes listed by them were, for example, hypertension, stomach ulcer, dermatitis, and smoking. Thus, it could be either that these ailments were not severe enough to worry and or they were well supported by family so that their mental status remained unaffected.

Conclusions:

Nurses should utilize the findings to enhance men's involvements for family dynamics. Consequently we could expect to improve men's health¹⁸⁾ and family health.

A part of this research had been presented (poster session) at the International Conference on Quality of Psychiatric Mental Health Care: Nurses Making a Difference, Bangkok (Thailand), January 29-31, 2003.

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要 約

本研究は、家族機能と精神状況に対する日本人男性の実態把握を目的として実施した。サンプルは東京郊外に在住し、研究への協力を賛同が得られた 55 名の男性である。データ収集は、家族力学尺度 II (FDM II の日本語版) と社会人口動態に関するアンケートの 2 種類で行なった。結果: 回答者の 70% が中年層であり、平均年齢は 38.25 才であった。回答者の 80.8% が結婚しており、65.4% に子供がいた。FDM II の 6 側面のうち、相互依存が最も高い得点であり、柔軟性が最も低い得点であった。精神状況は、FDM II の 5 側面と有意な関係を持っていた。結論: 得点パターンや FDM II の 5 側面との関係においては米国在住日本人との類似性が見られた。男性の家族機能の受け止めと彼らの精神状況は重要な関係にあることが示された。看護師は家族機能の向上に向けた援助を行なうにあたって、男性家族員に対する積極的な働きかけが必要である。

キーワード: 家族機能、日本人男性、精神状況、中年層、家族力学尺度 II(FDM II)