Chapter 7 Mental health and family dynamics in university students from Tlaxcala after confinement

Capítulo 7 Salud mental y dinámica familiar en estudiantes universitarios de Tlaxcala posterior al confinamiento

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Abstract

The objective of the research was to analyze mental health and family dynamics in university students from Tlaxcala after confinement. Students with degrees in Family Sciences, Gerontological Pedagogy, Special Education, and a master's degree in Family Therapy were invited to participate through their personal emails and Google Forms. 51 students responded, 84% women and 16% men, whose ages ranged between 18 and 57 years. The instruments used to assess mental health were the Beck's Depression and Anxiety Inventories and the Family Adaptability and Cohesion Evaluation Scale (FACES III), to measure family dynamics. The results showed a significant relationship between depression and anxiety (r = .581 **p < .00) and a negative and significant relationship between depression and family cohesion (r = -.343 *p < .05). A significant relationship between family adaptation and depression and anxiety was not demonstrated; but with family cohesion (r = .588 **p < .00). Greater family cohesion and less presence of depression was observed. Men presented greater depression than women, and students between 18 and 29 years old; and greater anxiety in those between 30 and 39 years of age. Greater family cohesion was observed when the head of the family is the mother, and greater family adaptation for those born in Puebla. The importance of analyzing mental health and family dynamics for the design of care strategies that provide people and their families with physical and psychosocial well-being is concluded.

Cohesion, Dynamics, Adaptation, Confinement, Mental health

Resumen

El objetivo de la investigación fue analizar la salud mental y dinámica familiar en estudiantes universitarios de Tlaxcala posterior al confinamiento. Se invitaron a participar a estudiantes de las licenciaturas en Ciencias de la Familia, Pedagogía Gerontológica, Educación Especial y de maestría en Terapia Familiar a través de sus correos personales y Google Forms. Respondieron 51 estudiantes, 84% mujeres y 16% hombres, cuyas edades fluctuaron entre los 18 y 57 años. Los instrumentos utilizados para evaluar la salud mental fueron los Inventarios de Depresión y de Ansiedad de Beck y la Escala de Evaluación de la Cohesión y Adaptabilidad Familiar (FACES III), para medir la dinámica familiar. Los resultados mostraron una relación significativa de depresión con ansiedad (r = .581 **p < .00) y una negativa y significativa de depresión con cohesión familiar (r = -.343 *p < .05). No se observó relación significativa de adaptación familiar con depresión y ansiedad; pero si con cohesión familiar (r = .588 **p < .00). Se observó mayor cohesión familiar y menor presencia de depresión. Presentaron mayor depresión los hombres que las mujeres, y los estudiantes entre 18 a 29 años; y mayor ansiedad los de 30 a 39 años. Se observó mayor cohesión familiar cuando el jefe de familia es la madre, y mayor adaptación familiar los nacidos en Puebla. Se concluye la importancia de analizar la salud mental y la dinámica familiar para el diseño de estrategias de atención que proporcione a las personas y sus familias bienestar físico y psicosocial.

Cohesión, Dinámica, Adaptación Confinamiento, Salud mental

7.1 Introduction

According to Goldberg et al. (2021), the COVID-19 pandemic has caused a crisis, not only physical, but also of mental health. The perception of risk and threats associated with infection can cause distress linked to the fear of contagion and involve anxiety and other forms of mental disorders with lasting and disabling impacts on the lives of those who suffer from them and their families. That is why, in a study carried out by Hernández (2020) whose objective was to describe the impact of COVID-19 on people's mental health, through a search for scientific information, it was concluded that COVID-19 had a negative impact on the mental health of people in the population in general, and particularly, on the most vulnerable population groups. The uncertainty associated with this disease, plus the effect of social distancing, isolation, and quarantine, could aggravate the mental health of the population.

Therefore, the pandemic, as a biopsychosocial phenomenon, affected all social classes and all continents, however, vulnerable people with risk factors were more affected in their health, both organically and psychologically. Home confinement and physical and social distancing interrupted relational processes, essential for mental health (Buitrago et al., 2021), resulting in an impact on their personal objectives, their family dynamics, their work role, and their economic stability. In this way, interpersonal relationships between family members changed, which brought with it modifications in family roles and in the composition of the household mainly causing anxiety, depression, and other mental health disorders.

In Mexico, Morales-Cheiné (2021) mentions that social distancing during confinement has apparently been associated with high levels of mental health symptoms compared to those who reported being in partial confinement; being these the ones associated with the fear of getting sick or having suffered COVID-19, suffering losses of close and loved ones, in addition to previously suffering from emotional illnesses. It was also founded a high association with acute stress, generalized anxiety, sadness, and anger in such conditions. Besides, it was reported rates of avoidance, sadness, distancing, anger, and anxiety as an effect of acute stress and high rates of generalized anxiety as an effect of fear of losing health. In Mexico as in the world, health anxiety has been strongly associated with indices of acute stress, avoidance, distancing, anger, and sadness during the pandemic.

Following the declaration of an emergency in China due to COVID-19, an increase in negative emotions such as anxiety, depression, and reaction to stress in the general population was revealed. Health anxiety was characterized by catastrophic interpretations of bodily sensations and changes, dysfunctional beliefs about health and disease, and poor adaptive mechanisms, which influenced their ability to make rational decisions, their behavior and the normal functioning of the person. Depression occurs in the affected person with sad mood, loss of the ability to be interested and enjoy things, a decrease in their vitality that leads to a reduction in their activity level and exaggerated fatigue. In addition, it was shown that, in the initial phase of the pandemic, people presented mild, moderate, and severe depressive symptoms, manifesting themselves in fatigue, sleep disorders, appetite disorders, decreased social interaction and loss of interest in the development of their personal, family, work and social activity (Huarcaya-Victoria, 2020).

In a research carried out by Barrios et al. (2021) in Bogotá, it is mentioned that mental health is one of the main challenges of the pandemic, not only focused on the individual but on the family and society, so it was analyzed how mental health has been affected in families during the confinement of Covid-19 through a review of 36 scientific articles in electronic databases and where it was concluded that, in the general population, great economic and psychological impact was caused, being the main causes no to be able to share with their peers, due to changes in their life habits, virtual classes, parents playing the role of guardians, something for which they were not prepared, thus causing anxiety and stress. Mental health is a dynamic process of well-being, a product of the interrelationship between the environment and the individuals that make up society (MINSA, 2020). It involves the process of seeking meaning and harmony, as well as the capacity for self-care, empathy and trust that is put into play in the relationship with other people.

For this reason, one of the sectors that most impacted the pandemic was the family, due to the need it had to reorganize its functions, establish care roles, restructure the position of its members in their mutual relationships and their belief system, in addition to the spaces, times and rhythms of family, work and household activities. This caused it to be affected in its emotional and physical well-being, as well as in its economy and in its network of social and family relationships. In addition to this, the confinement made all its members had the need to carry out their work, school, and recreational activities at home. So, its members had to adapt to the new situation and, at the same time, maintain a certain structure and organization trying to avoid very intense changes that limited their response capacities (Femat and Ortiz, 2020).

Thus, in a study carried out by Solano and Vásquez (2014) whose objective was to address social representations about health and mental illness with the relatives of people with mental disorder, through the analysis and interpretation of what was said by the relatives of patients with mental illness in three hospital institutions in Bogotá. It was concluded that the representation of "family" constitutes the structure of the meanings of family relationships to face mental illness. Mental illness as a social representation comprises a dehumanization that affects family relationships and inevitably transforms pre-established dynamics. However, the family, as a universal institution, is quite dynamic in its composition since it adjusts to circumstances and crises such as ruptures or diseases like the COVID-19 pandemic.

Therefore, for González (2007), the family is considered as the basic unit of society that has the capacity to face the changes of the social environment and its own group, promoting individual development and growth according to the demands of each stage of life. A family is a system where its members establish relationships of intimacy, reciprocity, dependence, affection, and power, conditioned by blood, legal or long-term tacit commitment ties, which includes at least one generation with a common residence most of the time. In this process of being a family, a series of situations arise that show it as healthy or pathologizing. Among these are the changes that both non-normative and normative undergo, when they conform to what is established by each culture and social group.

In this way, it is understood that the relationship in the family nucleus is fundamental for their health. Family health is understood as the stability of the internal relational dynamics in the fulfillment of functions as a family. Therefore, from its socializing role, the family is influencing health and disease situations of its members in an internal family dynamic in which if a member of the family gets sick, his state affects to a greater or lesser extent the rest of the members, the degree of affectation by the disease of one of its members will depend on factors such as the degree of internal cohesion of the system and the level of each of its sub-systems; self-knowledge and socio-cultural meanings attributed to the discomfort experienced; and information on the relationship between discomfort and illness. In this sense, socialization constitutes a basis for family health. Therefore, human relationships in the family nucleus are essential for their well-being (Idem).

So, the family as a system, plays a preponderant role in the generation of health alteration, as well as its rehabilitation process, this will depend on whether the family is functional or dysfunctional, in addition to having adequate resources of social support. Thus, family functioning will be observed, to the extent that the family fulfills its functions and is able to face and overcome each of the crises it goes through; while, the good or bad functioning of the family, will be a determining factor in the appearance or conservation of the health of its members. The family will function to the extent that it can facilitate and promote its adaptation in an specific situation. Family functioning is understood as the interaction of affective bonds between family members (cohesion) and that they may be able to change their structure to overcome family evolutionary difficulties (adaptability) (Cóndor Macas, 2019).

Since Olson's Circumplex Model (1991), family functioning is considered as the interaction of affective bonds between family members (cohesion) and that it may be able to change its structure to overcome family evolutionary difficulties (adaptability), in addition, it establishes that the problem is not only of the individual, but of his entire family system.

Highlighting the mental health implications brought about by the COVID-19 pandemic and the role of the family in the search for effective strategies to face and overcome the critical situation that resulted from it, in which transformations were carried out in its organization and structure that allowed its members individual and family development and growth, the objective of this research was to analyze mental health and family dynamics in university students of Tlaxcala after confinement.

7.2 Methodology

7.2.1 Participants

The present research is quantitative relational. The sample was unintentional non-probabilistic. The participants were 51 students of the bachelor's degrees in Family Sciences, Gerontological Pedagogy, Special Education and master's degree in Family Therapy of the Autonomous University of Tlaxcala, who agreed to participate in the research of a total of 208, 25% of fourth semester, 29% of eighth, 16% second, 16% first and 14% of sixth semester, of which were 84% women and 16% men, whose age ranges ranged: between 18 and 19 years (19%). between 20 and 29 years (63%), between 30 and 39 years (14%), between 40 years and older (4%). 76% were from Tlaxcala, 14% from the state of Puebla, 6% from Mexico City, 4% from other states. Currently, 98% live in Tlaxcala and 2% in Puebla. Regarding their marital status, it was found that 84% were single, 10% married and 6% live in a free union. As for the number of people living in the house, it was observed that 31% live with four people, while 25% with five, 16% with three people, 10% with six, 8% with two, 2% with one person and 2% with 8. In 45% the head of the family is the father, while 26% is the mother and 29% another member. In addition, 31% depend on the father, 31% of both, 20% of the mother and 18% of another person. 80% have no dependents, while 14% of their dependents are their children, 4% have a different one and 2% are their parents. 57% do not work, while 43% work. The members who work in his family were, 43% two, 29% one, 20% three and 8% four. Regarding the monthly family income, 35% receive from $3,000 to $6,000 pesos*, 29% more than $6,000 pesos, 20% less than $3,000 and 16% do not know the family income.

7.2.2 Materials and procedure

The instruments used to collect the information were: A sociodemographic file where data was requested such as bachelor's degree and coursing semester, gender, age, marital status, place of birth, current residence, number of people they live with, who is the head of family, who they depend on, dependents, if they work, family members who work and monthly family income.

To evaluate mental health, the Beck Depression Inventory (validated in Mexico by Jurado, Villegas, Méndez, Rodríguez, Loperena and Varela, 1998) was used with a Cronbach's Alpha of .87 and which is constituted by 21 questions with four response options 0, 1, 2 and 3; being the minimum score of 0 and the maximum of 63, and which are interpreted: normal ups and downs, mild mood disturbance, states of intermittent depression, moderate depression, severe depression and extreme depression. In addition, the Beck Anxiety Inventory (validated in Mexico by Padrós, Montoya, Bravo and Martínez, 2020) with a Cronbach's Alpha of .81, is integrated of 21 questions, with a rating range of 0 to 63, each item is scored from 0 to 3 and interpreted in very low anxiety, moderate anxiety, and severe anxiety.

To measure family dynamics, the Family Cohesion and Adaptability Assessment Scale (FACES III), certified and validated in Mexico by Ponce, Gómez, Terán, Irigoyen and Landgrave in 2002, was used, with a Cronbach's Alpha of .70. It consists of a Likert scale that integrates 20 questions, 10 to evaluate family cohesion and 10 to evaluate family adaptability, distributed alternately in questions numbered as even and odd. Questions have a score value of 1 to 5: never 1; almost never 2; sometimes 3; almost always 4; always 5.

7.2.3 Procedure

To carry out the research, the invitation was made to the students of the bachelor's and master's degrees through their personal email, where they were notified of the project "Family developments and pandemic processes of accompaniment to Tlaxcala families before the new normality" in which they would participate, as well as the presentation of the members of the Academic Body "Families, Intersectionality and Intervention" (UATLX-CA-212); in addition, the reasons for requesting their collaboration and the data confidentiality. The Google Forms link was also sent to them by this means to respond to the instruments already indicated, because the students did not return completely in person.

7.3 Results

For data processing, frequency analyses were performed to obtain descriptive measures of mean and standard deviations. In addition, Pearson correlation was carried out to analyze the relationship between depression, anxiety, cohesion, and family adaptation, as well as the variables with sociodemographic data. In the same way, the Student's t was used for independent samples in order to determine the differences between depression, anxiety, cohesion and family adaptation with sociodemographic data. The results are shown below:

Table 7.1 Means and standard deviation of depression, anxiety, family cohesion and adaptation

	N	M	DE
Anxiety	51	21.43	14.565
Depression	51	11.04	9.529
Family cohesion	51	39.35	7.263
Family adaptation	51	27.69	6.541

Source: Own elaboration

Table 7.1 shows in the resulting means and standard deviations, the presence of greater cohesion in the studied sample, than family adaptation, anxiety, and depression. In the same way, greater family adaptation was observed than anxiety and depression. And likewise, they manifested greater anxiety than depression. This may be indicative of the presence of increased connection between family members despite the lockdown due to the COVID-19 pandemic. According to these results, it is possible that the family, faced with such a situation of change, facilitated, and promoted adaptation among its members, which probably caused the least presence of anxiety and depression in them.

Table 7.2 Pearson's correlation between depression, anxiety, cohesion, and family adaptation

	Depression	Anxiety	Family cohesion	Family adaptation
Depression	1	.581**	-.343*	-.163
Anxiety	.581**	1	-.028	.057
Family cohesion	-.343*	-.028	1	.588**
Family adaptation	-.163	.057	.588**	1
***p < .01 *p < .05*				

Source: Own elaboration

Table 7.2 shows that there is a significant relationship of depression with anxiety (** p < .00), which would indicate that students who presented depression, possibly also presented anxiety. In the same way, a negatively significant relationship with family cohesion was observed (* p < .05), which would indicate that the greater the degree of family cohesion in the sample studied, the lower the presence of depression and the lower the degree of cohesion, the greater the presence of depression, taking into account that cohesion implies the degree of separation or connection that the individual has with respect to his family.

Therefore, it was observed that family adaptation was not significantly related to depression and anxiety, noting that the flexibility and aptitude that the family has in the face of the changes that were presented by the COVID-19 pandemic, is not indicative of the presence of depression and anxiety in the participating students.

In the same way, it was possible to realize a significant relationship of cohesion with family adaptation, which would probably indicate that family members, despite the confinement, showed more union and greater capacity to adapt to the changes due to COVID-19. On the other hand, regarding the relationship of the sociodemographic data and the variables, it was possible to realize that depression was significantly related to how many people live with (r = .393 **p < .00) and negatively with who is the head of the family (r = -.330 *p < .05). As anxiety, it was significantly and negatively related to age (r = -.395 **p <.00), negatively and significantly to place of birth (r = -.279 *p <.05), significantly to how many people live with (r = .378 **p <.00) and to who is the head of the family (r = -.308 *p <.05). Regarding family cohesion, it was significantly related to age (r = .296 * p <.05).

Concerning the differences between depression, anxiety, cohesion and family adaptation with sociodemographic data, the results were:

Depression showed significant differences (*p<.05) with gender (F (4,454) p=.040) observing that men had greater depression (M=11.88) than women (M=10.88). In the same way, it showed significant differences (**p<.00) with the educational programs that are being studied (F (20,193) p=.000) where it was noted that the students of Family Sciences presented greater depression (M=12.89) than the students of Family Therapy (M=6.00). Also, significant differences were observed (*p<.05) of who are their dependents (F (12,304) p=.010), showing that students whose dependents are their children presented greater depression (M=14.14) compared to those who are other dependents (M=9.50). In addition, significant differences were observed (*<p.05) with the monthly income they receive (F (4,597) p=.042) which showed that the families of students who have a monthly income between $3,000 and 6,000 pesos presented greater depression (M=10.94) compared to those with an income of less than $3,000 pesos (M=10.60).

In the same way, depression showed significant differences (*p<.05) with age (F (10,758) p=.005) where it could be realized that students between 18 and 19 years old presented greater depression (M= 12.50) compared to those between 30 and 39 years old (M=7.86). Likewise, significant differences were observed (F (9,666) p = .004) between students aged 20 to 29 years, who presented greater depression (M = 11.88) than those aged 30 to 39 (M = 7.86), and students aged 40 and over (M = 1.50). There were also significant differences (*p<.05) regarding the number of people with whom they live (F (65,333) p=.001), with those living with seven members presenting greater depression (M=19.50) than those living with two (M=5.50). In addition, significant differences were shown in these areas (F (7,739) p=.009), finding that those living with five members presented greater depression (M=12.07), than those living with four people (M=7.18). Similarly, significant differences were observed (*p<.05) according to the semesters they were studying where it was shown that the second semester students (F (6,011) p=.028) (M=9.88); those in the fourth (F (6,442) p=.020) (M=13.00); those of sixth, (F(11.278) p=.005) (M=11.86); and those in the eighth (F(7,164) p=.014) (M=12.27), presented greater depression than those who attended the first semester (M=6.00).

Respecting anxiety, significant differences were found (*p<.05) with age (F (5,684) p=.049) and students between 30 and 39 years old (M=7.86) had higher levels of anxiety compared to those aged 40 and over (M=1.50). Moreover, significant differences were observed regarding the number of family members with who the students live with (F (9,649) p=.006), the results reflected that those living with six members presented greater anxiety (M=22.20) than those living with four people (M=7.18).

As to family cohesion, significant differences were observed (*p<.05) with respect to who is the head of the family (F (5,585) p=.024) in which greater cohesion was observed when the mother is the head of the family (M=39.38); and (F(6.153) p=.018) and when another member is the head of the family, (M=41.47), unlike when the head of the family is the father (M=37.96).

For family adaptation, significant differences were found (*p<.05) with the place of birth of the students (F (4,691) p=.036); (F (28,764) p=.001) observing that those born in Puebla had greater family adaptation (M=30.14) than those born in Tlaxcala (M=27.05) and in other states (M=27.50). Significant differences were also observed (F (21,604) p=.001) between those born in Mexico City, who presented greater familiar adaptation (M=30.14), than those born in other states (M=27.50).

7.4 Conclusions

Mental health is the dynamic process of well-being that involves the search for meaning, harmony, capacity for self-care, empathy, and trust as a product of the relationship with others (MINSA, 2020). Therefore, adequate mental health is essential for the proper functioning of society because it reinforces in people, the ability to maintain a healthy and safe behavior for themselves and for others; in addition, to facilitate the performance of essential family, community, and social functions. However, due to the COVID-19 pandemic, mental health was put at risk in conditions such as social distancing, loss of loved ones, economic and academic difficulties, not only in Mexico, but in the world (Morales-Cheiné, 2021). Staying at home for many days and stopping daily activities had implications for family life and people's mood, manifesting themselves in stress, overwhelm, anxiety, anguish, and irritability, and at other times, difficulties sleeping, apathy, feeling sadness and depression.

Hence the importance of identifying in people, the direct effects of COVID-19 infection on mental health, sometimes manifesting in depression or anxiety, which makes it necessary to create conditions and efficient strategies for prevention and attention to the most relevant social determinants, as well as monitoring the conditions of risk to mental health (Guide for relatives of people with mental health problems).

For this reason, there is a need to analyze the mental health and family dynamics of Tlaxcala students after confinement, where the results showed a greater presence of family cohesion and less depression; family adaptation was also greater than the presence of anxiety and depression, and anxiety was greater than depression. These data could indicate a greater emotional bond with the family and greater adaptation to the changes that occurred due to the confinement derived from the pandemic.

In the same way, it was observed that family cohesion and depression are negatively related, which would indicate that in the presence of greater cohesion in the family, the lower the presence of depression and conversely. Given these results, it is relevant to note that the students showed greater family cohesion and less depression, which would indicate a greater emotional bond between family members that avoided the presence of depression. It was also observed that family adaptation was not significantly related to anxiety and depression, noting that the family showed flexibility in the face of the changes that were presented by the COVID-19 pandemic, which allowed these disorders possibly not to occur in the students.

It was also possible to realize that the presence of depression was related to the number of people with whom they live and negatively with who the head of the family is. Regarding the presence of anxiety, it was found that it was related to the number of people with whom they live, and negatively with age, with the place where they were born and with who the head of the family is. In terms of family cohesion, it was related to the age of the students. Considering these data, Pérez et al. (2022) mention that family functioning, from adaptation and family cohesion, was a fundamental part during the confinement due to the COVID-19 pandemic, where they observed a process of evolution during this time; going through stages of greater level of conflict, overload, and tension, until reaching a more or less functional reorganization that allowed families to adapt. This made possible to relate family cohesion and adaptability in the mental health of family members.

In addition, from the data obtained, it could be noted that, the presence of depression was greater for men and for family science students, as well as for those whose dependents were their children and when the monthly family income was between $ 3,000 and 6,000; in the same way, in students between 18 and 19 years old and between 20 and 29 years old, and in those who live with seven and five people, and for those who study second, fourth, sixth and eighth semesters. As for the presence of anxiety, it was found that for students between 30 and 39 years old it was higher, and for those living with six people. Greater family cohesion was also observed when the mother was the head of the family or another relative; and greater family adaptation in students who were born in Puebla and Mexico City.

Therefore, it is important to consider that the COVID-19 disease affected the population of many countries in the world. However, each person can contribute to reducing risks at the individual, family, community, and social levels (WHO, 2020). For this reason, it is relevant to highlight the leading role of the family in the physical, psychological, and social development of its members for the recovery from diseases. This is mainly because it contributes to the conservation and protection of health, in addition to satisfying material and affective needs for the increase of confidence, security and self-esteem, essential for the psychological well-being of the group. Therefore, it is necessary to design care strategies that focus on family health to enhance the quality of life of its members, constituting itself as a dynamic process that allows the development of its members (Jiménez-Aguilar and Romero-Corral, 2021).

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