

## Resilience as Mediator in the Relationship between Family Functioning and Depression among Adolescents from Single Parent Families

### Resilien sebagai Mediator dalam Hubungan di antara Kefungsian Keluarga dan Kemurungan dalam kalangan Remaja dari Keluarga Tunggal

NG YING YEE & WAN SHAHRAZAD WAN SULAIMAN

#### ABSTRACT

*Family dysfunction makes many adolescents experience problems in adjusting themselves in single-parent families. Resilient adolescents cope by interpreting life in single-parent family as a meaningful and empowering transition while non-resilient adolescents often experience anxiety and depression. This study aims to examine the mediator effect of resilience in the relationship between family functioning and depression among adolescents from single parent families. The participants were 232 adolescents who came from single parent families, with ages 13 to 18 years old. Data were collected from 8 secondary schools in Klang Valley using a set of questionnaire consisting the Family Adaptability and Cohesion Evaluation Scales III, The Resilience Scale and Beck Depression Inventory-II. Pearson correlation analysis showed that all the variables in this study were significantly correlated with each other. Results showed that resilience significantly mediated the relationship between family adaptability and depression. However, resilience partially mediated the relationship between family cohesion and depression. The strong emotional bonding among family members can serve as a significant social support for family members. When adolescents have adequate social support from their family, it will foster the process of resilience reintegration. Hence, family cohesion has a stronger relationship with resilience compared to family adaptability that emphasised on family's leadership, rules and roles. This implies that adolescents from single parent family should be assisted in strengthening and building their resilience despite staying in the dysfunctional family to reduce their depression tendencies.*

*Keywords: Family functioning; resilience; depression; adolescents; single parent family*

#### ABSTRAK

*Ketidakfungsian keluarga menyukarkan remaja menyesuaikan diri dalam keluarga tunggal. Remaja resilien berdaya tindak dengan menginterpretasi kehidupan dalam keluarga tunggal sebagai bermakna manakala remaja tidak resilien kebiasaannya mengalami kebimbangan dan kemurungan. Kajian ini bertujuan menguji resilien sebagai mediator dalam hubungan di antara kefungsian keluarga dan kemurungan dalam kalangan remaja dari keluarga tunggal. Responden kajian adalah 232 remaja dari keluarga tunggal dengan umur di antara 13 hingga 18 tahun. Data dikumpul dari 8 sekolah menengah di Lembah Klang menggunakan satu set soal selidik mengandungi Skala Penyesuaian dan Kohesi Keluarga III, Skala Resilien dan Inventori Kemurungan Beck-II. Analisis korelasi Pearson menunjukkan semua pembolehubah kajian berkorelasi secara signifikan. Keputusan juga menunjukkan bahawa resilien berperanan secara signifikan sebagai mediator dalam hubungan di antara penyesuaian keluarga dan kemurungan. Walau bagaimanapun, resilien hanya berperanan secara separa sebagai mediator dalam hubungan di antara kohesi keluarga dan kemurungan. Hubungan emosi yang kuat di antara ahli-ahli keluarga boleh menjadi sumber sokongan sosial. Apabila remaja mempunyai sokongan sosial yang mencukupi, ia akan menggalakkan proses perkembangan resilien. Sehubungan itu, kohesi keluarga mempunyai hubungan yang lebih kuat berbanding adaptasi keluarga kerana ia menekankan kepada kepimpinan, peraturan dan peranan keluarga. Ini memberi implikasi bahawa remaja dari keluarga tunggal perlu dibantu dalam memperkasakan dan membina resilien apabila berada dalam keluarga disfungsi untuk mengurangkan kecenderungan ke arah kemurungan.*

*Kata kunci: Kefungsian keluarga; resilien; kemurungan; remaja; keluarga tunggal*

## INTRODUCTION

In Malaysia, one of the most significant demographic changes in recent years is an increase in the number of single parent families. The Population and Housing Census states that there are 126,810 single mothers among the 11.4 million women in Malaysia. In the state of Selangor, there are 16,748 single mothers. In Kuala Lumpur, there are 8,536 single mothers (Department of Statistics 2010). Life in a single-parent family is often accompanied by an increase in stressful life events and disruptions in family functioning. Statistics released by Department of Social Welfare Malaysia (2012) suggests that there is a significant increase in family dysfunction in Malaysian community. There are great challenges for an individual from a dysfunctional family to grow up healthily compared to an individual from a normal family (Amran, Fatimah & Khadijah 2012). The stressful life events and family dysfunction put children at risk in developing adjustment problem (Hetherington & Stanley-Hagan 1999).

The current study is grounded based on two main theories as its theoretical framework namely the Circumplex Model of Marital and Family Systems and Kumpfer Resilience Model. The Circumplex Model of Marital and Family Systems relates how family systems adapt to major stressors or major events in which family systems will change in response to a crisis. This model emerged from over 50 concepts that describe marital and family dynamics and consists of three dimensions which are family adaptability, cohesion and communication (Olson & Gorall 2003). There are three hypotheses derived from the Circumplex Model. First, balanced type families will generally function more adequately across family life cycle than unbalanced types. The second hypothesis is positive communication skills will enable balanced type families to change their levels of adaptability and cohesion. Generally, positive communication skills help family systems facilitate and maintain a balance on the two dimensions. The third hypothesis is families will modify their levels of adaptability and cohesion to deal effectively with situational stress and developmental changes across the family life cycle. The Circumplex Model is dynamic in that it assumes that changes can and do occur in family over time. It deals with the capacity of family system to change in order to deal with stress or to accommodate changes in

members' development and expectation (Olson & Gorall 2003).

The concept of resilience was originally developed to explain the positive adjustment of adolescents who were going through adverse experiences (Rutter 1987). The Resilience Framework proposed by Kumpfer (1999) reviews resilience forces within multiple environmental risk factors and the interaction between the high-risk environment and the internal resilience factors of the individual. Kumpfer Resilience Model begins with an initiating event, which is a stressor or a challenge that signifies the disruption in the individual's stable life. This stressor triggers the process of resilient reintegration in order to re-establish the disrupted stable life of the individual. The model then identifies six predictors namely: (1) the acute stressor or challenge, (2) the external environmental context, (3) person-environment interactional processes, (4) internal self characteristics or resiliency factors, (5) resiliency process, and (6) the positive outcome. The initiating event which is the stressor or demand marks the beginning of the resilience process, and the process ends with an outcome, which may constitute in either resilient reintegration or maladaptive reintegration. An individual who fails to recover fully from stressors will lead to non-resilience (Kumpfer 1999). Non-resilient individual leads a life of emptiness, loss of hope and enthusiasm in their life, assuming negativism and employing unhealthy or antisocial coping strategies (Boyd & Eckert 2002).

Family dysfunction makes many adolescents experience problems in adjusting themselves immediately after parental divorce and life in a single-parent family. Meta-analysis of 67 studies on children from divorce families in the 1990s (Amato 2001) showed that youth in divorced families had more conduct, social, academic and internalising problems than those in non-divorced families. The study by Norani and Mohd Sham (2000) in Malaysia showed an increasing number of adolescents being out late at night and were exposed to various anti-social activities. As family roles, relationships, and circumstances change, adolescents often feel depressed, anxious and angry. They become more demanding, noncompliant, anti-social and experience a decline in school performance. The greatest effects of family dysfunction on adolescent adjustment are obtained from externalizing disorders and internalizing

disorders such as anxiety and depressive symptoms. Children from dysfunctional family also have difficulty in building relationship with their parents, siblings, peers and teachers (Hetherington & Stanley-Hagan 1999). On average, children who come from dysfunctional families are less socially, emotionally, and academically well-adjusted than children from high family functioning (Zill, Morrison & Coiro 1993).

However, some individuals from single parent family seem able to cope well and did not develop externalizing or internalizing disorders despite living in a dysfunctional family. Kim and Kang (2005) reported that resilience helps children from single-parent families to cope well in their stressful life event despite disruption in their family functioning. Resilience is the ability of individuals to overcome hardship and maintain their well-being (Walsh 1996). Adolescents who are resilient interpret divorce and life in single-parent family as a meaningful and empowering transition. Resilient adolescents are able to identify support and benefit from supportive relationships. The study also showed that resilient adolescents accepted and understood parents' divorce as a means to end an unsatisfactory relationship. They have a rational response towards divorce and life in single parent family. At the same time, this does not diminish their emotional pain and they acknowledge them. In order to build resilience during the stressful period, they need to have positive self-perception such as a sense of security and optimism (Eldar-Avidan, Haj-Yahia & Greenbaum 2009).

Hjemdal et al. (2006) explored resilience as a predictor for developing psychiatric symptoms when exposed to stressful life events. The results indicated that resilience measures important protective factors that buffer the development of psychiatric symptoms when individuals encounter stressful life events. The findings suggested that resilience is a significant predictor of mental health. Walsh (1996) found that resilience is important for a person to survive in dysfunctional families. A resilience lens shifts perspective from viewing families as damaged to seeing them as challenged, and it affirms their reparative potential. The concept of resilience, the ability to withstand and rebound from crisis and adversity, has valuable potential for research, intervention, and prevention approaches aiming to strengthen families. Since many researchers previously focused on the

impact and negative consequences of single parent families on adolescents' emotional adjustment, the effect of resilience in mediating the relationship between family functioning and depression was investigated in this study.

Past empirical studies have found a significant and negative correlation between resilience and psychological problems. These studies (Agaibi & Wilson 2005; Pinquart 2009; Besharat 2007) have also shown that resilience acts as a mediator between many psychological variables and mental health. Studies by Cohen et al. (2004), and Zargar et al. (2007) also found that a healthy family functioning was related to better mental health while poor family functioning may influence lower mental health. Moreover, Besharat (2007) found that family functioning and mental health can be increased through high resilience. By developing resilience, individuals are able to be more tolerant towards stress, anxiety and depression as they rise to the challenges which then strengthen their coping skills. This is consistent with Pinquart's (2009) finding that states that resilience and optimism can buffer stress.

This study therefore aims to examine: (1) the relationship between family functioning, resilience and depression; (2) the effect of resilience in mediating the relationship of family adaptability and depression among adolescents from single parent families; and (3) the effect of resilience in mediating the relationship of family cohesion and depression among adolescents from single parent family. In this study, resilience was hypothesized to mediate the relationship between family functioning (i.e. family adaptability and family cohesion) and depression.

## METHOD

### STUDY DESIGN

This is a quantitative study using survey and purposive sampling method. A total of 232 adolescents consisting of 83 males and 149 females were involved in this study. Participants came from single parent families whose age were from 13 to 18 years old with an overall mean age of 14.49 (SD=1.438). They were selected from 8 secondary schools in Klang Valley and had obtained parental consent prior to participation in this study.

## INSTRUMENTS

Three questionnaires were administered to the respondents in this study. They are the Family Adaptability and Cohesion Evaluation Scales III (FACES III), the Resilience Scale (RS) and the Beck Depression Inventory-II (BDI-II). The original version of these three instruments were in English, thus all the items in the instruments were translated into Malay language. The translation was done using back translation method to ensure that respondents can understand the meaning of the items as they were meant in English. After the back translation method was done, a pilot study was conducted to assess the suitability of the instruments.

FACES-III consists of 20 statements; 10 items measure adaptability and 10 items measure cohesion. Respondents were asked to read each statement and respond using a five-point scale from 1=almost never to 5=almost always. An example of an item for family cohesion is "Family members know each other's close friends". An example of an item for family adaptability is "When problems arise we compromise". The reliability of FACES III was satisfactory with Cronbach alpha for cohesion  $\alpha=0.77$  and  $\alpha=0.62$  for adaptability and  $\alpha=0.68$  for the total scale as reported by Olson, Portner and Lavee (1985).

RS was developed by Wagnild and Young (1993) consisting 25 items that measure 5 elements of resilience namely meaningfulness, perseverance, self-reliance, equanimity and existential aloneness. The respondents are asked to answer using a 7-point Likert-scale from 1=Strongly disagree to 7=Strongly agree. Examples of items are "I feel that I can handle many things at a time" and "I can get through difficult times because I've experienced difficulties before". The reliability of this scale is good with internal consistency  $\alpha = .91$  (Wagnild & Young 1993). Test-retest reliability is also good with correlations ranging from .67 to .84 (Wagnild & Young 1993).

BDI-II (Beck, Steer & Brown 1996) consists of 21 items measuring characteristic attitudes and symptoms of depression. The BDI-II has good internal consistency with Cronbach's alpha ranging from .73 to .92 with a mean of .86 (Beck et al. 1996). Reliabilities of FACES III, RS and BDI-II in this study were analysed using Cronbach's alpha analysis with Cronbach's alpha of 0.85 for FACES III, 0.86 for RS and 0.85 for BDI-II.

## PROCEDURES AND DATA COLLECTION

Approval was obtained from both Ministry of Education Malaysia and Selangor State Education Department before the research was carried out in the eight secondary schools in Klang Valley. This research was also granted ethical approval by the Committee of Research Ethics, Universiti Kebangsaan Malaysia. After obtaining the approval from these three departments, permission to conduct research in the particular school was obtained from the principals and counsellors. Data collection was carried out in collaboration with the counsellors of each school. The data collection began in January 2014 and was completed in March 2014. The questionnaire was administered in a small group of 5 respondents which took 30 to 45 minutes for each group.

## STATISTICAL ANALYSIS

Data were analysed using Statistical Package for Social Science (SPSS) version 22. Descriptive statistics were used to describe the findings of the demographic data such as frequency, mean, standard deviation and percentage. Besides that, inferential statistics were used to test the hypotheses developed. For testing the relationship between variables, Pearson Correlation analysis was used. For predicting the variables, multiple regression analysis was used. Lastly, liner regression, hierarchical regression analysis and bootstrapping were used to test the mediator variable. Significant level for inferential analysis for this study was fixed at  $p < 0.05$ .

## RESULTS

Normality testing was conducted using skewness and kurtosis. According to Hair et al. (2010), skewness values that fall outside the range of -1 to +1 indicate a substantially skewed distribution. Skewness values that are within the range of -1 to +1 are in the normal distribution. Besides that, kurtosis values that are within the range of -1 to +1 are in the normal distribution as well. Both skewness and kurtosis values for all the variables in this research (i.e. family adaptability, family cohesion, resilience and depression) were found to be within acceptable range for normal distribution (Hair et al. 2010).

## DEMOGRAPHIC PROFILE OF THE RESPONDENTS

The respondents of this study comprised of 232 students with 83 males (35.8%) and 149 females (64.2%). Chinese were the majority respondents (66.4%), followed by 60 Malay respondents (25.9%), 15 Indian respondents (6.5%) and 3 respondents (1.3%) from other ethnicities. For the distribution of age, the largest proportion (33.6%) of respondents was 13 years old, followed by 26.3% respondents who were 14 years old, and 15.5% respondents were 16 years old. The smallest proportion (0.4%) of respondents was in the category of 18 years old. From the total number of respondents, 194 respondents (83.6%) were from single mother family while another 38 respondents (16.4%) were from single father family. For the distribution of the reason of becoming single parent family, 149 respondents' parents (64.2%) passed away, followed by 63 respondents' parents (27.2%) were divorced, and 20 respondents' parents (8.6%) were staying separately.

Descriptive statistics on the three variables was conducted. For family functioning, majority (49.1%) of the family functioning of the participants were within the mid-range. There were 70 participants (30.2%) who have balanced family functioning despite being in single parent family. There were 48 participants (20.7%) who have unbalanced family functioning. For family adaptability, most (37.5%) of the participants were in the chaotic family, followed by 31.9% of participants from the flexible family and 19% of participants from the structured family. The least (11.6%) of participants were from the rigid

family. For family cohesion, the largest proportion (32.8%) of the participants was in the separated family, followed by 29.3% of participants from the disengaged family and 25.9% of participants from the connected family. The smallest proportion (12.1%) of participants was from the enmeshed family.

For resilience, majority (47.0%) of the participants' resilience were within the low range, followed by 42.2% of participants who have mid-range level of resilience. There were only a minority (10.8%) of participants who have high level of resilience. For depression, the largest proportion (39.2%) of the participants has mild to moderate depression, followed by 38.4% of participants who did not have depression, and 17.7% of participants who have moderate to severe depression. A total of 4.7% of participants have severe depression.

## RELATIONSHIP BETWEEN FAMILY FUNCTIONING, RESILIENCE AND DEPRESSION

Correlation analysis for the variables is presented in Table 1. Pearson correlation analysis demonstrated that family adaptability had a significant weak positive relationship with resilience ( $r = .39, p < .01$ ), family cohesion had a significant moderate positive relationship with resilience ( $r = .46, p < .01$ ), resilience had a significant weak negative relationship with depression ( $r = -.38, p < .01$ ), family adaptability had a significant weak negative relationship with depression ( $r = -.25, p < .01$ ) and family cohesion had a significant moderate negative relationship with depression ( $r = -.47, p < .01$ ).

TABLE 1. Pearson Correlation between Family Adaptability, Family Cohesion, Resilience and Depression Variable

	Family Adaptability	Family Cohesion	Resilience	Depression
Family Adaptability	-			
Family Cohesion	0.58*	-		
Resilience	0.39*	0.46*	-	
Depression	-0.25*	-0.45*	-0.38*	-

\* Correlation is significant at the 0.01 level

RESILIENCE AS A MEDIATOR IN THE RELATIONSHIP BETWEEN FAMILY ADAPTABILITY AND DEPRESSION

Baron and Kenny (1986) suggested four criteria for analysing a mediator effect. First, family functioning must predict resilience in the first equation (path a); second, family functioning must be the predictor to the depression in the second equation (path c); and third, resilience must predict depression in the third equation (path b). Finally, the effect of family functioning on depression must be significantly decreased in the third equation than in the second equation after controlling for the effects of the mediator. Since family functioning is divided into family adaptability and family cohesion, two different mediational models were established. To test this, a series of three regressions were conducted to both models respectively.

Figure 1 demonstrates the first model of resilience as a mediator in the relationship between family adaptability and depression. To test the effect of resilience as a mediator in this first model, a series of three regressions were conducted.

First, resilience was regressed on family adaptability ( $\beta=.39, p<.01$ ). Family adaptability contributed a significant amount of variance to resilience (15.4%). Second, depression was regressed on family adaptability ( $\beta=.25, p<.01$ ). Family adaptability explained 6.1% variance to depression. In the third equation, depression was simultaneously regressed on both family adaptability ( $\beta=.12, p>.05$ ) and resilience ( $\beta=.38, p<.01$ ). Both family adaptability and resilience contributed 15.4% towards depression. In short, the analysis showed that family adaptability significantly predicted resilience in the first equation (path a), family adaptability significantly predicted depression in the second equation (path c), and resilience significantly predicted depression in the third equation (path b). In addition, the effect of family adaptability on depression was not significant in the third equation ( $\beta=.12, p>.05$ ) indicating that family adaptability had no effect on depression when resilience was present. Therefore, it can be concluded that resilience fully mediated the relationship between family adaptability and depression.

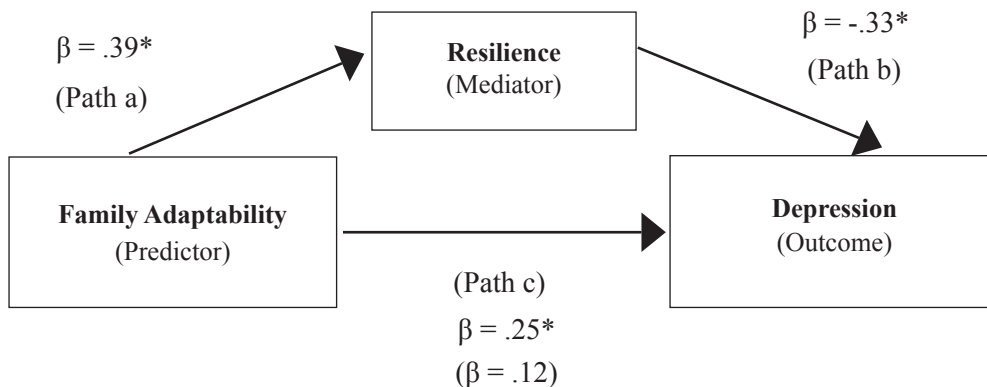


FIGURE 1. Model of Resilience as a Mediator between Family Adaptability and Depression

Bootstrapping was conducted to perform a formal significance test of indirect effect after Baron and Kenny's (1986) criteria have been met (Preacher & Hayes 2004). Bootstrapped estimate of the true indirect effect ( $\beta = -.1735$ ) lay between  $-.2839$  and  $-.0799$  with 95% confidence. It can be concluded that the indirect effect was indeed significantly different from zero at  $p < .05$  because zero was not in the 95% confidence interval (Preacher & Hayes 2004). This result indicates that there was significant indirect effect (mediational effect) of family adaptability on depression mediated by resilience.

RESILIENCE IS A SIGNIFICANT MEDIATOR BETWEEN FAMILY COHESION AND DEPRESSION

Figure 2 demonstrates the second model of resilience as a mediator of the relationship between family cohesion and depression. To test the effect of resilience as a mediator in this first model, a series of three regressions were conducted. First, resilience regressed on family cohesion ( $\beta=.46, p<.01$ ). Family cohesion contributed a significant amount of variance to resilience (20.7%). Second, depression was regressed on family cohesion ( $\beta=.45, p<.01$ ). Family cohesion explained a

significant amount of variance to depression (19.9%). In the third equation, depression was simultaneously regressed on both family cohesion ( $\beta=.35$ ,  $p<.01$ ) and resilience ( $\beta=.22$ ,  $p<.01$ ). Both family cohesion and resilience contributed 23% towards depression. In short, the analysis showed that family cohesion significantly predicted resilience in the first equation (path a), family cohesion significantly predicted depression

in the second equation (path c), and resilience significantly predicted depression in the third equation (path b). In addition, the effect of the family cohesion on depression decreased in the third equation ( $\beta = -.35$ ,  $p<.01$ ) than in the second equation ( $\beta = -.45$ ). Therefore, it can be concluded that family cohesion was partially mediated by resilience in the relationship with depression.

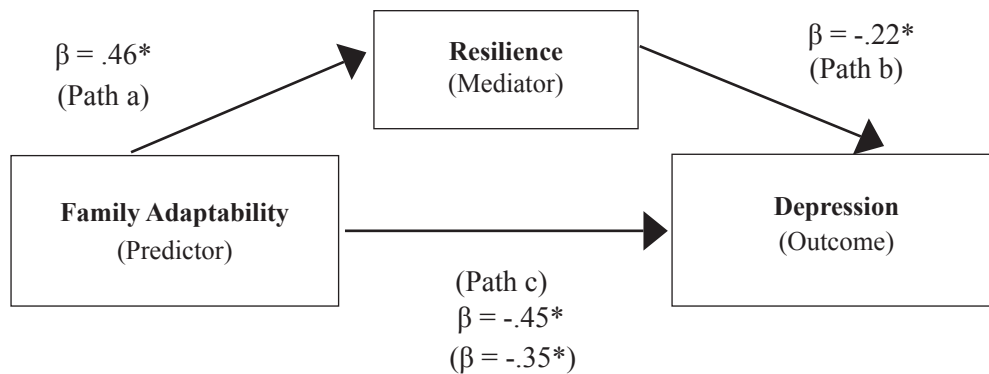


FIGURE 2. Model of Resilience as a Mediator between Family Cohesion and Depression

Bootstrapping was conducted to perform a formal significance test of indirect effect after Baron and Kenny's (1986) criteria have been met (Preacher & Hayes 2004). Bootstrapped estimate of the true indirect effect ( $\beta = -.1142$ ) lay between  $-.2230$  and  $-.0427$  with 95% confidence. It can be concluded that the indirect effect was indeed significantly different from zero at  $p<.05$  because zero was not in the 95% confidence interval (Preacher & Hayes 2004). This result indicates that there was significant indirect effect (partial mediational effect) of family cohesion on depression mediated by resilience.

## DISCUSSION

This study was aimed at investigating the mediator effects of resilience in the relationship between family functioning and depression among adolescents from single parent families. Before establishing the test for mediation, correlational and regression analysis was carried out between the three variables (Baron & Kenny 1986).

## RELATIONSHIP BETWEEN FAMILY FUNCTIONING, RESILIENCE AND DEPRESSION

The correlational findings indicated that both family functioning components were found to be significantly and positively correlated with resilience. This finding was consistent with previous studies which reported the relationship between family functioning and resilience (Arpawong et al. 2010; Retzlaff et al. 2006). The results showed that family cohesion has the stronger relationship with resilience compared to family adaptability. This showed that closeness and intimate relationship with family members has an essential role in building resilience among adolescents compared to family adaptability. When the family has healthy and close family cohesion, there will be some emotional closeness and loyalty in the relationship. The strong emotional bonding among family members can serve as a significant social support for family members. Masten, Monn and Supkoff (2011) reported that the close relationship among family members will provide emotional security, arousal regulation, practical help, physical defense and access to resources through additional relationship. When adolescents have adequate social support from their family, it will foster the process of resilience

reintegration. Hence, family cohesion has the stronger relationship with resilience compared to family adaptability that emphasised on family's leadership, rules and roles.

Based on the correlational analysis, the result demonstrated that resilience was found to be significantly and negatively correlated with depression. This finding was supported with previous studies reporting the relationship between resilience and depression (Ying et al. 2014; Spies & Seedat 2014; Pérez-López et al. 2014; Hjemdal et al. 2006). Resilient adolescents view divorce and life in single parent-family as a meaningful and empowering transition (Eldar-Avidan, Haj-Yahia & Greenbaum 2009). This study reported that resilient adolescents are also able to identify support and build significant relationship with their custodial parent and non-custodial parent. In addition, resilient adolescents accepted and have a rational response towards the divorce and the current life in single parent family. Hence, positive self-perception, sense of security and optimism in resilient adolescents will consequently lead to better adjustment and lower risk for depression. This is supported by Walsh (1996) who found that resilience is an important factor for a person to shift perspective from viewing families as damaged to seeing them as challenged, and it affirms their reparative potential. These changes of perspective promote a person's mental health and hence reduce the risk for depression.

Besides that, findings reported that both components of family functioning were found to be significantly and negatively correlated with depression. This finding was consistent with previous studies reporting a relationship between family functioning and depression (Schönberger et al. 2010; Sarmiento & Cardemil 2009). The result reported that family cohesion had a stronger negative relationship with depression compared to family adaptability. This result was consistent with previous studies that demonstrated family cohesion is the more important factor in the relationship with depression compared to family adaptability. This is because high family cohesion promotes mutual support, collaboration and commitment that contribute to better mental health. In addition, the connectedness between family members also encourages collaborative problem solving and conflict management. The close relationship also increases more mutual empathy and tolerance for individual differences. Hence, interpersonal

conflict among family will be reduced. Close emotional bonding among family members also increases the experiences of sharing a range of feelings such as joy and pain in life. In addition, high family cohesion increases mutual support that will eventually reduce the risk of depression (Edwards & Clarke 2004). Family adaptability has a lower relationship with depression compared to family cohesion because family stability and leadership seems to have less impact to adolescents compared to the children at a younger age who need a lot of nurturance, protection and guidance from the parents.

#### RESILIENCE AS A MEDIATOR IN THE RELATIONSHIP BETWEEN FAMILY FUNCTIONING AND DEPRESSION

From the hierarchical regression analyses, resilience was shown to fully mediate the relationship between family adaptability and depression. It means that the significant relationship between family adaptability and depression will become nonsignificant when a person is resilient. This result showed that the risk for adolescents to have depression will be reduced despite staying in the extreme family adaptability when they have high level of resilience. This phenomenon showed that adolescents started to be independent and have their own opinions when they are at the adolescence stage. At the same time, adolescents are given more chance to voice up their opinion and negotiate the rules at this stage. Besides that, extreme family adaptability also has less impact towards adolescents or caused them to be depressed because adolescents begin to differentiate from their parents by establishing their own personal identities and value systems (Greenberger & Chen 1996).

In addition, resilience was shown to partially mediate the relationship between family cohesion and depression. It means that resilience has minimal influence in reducing the effect of family cohesion on depression. In comparison, the mediator role of resilience in the relationship between family cohesion and depression was lesser compared to the mediator role in the relationship between family adaptability and depression. It could be suggested that family cohesion is a less important factor that contributes to depression among adolescents from single parent family compared to family adaptability.



This result is an important data to show that resilience is a significant mediator that contributes to lower risk of depression among adolescents from single parent families although their family adaptability and family cohesion is extreme. Resilience is important to help adolescents from dysfunctional families to cope and adjust to life challenges. This result indicates that resilience is an important factor that society or mental health professionals can focus on when working with adolescents from single parent families. Although many research states that balanced family functioning contributes to better adjustment and better well-being among adolescents, more effort is needed in changing the family system to a healthier and more balanced family functioning when adolescents are from single parent families.

Although Eldar-Avidan, Haj-Yahia and Greenbaum (2009) found that resilience is important for adolescents to adjust and cope in dysfunctional family situation and increase their mental health, the descriptive analysis in this study showed that the resilience score for most of the respondents (89.2%) were in the weak and mid-range level of resilience while only a minority (10.8%) of respondents have high level of resilience. Therefore, this result showed that adolescents from single parent families need more professional help to guide them to develop resilience when they are going through the challenges in their life. Although resilience reintegration involves a long process and needs professional guidance, resilience building should not be neglected as the result of this study has proven that resilience serves as an important mediator role for reducing the effect of dysfunctional family towards adolescents' depression.

This study showed that most adolescents were from chaotic family adaptability and separated family cohesion. Thus, clinical psychologists or school counselors are suggested to conduct a structural family therapy to help respondents and their family members to restructure and redefine the family system (Olson & Gorall 2003). This therapy is helpful because it deals with common concerns of single parent families such as structure, boundaries and power and parents are encouraged to take charge of the parent's role. When the family system is restructured and redefined, the family functioning will shift from a dysfunctional family to a more balanced family functioning (Gladding 2002).

The results showed that most of the respondents have separated and disengaged family cohesion. Since the inferential analysis reported that family cohesion was an important predictor for depression and resilience, clinical psychologists or school counselors are suggested to work on linking the family members and the family as a whole to increase their togetherness and provide the needed sources for social support. The high family cohesion will eventually lead to higher resilience and lower depression among adolescents from single parent family.

## CONCLUSION

Adolescents from single parent family need a lot of professional guidance in helping them to go through the grieving and adjustment stage appropriately in order to achieve resilience reintegration and reestablish a more healthy functioning self and family in the long term. This study showed that the adolescents from single parent families have low resilience level and they need professional help and guidance in going through grieving process and adjustment, in order to achieve resilience reintegration and reestablish a more healthy functioning self and family in the long term. By helping family members and respondents to deal with their feelings and external demands realistically, this will eventually increase their resilience.

Several limitations of the present study were identified and recommendations are suggested for future studies. First, this study is cross-sectional study. Future research could focus on longitudinal study in order to see the resilience process in mediating the relationship between family functioning and depression in the long term. Secondly, some of the respondents might be influenced by their peers' responses since the administration of the questionnaires was conducted in a group of 5 students. Besides that, there is the possibility of bias in the self-report by the adolescents. Fake good responses may have been given and genuine responses were questionable since adolescents were in the egocentrism and building identity stage. In addition, the respondents were only recruited from the secondary schools in Klang Valley. Hence, it cannot be concluded that this finding can be generalized to all adolescents in Malaysia including rural areas. Moreover, the

study gathered information solely based on the students' response. A better design for studying adolescent's family functioning and depression should take into account the perceptions of the adolescents, their parents and other family members as well. Data from multiple sources from different parties might yield a different picture of the family dynamic. Finally, this research only obtained respondents from single parent families and did not have a comparison group. Without a comparison group e.g. intact family, other types of family or age groups, it is difficult to conclude whether the findings are mainly due to the condition of single parent families, the natural characteristics in adolescence stage or other factors.

#### REFERENCES

- Agaibi, C. E., & Wilson, J. P. 2005. Trauma, PTSD, and resilience: A review of the literature. *Trauma, Violence, & Abuse* 6(3): 195-216.
- Amato, P. R. 2001. Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology* 15: 355-370.
- Arpawong, T. E., Sun, P., Chang, M. C., Gallaher, P., Pang, Z., Guo, Q., Johnson, C. A., & Unger, J. 2010. Family and personal protective factors moderate the effects of adversity and negative disposition on smoking among Chinese adolescents. *Substance Use & Misuse* 45(9): 1367-1389.
- Baron, R. M., & Kenny, D. A. 1986. The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology* 51(6): 1173-1182.
- Beck, A. T., Steer, R. A., & Brown, G. K. 1996. *BDI-II, Beck Depression Inventory: Manual*. 2<sup>nd</sup> edition. Boston: Harcourt Brace.
- Besharat, M. 2007. Resiliency, vulnerable and mental health. *Journal of Psychological Science* 6(24): 373-383.
- Boyd, J., & Eckert, P. 2002. *Creating resilient educators*. Tasmania: Global Learning Communities Manual.
- Cohen, D. M., Lumley, M. A., Naar-King, S., Partridge, T., & Cakan, N. 2004. Child behavior problems and family functioning as predictors of adherence & glycemic control in economically disadvantaged children with type 1 diabetes: A prospective study. *Journal of Pediatric Psychology* 29(3): 171-184.
- Department of Statistics. 2010. Education and Social Characteristics of the Population 2010. <https://newss.statistics.gov.my/newss-portalx/ep/epProductFreeDownloadSearch.seam>. Retrieved on: 10 February 2015.
- Department of Social Welfare Malaysia. 2012. *Statistical Report 2011*. Malaysia: Department of Social Welfare.
- Edwards, B. & Clarke, V. 2004. The psychological impact of a cancer diagnosis on families: The influence of family functioning and patients' illness characteristics on depression and anxiety. *Psycho-Oncology* 13(8): 562-576.
- Eldar-Avidan, D., Haj-Yahia, M. M., & Greenbaum, C. W. 2009. Divorce is a part of my life. Resilience, survival, and vulnerability: Young adults' perception of the implications of parental divorce. *Journal of Marital and Family Therapy* 35(1): 30-46.
- Gladding, S. T. 2002. *Family therapy: History, theory and practice*. 3<sup>rd</sup> edition. Columbus: Pearson Education, Inc.
- Greenberger, E. & Chen, C. 1996. Perceived family relationships and depressed mood in early and late adolescence: A comparison of European and Asian Americans. *Developmental Psychology* 32: 707-716.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. 2010. *Multivariate data analysis: A global perspective*. 7<sup>th</sup> Edition. New Jersey: Person Education Inc.
- Amran Hassan, Fatimah Yusoof, & Khadijah Alavi. 2012. The relationship between parent skill and family functioning to psychological well-being of parent and children. *International Conferences on Humanity, History and Society* 34: 152-158.
- Hetherington, E. M., & Stanley-Hagan, M. 1999. The adjustment of children with divorced parents: A risk and resiliency perspective. *Journal of Child Psychology and Psychiatry* 40(1): 129-140.
- Hjemdal, O., Friborg, O., Stiles, T. C., Rosenvinge, J. H., & Martinussen, M. 2006. Resilience predicting psychiatric symptoms: A prospective study of protective factors and their role in adjustment to stressful life events. *Clinical Psychology and Psychotherapy* 13: 194-201.

- Kim, S. K., & Kang, M. H. 2005. The path-analysis among risk-protective factors on the resilience of children from divorced family. *Korean Journal of Child Studies* 26: 261-278.
- Kumpfer, K. L. 1999. Factors and processes contributing to resilience: The resilience framework. In *Resilience and development: Positive life adaptations*, edited by Meyer D. Glantz & Jeannette L. Johnson, 179-224. New York: Plenum Press.
- Masten, A. S., Monn, A. R., & Supkoff, L. M. 2011. Resilience in children and adolescents. In *Resilience and mental health: Challenge across the lifespan*, edited by Steven M. Southwick, Brett T. Litz, Dennis Charney, & Matthew J. Friedman, 103-120. United Kingdom: Cambridge University Press.
- Norani Mohd Salleh & Mohd Sham Kassim. 2000. How Do Young Adolescents Spend Their Waking Hours at Night. *Akademika* 56: 135-146.
- Olson, D. H., & Gorall, D. M. 2003. Circumplex model of marital and family systems. In *Normal family processes: Growing diversity and complexity*, edited by F. Walsh, 514-548. New York: Guilford.
- Olson, D. H., Portner, J., & Lavee, Y. 1985. *FACES III manual*. Unpublished manuscript. University of Minnesota.
- Pérez-López, F. R., Pérez-Roncero, G., Fernández-Iñarrea, J., Fernández-Alonso, A. M., Chedraui, P., & Llana, P. 2014. Resilience, depressed mood, and menopausal symptoms in postmenopausal women. *Menopause* 21(2): 159-164.
- Pinquart, M. 2009. Moderating effects of dispositional resilience on associates between hassles and psychological distress. *Journal of Applied Developmental Psychology* 30: 53-60.
- Preacher, K. J., & Hayes, A. F. 2004. SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behaviour Research Methods, Instruments & Computers* 36(4): 717-731.
- Retzlaff, R., Hornig, S., Müller, B., Gitta, R., & Pietz, J. 2006. Family sense of coherence and resilience: A study on families with children with mental and physical disabilities. *The Practice of Child Psychology and Child Psychiatry* 55(1): 36-52.
- Rutter, M. 1987. Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry* 57: 316-331.
- Sarmiento, I. A., & Cardemil, E. V. 2009. Family functioning and depression in low-income Latino couples. *Journal of Marital and Family Therapy* 35(4): 432-445.
- Schönberger, M., Ponsford, J., Olver, J., & Ponsford, M. 2010. A longitudinal study of family functioning after TBI and relatives' emotional status. *Neuropsychological Rehabilitation* 20(6): 813-829.
- Spies, G. & Seedat, S. 2014. Depression and resilience in women with HIV and early life stress: Does trauma play a mediating role? A cross-sectional study. *BMJ Open* 4: e004200.
- Wagnild, G. M., & Young, H. M. 1993. Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement* 1: 165-178.
- Walsh, A. 1996. The concept of family resilience: Crisis and challenge. *Family Process* 35(3): 261-281.
- Ying, L., Wu, X., Lin, C., & Jiang, L. 2014. Traumatic severity and trait resilience as predictors of posttraumatic stress disorder and depressive symptoms among adolescent survivors of the Wenchuan earthquake. *Plos One* 9(2): e89401.
- Zargar, F., Ashori, A., Asgharipour, N., & Aghebati, A. 2007. Family functioning in patients with MDD compared with patients without psychiatric disorders in Isfahan. *Journal of Behavior Research* 5(2): 99-106.
- Zill, N., Morrison, D. R., & Coiro, M. J. 1993. Long-term effects of parental divorce on parent-child relationships, adjustment, and achievement in young adulthood. *Journal of Family Psychology* 7: 91-103.

Ng Ying Yee  
 International University of Malaya-Wales  
 Faculty of Health and Social Sciences  
 Ground Floor, Block A,  
 City Campus, Jalan Tun Ismail,  
 50480 Kuala Lumpur  
 Malaysia  
 E-mail: estherngyingyee@gmail.com

Wan Shahrazad Wan Sulaiman (corresponding author)  
Psychology and Human Well-Being Research Centre  
Faculty of Social Sciences and Humanities  
Universiti Kebangsaan Malaysia  
43600 Bangi  
Selangor  
E-mail: shara@ukm.edu.my

Received: 31 December 2015

Accepted: 21 December 2016