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Effect of dysfunctional family on Self-esteem and social anxiety of young adults

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A dysfunctional family can be defined as a family system in which conflict, misbehavior, and emotional or psychological problems are prevalent and interfere with the healthy functioning of the family unit. According to Dr. David M. Allen, a psychiatrist, dysfunctional families often experience a lack of effective communication, a lack of empathy, and a lack of clear boundaries among family members. Growing up in a dysfunctional family can have significant negative impacts on a child's development. According to research by Cummings and Davies (2010), children in dysfunctional families are more likely to experience emotional, behavioural, and academic difficulties than children in healthy families. Growing up in a dysfunctional family can have a significant impact on a child's self-esteem. Dysfunctional families are characterized by patterns of negative and unhealthy interactionsbetween family members, such as poor communication, emotional neglect, and abuse (Hill, 2019). These interactions can lead to feelings of worthlessness and low self-esteem in children. Children from dysfunctional families are more likely to struggle with self-esteem issues compared to children from healthy families. Children who grow up in dysfunctional families may internalize negative messages from their parents or caregivers, such asbeing told that they are not good enough or that their feelings and needs are unimportant. These negative messages can lead to feelings of shame and self-blame, which can further erode a child's self-esteem over time. The present study aims to investigate how dysfunctional family affects the self esteem and social anxiety of young adults. A sample of 166 was taken aged 18-29. A non-random sampling was used for this study. The results indicated that there is no significant, negative correlation between the variables self esteem and dysfunctional family and there is low negative correlation between variables social anxiety and dysfunctional family.

INTRODUCTION

A dysfunctional family can be defined as a family system in which conflict, misbehavior, and emotional or psychological problems are prevalent and interfere with the healthy functioning of the family unit. According to Dr. David M. Allen, a psychiatrist, dysfunctional families often experience a lack of effective communication, a lack of empathy, and a lack of clear boundaries among family members (Allen, 2021).

One of the key characteristics of a dysfunctional family is the presence of negative patterns of behavior, such as addiction, abuse, neglect, or violence. These patterns can be passed down from one generation to the next and may cause long-term harm to family members. Another characteristic is a lack of emotional support, where family members feel disconnected and unsupported, leading to feelings of isolation and loneliness. This can lead to mental health issues such as depression and anxiety.

Growing up in a dysfunctional family can have a significant impact on a child's self-esteem. Dysfunctional families are characterized by patterns of negative and unhealthy interactions between family members, such as poor communication, emotional neglect, and abuse (Hill, 2019).These interactions can lead to feelings of worthlessness and low self-esteem in children.

Children who grow up in dysfunctional families may internalize negative messages from their parents or caregivers, such asbeing told that they are not good enough or that their feelings and needs are unimportant. These negative messages can lead to feelings of shame and self-blame, which can further erode a child'sself-esteem over time.

It is important for individuals who have grown up in dysfunctional families to recognize how theirupbringing may have impacted their self-esteem and to seek support to address these issues. Therapy and counseling can be helpful in identifying and challenging negative beliefs andmessages that have been internalized from childhood (Hill, 2019). Additionally, building asupportive network of friends and family members can provide validation and encouragement forindividuals to develop a healthier sense of self-esteem.

Growing up in a dysfunctional family can have significant impacts on children's social anxiety. Dysfunctional family environments, characterized by conflict, instability, and neglect, can contribute to the development of social anxiety disorder in children (Alden & Taylor, 2011; Grantet al., 2005).

Children who grow up in dysfunctional families may experience a lack of emotional support and inconsistent parenting, which can lead to feelings of insecurity and anxiety in social situations. Additionally, exposure to conflict and negative communication styles within the family can increase children's sensitivity to social cues and make them more likely to perceive social situations as threatening.

Furthermore, dysfunctional family environments can also contribute to the development ofmaladaptive coping strategies, such as avoidance and withdrawal, which can perpetuate social anxiety. Children may learn to avoid social situations that they perceive as threatening, leading to social isolation and difficulty forming and maintaining relationships.

However, it is essential to note that not all children who grow up in dysfunctional families developsocial anxiety disorder. Protective factors such as social support, positive coping strategies, and resilience can mitigate the impact of a dysfunctional family environment.

The study aims to assess how dysfunctional family affects self esteem and social anxiety of young adults. A sample of 166 was taken aged 18-29. A non-random sampling was used for this study.

Aim

The aim of this study is to investigate the relationship between dysfunctional family environmentsand the self-esteem and social anxiety of young adults. Specifically, the study aims to test the hypotheses that dysfunctional family environments will be negatively correlated with self-esteemand positively correlated with social anxiety in young adults.

Objective

The objectives of this study are:

1. To measure the level of dysfunctional family environments experienced by young adults.
2. To measure the level of self-esteem and social anxiety in young adults.
3. To examine the relationship between dysfunctional family environments and self-esteem in young adults.
4. To examine the relationship between dysfunctional family environments and social anxietyin young adults.

HYPOTHESIS

H1: Dysfunctionality in the family will be significantly negatively correlated with the self-esteemof children

H2: Dysfunctionality in the family will be positively correlated with social anxiety in children

Research design

A cross-sectional survey design was followed to address the research objective of the study. A sample N=166 was calculated from adults aged 18 to 29. A cross-sectional survey design is usuallyempirical in nature i.e. quantitative design.

cross-sectional survey design is a research method that involves collecting data from a sample of individuals at a single point in time. In other words, cross-sectional surveys are used to gather information about a population at a specific moment in time, rather than tracking changes over time. Cross-sectional surveys are commonly used in social science research to describe characteristics of a population or to examine associations between variables. In a cross-sectional survey design, researchers select a sample of individuals from a target population and ask them to complete a survey or questionnaire. The survey typically includes questions about the individuals'demographic characteristics, attitudes, behaviors, and other relevant factors. The data collected from the survey are then analyzed to describe the characteristics of the population or to identify relationships between variables.

One advantage of a cross-sectional survey design is that it is relatively quick and easy toadminister, making it a cost-effective way to gather data. Cross-sectional surveys can also providea snapshot of a population at a specific point in time, which can be useful for identifying trends orpatterns. However, a limitation of the cross-sectional survey design is that it does not allow researchers to track changes over time or to establish cause-and-effect relationships between variables.

Sampling procedure

A non-random convenient sampling will be used to collect data for this study. Non-random sampling, also known as non-probability sampling, is a type of sampling method that does not involve random selection of individuals from a population. In non-random sampling, individuals are selected based on some criteria or judgment of the researcher, rather than through a random process.

Non-random sampling methods have several advantages and disadvantages. One advantage is thatthey are often less time-consuming and less expensive than random sampling methods. Non- random sampling methods can also be useful for studying hard-to-reach populations or for exploring specific research questions. However, non-random sampling methods are prone to selection bias, which can limit the generalizability of the findings to the larger population.

herefore, researchers should carefully consider the strengths and weaknesses of non-randomsampling methods when designing their research studies.

Inclusion Criterion

1. The participant must be within the age range of 18 - 29 years of age
2. The participant must be healthy and have a fair medical history

Exclusion Criterion

1. The participant who is diagnosed with any mental health disorder
2. The participant who is has intellectual disability or any other limiting disorder which affects decision making.

Variables

1. **SELF ESTEEM :** Self-esteem refers to an individual's overall sense of self-worth or value.It is a subjective evaluation of oneself and can be influenced by various factors, includingpersonal experiences, social interactions, and cultural values. Individuals with high self- esteem tend to have positive self-regard, confidence in their abilities, and a sense of controlover their lives. In contrast, individuals with low self-esteem tend to have negative self- regard, self-doubt, and feelings of inadequacy.

2. **SOCIAL ANXIETY:** Social anxiety refers to a persistent and excessive fear or anxiety related to social situations, such as public speaking, meeting new people, or participating in group activities. It is a common form of anxiety disorder and can have a significant impact on an individual's quality of life. Symptoms of social anxiety may include sweating,trembling, rapid heartbeat, and avoidance of social situations. Social anxiety can be influenced by various factors, including genetics, upbringing, and past experiences, and can be treated with therapy and medication.

Description of tools employed

Tool 1 : ROSENBERG SELF-ESTEEM SCALE

Description of Measure:

A 10-item scale that measures global self-worth by measuring both positive and negative feelingsabout the self. The scale is believed to be uni-dimensional. All items are
answered using a 4-point Likert scale format ranging from strongly agree to stronglydisagree.

The Rosenberg Self-Esteem Scale, a widely used self-reportinstrument for evaluating individualself-esteem, wasinvestigated using item response theory.

Factor analysis identified a single common factor, contrary to some previous studies that extractedseparate Self-Confidence and Self-Depreciation factors. A unidimensional model for graded itemresponses was fit to the data. A model that constrained the 10 items to equal discrimination was contrasted with a model allowing the discriminations to be estimated freely. The test of significance indicated that the unconstrained model better fit the data-that is, the 10 items of the Rosenberg Self-Esteem Scale are not equally discriminating and are differentially related to self- esteem. The pattern of functioning of the items was examined with respect to their content, and observations are offered with implications for validating and developing future personality instruments.

Summary – Self-esteem has become a household word. Teachers, parents, therapists, and others have focused efforts on boosting self-esteem, on the assumption that high self-esteem will cause many positive outcomes and benefits—an assumption that is critically evaluated in this review.

Appraisal of the effects of self-esteem is complicated by several factors. Because many people with high self-esteem exaggerate their successes and good traits, we emphasize objectivemeasures of outcomes. High self-esteem is also a heterogeneous category, encompassing people who frankly accept their good qualities along with narcissistic, defensive, and conceited

individuals. therapeutic interventions or school programs) causes benefits. Our findings do not support continued widespread efforts to boost self-esteem in the hope that it will by itself foster improved outcomes. In view of the

heterogeneity of high self-esteem, indiscriminate praise mightjust as easily promote narcissism, with its less desirable consequences. Instead, we recommend using praise to boost self-esteem as a reward for socially desirable behavior and self-improvement.

Ciarrochi, J., Heaven, P. C. L., & Fiona, D. (2007). The impact of hope, self-esteem, and attributional style on adolescents' school grades and emotional well-being: A longitudinal study.We examined the distinctiveness of three "positive thinking" variables (self-esteem, trait hope, andpositive attributional style) in predicting future high school grades, teacher-rated adjustment, andstudents' reports of their affective states. Seven hundred eighty-four high school students (382males and 394 females; 8 did not indicate their gender) completed Time 1 measures of verbal andnumerical ability, positive thinking, and indices of emotional well-being (positive affect, sadness,fear, and hostility), and Time 2 measures of hope, self-esteem, and emotional well-being. Multi-level random coefficient modelling revealed that each positive thinking variable was distinctivein some contexts but not others. Hope was a predictor of positive affect and the best predictor ofgrades, negative attributional style was the best predictor of increases in hostility and fear, and lowself-esteem was the best predictor of increases in sadness. We also found that sadness at Time 1predicted decreases in self-esteem at Time 2.

The results are discussed with reference to the importance of positive thinking for buildingresilience.

Tool 2 : LSAS: Liebowitz Social Anxiety Scale

The Liebowitz Social Anxiety Scale (LSAS) is a widely used self-report questionnaire that assesses social anxiety disorder (SAD) symptoms. Developed by Dr. Michael R. Liebowitz in 1987, the scale consists of 24 items that measure fear and avoidance of social situations.

The LSAS manual provides instructions on how to administer, score, and interpret the scale. It also includes information on the scale's psychometric properties, including reliability and validity.Here is a brief overview of the LSAS manual:

Administration:

The LSAS can be administered in-person or through self-report.

Participants rate the degree of fear and avoidance associated with various social situations on a scale of 0 (none) to 3 (severe).
The scale takes about 10 to 15 minutes to complete.

Scoring:

The LSAS is scored by summing the fear and avoidance ratings for each item.
The total score ranges from 0 to 144, with higher scores indicating greater social anxiety.The scale also has two subscales: fear and avoidance.

Interpretation:

The LSAS manual provides normative data for different populations, including clinical and non-clinical samples. Scores above 60 are generally indicative of clinically significant social anxiety.

The fear and avoidance subscales can also provide more detailed information on the specificaspects of social anxiety that are most problematic for the individual.

Overall, the LSAS manual is a valuable resource for researchers and clinicians interested in assessing social anxiety symptoms. It provides detailed information on how to use the scale effectively and interpret the results.

Tool 3: The Family APGAR (Adaptation, Partnership, Growth, Affection, and Resolve) questionnaire

The Family APGAR (Adaptation, Partnership, Growth, Affection, and Resolve) questionnaire is asimple and easy-to-use tool that assesses family functioning. It was developed by Smilkstein in 1978 and has been widely used in research and clinical settings to evaluate family relationships and identify areas for improvement.

The Family APGAR consists of five items, each assessing a different aspect of family functioning.Respondents rate each item on a 3-point scale, with 0 indicating "hardly ever," 1 indicating "someof the time," and 2 indicating "almost always." The items are as follows:

1. Adaptation: How well does your family adjust to new situations?
2. Partnership: How satisfied are you with the way your family shares tasks andresponsibilities?
3. Growth: How satisfied are you with the way your family communicates and spends timetogether?
4. Affection: How satisfied are you with the amount of love and affection your familymembers show to one another?
5. Resolve: How satisfied are you with the way your family deals with problems and crises?

The total Family APGAR score ranges from 0 to 10, with higher scores indicating better family functioning. Scores of 7 or higher are generally considered indicative of satisfactory family functioning, while scores of 3 to 6 suggest a moderate degree of dysfunction, and scores below 3 suggest severe dysfunction.

Procedure

1. The sample will be collected using social media platforms like google forms, jotforms.
2. Written informed consent will be taken from the participants before allowing them to bepart of the study

3. Once the sample is collected, it will be checked for outliers and cleaned for analysis
4. The proposed analysis will be carried out
5. The hypothesis testing will be carried out at a 95% confidence level

Statistical analysis

Descriptive Statistics

Age

	Age
Mean	25.87
Median	24
Std. Deviation	6.77
Minimum	18
Maximum	51

escriptive Statistics

	Anxiety	Self-esteem	Dysfunctional Family
Mean	63.69	27.52	10.62
Median	64	27	11
Std. Deviation	18.48	3.81	2.28
Minimum	6	20	5
Maximum	118	40	15

Hypothesis 1

H1: Dysfunctionality in family will be significant negatively correlated with self-esteem ofchildren

Pearson r correlation

	r	p (2-tailed)
Self-esteem and Dysfunctional Family	-0.03	.682

Scatter plot

Interpretation

A Pearson correlation was performed to test whether there was a association between Self-esteem and Dysfunctional Family. The result of the Pearson correlation showed that there was no significant association between Self-esteem and Dysfunctional Family, r(164) = -0.03, p = .682.

There is no significant, negative correlation between the variables Self-esteem and DysfunctionalFamily with r= -0.03. Thus, there is no significant, negative association between Self-esteem andDysfunctional Family in this sample.

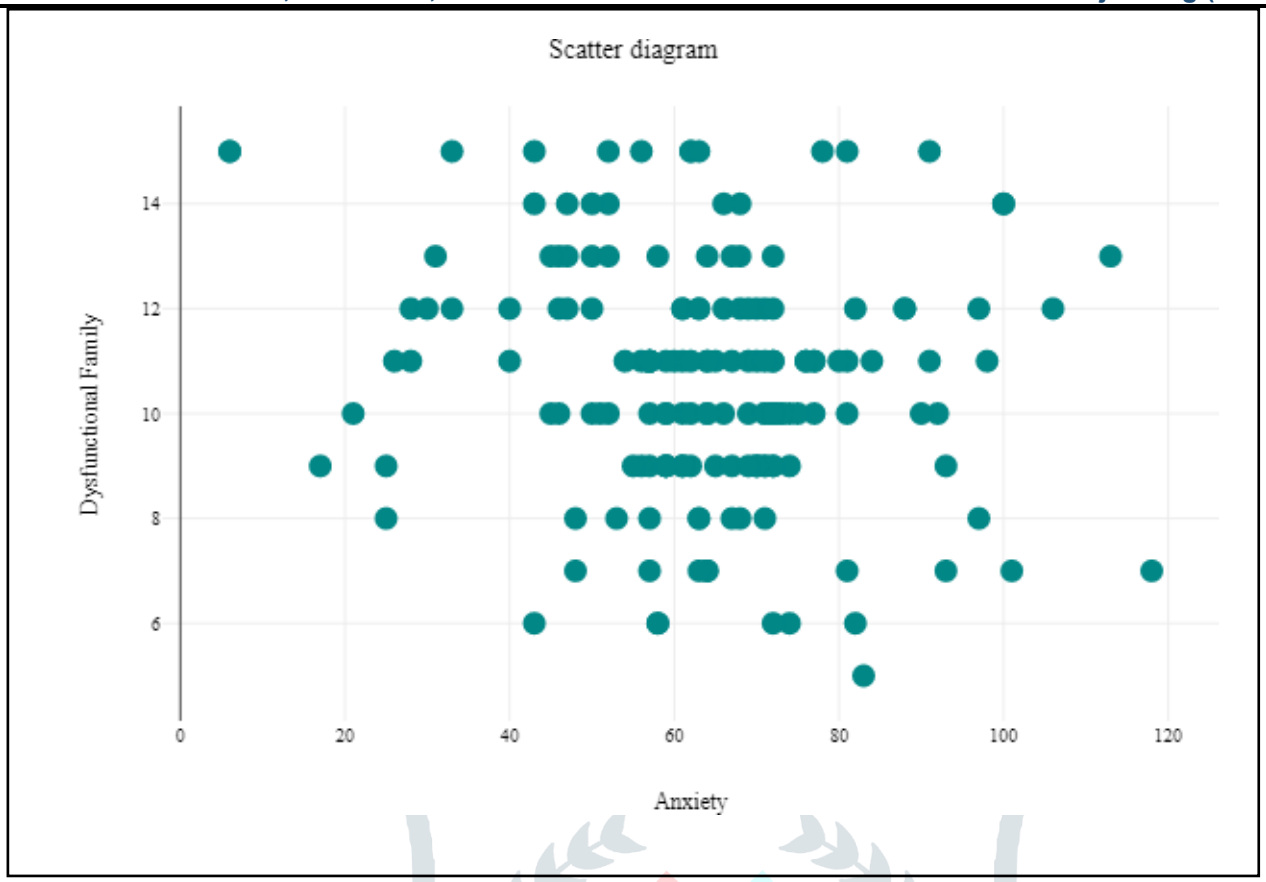
Hence, H1 is rejected.

H2: Dysfunctionality in family will be positively correlated with social anxiety of childrenCorrelation

Pearson r

	r	p (2-tailed)
Anxiety and Dysfunctional Family	-0.15	.046

Scatter plot



Interpretation

A Pearson correlation was performed to test whether there was a association between Anxiety andDysfunctional Family. The result of the Pearson correlation showed that there was a significant association between Anxiety and Dysfunctional Family, r(164) = -0.15, p = .046.

There is a low, negative correlation between the variables Anxiety and Dysfunctional Family withr= -0.15. Thus, there is a low, negative association between Anxiety and Dysfunctional Family inthis sample.

Hence, H2 is rejected.

Discussion

A dysfunctional family can be defined as a family system in which conflict, misbehavior, and emotional or psychological problems are prevalent and interfere with the healthy functioning of the family unit. According to Dr. David M. Allen, a psychiatrist, dysfunctional families often experience a lack of effective communication, a lack of empathy, and a lack of clear boundaries among family members (Allen, 2021). One of the key characteristics of a dysfunctional family is the presence of negative patterns of behavior, such as addiction, abuse, neglect, or violence. These patterns can be passed down from one generation to the next and may cause long-term harm to family members. Another characteristic is a lack of emotional support, where family members feel disconnected and unsupported, leading to feelings of isolation and loneliness. This can

lead to mental health issues such as depression and anxiety. Children who grow up in dysfunctional families may experience a lack of emotional support and inconsistent parenting, which can lead to feelings of insecurity and anxiety in social situations. Additionally, exposure to conflict and negative communication styles within the family can increase children's sensitivity to social cues and make them more likely to perceive social situations as threatening.

Furthermore, dysfunctional family environments can also contribute to the development ofmaladaptive coping strategies, such as avoidance and withdrawal, which can perpetuate social anxiety. Children may learn to avoid social situations that they perceive as threatening, leading to social isolation and difficulty forming and maintaining relationships.

However, it is essential to note that not all children who grow up in dysfunctional families developsocial anxiety disorder. Protective factors such as social support, positive coping strategies, and resilience can mitigate the impact of a dysfunctional family environment.

The objective of this research was to examine the impact of a dysfunctional family on the self-esteem of young adults and how it might contribute to their social anxiety. The first hypothesis proposed that there would be a significant negative correlation between family dysfunction and the self-esteem of children which couldn't be proved. This can be validated with the help of a study that exhibit that individuals who come from dysfunctional families can develop a strong sense of self-esteem due to the resilience they build as a result of their experiences. This viewpoint is supported by a study conducted by Mayfani, Adiwinata, and Nadhirah in 2022. The researchers utilized a qualitative methodology, specifically a literature study approach, to gather, read, document, and analyze data from various journals and books. By conducting a qualitative literature review, the study aimed to investigate the relationship between resilience and self-esteem in children from dysfunctional families. The findings of the study demonstrated a significant positive correlation between self-esteem and resilience in adolescents who come from dysfunctional families. This suggests that individuals who have faced adversity within their family environment can develop a strong sense of self-worth and confidence as a result of their resilience.

The second hypothesis suggested that family dysfunction would be positively correlated with social anxiety in children which was also rejected.

Children from dysfunctional families may not necessarily have low social anxiety, as social anxiety can be influenced by factors other than family dynamics. This viewpoint is supported by a study conducted by Merikangas, Lieb, et al. in 2003.

The researchers conducted two different studies to assess the role of family in the development of social anxiety disorder. The first study, the Yale Family Study, focused on the relationship between anxiety disorders and a family history of anxiety disorders. The second study, the Munich Early Developmental Stages of Psychopathology (EDSP) Study, followed a group of young individuals over time to understand how mental

health problems, including social anxiety, developed. The findings of these studies revealed that social anxiety disorder tends to run in families and is often specific to social anxiety rather than other types of anxiety. This suggests a genetic predisposition for social anxiety. However, the studies did not provide clear evidence that environmental factors within the family contribute significantly to the development of social anxiety.

Therefore, the research conducted by Merikangas, Lieb, et al. supports the idea that social anxiety can be inherited from parents, but it does not establish a strong link between social anxiety and dysfunctional family dynamics. It implies that other factors beyond the family environment, such as genetics and individual experiences, may play a more significant role in the development of social anxiety in children

Several other factors could explain these outcomes, such as the small sample size resulting from limitations in time and resources. With a limited number of participants, the statistical power to detect significant correlations may have been reduced.

Another potential factor is the limited control variables in the study. Control variables are important for isolating the effects of the independent variable (family dysfunction) on the dependent variables (self-esteem and social anxiety). The absence of comprehensive control variables may have influenced the results and led to the rejection of the hypotheses.

Additionally, the reliance on self-report measures in the study is worth considering. Self-report measures involve participants reporting their own thoughts, feelings, and experiences. However, they can be susceptible to response biases and inaccuracies. Participants may be hesitant to disclose sensitive information, leading to underreporting or misrepresentation of their experiences. Moreover, individuals may lack accurate insight into their own psychological states, which can introduce further limitations and potential biases to the findings.

Overall, the rejection of the hypotheses in this study can be attributed to several factors, including the small sample size, limited control variables, and the reliance on self-report measures, which may have influenced the accuracy and generalizability of the results.

CONCLUSION

The objective of this research was to examine the impact of a dysfunctional family on the self-esteem of young adults and how it might contribute to their social anxiety. The first hypothesis proposed that there would be a significant negative correlation between family dysfunction and the self-esteem of children. The second hypothesis suggested that family dysfunction would be positively correlated with social anxiety in children. However, both of these hypotheses were ultimately rejected. Several factors could explain these outcomes, such as the small sample size resulting from limitations in time and resources. With a limited number of participants, the statistical power to detect significant correlations may have been reduced.

Another potential factor is the limited control variables in the study. Control variables are important for isolating the effects of the independent variable (family dysfunction) on the dependent variables (self-esteem and social anxiety). The absence of comprehensive control variables may have influenced the results and led to the rejection of the hypotheses.

Limitations

1. Small sample size due to to limiattion of time and resources.
2. Limited control variables of the study do not specify the interpretation in terms of exposureto family dysfunction and other sources of anxiety and self-esteem cannot be ruled out.
3. Self-report measures: The study may rely on self-report measures, which can be subject to response biases and inaccuracies. Participants may be hesitant to disclose sensitive information or may not have accurate insight into their own psychological states.
4. Cross-sectional design: The study may use a cross-sectional design, which means that thedata is collected at a single point in time. This design cannot establish causality and makesit difficult to determine the direction of the relationship between dysfunctional family environments, self-esteem, and social anxiety.

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