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Published

2009

Conference Title

Family conflict and depression: a review of the literature

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## FAMILY CONFLICT AND DEPRESSION: A REVIEW OF THE LITERATURE

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### Background

✘ Major depression can occur at any age and is reported by the World Health Organization (WHO) to be one of the four major illnesses of the 21st century. By 2010 it is predicted that major depression will be one of the two most prevalent illnesses affecting peoples' daily lives (World Health Organization, 2008).

✘ Depressed mood is increasingly managed in the community alongside a number of support services.

✘ Family members are often not prepared for the role of caregiver nor with managing the symptoms of depression, and therefore there is the potential to exacerbate family conflict.

✘ Older people are particularly prone to depression because of the increased likelihood that they will experience stressful life events that are known to be associated with depression, such as physical illness, pain and bereavement.

### Methods

✘ Systemic Literature Review: Major depression (CINAHAL, International Bibliography of Social Sciences, PsyLit, MEDLINE) were searched using the following terms: Family conflict, depression and impact. **Inclusion criteria:** original research, published between 1951 – April 2009, English publication. **Exclusion criteria:** review articles, case study and letters.

### Results

✘ 22 articles covered. Majority of papers related to adolescent depression. Paucity of papers relating to older people.

✘ Family conflict can predict change in depressive symptoms.

✘ High family conflict, low social support, high anxiety symptoms & low self-esteem are associated with elevated maternal depressive symptoms.

✘ Genetic factors are of greater importance in the etiology of depressive symptoms where levels of family conflicts are high.

✘ Unresolved family conflict is related to greater depressive symptoms.

✘ High family conflict & severity of bullying predict persistence of depressive symptoms.

✘ High initial levels & growth in family conflict predicted adult stressful life events, which, in turn, predicted adult depressive symptoms.

✘ Self-esteem is a mediator between perceived conflict with parents & depressive symptoms.

✘ Father-adolescent conflict found to be more strongly related to depressive symptoms than mother-adolescent conflict.

✘ Perceived family conflict predicts parental depression through its indirect effects on parental attachment.

✘ Positive spillover has a stronger impact on depression than does work-family conflict.

✘ Depressed adolescents & their mothers described their families as being less supportive & having more conflict. They demonstrated less facilitative & problem-solving behavior & more depressive behavior.

✘ Lower self-esteem, higher family conflict, poorer family function, lower rank & decreased satisfaction in their peer group, & less connectedness to school increased incidence of depression.

### Conclusions

✘ The prevalence of depression in older people will continue to increase alongside an ageing population. Health professionals have a role to play in understanding family conflict and its impact on the person with depression. Further research is required to examine family conflict and its relationship to depression in older people.