

ANALYSIS OF FAMILY FUNCTIONING FROM THE PARENTS' PERSPECTIVE: LITERATURE REVIEW

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Abstract

Background: Family functioning is a key factor influencing the healthy development of individuals and their relationships with society. Olson's circumplex model is an effective tool for assessing family dynamics through three dimensions: cohesion, adaptability, and communication. Previous research has focused on individual aspects of family dynamics, but there has been no systematic analysis of parents' perceptions of family functioning.

Methods: In this review study, we analyzed ten empirical studies from seven countries that examined family functioning from the parents' perspective using the FACES III and FACES IV questionnaires. Articles were selected through a systematic review of the Scopus, Web of Science, and PubMed databases. We used quantitative content analysis to synthesize findings and identify patterns in family functioning.

Results: The research revealed significant differences in the perception of family functioning in different types of families. Families with a disabled member showed greater flexibility and cohesion, with adaptability proving to be a predictor of family satisfaction. Military families reported lower adaptability and more rigid relationships during periods of deployment.

Conclusion: The circumplex model is a useful tool for understanding family dynamics and can be applied in helping professions when working with families. The results suggest that adaptability and communication are key factors influencing family satisfaction. For further research, we recommend a deeper examination of the interaction between family dimensions and cultural differences.

Keywords: Circumplex model, Cohesion, Adaptability, Communication, Parenting, Family functioning

INTRODUCTION

A healthy family needs a balanced amount of cohesion. The adaptability of the family, i.e., its' ability to adapt to different situations and find appropriate solutions, is also particularly important. A family that functions in this way provides the conditions for the healthy development of the individual (Oyanadel, Worrell, Pinto-Vigueras, Betancur, Véliz-Tapia, Au-Castro, Peña-Reyes, González-Loyola, Peñate, 2023). The area of family functioning, measured using Olson's

circumplex model from the parents' perspective, has not yet been examined in the literature review. Our aim was to create an overview of empirical research on systemic family analysis in the context of the circumplex model from the parents' perspective.

General systems theory is of great importance in social work. It is based on the assumption that the whole is greater than the sum of its parts, and that systems have certain common properties, regardless of their specific characteristics (Planka, Čakarová, 2025). In the context of social work, this approach can be used to understand social systems such as families, communities, institutions, and societies as a whole.

The family plays a key role in shaping the relationship between the individual and society. It is therefore important for its members, as well as for society as a whole. The quality of the family in which a person grows up influences their life, and the image of society also depends on the families that make up that society (Hovanová, 2021; Weiss-Laxer, Crandall, Hughes, Riley, 2020). Individual members of the family system cannot be viewed separately, as its members influence each other. For this reason, when working with a client, emphasis should be placed on working with the client's entire family and not just the client themselves. When applying general systems theory to social work, we perceive the client holistically, as a bio-psycho-socio-cultural being, together with their environment and connections with their surroundings (Larsson, Nyborg, Psouni 2022; Planka, Čakarová, 2025). General systems theory attempted to transcend the traditional boundaries of science and emphasize the importance of a holistic view of problems and phenomena in nature and society (Katrakazas, Grigoriadou, Koutsouris, 2020). Systemic theory is a field that informed and inspired the founders of family therapy, on which family systems theory is based in many important respects. The family system contains elements of feedback, mutual interaction, group dynamics, maintaining balance, and constant development. Using a systems approach, social work can better understand and explain events that occur in the family, whether positive or problematic, as suggested by (Wampler, Miller, Seedall, 2020). The system has various elements, i.e., subsystems, feedback that is reflected in the system or its surroundings, and, of course, every system has its limits. As an open system, the family has permeable boundaries, meaning that in addition to the relationships between its members, it is also influenced by relationships with its surroundings (Planka, Čakarová, 2025; von Sydow, Beher, Retzlaff, 2024). If a family has overly rigid boundaries, it becomes isolated from its social environment. Conversely, if the family's boundaries are weak and open, the functioning of the family system will depend on the functioning of the social environment (Žiedelis, Urbanavičiūtė, Lazauskaitė-Zabielské, 2022).

Although Olson's Circumplex Model is one of the most widely used frameworks for assessing family functioning, other systemic models are also applied in social work and family research. The McMaster Model of Family Functioning focuses on problem-solving, communication, family roles, affective responsiveness, affective involvement, and behavioral control within the family system. Bowen Family Systems Theory emphasizes intergenerational processes and the concept of differentiation of self, while Structural Family Therapy developed by Minuchin focuses on family boundaries, hierarchies, and interaction patterns among family members. Together, these

approaches provide alternative perspectives for understanding family functioning and planning interventions with families (Miller et al., 2020; Calatrava et al., 2022; Vetere & Dallos, 2023).

The author of the circumplex model for measuring family dynamics is American psychologist David Olson. It is one of the main theoretical models worldwide that examines the structural dynamics of family functioning. It was developed in an effort to bridge the gap that usually exists between research, theory, and practice (Olson, Waldvogel, Schlieff, 2019; Popelková, 2016). According to several authors (Olson, Waldvogel, Schlieff, 2019; Javadian, 2011; Mydlíková, 2017), healthy families do not usually show extreme values in the circumplex model and achieve balanced scores for adaptability and cohesion. We consider it important to further explore theories of the systemic approach and apply them to social work with families, as mapping and perceiving family functioning is important for orientation within the family, as well as the work or health history of its members or social history.

In order for a family to function healthily, allowing its members independence and an appropriate sense of responsibility, it needs an optimal degree of cohesion. The ability of the family to adequately address and adapt to different situations is also important. When a family has this adaptability, it provides healthy conditions for the development of its members (Popelková, 2016; Wampler, Miller, Seedall, 2020). The adaptability of the family system can be understood as the flexibility and ability of the family system to change its power structure, roles within the family, boundaries, and rules when responding to stressful or new situations (Javadian, 2011).

Cohesion in the family can be described as the emotional bond between its members (bonding). Cohesion is also related to boundaries, mutual trust, friendship, time spent together, and coalitions between family members (Mydlíková, 2017). In social work, we can support a healthy level of cohesion in the family by building mutual trust and creating a safe space for sharing and processing emotional experiences. It is important to strengthen the emotional bonds of the family, for example by sharing positive experiences among its members (Vetere, Dallos, 2023).

Communication is considered to be the third dimension that positively influences the functioning of a family (Hamilton, 2015). It is defined as positive communication skills used in the family system and includes active listening skills, emotional tone of communication, and sharing feelings with respect for one another (Olson, Waldvogel, Schlieff, 2019).

According to Smith-Acuna (2011), problematic communication is a very common cause of problems in families. When an individual in a family does not feel understood or listened to, they are more likely to communicate aggressively and provoke conflict than to constructively solve problems with other members.

In this review study, we examined and synthesized available knowledge from research on the family in the context of assessing adaptability and cohesion using the circumplex model. The results will be useful for helping professions, specifically when working with family systems. The research objective was to synthesize the currently available knowledge on the perception of family functioning from the perspective of different target groups of parents, which was analyzed using

the circumplex model. Using the PICO scheme, we formulated the research question: How is family functioning perceived by different target groups of parents using the circumplex model?

By family functioning, we mean the subjective perception of family cohesion, adaptability, and satisfaction with communication within the family (Oyanadel, et al. 2023; Olson, 2000).

METHODS

The FACES questionnaire is a tool of the circumplex model. Previous versions of FACES (I, II, and III) were only able to measure family functioning in terms of cohesion and flexibility (Olson, Waldvogel, Schlieff, 2019). However, the current version of the FACES IV scale is able to provide a curved ratio that includes a combined assessment of healthy and extreme values in the family system (Turkdogan, 2019). The FACES III items consist of 30 five-point Likert scales and the FACES IV questionnaire items consist of 42. In terms of cohesion, the family system can balance on a four-level scale between excessive emotional dependence of members and emotional disconnection (Mydlíková, 2017). In terms of adaptability, the dimension ranges from four points between rigidity and chaos. We can therefore speak of 16 categories of dynamics in couple and family relationships: chaotically disconnected, chaotically separated, chaotically connected, chaotically entangled, flexibly disconnected, flexibly separated, flexibly connected, flexibly entangled, structurally disconnected, structurally separated, structurally connected, structurally entangled, rigidly disconnected, rigidly separated, rigidly connected, and rigidly entangled (Olson, Waldvogel, Schlieff, 2019; Mydlíková, 2017).

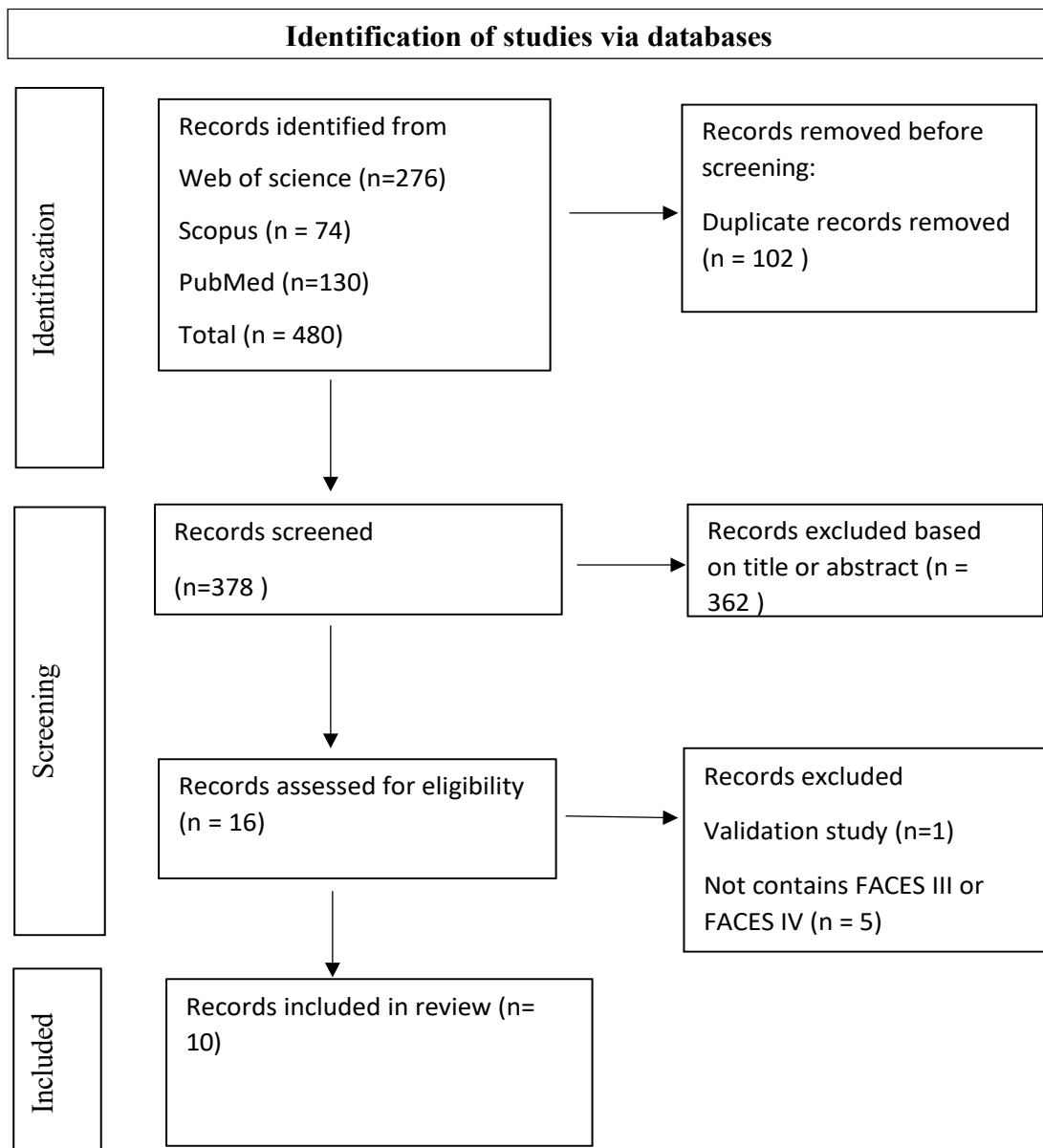
For the purposes of our literature review, we decided to analyze studies of the circumplex model that used the FACES III and FACES IV questionnaires as measurement tools.

Samples

Our review study included a total of ten studies from seven countries. Three studies were conducted in Greece, two in Israel, and others in Italy, Romania, the United Kingdom, Portugal, and Mexico. Several research samples in the selected articles consisted of family members with various health disabilities. A total of 60% of our research sample (six studies) consisted of this type of family. These were families with children with autism spectrum disorder (Grigilopoulos, 2022), families with daughters suffering from anorexia nervosa (Laghi, et al, 2015), families with mostly adult children who had suffered traumatic brain injuries (Lehan, et al, 2012), families with children with health disabilities (Tsibidaki, Tsampanli, 2015), families with children suffering from cerebral palsy (Tsibidaki, 2020), and families with children with different symptoms (Yahav, 2002). One study focused on parental health disabilities, specifically schizophrenia (Carvalho, et al, 2015). Peleg-Popko (2012) examined the relationship between family functioning and three other variables: marital quality, fear, and social anxiety in children. Pye (2017) examined how family functioning changed depending on the phase of the deployment cycle of soldiers in the United Kingdom compared to non-military families. Rada (2014) compared the family functioning of Romanian families from urban and rural areas. Four articles used the FACES IV questionnaire, and six articles used the FACES III questionnaire as a research tool.

Data collection

We searched for relevant sources using three online bibliographic databases: Scopus, Web of Science, and PubMed. We selected these databases based on their institutional availability. We searched for articles using the keywords: "Circumplex model," "Family," "Marital," "Adaptability," "Flexibility," and "Cohesion." When browsing the databases using advanced search, Boolean operators "AND" and "OR" were used to ensure the most accurate results.



Picture 1: Identification of studies via databases

A total of three pilot searches were conducted to refine the search strategy and adjust the keywords. The final database search was completed on March 25, 2024. Following this search, 480 records met the initial inclusion criteria: 276 from the Web of Science database, 74 from Scopus, and 130 from PubMed. The systematic review management tool Rayyan was used to identify and screen articles for inclusion in the research sample. The software was also employed to analyze in detail the abstracts and keywords of the selected articles. Only *peer-reviewed journal articles* written in English were considered for inclusion.

Inclusion and exclusion criteria

The inclusion criteria were intentionally defined to ensure methodological comparability across studies and to facilitate meaningful synthesis of findings related to family functioning within the Circumplex Model framework.

Studies were included if they met the following criteria:

- published in peer-reviewed scientific journals;
- written in English;
- published after the year 2000;
- used the FACES III or FACES IV instrument based on Olson's Circumplex Model;
- employed a quantitative research design;
- included parents as participants (studies involving both parents and children were also eligible);
- used a version of the research instrument that had been validated in the respective country.

Studies were excluded if they:

- were validation studies of the FACES III or FACES IV instruments;
- did not employ FACES III or FACES IV;
- were not published in peer-reviewed journals;
- were published in languages other than English;
- used qualitative research methods;
- did not include parents among the respondents;
- were published before the year 2000.

Eligibility criteria required the use of the FACES III or FACES IV research instruments and a quantitative research design. To ensure the quality of the findings, only studies using a tool validated in the respective country were included, while validation studies themselves were excluded from the sample. Subsequently, the studies were categorized according to the type of respondents. Articles in which parents participated in the research were included, while several studies also involved both parents and children. Only articles published after the year 2000 were included. This time restriction was applied to ensure that the review reflects contemporary perspectives on family functioning and the application of the Circumplex Model in research and practice. In addition, substantial developments in family structures, social contexts, and the

validation of the FACES III and FACES IV instruments have occurred during the last two decades, making more recent studies particularly relevant to the research question.

After systematic selection and the removal of duplicates, a total of 16 articles remained in the dataset, from which six were excluded after further analysis. The final sample consisted of ten articles selected from the original 480 records.

Analyses and reporting

Selected data from the final research sample were synthesized into eight categories, which were organized alphabetically according to the last name of the first author. The categories included: article author, year of publication, country of data collection, respondent population (number and characteristics), research instrument in the context of the Circumplex Model (FACES III or FACES IV), and the main findings of the study.

The screening process and verification of the predefined inclusion and exclusion criteria were conducted independently by two researchers (LR and EG) to ensure objectivity and reduce the risk of selection bias. No formal methodological quality assessment tool was applied. Study quality was addressed through predefined inclusion criteria, including publication in peer-reviewed journals and the use of validated research instruments. Data synthesis was carried out using both tabular and narrative approaches. Content analysis was employed to address the research question (Hsieh & Shannon, 2005): *“How is family functioning perceived by different target groups of parents through the Circumplex Model?”*

RESULTS

The present review examined perceptions of family functioning from the perspective of parents, guided by Olson’s Circumplex Model. Content analysis was applied to address the research question: *“How is family functioning perceived by different target groups of parents through the Circumplex Model?”*

Table 1 presents the basic characteristics of the studies included in the review. The studies are listed in alphabetical order according to the last name of the first author. For each article, the following information is provided: authors, year of publication, country in which the study was conducted, characteristics of the research sample, research objective, Circumplex Model instrument used, and the main findings in relation to family functioning. In total, ten studies describing parental perceptions of family functioning across different target groups were synthesized (see Table 1).

Table 1 Results

Author, Year, Country	Name of the Article	The Goal	The Circumplex Model of Affects	The Respondents	The Findings
Carvalho, J. C. et al, 2015, Portugal	Healthy functioning in families with a schizophrenic parent	To examine healthy functioning in families where one parent has been diagnosed with schizophrenia. To determine how the presence of the diagnosis and associated social problems affect family dynamics	FACES IV	38 single-parent families with children aged 6-18 suffering from schizophrenia	Within the circumplex model, most families achieved balanced scores. Despite difficulties such as low socioeconomic status, families with a disabled parent show healthy family functioning
Grigoropoulos, I., 2022, Greece	The influence of family's cohesion and adaptability in family satisfaction of parents with a child with autism spectrum disorder	To determine the relationship between family functioning and overall family satisfaction among parents who have a child with autism spectrum disorder	FACES III	100 parents (27 fathers and 73 mothers) of children with autism spectrum disorder	Family adaptability, together with the diagnosis of autism spectrum disorder in the child, were significant predictors of family satisfaction
Laghi, F. et al, 2015, Italia	How adolescents with anorexia nervosa and their parents perceive family functioning?	Analyze various dimensions of family system functioning within the circumplex model in families with adolescents suffering from anorexia nervosa	FACES IV	36 patients with anorexia and 72 parents (36 mothers and 36 fathers)	Significant differences in the perception of rigidity were found between mothers and daughters. Families showed lower levels of adaptability and cohesion compared to the control group. Mothers rated family functioning as more rigid than their daughters did

Lehan, T. et al, 2012, Mexico	Balancing act: the influence of adaptability and cohesion on satisfaction and communication in families facing TBI in Mexico	To examine how family adaptability and cohesion influence communication and satisfaction in families in which one member has suffered a traumatic brain injury	FACES IV	38 patients who suffered traumatic brain injury paired with 38 family caregivers. Most pairs (53%) consisted of parents and children	Patients and their caregivers who reported higher levels of family adaptability and cohesion reported better family communication and greater satisfaction. Family adaptability and cohesion had a positive impact on family communication and satisfaction
Peleg-Popko, O. Dar, R., 2001, Israel	Marital quality, family patterns, children's fears and social anxiety	The main objective of the study was to examine the relationships between marital quality, family functioning, fear, and social anxiety in children aged 5-6 years from the perspective of mothers	FACES III	108 mothers (aged 28-45) of children (aged 5-6, 56 boys and 52 girls)	Marital quality was negatively correlated with family cohesion but not related to social anxiety. Family cohesion and rigidity are associated with social anxiety and fear in children
Pye, R. E., Simpson K. L., 2017, UK	Family functioning differences across the deployment cycle in British army families: the perceptions of wives and children	To examine how marital and family functioning differed across different phases of the military deployment cycle, comparing military families with non-military families	FACES IV	78 military families (wives and youngest children aged 3,5-11) and 34 non-military families	The results showed that the wives of deployed and recently returned soldiers were less satisfied with family communication. The families of deployed soldiers demonstrated poorer family functioning. The functioning of families with soldiers who had not yet been deployed was comparable to that of non-military families. These two groups showed balanced levels and higher cohesion
Rada, C., 2014, Romania	Family adaptability and cohesiveness	Diagnose the current situation of family functioning in Romanian families using a	FACES III	1 215 respondents aged between 18 and 74, 672 from urban	Families from urban areas showed a higher level of flexibility and a lower level of cohesion compared to families from rural areas. Approximately half of

	evaluation scale III in Romania	circumplex model with regard to sociodemographic variables		areas and 543 from rural areas	respondents consider their families to be very cohesive, with low flexibility and average communication
Tsibidaki, A. Tsamparli, A., 2015, Greece	Adaptability and cohesion of Greek families: raising a child with a severe disability on the island of Rhodes	Identify differences in perceptions of family functioning between families with and without a child with a disability	FACES III	30 Greek families with a child with a disability and 30 families with a child without a disability	There is no statistically significant difference between cohesion, adaptability, and communication in families with a child with a disability and families with a child without a disability. Families with a child with a disability show a high level of cohesion and adaptability
Tsibidaki, A., 2020, Greece	Family functioning and strengths in families raising a child with cerebral palsy	To examine the family functioning and strengths of Italian and Greek families with a child with cerebral palsy	FACES III	120 parents raising their biological child with cerebral palsy (60 couples, 30 from Greece and 30 from Italy)	Parents from both countries perceive family functioning and their strengths positively, but there are differences between their ideal and real perceptions of cohesion and adaptability. A statistically significant difference was found only in the perception of family cohesion
Yahav, R., 2002, Israel	External and internal symptoms in children and characteristics of the family system: a comparison of the linear and circumplex models	To examine the relationship between children's symptomatology (external and internal symptoms) and family functioning according to the circumplex model	FACES III	111 families (34 families with a child with external symptoms, 43 families with a child with internal symptoms, and 34 families with a child without symptoms)	Parents of children with external symptoms had lower scores on the cohesion dimension compared to parents in the control group. Parents of children with internal symptoms were between these two groups

Families with a parent diagnosed with schizophrenia perceive their family functioning as very good. The study reports that 81% of patients and 82% of patients' partners rated their family as "flexible or very flexible," and in terms of cohesion, 71% of patients and 82% of partners rated their family as "connected or very connected." Most families were in the "flexibly connected" dimension. Both groups (patients and partners) rated family communication as more negative than positive. 34% of patients rated communication as positive, while 66% rated it as negative. Partners had a slightly more positive view, with 44% rating communication as positive and 56% as negative. Approximately 55% of patients and 56% of partners reported low satisfaction with communication (Carvalho, 2015).

Family adaptability and the presence of autism in a child have been shown to be significant predictors of family satisfaction. Higher levels of family satisfaction are associated with higher levels of family adaptability (Grigopoulos, 2022).

On average, families with daughters suffering from anorexia nervosa have a high level of cohesion, but scored lower on family adaptability. Fathers had the highest scores, while daughters had the lowest. The level of family communication was high. In the dimension of family satisfaction, daughters scored highest, while mothers scored lowest, but overall family satisfaction was high (Laghi, 2015).

In families with a member who had suffered a traumatic brain injury, all families had at least one member who confirmed balanced family cohesion and adaptability. In 68% of cases, balanced cohesion and adaptability were confirmed by all members. Families that reported higher cohesion and adaptability also had higher scores in communication and family satisfaction. Parents reported higher family cohesion, adaptability, and family satisfaction than patients (Lehan, 2012).

Parents with children with disabilities rated their families as structured, while parents with children without disabilities rated their families as flexible (fathers) to very flexible (mothers). Parents with children with disabilities rated their families as cohesive to very cohesive, with mothers expressing a stronger sense of cohesion than fathers. The importance of communication within the family was rated higher by families with children with disabilities. Family satisfaction was balanced in both groups (Tsibidaki, Tsamparli, 2015).

Psychological literature distinguishes between two types of symptoms in children and adolescents: internal symptoms, which are internal manifestations of anxiety, depressive moods, or emotional instability, and external symptoms, which manifest themselves externally—for example, aggressive, oppositional, hyperactive, or delinquent behavior (Royuela-Colomer, Orue, Visu-Petra, 2024). Parental cohesion was lowest in children with external symptoms and highest in the control group of parents of children without symptoms, with no difference between fathers and mothers. Parents of children with internal symptoms were between the two groups (Yahav, 2002).

In an Israeli study examining the relationships between several variables from the perspective of mothers in the context of the circumplex model, it was found that families with high cohesion were associated with higher social anxiety in children. Chaotic adaptability also contributes to

this. Research also suggests that families with communication problems may have difficulties in terms of children's satisfaction and emotional health. Similarly, lower marital satisfaction is associated with higher levels of childhood fears and anxiety (Peleg-Popko, 2001).

Families without soldiers and families with soldiers prior to deployment showed balanced family functioning. Families with deployed and recently deployed soldiers had problematic family functioning. Families prior to soldier deployment showed a significant increase in rigidity compared to non-military families. Mothers before deployment were most satisfied with family communication. Mothers in non-military families also reported high satisfaction. Mothers with recently deployed soldiers reported very low satisfaction, but at a later stage they were relatively satisfied with communication (Pye, 2017).

Romanian families in urban areas are less cohesive than families in rural areas. We observe greater rigidity among younger people (under 35). Families with high cohesion showed average to high levels of communication. High levels of cohesion correlate with high marital satisfaction, with the exception of rigid families (Rada, 2014).

Parents in Greece and Italy showed high levels of cohesion, with Greek (41%) and Italian (71%) families rating their ideal cohesion as enmeshed. 58% of the research sample agreed that their ideal adaptability is very flexible. Parents from both countries tend to prefer open and supportive communication within the family and reported high levels of satisfaction (Tsibidaki, 2020).

DISCUSSION

Our literature review dealt with the perception of various dimensions of family functioning from the perspective of parents with different family characteristics, such as families with a parent diagnosed with schizophrenia, families with a parent who is a soldier, families with a child with a health disability, autism spectrum disorder, anorexia nervosa, etc. Through systematic selection from three scientific databases and subsequent screening, our research sample included ten quantitative studies focused on family functioning in various contexts. We found that

the research sample came from seven countries, which allows us to speak of the global significance and wide use of circumplex model tools. The circumplex model was developed in the USA, many studies in our research sample were conducted in the European Union, two in Asia, and one in America. The wide dispersion allows us to gain insight into different family functioning in different cultural spheres.

In addition to cultural differences, there may also be differences in lifestyle between different types of parents. It would be expected that families with a member who has suffered brain trauma would likely have problems with cohesion and adaptability, but most of them showed balanced functioning. This may indicate that in the event of serious injury, families specifically seek ways to maintain stability or become more supportive.

When one parent is physically absent for a long period of time, as is the case in military families, family members must change their family dynamics. A father's military deployment creates stress within the family that could disrupt it. A father's military deployment has been linked to

emotional and behavioral problems in children and adolescents (Cunitz, Dölitzsch, Kösters, et al., 2019). On the other hand, a father's absence also has positive effects on family flexibility. Older siblings often take on more responsibility in representing the role in the household (Huebner, Mancini, Bowen, Orthner, 2009). In cases of families before the soldier's deployment, according to Pyea and Simpson (2017), there was, on the contrary, rigidity, i.e., stricter rules and a lack of flexibility. Such family functioning was associated with lower family satisfaction. Greater rigidity was also found in younger families in urban areas in Romania (Rada, 2014). The urban environment brings a greater degree of stress, economic pressure, and social comparison. Rigidity can be seen as a form of protection for family stability—families respond to environmental pressures with stricter rules and less flexibility in order to maintain internal order.

We noticed an interesting trend in several studies from our research sample. Families in which one member suffers from a health disability (schizophrenia, autism, anorexia nervosa, or traumatic brain injury) tend to rate their family as moderately flexible or very flexible. For these families, a higher capacity for adaptability is key (Carvalho, et. al, 2015; Grigolopoulos, 2022; Laghi, 2015; Lehan, 2012). We can therefore argue that families with a member with a health disability feel the need to adapt to the changes and challenges that everyday life brings with its constantly changing conditions. These families also reported increased cohesion, which correlated with higher family satisfaction. Greek and Italian families perceive their families as very connected, and they also imagine their ideal of family cohesion as intertwined (Tsidaki, 2020).

On the other hand, high cohesion can also have disadvantages. For example, in families with a parent diagnosed with schizophrenia, where cohesion was relatively high, communication was perceived rather negatively. This may indicate that even though families feel cohesion, it does not automatically mean effective communication. This phenomenon may also be important in other types of families—being cohesive does not mean that members always get along well. Similarly, in Israeli families, high cohesion was associated with higher anxiety in children (Yahav, 2002). When family cohesion is extremely high, the boundaries between its members may not be properly set. The child may feel that they lack autonomy and that they are responsible for their parents' emotions. This can increase pressure and anxiety as the child takes on more responsibility than is appropriate for their age.

Strengths and limitations

In seven studies, the research sample consisted of between 100 and 120 respondents, which is acceptable given the specificity of the population. However, researchers had fewer respondents in two studies, which had 72 (Laghi, 2015) respondents in a group of mothers and daughters suffering from anorexia nervosa and 38 (Lehan, 2012) respondents from families where one member had suffered a traumatic brain injury.

The diversity of the included family groups may also be considered a limitation, as differences in family characteristics and life circumstances make it difficult to formulate universal conclusions regarding family functioning. Future reviews could focus on specific family populations to improve comparability of findings.

When creating versions for individual countries, such a tool must be validated and modified to adapt to the conditions in the given culture. We may still be skeptical about the relevance of data for family functioning in general, but when summarizing high-quality literature, there is a higher chance that these results will be useful. The absence of studies from Slovakia and other Central European countries also limits the direct applicability of the findings to social work practice in this region. Family functioning is influenced not only by individual and relational factors but also by broader cultural, economic, and welfare-system characteristics. As a result, intervention strategies derived from findings obtained in Southern European or non-European contexts may not fully reflect the needs of Slovak families. Further research conducted within the Slovak and Central European context is therefore warranted.

For this reason, we have also included the use of a validated tool in our systematic selection to ensure the quality of the results. Another strength of our study is that it is not limited to a general examination of families, but focuses on various specific groups. For example, the analysis includes families with a disabled member, military families, and families from urban and rural environments. This approach allows for a better understanding of how the dynamics of family functioning can vary depending on the specific circumstances and environment in which the family lives. At the same time, it provides practical implications for professionals who work with specific target groups and need to take their specific needs into account.

Recommendations

Research has shown that families with members who have health disadvantages demonstrate greater adaptability and cohesion. It is therefore important to strengthen their flexibility through programs designed to develop coping mechanisms and problem-solving skills. Social workers and therapists should focus on supporting these families in coping with unpredictable situations, for example through parenting training and support groups.

Military families and families where one parent is often absent (e.g., due to work abroad) show greater rigidity and lower adaptability. Specialized interventions should be developed for these families to improve communication and conflict resolution during periods of separation. Support for children in these families should include programs for emotional regulation and stress resilience development.

Since communication has been identified as a key factor influencing family satisfaction, it is important to develop parents' skills in active listening, emotional expression, and conflict resolution. Workshops for parents could include techniques for effective communication, assertiveness, and interpersonal problem solving.

Given the differences identified between families in urban and rural areas, it is appropriate to implement community programs tailored to local needs. In urban communities, programs to support family cohesion could be offered, such as workshops for parents focused on strengthening communication skills and building shared leisure spaces for families (e.g., family clubs or community centers). In rural areas, on the other hand, the emphasis could be on flexibility in problem solving and adaptability through training in stress and crisis management, or by

introducing support groups that would focus on sharing experiences and finding practical solutions in smaller communities.

Conclusions

Cohesion, adaptability, and communication are key factors that influence family satisfaction. We have found that excessive cohesion or rigidity can be problematic, especially in families with health or mental health issues. Most interestingly, however, even families in difficult situations can find homeostasis and function in a balanced way if they have sufficient adaptability and maintain functional relationships.

LITERATURE

Calatrava, M., Martins, M. V., Schweer-Collins, M., Duch-Ceballos, C. & Rodríguez-González, M. 2022. *Differentiation of self: A scoping review of Bowen Family Systems Theory's core construct*. *Clinical Psychology Review*, 91, 102101. DOI: 10.1016/j.cpr.2021.102101.

Cunitz, K., Dolitzsch, C., & Kosters, M. (2019). Parental military deployment as a risk factor for children's mental health: A meta-analytical review. *Child and Adolescent Psychiatry and Mental Health*, 13, 26. <https://doi.org/10.1186/s13034-019-0287-y>

Gladding, S. T. (2010). *Family therapy: History, theory, and practice* (5th ed.). Pearson Education.

Hamilton, E. (2015). Systematic review of self-report family assessment measures. *Family Process*. <https://doi.org/10.1111/famp.12200>

Hovanova, M. (2021). *Family as a space of social work*. Pavol Jozef Safarik University.

Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288.

Huebner, A. J., Mancini, J. A., Bowen, G. L., & Orthner, D. K. (2009). Shadowed by war: Building community capacity to support military families. *Family Relations*, 58(2), 216–228. <https://doi.org/10.1111/j.1741-3729.2008.00548.x>

Javadian, R. (2011). *A comparative study of adaptability and cohesion in families with and without a disabled child*. https://docs.google.com/document/d/1pHbkzUvWfIGIJhPgLNpIx8_spf0SpRs92v7ZdBOsjoI/edit

Katrakazas, P., Grigoriadou, A., & Koutsouris, D. (2020). Applying a general systems theory framework in mental health treatment pathways: The case of the Hellenic Center of Mental Health and Research. *International Journal of Mental Health Systems*, 14, 67. <https://doi.org/10.1186/s13033-020-00398-z>

Larsson, J., Nyborg, L., & Psouni, E. (2022). The role of family function and triadic interaction on preterm child development—A systematic review. *Children*, 9(11), 1695. <https://doi.org/10.3390/children9111695>

Miller, R. B., Seedall, R. B. & Wampler, K. S. 2020. *The Evolution and Current Status of Systemic Family Therapy*. In: *The Handbook of Systemic Family Therapy*. Hoboken: Wiley. DOI: 10.1002/9781119438519.ch1.

Mydlikova, E. (2017). *Selected models of family therapy in the context of assessing family social risk*. <https://socialniprace.cz/wp-content/uploads/2021/01/SP5-2017-web.pdf>

Olson, H. D., Waldvogel, L., & Schlieff, M. (2019). Circumplex model of marital and family systems: An update. *Journal of Family Theory & Review*, 11(2), 199–211. <https://doi.org/10.1111/jftr.12331>

Oyanadel, C., Worrell, F. C., Pinto-Vigueras, J., Betancur, S., Veliz Tapia, T., Au-Castro, M., Pena-Reyes, G., Gonzalez-Loyola, M., & Penate, W. (2023). Time balance and family functioning: The role of time perspective in the cohesion and adaptability of families with adolescents. *European Journal of Investigation in Health, Psychology and Education*, 14(1), 117–132. <https://doi.org/10.3390/ejihpe14010008>

Planka, T., & Cakarova, M. (2025). *Systemic theories of social work*. https://www.researchgate.net/publication/392859118_Systemic_Theories_of_Social_Work

Popelkova, M., et al. (2016). *Factorial validity and reliability of the Slovak version of the FACES IV in adolescents*. https://www.researchgate.net/publication/305515368_Factorial_validity_and_reliability_of_the_Slovak_version_of_the_FACES_IV_in_adolescents

Royuela-Colomer, E., Orue, I., & Visu-Petra, L. (2024). The association between mindful parenting and internalizing and externalizing symptoms in adolescence. *Journal of Child and Family Studies*, 33, 1844–1856. <https://doi.org/10.1007/s10826-023-02704-y>

Smith-Acuna, S. (2011). *Systems theory in action: Applications to individual, couples, and family therapy*. John Wiley & Sons.

Turkdogan, T. (2019). Circumplex model of family functioning in Turkish culture: Western family systems model in a Eurasian country. *Journal of Comparative Family Studies*, 50(2). <https://doi.org/10.3138/jcfs.50.2.005>

Vetere, A., & Dallos, R. (2023). *New horizons in systemic practice with children and families*. Palgrave Macmillan.

Von Sydow, K., Beher, S., & Retzlaff, R. (2024). Systemic psychotherapy: An introduction to its theoretical foundations and clinical practice. *Deutsches Ärzteblatt International*, 121(23), 783–792. <https://doi.org/10.3238/arztebl.m2024.0194>

Vylupkova, K. (2021). *Family theories in social work*. <https://opac.crzp.sk/?fn=detailBiblioFormChildA12JKU&sid=6BD761ABB9A8FF53ECCC0DFA5C01&seo=CRZP-detail-kniha>

Wampler, K. S., Miller, R. B., & Seedall, R. B. (2020). The evolution and current status of systemic family therapy. In *The handbook of systemic family therapy* (Vol. 1). John Wiley & Sons. <https://doi.org/10.1002/9781119438519.ch1>

Weiss-Laxer, N. S., Crandall, A., Hughes, M. E., & Riley, A. W. (2020). Families as a cornerstone in 21st-century public health: Recommendations for research, education, policy, and practice. *Public Health Reports, 135*(3), 387–395. <https://doi.org/10.1177/0033354920912315>

Ziedelis, A., Urbanaviciute, I., & Lazauskaite-Zabielske, J. (2022). Family boundary permeability, difficulties detaching from work, and work-home conflict: What comes first during the lockdown? *Current Psychology, 41*, 8122–8133. <https://doi.org/10.1007/s12144-022-03492-2>