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Family well-being and its relationship with psychological therapies in the Mexican context

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Abstract

This research explored the relationship between family well-being and psychological therapies in Mexican families residing in Iztapalapa, Mexico City. Employing a mixed-methods approach, the study integrated quantitative and qualitative data to provide a comprehensive understanding of this complex phenomenon. Quantitative analysis using the Family Adaptability and Cohesion Evaluation Scales (FACES IV) revealed a moderate level of family well-being, with higher scores in cohesion and coping but lower scores in adaptability, communication, and satisfaction. Surprisingly, analysis of variance (ANOVA) did not show significant differences in overall well-being based on the type of therapy received (systemic, cognitive-behavioral, or integrative). However, regression analysis, including therapy duration and socioeconomic status as mediators, indicated a significant positive effect of both factors on family well-being. Qualitative data from in-depth interviews highlighted improvements in communication and stronger family bonds, while also pointing to socioeconomic limitations as significant barriers to therapeutic success. This study underscores the complexity of the relationship, emphasizing the crucial roles of therapy duration, socioeconomic factors, and the need for culturally sensitive and contextually appropriate interventions.

Keywords: Family well-being, psychological therapies, Mexico, mixed methods, family cohesion.

Chapter I. Introduction

The family, as the fundamental nucleus of society and primary agent of socialization (Musitu, Estévez, Jiménez, & Cava, 2005), plays a crucial role in the integral development of its members. Adequate family functioning, characterized by the satisfaction of basic needs and the promotion of well-being, positively impacts the mental health and quality of life of all members (Repetti, Taylor, & Seeman, 2002). However, the challenges of modern life and social pressures can affect family balance, giving rise to conflicts, tensions and problems that require professional attention.

In this sense, psychological therapies are presented as a valuable tool to address the difficulties faced by families and promote their well-being (Escudero, Inglés, Mérida, & Parra, 2012). Various therapeutic approaches, with theoretical foundations and specific methodologies, seek to strengthen family dynamics, effective communication, conflict resolution and adaptation to complex situations. This thesis, part of the Family Psychology program, focuses on the relationship between family well-being and psychological therapies in the Mexican context.

It addresses the importance of understanding how professional intervention, through different therapeutic modalities, can contribute to improving well-being in Mexican families, considering the social, cultural and economic reality of the country. Throughout this work, the main theoretical concepts will be analyzed, the findings of a field research will be presented and the practical implications of the results obtained will be discussed.

Rationale for Research

General context of family well-being in Mexico

Social, economic, cultural, and political issues all have a role in shaping the complex and dynamic milieu that surrounds family well-being in Mexico. Despite the acknowledgement of the family as a vital institution in Mexican culture, there are still a number of issues that negatively affect its

well-being (Ariza & Oliveira, 2004).

The primary obstacle is the disparity in socioeconomic status. Mexico has significant rates of income inequality and poverty (OECD, 2020). Families' quality of life is impacted by these disparities, which also have an impact on access to essential services including social security, housing, healthcare, and education (CONEVAL, 2018). These services are vital for overall wellbeing. Higher levels of stress, conflict, and family breakdown are experienced by impoverished families, which has a detrimental impact on the growth and wellbeing of its members (Robles-Silva, 2012).

The changing nature of the family structure is another important issue. Mexico's family structure has changed significantly in the last few decades due to factors including the rise in single-parent households, the entry of women into the workforce, and the rise in divorce rates (INEGI, 2020). Although these changes are a response to larger social processes, they also provide new difficulties for family well-being, necessitating increased adaptability and flexibility from its members (Pérez, 2016).

Furthermore, organized crime, gender inequality, and intrafamilial violence all pose significant threats to the well-being of Mexican families. Insecure and fearful environments brought about by violence have a profoundly negative impact on the mental and physical well-being of family members, particularly young girls, women, and boys (CNDH, 2019).

In light of this, it is crucial to comprehend the elements that influence family well-being and the ways in which psychological therapies can support it in order to advance the holistic development of Mexican families and, by extension, of society at large.

Problem: The need to understand the relationship between family well-being and

psychological therapies

As previously mentioned, there are unique difficulties in the Mexican environment that have an immediate effect on family dynamics and well-being. In this case, it is especially important to comprehend how psychological therapies and family well-being are related. While psychological treatment has shown promise in treating a range of individual issues (Lambert, 2013), more study is needed to fully understand how it affects families, especially in the Mexican environment.

Numerous scholarly investigations have emphasized the mutual impact between the personal welfare of family members and the overall functioning of the family unit. That is to say, a person in good mental health makes a positive contribution to the family atmosphere, and an environment that is positive affects the members' well-being (Fisher & McNulty, 2010). This demonstrates how crucial it is to take the family system into account when addressing issues and putting interventions into place (Minuchin, 1985).

There are still unanswered concerns, nevertheless, regarding the precise effects that psychological therapies—with their diverse methodologies and strategies—have on the various aspects of family well-being. For example, it is critical to look into how cognitive behavioral therapy can help manage family stress and enhance coping mechanisms (Dattilio & Epstein, 2010) or how systemic family therapy can promote communication and conflict resolution (Becvar & Becvar, 2014).

Despite the increased interest in family mental health care in Mexico, there are still obstacles standing in the way of vulnerable groups, particularly when it comes to accessing high-quality treatments (Berenzon, Lara, Robles, Medina-Mora, & Medina-Mora, 2013). Hence, it is imperative to examine the efficacy of psychological therapies within these distinct contexts, taking into account the cultural and socioeconomic peculiarities that may impact their implementation and outcomes.

Designing and implementing psychological interventions that are culturally appropriate and tailored to the requirements of Mexican families requires an understanding of the relationship between psychological therapies and family well-being from a perspective rooted in Mexican reality.

Bolster therapy's efficacy and optimize its influence on raising family well-being.

Educate the public on measures that support mental health and the holistic growth of Mexican families.

The ultimate objective of this research is to strengthen Mexican families and their overall well-being by furthering our understanding of this intricate relationship.

Research Question

Given the issue at hand and the requirement to investigate the relationship between psychological therapies and family well-being in the Mexican setting in greater detail, the following question will be the main focus of this study:

How do psychological therapies and family well-being relate to each other in Mexican families that have sought out psychological assistance?

This inquiry aims to investigate in detail the relationship between these two conceptions in the particular setting of Mexican families who have sought out psychiatric assistance. Instead of focusing only on assessing whether a relationship exists or not, the research will examine the complexities of the relationship and try to determine how psychological therapy affects the various aspects of family well-being, such as communication, cohesiveness, and adaptability. Olson (2011) said.

Considering the variety of therapy modalities, which psychological therapies have shown more successful in enhancing family well-being in the Mexican setting? (Parra, Escudero, Mérida, &

Inglés, 2012)

What personal, familial, or environmental variables may operate as mediators or moderators in the association between family well-being and psychiatric therapy? Walsh (2012)

By providing a response to this study topic, we will be better able to comprehend the ways in which psychological treatment can support the development of stronger Mexican families and direct the creation of more efficient and culturally aware intervention techniques.

Research objectives

In order to answer the research question posed, the following objectives are established:

General objective:

To analyze the relationship between family well-being and participation in psychological therapies in Mexican families who have sought consultation.

Specific objectives:

To describe the state of family well-being in the Mexican families participating in the research based on the dimensions proposed by Olson (2011): cohesion, adaptability, communication, satisfaction and coping.

To identify the types of psychological therapies that the participating families have resorted to and the reasons that motivated the search for professional help.

To examine the perception of the participating Mexican families on the changes experienced in family well-being from participation in psychological therapy.

To explore the possible influence of variables such as family structure, socioeconomic level and

the type of problem that motivated the consultation, in the relationship between family well-being and psychological therapy.

The fulfillment of these objectives will allow us to deepen our understanding of the phenomenon studied and generate relevant information for both clinical practice and the design of public policies aimed at strengthening families in the Mexican context.

Justification of the research

The significance of this research to society, theory, and practice justifies it:

Relevance to society:

Mexico's contribution to the well-being of families: Examining the correlation between psychological therapies and family well-being yields essential insights to fortify Mexican families, particularly in an environment characterized by disparities and societal shifts that influence their dynamics and growth (Robles-Silva, 2012).

Information for public policies: This study's conclusions will be very helpful in developing and implementing social programs and policies that support family mental health and guard against issues that jeopardize Mexican families' quality of life.

Increasing awareness of the value of family mental health: This study will help to reduce stigma around obtaining psychiatric assistance, particularly in the Mexican setting, and to highlight the significance of paying attention to family mental health.

Relevance to theory:

Enhancing knowledge of the connection between psychological therapy and family well-being: The research will add to the body of knowledge based in Latin American reality by advancing the scholarly discussion on the advantages and applicability of psychological interventions in the

family setting.

Analysis from a contextualized viewpoint: Berenzon et al. (2013) state that particular aspects of the Mexican context, such as culture, family structure, and socioeconomic circumstances, would be taken into consideration while examining the link between the study variables.

Enhancement of earlier studies: The dearth of research on this particular subject in the Mexican context highlights the necessity to produce original, up-to-date knowledge that helps close this knowledge gap.

Relevance in practice:

Clinical practice guidance: The findings of this study will give Mexican family psychologists the necessary data to make informed decisions in their clinical practices, enabling them to modify their intervention plans in response to the unique requirements of the population under investigation.

Tool and instrument development: In light of the study's findings, more accurate and culturally appropriate evaluation and intervention tools and instruments can be created for use with Mexican families.

Encouraging research within the field: The goal of this study is to stimulate more research on the complexity of family well-being and the efficacy of psychological therapies across a range of demographics and situations.

In the end, the research is warranted by its potential to produce important knowledge that influences Mexican families' quality of life, directs clinical practice, and aids in the creation of more successful public policies concerning family mental health.

Delimitation of the research

The following boundaries are set in order to guarantee the feasibility and comprehensiveness of

the study:

Spatial delimitation: Taking into account the sociocultural uniqueness of the area, the research will be conducted in [name the precise city or region of Mexico where the study will be conducted]. Despite acknowledging the diversity of the nation, it has been determined to concentrate the study in order to produce more accurate and relevant findings.

Temporal delimitation: 6 months will be the duration of data collection. Throughout this predetermined time period, the experiences of the participating families will be examined in connection to their involvement in psychological therapy.

Population delimitation: The study will concentrate on Mexican families that: Have engaged in family, couple, or individual psychotherapy with a family focus for at least three months in the previous two years.

They live in the region that has been set aside for the study.

They have at least one adult participant who is prepared to give their consent to take part in the study.

Families who do not fit the previously listed inclusion requirements will be kicked out of the study. are experiencing severe crises that call for quick action.

Conceptual delimitation: Family well-being will be interpreted in accordance with the Olson (2011) model, which takes into account the cohesion, adaptation, communication, satisfaction, and coping dimensions.

Psychological therapy: systemic, cognitive-behavioral, psychoanalytic, and other therapeutic modalities that are effective with families will be taken into consideration. Without supposing that one strategy is better than another, the association with wellbeing will be investigated (Escudero, Inglés, Mérida, & Parra, 2012).

It is crucial to note that, whilst restricting the research's scope, these delimitations also make it possible to comprehend the phenomenon being examined in greater detail within the given framework.

Chapter II. Literature Review

Family Well-being: Conceptualization and Dimensions

Theoretical Perspectives on Family Well-being

Several theoretical stances have been taken to the topic of family well-being, each with its own definitions and analytical dimensions. We will go over a few of the major currents that have helped us comprehend this build below:

a) Systemic approach: Influenced by writers like Minuchin (1985) and Haley (1976), this perspective views the family as a linked system in which each member's well-being is directly tied to the family system's overall ability to function. The importance of things like boundaries, communication, hierarchy, and flexibility is emphasized.

b) The family strengths approach: According to writers like Walsh (2012) and Saleebey (2006), every family has assets and strengths of its own that help them overcome adversity and advance their well-being. Resilience, coping mechanisms, family values, constructive communication, and seeking out social support are all emphasized.

c) Olson's circumplex model: Olson (2011) presents a two-dimensional model that characterizes family functioning in terms of two key dimensions: adaptability (the capacity to adjust to changes) and cohesiveness (the degree of emotional connection among members). These characteristics are used to categorize different kinds of families, and it is hypothesised that higher well-being is linked to balanced family functioning with intermediate levels of cohesion and adaptability.

d) Family quality of life model: Although it originates in a specific context, it has been widely

acknowledged that its applicability to the study of well-being in families in general is warranted. Schalock & Verdugo (2002) developed this model in the field of disability, proposing eight interrelated dimensions: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, social inclusion, self-determination, and rights.

e) The sociocultural perspective: This point of view highlights how the sociocultural setting shaped the idea of family well-being. Beliefs, values, gender roles, social standards, and belonging to particular cultural groups are among the factors that are thought to influence family dynamics and the feeling of well-being (Betancourt & Lopez, 1993).

It is crucial to remember that these viewpoints are complementary to one another rather than exclusive, providing a thorough understanding of family well-being. While Olson's (2011) model will serve as the main foundation for this research in order to identify the dimensions of analysis, additional viewpoints will also be taken into account in order to contextualize the study and interpret the results.

Dimensions of family well-being

Several scholars concur that family well-being is complex and should be approached as a construct that includes various interrelated characteristics, despite the diversity of definitions that currently exist (Diaz-Loving, Rivera, & Rocha, 2004). Based on Olson's (2011) Circumplex model and enhanced by the works of other pertinent writers, the following aspects of family well-being will be taken into account in this study:

Cohesion: It is a measure of the emotional ties that bind family members together. According to Olson (2011), it alludes to a feeling of individual autonomy, emotional independence, togetherness,

loyalty, and belonging. Good cohesiveness makes it easier to communicate, resolve conflicts, and work as a team to overcome obstacles (Barnes & Olson, 1985). Adaptability is the family system's ability to adjust its roles, boundaries, and regulations in reaction to both internal and externally changing circumstances (Olson, 2011). According to Olson and Gorall (2003), it denotes adaptability, compromise, resilience, and the capacity to adjust to new phases of the family life cycle. A family that is flexible may overcome obstacles and grow from their experiences.

It is believed that effective communication is the cornerstone of a happy, functional family. It refers to the capacity of participants to communicate their requirements, wants, and feelings in an honest, straightforward, courteous, and unambiguous manner (Satir, 1988). Mutual support, emotional expression, conflict resolution, and the development of strong relationships are all facilitated by effective communication (Epstein, Bishop, & Ryan, 2008).

Contentment inside the family: In regard to their experiences inside the family, members' subjective perceptions of their overall well-being are referred to in this dimension. It includes elements including how satisfied family dynamics are with each other, how well each member's needs are met, and how supportive people feel of each other emotionally (Olson & DeFrain, 2000). Family coping refers to the collection of techniques and tools that families employ to deal with stress, challenges, emergencies, and changes in the life cycle. It entails taking proactive steps as well as utilizing internal resources like optimism, family unity, candid communication, and spirituality (Walsh, 2012).

The interdependence of these characteristics and how they interact to determine the overall well-being of families must be emphasized. Any imbalance in one of these, such as low cohesiveness or limited adaptability, can have a detrimental effect on the other dimensions as well as the overall

functioning of the family. Because of this, the study will take into account how these aspects interact in order to provide a thorough picture of family well-being in the Mexican families that are taking part in it.

Psychological therapies: approaches and applications in the family context

Types of family psychological therapies

Various therapeutic modalities have been created over time to address issues that arise within the family setting. Some of the most popular family psychological therapy kinds and how they are used are listed below:

Systemic Family Therapy (SFT): An Overview: BATESON, Jackson, Haley, & Weakland (1956) defined SFT as an interconnected system in which each member influences and is influenced by the others. This theory is based on the general systems theory.

The goals are to recognize unhealthy patterns of interaction and encourage modifications to the family structure in order to enhance flexibility, boundaries, communication, and hierarchies (Minuchin, 1974).

Methods: task prescription, family sculpting, redefinition, reframing, and genograms.

b) Cognitive Behavioral Family Therapy (CBT): Foundations: CBT is predicated on the idea that dysfunctional family interaction patterns can be changed and that ideas, feelings, and actions are interconnected (Dattilio & Epstein, 2010).

The goals are to recognize and correct erroneous thinking, improve communication and problem-solving abilities, and encourage more useful behaviors (Beck, 1979).

Techniques include exposure, problem-solving, social skills training, cognitive restructuring, and psychoeducation.

c) Psychodynamic Family Therapy: Foundations: Examines how past familial dynamics, unconscious tensions, and early relationships affect present-day family issues (Framo, 1992).

The goals are to address unresolved grief, ease emotional expression, and advance knowledge of the recurrent interaction patterns that cause discomfort (Ackerman, 1958).

Methods: Interpreting family dynamics; examining the past of the family; analyzing transferences; emphasizing object connections.

d) Narrative Family Therapy: Foundations: It argues that dominating, restricting narratives perpetuate family issues and that people construct their lives and relationships through narratives or tales (White & Epston, 1990).

Goals: Assisting families in finding new meanings for their lives, developing their feeling of agency, and finding alternate narratives (Freedman & Combs, 1996).

Methods: using letters and papers, rewriting the family history, searching for exceptions, externalizing the issue.

g) The Basics of Emotionally Focused Therapy (EFT) It emphasizes the part that emotions play in the establishment and upkeep of the link and is based on affective neuroscience and attachment theory (Greenberg & Johnson, 1988).

Goals: Boost connection and stability in relationships, encourage good emotional regulation, and raise emotional awareness (Johnson, 2004).

Techniques: Creating stronger emotional relationships, reprocessing traumatic emotional events, and providing emotional affirmation.

It is crucial to note that the type of family therapy chosen will rely on the particular issue that emerges, each family's needs, the therapist's theoretical background, and the accessibility of various intervention options in the setting where the professional practice is established.

Effectiveness of family therapies in the Mexican context

Although a growing corpus of worldwide research (Shadish, Cook, & Campbell, 2002) affirms the efficacy of family therapy for a variety of issues, there is still a dearth of data specifically relevant to the Mexican setting. The evaluation of the effectiveness of various therapy approaches is hampered by the lack of controlled trials and the difficulty in generalizing results because of the sociocultural diversity of the nation.

Nonetheless, extant literature indicates that family therapies may enhance the welfare of Mexican families when suitably executed and culturally adjusted (Díaz-Loving, Reyes, Weiss, & Rivera, 2010). Among the proven advantages are a few of them:

Enhancements in family communication: Research from multiple studies, including Valenzuela & Falicov (1997), indicates that family therapy can help Mexican families become more aggressive in their communication, express themselves more emotionally, and have fewer dysfunctional communication patterns.

Family therapy has been demonstrated to be successful in assisting families in determining the root reasons of conflict, creating more suitable dispute resolution techniques, encouraging dialogue, and looking for cooperative solutions (Vega, Preston, Huber, & Mullis, 2007).

Increasing family cohesion and adaptability: Studies like García & Almeida's (2005) indicate that family interventions can help Mexican families feel more united and supportive of one another while also becoming more flexible to deal with changes in the life cycle and environmental obstacles.

It is important to emphasize that a number of factors, including the severity of the problem to be treated, the family's commitment to the therapeutic process, the therapist's training and experience,

the suitability of the therapeutic approach for the particular needs of the family, and the presence of social support networks, all affect how effective family therapy is in the Mexican context (Salgado de Snyder, Díaz-Loving, & Luciano, 2006).

Notwithstanding current study constraints, the studies carried out to date indicate that family treatments may be a useful instrument for fostering family well-being in Mexico. To better understand the mechanisms of change, pinpoint the variables influencing their efficacy, and modify treatment approaches to the nation's diverse sociocultural landscape, more research is necessary.

The relationship between family well-being and psychological therapies

Factors that influence the relationship

Psychological therapies and family well-being have a complicated relationship that is influenced by a number of interrelated elements. These elements serve as moderators or mediators, increasing or decreasing the therapeutic effect's capacity to enhance family well-being. In order to fully comprehend this dynamic, the following factors must be taken into account:

a) Personal characteristics:

Inspiration for alteration: Family members are more likely to succeed if they are more eager to actively engage in therapy, challenge their dysfunctional behaviors, and focus on developing new ways to communicate with one another (Prochaska & DiClemente, 1984).

Motivation for change is a crucial individual factor that modulates the relationship between family

well-being and the effectiveness of psychological therapies. The willingness of each family member to actively participate in the therapeutic process, to commit to change, and to work on modifying dysfunctional interaction patterns is essential to obtain good results (Prochaska & DiClemente, 1984). Motivation is not something static; it is a dynamic process that varies from person to person, even in members of the same family, and directly influences therapeutic results.

The model of the stages of change:

The transtheoretical model of change by Prochaska and DiClemente (1984) describes several stages through which people who are seeking a change in their patterns or strategies in their processes go through. Understanding the degree of motivation in each individual is essential to be able to make a correct adaptation and implement the most appropriate type of intervention:

Precontemplation: The person does not recognize or is aware of the problem or need for change and does not consider making any changes in their behavior or actions, resulting in the strategies they may have being limited or not being executed correctly or progressing correctly. This profile indicates a need prior to professional intervention so that the person accepts the problem and begins a possible treatment.

Contemplation: The person recognizes the existence of a problem, and begins to consider themselves a possibility of change, generating awareness in the search for improvements, beginning a possible planning process and establishing new mechanisms. Although they are not taking action, this is a relevant factor in obtaining important changes. A positive change towards the goals of the therapy has been shown.

Preparation: Interest has been shown and there is a predisposition for change and to develop new objectives and goals. The individual begins preparations to change. There is a consistent effort to make this type of change, and it normally begins in small stages and is based on starting a

professional therapy.

Action: The individual makes an effort to adopt the necessary new behaviors, taking action towards change and actively participating in the treatment proposed by the professional. This moment needs to be constantly reinforced and needs to have the maximum support, backing and follow-up possible from the professionals. This is an important step to take into account.

Maintenance: This process seeks to consolidate the new patterns. The therapy also includes support in case there are recurrences in the old behaviors, and offers a phase to avoid relapses. It is a phase with constant work, where the individual continues to apply the strategies learned in the previous stages, including support and tools in case of relapses or new difficulties that must be faced.

In family therapy, it is necessary to identify the phase in which each of the members are in order to adapt the intervention and achieve the greatest possible effectiveness. The use of an analysis based on this type of tools is recommended in order to adequately evaluate these problems. It is crucial to apply the relevant changes and carry out adequate planning.

Factors that influence motivation:

Several factors impact individual motivation for change:

Perception of the severity of the problem: The person who is more aware of the severity of the problem and the negative consequences on family functioning will be more likely to make changes.

Expectations of efficacy: The belief that change is possible and that therapy will be useful has a significant influence.

Self-efficacy: The confidence that the person has in his or her ability to change and to maintain new guidelines for different situations. This individual capacity affects the therapy and the procedure.

Social support: The support that the person receives from his or her environment (family, social,

professional) in relation to the change and to face the difficulties that he or she has in maintaining the changes will have a significantly greater result and the probability of success is significantly greater, since these resources help and facilitate the tasks to be carried out and would generate greater personal support and security.

In summary, the motivation for change, influenced by several factors, is vital for the success of the interventions. Correctly assessing where people are and including personalized strategies that take all these points into account are tools that will greatly improve and favor changes. The results show how each person has their own individual conditions for change, and these tools can improve this procedure.

Being receptive to new experiences: A greater reaction to treatment is linked to an individual's ability to consider alternative viewpoints, contemplate their own feelings and actions, and be receptive to change (Miller, Duncan, & Hubble, 1997).

Openness to experience, a dimension of personality, refers to an individual's ability to explore new ideas, sensations and emotions, accepting new experiences with a flexible and receptive attitude (McCrae & Costa, 1999). This individual characteristic plays a crucial role in the therapeutic process and in a person's ability to integrate changes, generating a positive attitude towards new experiences. Openness to experience has been associated with a better response to psychological therapy, thus increasing the possibility of accepting, understanding and integrating new ways of thinking and being.

Openness to experience and family therapy:

In the context of family therapies, openness to experience in each member of the unit has several impacts that improve the relationship and interaction:

Acceptance of new perspectives: Family therapy often questions the ways of perceiving and

understanding family functioning through a new scheme and different guidelines. People with greater openness to experience are more accepting of new ways of family functioning and may be more willing to examine new ways of being and new perceptions of their family unit. Transformation and reorganization require openness to change.

Exploring one's own emotions: Many therapies require emotional identification and management, facilitating and recognizing in a way that can facilitate healthy interaction between people, where each member is able to better analyze and express what is happening to them. In this regard, people with high openness are more open and are able to explore their own emotional world. This mechanism is vital in all phases of family therapy.

Capacity for introspection: Introspection is the key to understanding oneself. Self-knowledge of people generates a process of introspection and individual growth and transformation and also allows for improved connection with others. A higher level of introspection is necessary and this turns out to be a fundamental point in therapy. More open people are more likely to generate change. This self-knowledge is achieved by working through individual therapy and working on introspection also allows for achieving important results in the family system as a whole.

Adaptability to changes: Therapy involves learning new guidelines and introduces changes in the family interpersonal process that are necessary to make the modifications, therefore, new techniques can be generated by the growth of the people themselves and require effort, willingness and practice. Adaptation involves effort and learning, where participants who present a higher level of openness will be able to learn these techniques more easily and generate these changes more consistently. This point helps to better promote interaction within the family, in the context that they have established throughout the development and experience as a unit.

Openness to experience and therapeutic outcomes:

Several studies have linked openness to experience with positive outcomes in psychological therapy. Research has shown that individuals with higher levels of openness are more likely to achieve therapy goals and generate new skills. These aspects help to create a much more favorable environment for therapy (e.g., Miller et al., 1997). The results obtained also suggest that a joint individual and family intervention can generate greater changes and contribute in a way that favors levels of well-being. Participants who show a better willingness to integrate these new tools will be those who obtain the best results, clearly showing the relationship between therapy and the variables. In general, this individual trait favors and optimizes personal development and thus, also the therapeutic process in its different contexts.

Additional considerations:

Although openness to experience facilitates therapy, it is not the only determining factor of therapeutic success. Other individual factors (motivation, expectations, personal resources) and contextual factors (social support, economic resources) also play a crucial role. The interconnection and different interdependent aspects of the variables are something to take into account. The approach must include important aspects in this analysis that contribute to the process and shape it over time. In summary, openness to change is an essential element to achieve changes in family functioning and increase the level of well-being of families.

In summary, openness to experience is a dimension of personality that influences therapeutic success, increasing the willingness and flexibility to receive and integrate new learning that will improve in all possible aspects, making a greater impact on new perspectives. An appropriate environment that supports this mechanism is fundamental. This point should be included in the therapy strategy in order to obtain the best possible result and promote the development of the established objectives.

Psychological resources: Resilience, self-worth, emotional control, social skills, and stress management are examples of individual characteristics that can have a favorable effect on the therapy process and the outcomes of family well-being (Walsh, 2012).

Individual psychological resources, understood as the capacities, skills and mental strategies that facilitate adaptation, coping and well-being, play a fundamental role in the relationship between family well-being and the effectiveness of psychological therapies. These resources are not static; they develop throughout life and can be enhanced through therapeutic interventions. The existence and use of these resources in different people significantly affects the therapeutic process.

Types of psychological resources:

Various psychological resources can enhance family well-being and facilitate therapeutic success. These resources allow for greater resilience to difficulties or crises that affect the family system:

Resilience: The ability of individuals to overcome adversities, adapt to changing circumstances, and recover from difficult experiences is vital to be able to efficiently and positively manage the difficulties that the family has and allows for strengthening new relationships or changes applied through family therapy. Resilience is essential for family cohesion. (e.g., Walsh, 2012).

Self-esteem: Positive self-perception and a sense of personal worth, as well as a sense of personal capacity and resources and the ability to integrate as an independent person, directly affect communication skills. People with a good level of self-esteem are able to connect better, value themselves as individuals and contribute to creating positive family environments with greater communication and cohesion (e.g., Rosenberg, 1965). Individual and family well-being are important.

Emotional regulation skills: The ability to recognize, understand, express and regulate one's own emotions in a healthy way facilitates communication. Adequate emotional regulation generates a

healthier and more integrated way of relating and contributes to creating better interaction. People with adequate emotional management tools can better regulate possible conflicts that may occur and contribute to improving the general well-being of the family system (e.g., Gross, 2015). Communication improves development.

Communication skills: Skills that help express personal needs in a correct manner, listen empathetically, and negotiate, thus creating positive tools that can solve problems constructively. These skills facilitate relationships between members, preventing problems and improving the environment (e.g., Satir, 1988). These tools help to efficiently resolve different adversities.

Problem-solving skills: The ability to identify the problems that each individual has, the ability to analyze the problem and generate appropriate strategies, solutions, and processes is essential to generate trust, cohesion, organization, and resources for overcoming and seeking improvements (e.g., D'Zurilla & Goldfried, 1971). These strategies will help in every area of family well-being.

Psychological resources and therapeutic intervention:

Family therapies can contribute to improving and strengthening psychological resources through different processes:

Psychotherapy: Some individuals need therapy to work on their self-esteem, better control their own emotions or develop new abilities, through different tools that facilitate the understanding of their problems. The therapeutic processes must be adapted to the personal process. (e.g., Beck, 1976)

Family intervention: Family therapy can help different members communicate more effectively, generate better support and create new skills and tools. The results show better emotional regulation for the entire family unit (e.g., Minuchin, 1974).

Empowerment strategies: Techniques to promote empowerment help foster security and

strengthen family and individual strengths that improve perception, generating greater confidence to manage one's own challenges and problems, promoting personal autonomy, making members more resilient. (e.g., Saleebey, 2006). This new self-perception generates improvements at different levels and areas of the family system.

Consequences of the presence of good psychological resources:

The presence of these resources in the family generates the following positive consequences:

Greater family resilience.

Better family functioning.

Improved cohesion.

Increased communication.

Increased family satisfaction.

In summary, psychological resources are crucial factors that mediate the relationship between family well-being and the effectiveness of psychological therapies. Strengthening these resources is an essential objective of the intervention, since they enhance the family's ability to cope with adversity and generate positive results, in a lasting way in the family system and throughout its evolution.

b) Factors related to the family:

Level of dysfunction in the family: The intensity and duration of the issues driving the consultation can affect how long it takes to make a meaningful impact on the family's well-being (Liddle, 1982). The level of family dysfunction, understood as the severity and chronicity of the problems faced by a family, is a crucial factor that modulates the relationship between family well-being and the effectiveness of psychological therapies (Liddle, 1982). The severity and duration of family conflicts directly influence the intensity of the intervention required and the difficulty in achieving

therapeutic objectives. In other words, the level of problem or conflict determines the therapeutic actions to be carried out, requiring different planning, intensity and objective for each of the problems.

Severity of the problem:

The severity of the problems affecting a family influences the duration and intensity required for a correct therapeutic intervention:

Mild problems: In situations of moderate discomfort with fairly adequate general family functioning, interventions tend to be of lower intensity and of short duration, requiring fewer tools and achieving good results. The techniques applied usually require fewer resources and their application usually obtains positive changes in the medium term, being efficient in cases where it is possible to obtain changes quickly through the adequate use of individual and group resources, giving good results in families with a good level of organization. (e.g., Markman et al., 1994).

Moderate problems: In families with conflicts of a certain magnitude with significant levels of discomfort and some type of disorder (depression, anxiety, dependency), it is necessary to generate an analysis of all the variables to understand the origin and the interaction with each one of the members to develop long-term strategies that can generate a change in perception and implement continuous monitoring over a longer period. (e.g., Olson et al., 1979). This type of problem generates significant difficulties.

Severe problems: Families with serious problems, such as the presence of domestic violence, serious mental disorders, addiction problems or existential crises require much more intensive interventions. In these cases, the strategies applied require a much more considerable investment and time, requiring more intensive management and coordinated support that includes other professionals in addition to family therapy services (e.g., Walsh, 2012). Complexity must be

assessed in order to generate the most efficient and effective strategy. Resources should be allocated to these levels of severity.

Chronicity of problems:

The duration of the family problem directly influences the difficulty of change, making intervention more necessary and essential:

Recent problems: Recent family problems are usually easier to address as they can be solved in less time through relatively short interventions, which require less time to develop, making intervention easier. Through specific methods (for example, an intensive session to work on a specific conflict), quality of life can be improved quickly. Therapy usually gives good results with fewer resources in relatively simple situations and where the factors to be corrected have a relatively minor impact and difficulties in correction.

Chronic problems: Problems that are long-lasting, such as deep disagreements or persistent discomfort between individuals, require a greater number of tools and intervention. These problems make change difficult and require prolonged therapy that involves very intensive monitoring, working through various sessions that require an adapted strategy. The development of tools should take into account the duration of the problem and new adaptations (e.g., Liddle, 1982).

Implications for professional practice:

The assessment of the level of family dysfunction is essential in the planning and implementation of the intervention. Professionals must be aware of the severity of the situation and have the necessary resources (time, intensity and knowledge), as well as make possible adjustments to generate an intervention and generate the best possible strategy. This strategy also requires the existence of the best possible tools to carry out a personalized treatment to generate the response

and specific adaptations. The level of severity needs adequate control to facilitate development and thus obtain efficient progress, which guarantees a favorable environment for all participants.

Communication style within the family: Therapy progress may be hampered by communication styles that involve accusation, triangulation, indirection, or criticism. Conversely, therapeutic work is facilitated by courteous, empathic, and open communication (Satir, 1988).

Family communication style, understood as the usual patterns of verbal and non-verbal interaction that occur in a family, is a fundamental factor that significantly influences the relationship between family well-being and the effectiveness of psychological therapies. The way in which family members communicate with each other directly influences the quality of relationships, the coping capacity and resilience of each of the individuals in the group, affecting the family climate in general. Adequate functioning and good family communication facilitates processes of improvement and resilience.

Communication styles and their impact:

Various studies have identified different family communication styles, each with its implications for well-being:

Effective communication: Communication is characterized by active listening, a clear and honest expression of emotions, a high level of understanding between members, empathy and the ability to negotiate and resolve conflicts. Honest and respectful communication between members of a family unit is highly beneficial in all facets of therapy (e.g., Satir, 1988).

Dysfunctional communication: This category includes different dysfunctional patterns:

Evasive communication: It is characterized by poor communication, lack of responses or avoiding talking about difficult topics, which causes difficulties, discomfort, and affects family well-being. The consequences of a lack of communication and avoidance of situations, as well as an inability

to manage these situations, create many tensions that are negative in family interactions and also in situations where they may need to communicate, including therapies (e.g., Jackson, 1965).

Aggressive communication: A style based on criticism, personal attacks, interruptions, and contempt for others. This way of communicating has very negative consequences and harms the relationship at all stages of the family process, creating strong dysfunctions and limiting relationships, dialogue, and interactions in different areas, making modification necessary (e.g., Gottman & Levenson, 1992).

Passive-aggressive communication: Communication is expressed indirectly or covertly, with sarcasm or innuendos, and it often creates discomfort that is difficult to resolve. This type of communication style affects all areas and significantly harms family understanding and communication (e.g., James & Gilliland, 1997). Passive-aggressive forms can be managed with appropriate techniques.

Confusing communication: Unclear, contradictory messages, incongruities between verbal and nonverbal content, and unclear speech. This style creates uncertainty, misunderstandings, and family discomfort (e.g., Watzlawick et al., 1967). Accurate interpretation is key.

Family communication style and therapy:

Family communication style is an important factor that has an impact on therapy:

Difficulty in the therapeutic alliance: Dysfunctional communication patterns create barriers and difficulties for the therapist to establish a correct alliance with the family, including the different types of problems when connecting, building a framework where there is understanding and achieving progress with the people participating in the therapy (e.g., Sexton & Liddle, 1999).

Difficulty in the therapeutic process: The different communication dynamics mean that the development of the tools or techniques applied by the professional, including mutual

understanding in joint tasks, and thus the possibilities for work are directly limited (e.g., Liddle, 1995). The context of communication, through active listening or response to communication, is also essential to achieve good results. New communication patterns must be generated through different methods and relationships between people must also be included in the analysis. Impact on family satisfaction: The way in which a family communicates has significant consequences and can increase or reduce differences between members. Improving communication can significantly increase the level of satisfaction, as demonstrated by previous studies (e.g., Olson & DeFrain, 2000). The changes made by therapy and family adjustments seek to promote mechanisms that facilitate communication, empathy, as well as develop individual skills that can improve family relationships as a whole.

In summary, family communication style is a crucial variable that significantly influences therapeutic success. Adequate knowledge, appropriate techniques, and thorough analysis of these communication patterns will be crucial for treatments to improve family functioning and to obtain the best possible results for individuals and for the family system as a whole. Understanding the context is a key point for understanding the data and the subsequent development of the results of family therapies.

The presence of therapeutic partnerships

Important indicators of the intervention's success include the strength of the therapeutic alliance formed between the therapist and each family member and the capacity for teamwork (Sexton & Liddle, 1999).

The quality of the therapeutic alliance, defined as the positive and collaborative bond established between the therapist and each member of the family, is a crucial factor that affects the effectiveness of family therapies. A solid therapeutic alliance is characterized by trust,

collaboration, empathy, and open and effective communication, generating a climate where each individual has a greater possibility of trust and can open up to generate changes (Sexton & Liddle, 1999). This alliance is essential in therapy.

Components of the therapeutic alliance:

The therapeutic alliance in the family setting presents different elements that must be evaluated and integrated, both from an individual perspective and from that of the group.

Trust: The security, trust, honesty and respect that exist between the family and the therapist are fundamental for the procedure to be developed and are essential for the therapeutic development process to be successful (e.g., Bordin, 1979). The process is built on the basis of adequate development, including aspects such as empathy, understanding and generating security in individuals and groups.

Group cohesion: In this process it is important to keep in mind that there is no individual procedure, but rather a family procedure. It is vital that there is also a union within the family unit and that the group is actively involved in the development and change in relation to the dynamics and problems proposed to the therapy (e.g., Minuchin, 1974). For this development, the therapist can generate changes to improve the ways of working and the bond between the individuals who seek the modifications.

Clarity about goals: The coherence and unification of the therapeutic goals between the members and the therapist facilitates the task. Objectives are essential in professional interventions. Strategies need the involvement of each of the participants in this type of objectives that will help the family system and should be built in a collaborative manner, generating understanding between the participants and generating objectives that can be measured and are feasible. The process is facilitated if these objectives are explicit and shared.

Effective communication: For effective functioning, good communication between the therapist and all members is important. Correct communication management will facilitate work with confidence. Through this procedure, the therapist is able to generate an interactive process and achieve the objectives with all members of the family unit (e.g., Lambert, 2013). Understanding these guidelines is essential to facilitate therapy and the processes necessary in the different interactions.

Active participation: The degree of participation and collaboration in the therapeutic procedure affects the development of the therapy. Through an adapted methodology, it is possible to take into account the characteristics, objectives and needs of the environment and group with which one is working. It is possible to achieve these objectives by adapting the tasks, processes and ways of intervention as necessary. Constant participation of all participants enhances effectiveness (e.g., Beutler et al., 2013). The involvement of the patient and the family will be fundamental in each process.

Influence of the Therapeutic Alliance on Family Wellbeing:

The quality of the therapeutic alliance significantly affects family wellbeing:

Improved adherence to treatment: A good alliance improves motivation and facilitates the development of the different tasks of the therapeutic process. Regular attendance at sessions is a good indicator. People have a greater willingness to change, since there is a collaborative process between all participants and their goals are common.

Increased trust and support: A solid alliance builds a climate of trust, security and support, which enhances the ability to open up and the development and maintenance of new habits. Mutual security and trust favors the therapeutic environment. Personal development and monitoring and analysis help the processes of progress and construction of the therapeutic environment, thus

favoring confidence in one's own abilities, making a patient and a family more effective in dealing with these problems.

Increased motivation: A good relationship makes change more possible. An adequate therapeutic relationship and alliance favors a better response to the tools applied, facilitating the incorporation of changes and a general feeling of improvement to be able to apply these new guidelines in their different contexts. The environment and context are relevant points in this study and the evaluation (e.g., Prochaska & DiClemente, 1984). The degree of response will have a direct effect on the impact and the necessary changes in family functioning.

Better adaptation to changes: Good management, teamwork, and good communication allow the proposed changes to be integrated. A good alliance can significantly improve the chances of success in adapting to new roles, routines, and patterns in family life. Techniques to improve relationships should be considered essential, facilitating an ideal context to achieve the desired objectives.

In summary, the therapeutic alliance is a crucial element for effective treatment in family therapy. It is vital to develop an environment of trust, collaboration, communication, and security with all members of the family environment for a positive and adequate process, in a way that facilitates change, increases adherence, and provides new knowledge. A strong therapeutic relationship enhances the chances of a successful procedure.

d) Situational elements:

Social support networks: According to Cohen and Wills (1985), having a strong social support system (family, friends, and the community) can help reduce stress, offer emotional support, and make it easier to put the lessons acquired in treatment into practice.

Obtaining resources: Family well-being and the likelihood of receiving effective therapy can be

impacted by a variety of factors, including socioeconomic status, availability of educational and community resources, and access to high-quality mental health care (McLoyd, 1998).

Culture and values: The family's cultural beliefs, values, norms, and gender roles might affect how the problem is perceived as well as how therapy approaches are accepted and interpreted (Sue & Sue, 2016).

Designing more contextualized and effective family interventions that take into account each family's unique situation and optimize its capacity for transformation and well-being requires an understanding of how these aspects interact.

Benefits of therapies on family well-being

Numerous studies show that psychological therapies can significantly improve family well-being in a variety of ways and contexts (Lebow, Chambers, & Christensen, 2012). Some of these benefits translate into observable improvements in family dynamics, while others are tied to the development of tools and resources to deal with bad situations. Some of the most relevant advantages are listed below:

Communication improvements: Family therapy helps members learn how to communicate with one other more effectively by promoting active listening, expressing needs and feelings clearly, and engaging in more positive conflict resolution. A more peaceful family environment and increased mutual understanding result from this improvement in communication (Markman, Stanley, & Blumberg, 1994).

One of the most consistently documented benefits of family therapies is the improvement in communication between members of the family system (Markman et al., 1994). Effective communication is a fundamental pillar for adequate family functioning and is associated with

greater family well-being, including greater resilience and a lower rate of emotional and psychological problems among its members (Olson et al., 1979; Epstein et al., 2008). Family therapies, regardless of their theoretical orientation, usually intervene to improve the way families communicate through different strategies.

Mechanisms of change in communication:

Family therapies seek to generate changes in different aspects that affect the way families communicate:

Identification of dysfunctional communication patterns: The various techniques and orientations of the therapies seek to identify the communication styles that harm the family and its general functioning. Different patterns are identified that could be detrimental to different members (for example, passive-aggressive communication, excessive use of destructive criticism, or lack of active listening) (e.g., Satir, 1988). Modifying these habits through therapeutic techniques is key.

Developing assertive communication skills: Different therapies use different techniques to promote the development of more effective communication skills. Assertive communication training (to express needs and limits clearly and respectfully), active listening training (to better understand the point of view of other members), and the acquisition of skills for emotional management and expression in a way that favors understanding between individuals. The techniques applied will allow for increased effectiveness in these processes.

Modifying dysfunctional interactions: The therapeutic dynamic seeks to break dysfunctional interaction patterns that affect communication. To achieve this, new interaction patterns are sought between the family that facilitate a less damaging way of interaction. Techniques such as reframing, restructuring and modifications in functions and interaction allow us to break with previous problems and find more appropriate ways to develop these patterns (e.g., Minuchin, 1974).

Types of Therapies and their Impact on Communication:

Different therapeutic orientations use specific strategies to improve family communication:

Systemic Therapy: Focuses on identifying patterns of interaction within the family as a system and how these affect different individuals. Techniques that facilitate the process such as family reorganization, reframing, and family tasks help family members to reconstruct new types of interactions. By including and understanding individuals, it is possible to analyze and re-establish new, more constructive dynamics, including new aspects of support and roles (e.g., Bateson et al., 1956).

Cognitive-Behavioral Therapy: Work is done on the thoughts and beliefs that support dysfunctional communication patterns. The therapy introduces strategies that promote a more positive cognition about the family itself and thus family reorganization. Refocusing and reinterpretations will help in the therapeutic process. Specific techniques, such as training in problem-solving skills and conflict resolution, are useful in analyzing this problem and promote more effective and constructive ways of developing these patterns (e.g., Beck, 1979).

Narrative Therapy: This orientation promotes a narrative change in relation to families, so that the different patterns or individual experiences of the family are reorganized into new frames or stories with a new way of understanding the problems in the interaction. Techniques that allow people to re-signify the relationship through other tools and mechanisms help to make important changes (e.g., White & Epston, 1990). The results emphasize the process of transformation of perspective, helping to restructure the way each person sees things.

Consequences of good communication:

The improvement in communication, facilitated by therapeutic intervention, has a positive impact on various dimensions of family well-being:

It increases family cohesion.

It facilitates conflict resolution.

Increases family satisfaction.

Enhances coping skills.

In short, improving communication is a crucial therapeutic goal to improve family function, the interaction of its members and the processes of support and cohesion, contributing significantly to overall family well-being. The appropriate use of techniques that help in the development of people's communication skills is essential in any therapy that focuses on family functioning and on obtaining results that have relevance and positive impact on family relationships.

Enhanced cohesion within the family: Therapeutic interventions have the potential to fortify emotional bonds among family members, fostering empathy, reciprocal assistance, and cooperation. A stronger sense of identity and belonging to the family system is fostered by collaboration toward shared objectives and the capacity to safely communicate feelings and experiences (Olson, Sprenkle, & Russell, 1979).

Family therapies, through different approaches, seek to strengthen the emotional bonds between members, increasing family cohesion and improving the feeling of belonging, mutual support and unity. Family cohesion is considered an essential protective factor against adversity, promoting resilience and positive development (Olson et al., 1979; Walsh, 2012). A family system with good cohesion favors the different dimensions of family well-being to have better indicators.

Concepts of Family Cohesion:

Family cohesion, a multifaceted concept, involves different dimensions:

Emotional union: It refers to the degree of emotional closeness between members, including feelings of affection, love, trust and belonging. This aspect is important because it favors a positive

emotional climate. Mutual trust, emotional relationships and the feeling of union are crucial for proper functioning. (e.g., Olson & DeFrain, 2000)

Mutual support: This aspect focuses on the degree of help, support and assistance that the different members of the family group provide to each other, offering a more direct way of reinforcement and connection, giving a positive meaning and essential support. It is vital for proper functioning. (e.g., Barnes & Olson, 1985). Reinforcement is important in stability.

Effective communication: Cohesion is linked to the ability of family members to communicate in an open, honest and empathetic way. Good communication makes it possible for the different problems of each member to be better resolved and it is possible to establish stronger bonds of connection and constructive links. It is important to be able to express personal needs for a positive global understanding (e.g., Satir, 1988). Understanding improves bonds.

Participation in shared activities: Cohesion is reflected in the degree of involvement and participation of members in different family activities that generate connection and family identity. Joint experiences help generate higher levels of mutual support and contribute to overall well-being (e.g., Olson & Gorall, 2003). Individual bonds allow for greater family cohesion.

Mechanisms of Family Therapies to improve cohesion:

Family therapies use various techniques that strengthen family cohesion, which will depend especially on the method and perspective applied:

Systemic family therapy: The main objective of these therapies is to identify and modify the patterns of destabilizing interaction in the family. Through this mechanism and different therapy techniques (such as reframing and genograms), it is possible to better organize family roles, responsibilities, as well as a family reorganization. This procedure allows the development of work based on new patterns that have greater benefits (e.g., Minuchin, 1974).

Cognitive behavioral therapy: It is based on the identification and modification of cognitive schemes that harm family cohesion, seeking new, more appropriate roles and making changes in individual patterns, which allow the improvement of family functioning. Problem-solving techniques, which help different members to better understand habits and implement necessary changes, are especially effective in organizing and improving conditions (e.g., Dattilio & Epstein, 2010).

Narrative therapy: Emphasis is placed on strengthening shared stories or narratives that allow for a more cohesive sense for the family and an increase in mutual family support. The mechanisms applied will allow for rebuilding and generating a feeling of unity, creating a sense of family identity, making it possible to create bonds that unite through different narratives. Through this process, families build alternative narratives to the problems experienced (e.g., White & Epston, 1990).

Consequences of an increase in cohesion:

The increase in cohesion, as a result of therapeutic intervention, has multiple benefits:

Greater social support: Members have more support networks and can cope with adverse situations with better mutual support. Greater family satisfaction: Increased support increases the quality of family life, thus increasing individual well-being.

Better communication: Cohesive relationships between members promote improvements in the ability to communicate and understand.

Greater resilience: Families with better cohesion have a greater capacity to adapt and recover after stressful life events.

In short, family therapy usually increases the bonds and relationships within the family unit, promoting a feeling of positive family cohesion which, in this regard, is essential for better

integration and interaction, improving results, increasing effectiveness and generating a higher quality of life in participating families.

Creation of coping mechanisms: Treatments give families useful instruments to handle challenging circumstances, control family tension, and face life's obstacles collectively. Families can tackle obstacles in a more adaptable and resilient way when they learn to recognize their own resources and talents, as well as when they acquire problem-solving and emotion-regulation skills (Walsh, 2006).

A crucial benefit of family therapies lies in the development of more effective coping strategies to manage stress, conflicts and crises. Families acquire skills and resources that allow them to adaptively deal with difficulties, increasing their resilience and general well-being (Walsh, 2012). The acquisition of these strategies is directly related to the level of stress that each person can perceive and the improvement of these strategies directly helps individual health and psychological development.

Coping Strategies:

Family therapies not only seek to solve immediate problems but also empower the family with long-term tools. Strategies such as the following are often used:

Problem-solving skills: Different therapies usually provide training and new tools so that individuals learn to constructively analyze their conflicts and thus identify their problems and seek solutions through specific techniques (e.g., D'Zurilla & Goldfried, 1971). Learning to identify problems, taking steps to achieve goals, finding possible solutions and strategies are elements that are part of many psychological techniques. This method will also help to identify, both individually and as a group, the points where problems arise in the family dynamics and how roles affect day to day life.

Communication skills: Through these strategies it is possible to acquire skills in relation to more effective communication that can be used to communicate better within the family. This helps to solve problems and avoid possible problematic situations in communication (e.g., Satir, 1988). Training to generate good communication between different family members includes different methods such as active listening, assertively expressing needs and generating trust and empathy.

Emotional management: Through different therapeutic strategies and individual assessment it is possible to detect specific mechanisms or situations where there is a problem with emotional control of one of the family members. These techniques can be applied both individually, as well as for the family unit and its context. Training in tools to regulate emotions is key and will allow for increased well-being, facilitating stress management and preventing the negative expression of emotions. Techniques such as meditation or relaxation are integrated to create new skills for proper emotional functioning, and the integration of strategies and new tools to experiences, through emotional regulation, is essential to better understand the patterns and problems when communicating within the family unit. (e.g., Greenberg & Johnson, 1988).

Focus on strengths: Therapies based on family strengths emphasize the potential that already exists in the patient to make these improvements (Saleebey, 2006). Identifying the virtues of each member and integrating them into the process strengthens existing resources. Using these strengths allows for overcoming possible problems or developing existing capacities through new forms of support, trust and personal security that will benefit each individual and also the family system as a whole. It is about focusing therapy on the positive to generate new forms of self-management instead of being based solely on the problematic or most conflictive parts, placing special emphasis on the support of the system, as well as the individual context.

Types of Therapies and Coping:

Different types of therapies promote coping through different methods, including:

Systemic Therapy: These are used to work on family patterns using different tools such as genograms to analyze family organization and thus be able to identify the type of roles of each person and make changes and modifications where possible conflicts have been detected. This analysis includes restructuring the family, performing family tasks, and reinforcing different skills through this process (e.g., Minuchin, 1974). Improving family support is also essential.

Cognitive-Behavioral Therapy: Through cognitive restructuring and training in problem-solving skills, this therapy helps improve the way of thinking and also the way in which individuals adapt to new situations, especially difficult or conflicting ones. Cognitive changes can enhance the regulation of one's own emotions through these new techniques, improve behaviors, and avoid risk situations or problems within family functioning (e.g., Beck, 1976).

Narrative Therapy: The applied technique focuses on re-constructing stories to facilitate a new understanding, including the stories and the experience of the individual within the context of the therapy, to generate changes in their perspective. This approach empowers the ability to find alternative solutions through other tools, increasing their own autonomy to resolve these situations (e.g., White & Epston, 1990).

Consequences of the Development of Coping Strategies:

Families that develop these coping skills experience the following changes and consequences:

Greater resilience to adversity.

Decrease in family stress.

Improved family satisfaction.

Greater ability to adapt to changes.

In summary, family therapies provide key resources and tools to improve family coping processes,

facilitating better integration and organization that produces positive consequences for family functioning and well-being in each individual in the system, through different tools that enhance problem solving. The correct use of these resources is key and essential for the different family therapies that attempt to empower individuals with new resources.

Modification of dysfunctional patterns: The goal of family therapy is to pinpoint and alter the dysfunctional patterns of interaction that keep families in misery. Rigid roles are questioned, healthy boundaries are established, individual autonomy is promoted, and a more equitable allocation of tasks is encouraged through the analysis of family dynamics (Minuchin, 1974).

A central goal of family therapies is the identification and modification of dysfunctional interaction patterns that contribute to family distress. These repetitive and unproductive patterns can affect communication, conflict resolution, family hierarchies, and the family's ability to cope with adversity (Minuchin, 1974). Therapies seek to identify these patterns, understand their origin, and promote changes that allow for healthier family functioning.

Common dysfunctional patterns:

Some dysfunctional patterns that significantly affect family well-being include:

Ineffective communication: Communication patterns where there is a lack of clarity, poor listening, or difficulty expressing emotions are important factors that can trigger conflict. Communication styles that are based on accusations, blaming, and evasion of the problem cause family distress that could have a significant impact on communication between members and difficulties coping with crises (e.g., Satir, 1988).

Power imbalance: Imbalances in the family hierarchy, such as the abusive exercise of authority, or the absence of clear boundaries between members can lead to various conflicts. A well-balanced family with clearly defined roles, boundaries, hierarchies and clear functioning between members

generates positive consequences for family well-being (e.g., Haley, 1976). Therapy is based on finding new ways to organize within family boundaries.

Triangulation: This pattern is characterized by involving a third member in a conflict between two individuals, generating greater instability in the family. These problems often harm the communication process of the members of the family unit and could cause instability, conflict, difficulty in achieving joint goals or dissolving certain types of crises and generate different patterns of individual discomfort (e.g., Bowen, 1978).

Rigidity or lack of adaptability: Inability to adjust family roles and boundaries to the different circumstances that may change within the family process generates problems. Stagnation in roles and rigidity in the family structure prevent an adaptive approach to the process of family development, with vital changes or crises that can generate a change that the family itself is unable to integrate (e.g., Olson & Gorall, 2003). Flexibility is key.

Therapeutic intervention to modify dysfunctional patterns:

The different therapeutic orientations implement various strategies to identify and modify dysfunctional patterns, such as:

Systemic Family Therapy: This orientation, with special emphasis on the analysis of the family system as a whole, uses techniques such as family restructuring, where changes are generated in family roles or in the structuring of the home and behavioral patterns, which can have a constructive impact on the mechanisms used in conflict resolution. Through these tools, it is possible to improve the quality of life and resolve communication or functioning problems (e.g., Minuchin, 1974).

Cognitive-Behavioral Therapy: The intervention is based on changing individual patterns, seeking to modify the ways in which members of the system interpret each other, or their personal

understanding, as a way to help understand the difficulties they have had in improving their communication or their ways of responding. This therapy identifies and modifies irrational or distorted beliefs through techniques to correct and generate new patterns. Training in social skills and new forms of conflict resolution are also used to promote new modes of interaction between the different members (e.g., Beck, 1976).

Narrative Therapy: This method focuses on how language and stories can perpetuate dysfunctional patterns, where the negative impact of language is identified and redefined through the new interpretation of different events, generating changes in the mental structure of the way of narrating these dysfunctional patterns. Knowing and understanding these problems helps to overcome them and create guidelines that allow the procedure to advance (e.g., White & Epston, 1990). In this way, new alternative narratives are constructed.

Consequences of modifying dysfunctional patterns:

Modifying dysfunctional patterns translates into significant improvements in the different dimensions:

Improves family communication

Decreases family conflict

Increases family satisfaction

Increases adaptability

In short, intervention in these patterns is a crucial aspect in therapeutic work with families. Through intervention and appropriate treatment, these patterns can be identified and effectively promote a change in habits to promote good family functioning and quality of life.

Increased family satisfaction: Families who attend therapy sessions frequently report feeling better about themselves and their level of satisfaction with the dynamics of their family as a whole

because of the previously described advantages. The decrease in conflicts, greater communication, and the feeling of mutual support contribute to a more positive family atmosphere, where members feel more content with interpersonal connections and with themselves (Heatherington & Cox, 1997).

One of the main objectives of family therapies is to increase family satisfaction, understood as the subjective perception of general well-being within the family unit. Family satisfaction is related to the perception of support, the quality of relationships, the ability to cope and the fulfillment of the individual needs of its members (Olson & DeFrain, 2000). A family with high family satisfaction is a better indicator of good family functioning, which has a direct impact on the individual and on family stability itself.

Dimensions of family satisfaction:

Family satisfaction is not a monolithic concept but rather comprises several interrelated dimensions:

Satisfaction with the marital relationship (if applicable): In families with a marital structure, the quality of the couple's relationship significantly impacts family dynamics. Couples with good communication, affection and conflict resolution skills experience better marital satisfaction and also generate a better family environment (e.g., Markman et al., 1994).

Satisfaction with parental relationships: The way in which parents carry out their parenting role is significantly related to the general well-being of their children, and therefore also to family functioning. Parents with a democratic parenting style, with good communication and an emotional bond contribute to creating an environment that strengthens and increases the satisfaction indicators of the entire family (e.g., Baumrind, 1971).

Satisfaction with sibling relationships: Sibling relationships, the interaction that exists, common

activities and sibling bonds have a significant impact on the general family experience. An environment with good sibling bonds positively influences personal development. Sibling cohesion and good quality sibling relationships are directly related to high family cohesion, as well as an increase in the ability to confront different situations constructively, generating support and enhancing one's own resources (e.g., Dunn & Kendrick, 1982).

Satisfaction with intergenerational relationships: Relationships with other members who are part of the family unit that are outside the nuclear structure have a significant impact on the dynamics. A family climate where support between members and different connections is high, with exchanges of resources (material, emotional), generate positive results. These interactions can generate trust, security and social support. The support and help that families receive from outside also generates positive effects, increasing security, resilience and the possible tools and mechanisms that can be used in the family unit.

Satisfaction with family functioning: The perception that members have about the rules, roles, routines and family functioning as a whole contributes greatly to the degree of family satisfaction. An adaptation process where therapy works through communication and new limits are established in the family positively favors change. This perspective generates relevant results, helping to organize family functioning, modifying dysfunctional patterns and establishing new bases according to new strategies (e.g., Olson et al., 1979).

How therapies increase family satisfaction:

Various interventions seek to improve family satisfaction. These methods help to correct different problem areas that can improve the relationship with other members:

Improving communication: By improving communication (as described in the previous point), a better level of family satisfaction is generated and among members, which in turn favors other

areas. The ability to solve problems and avoid or solve possible conflicts between individuals in an efficient and constructive manner generates positive consequences. (e.g., Markman et al., 1994).

Strengthening bonds: Increasing cohesion through therapies, working on the affective aspect of each member facilitates a positive environment. An adequate therapy enhances interactions between individuals that are positive for the entire family unit. (e.g., Olson, 2011).

Development of coping strategies: Providing members with resources and techniques that help regulate emotions or overcome complex situations allows families to be better prepared for the adversities that family life itself generates, generating the ability to react in cases that require it (e.g., Walsh, 2012).

Modification of dysfunctional patterns: By working with problematic patterns it is possible to better organize the way in which they interact with each other, thus reducing the amount of conflict, creating new ways of organizing, developing roles and a general reorganization in the family structure that facilitates and has a positive impact. (e.g., Minuchin, 1974).

Consequences of greater family satisfaction:

Greater family satisfaction generally leads to the following effects:

Greater individual well-being.

Better family functioning.

Increased family resilience.

In summary, improved family satisfaction is a direct consequence of good family functioning, and an important objective in family therapies, since it increases the psychological health of individuals and enhances the adaptation of families to adversity, generating processes and consequences that increase the different facets of general well-being. The different strategies of family therapy seek to generate environments where this result can be achieved.

It is imperative to acknowledge that the advantages of family therapy are not instantaneous nor uniform in every household. Achieving these benefits is contingent upon the type and severity of the issue that needs to be resolved, the therapeutic process's commitment, and the confluence of the previously mentioned environmental, familial, and individual elements. Nonetheless, the body of research to date indicates that psychological therapies have the potential to provide meaningful improvements that enhance families' overall well-being.

Previous studies on family well-being and psychological therapies in Mexico

While there is a lack of research on the precise association between psychological therapies and family well-being in Mexico, certain earlier studies that offer important insights into the topic serve as a foundation for this investigation. An overview of the most pertinent findings is provided below:

Family therapy's effectiveness:

After reviewing controlled studies on the effectiveness of family therapies in Mexico, Díaz-Loving, Reyes, Weiss, and Rivera (2010) discovered some preliminary evidence in favor of the therapies' effectiveness in treating relationship issues, family conflicts, parenting challenges, and emotional disorders in children and adolescents.

Salgado de Snyder, Díaz-Loving, and Luciano (2006) discovered that when structural family therapy was used with low-income Mexican families dealing with behavioral issues in children and adolescents, it was successful in enhancing family cohesion, decreasing conflict, and fostering better communication.

In her study of how family violence affects Mexican families' well-being, Robles-

Silva (2012) emphasizes the necessity of creating culturally competent therapeutic interventions

to address this issue and its effects.

Factors influencing the well-being of families:

Berenzon, Lara, Robles, Medina-Mora, & Medina-Mora (2013) found a link between Mexican families' susceptibility to psychological discomfort and social inequality. The authors emphasize how comprehending family well-being requires incorporating the socioeconomic perspective.

Valenzuela and Falicov (1997) emphasized the significance of social networks and the impact of cultural elements like familialism on the dynamics and well-being of Mexican families.

In their study on Mexican families with a disabled family member, García and Almeida (2005) discovered that social support and family cohesion serve as stress-reduction and adaptation-promoting elements.

Research has to be done further:

In general, there is not much research being done in Mexico specifically on the connection between psychiatric therapy and family well-being.

More empirical studies using representative samples and strict methodological designs are needed to produce more conclusive findings that can be applied to the Mexican population.

Expanding knowledge on the ways in which individual, family, and contextual factors interact to influence the efficacy of family therapy within the Mexican setting is crucial.

Despite their shortcomings, the previously examined studies emphasize how crucial it is to carry out more research on the subject of family well-being and how it relates to psychiatric therapies in Mexico. By gaining a deeper understanding of the phenomenon and offering pertinent information for therapeutic practice and the development of public policies targeted at bolstering Mexican

families, this research seeks to close this knowledge gap.

Chapter III. Research Design

Description of Participants of the Study

This study will use a mixed methodological approach to provide a thorough understanding of the relationship between psychological therapies and family well-being in Mexican families (Creswell & Plano Clark, 2018). This strategy will enable the integration of the richness and depth of qualitative data with the rigor of quantitative data, leading to a more contextualized and thorough analysis of the phenomenon under study (Hernández Sampieri, Fernández Collado, & Baptista Lucio, 2014).

Through the use of established measuring tools, the quantitative approach will be applied to objectively describe the condition of family well-being in the participating families (Hernández Sampieri et al., 2014). This will make it feasible to gather quantitative information on the various aspects of family well-being and investigate potential relationships with elements like the kind of therapy received or the length of time spent participating in it.

On the other hand, using data gathering methods like in-depth interviews, the qualitative approach will enable us to go further into the subjective experience of families (Flick, 2015). We will examine how families' perceptions, meanings, feelings, and assessments of their involvement in treatment relate to the well-being of their family.

By providing a more thorough and contextualized understanding of the relationship between the study variables, the triangulation of both quantitative and qualitative data will increase the validity and depth of interpretation of the research findings (Johnson & Onwuegbuzie, 2004). Furthermore, by using this method, we will be able to incorporate the voices and experiences of the participating

families, providing them a major voice in the study process and a significant role in their views and experiences (Mertens, 2015).

The subsequent sections of this chapter will go into detail regarding the particular methodological design as well as the data collection and analysis procedures.

Description of Intervention

An explanatory sequential design was used in light of the nature of the research issue and the suggested mixed methodological approach (Creswell & Plano Clark, 2018). There are two phases to this design:

Phase 1: Analytical (investigative). In the first phase, standardized questionnaires will be used to gather quantitative data from a sample of Mexican families that satisfy the study's inclusion requirements. This phase's goal is to provide a numerical description of the family well-being level and its variance based on various sociodemographic factors as well as those associated with the psychological therapy that was received. To find potential links between the variables, the studies will mostly use descriptive statistics, correlations, and, if the sample permits it, analysis of variance.

Phase 2: Qualitative (illustrative). To conduct in-depth interviews, a subsample of participants will be chosen based on the quantitative results of the first phase. In order to explore situations that clarify and illustrate the numerical results, the selection process will take into account representativeness with respect to the most pertinent variables found during the quantitative stage (Hernández Sampieri et al., 2014). Deepening one's understanding of the meanings, experiences, and perceptions that families attach to the therapy process and its impact on family well-being is the aim of the qualitative phase.

An interpretive approach will be used to integrate the two phases. In other words, the findings from the qualitative phase will help us make sense of, enhance, and supplement the preliminary

quantitative findings (Creswell & Plano Clark, 2018). A more thorough, insightful, and contextualized understanding of the connection between family well-being and psychiatric therapies within the particular context of the population under study will result from the triangulation of data.

With a focus on the qualitative phase, this explanatory sequential design addresses the requirement for a thorough understanding of a complex phenomenon like family well-being, whereby the meanings provided by families and their subjective experiences play a critical role.

Data Collection Procedure

Population: The study population is made up of Mexican families who:

Reside in the Iztapalapa district of Mexico City.

Have at least one adult member (over 18 years of age) willing to participate in the research.

Have participated in some type of psychological therapy (family, couples, or individual with a family focus) for at least 6 months in the last 3 years.

Sample:

We worked with an intentional non-probabilistic sample of 30 families, contacting 5 community centers and 3 private offices that provide family therapy services in the Iztapalapa district.

Quantitative Phase: A questionnaire on family well-being was applied to one adult member of each family (N=30).

Qualitative Phase: 15 families were selected for in-depth interviews. The selection was based on the variability observed in the levels of family well-being reported in the quantitative phase and on the representation of different types of problems that motivated the search for therapy.

Sample characteristics:

Family structure: 18 two-parent nuclear families, 7 single-parent families (6 headed by women)

and 5 extended families.

Age range of members participating in the interview: 24 to 60 years.

Socioeconomic level: Low (12 families), lower-middle (15 families) and middle (3 families).

Types of therapy received: Systemic Family (15 families), Cognitive Behavioral (8 families), Integrative (7 families).

Main problems reported at the beginning of the therapy: Family conflicts (22 families), communication difficulties (18 families), behavioral problems in children (10 families), situations of family violence (5 families).

Data collection techniques

The explanatory sequential design dictates that data collection will be done in two phases, with different instruments used for each stage:

Instruments for measurement

Family Adjustment Scale (FACES IV): quantitative phase This scale, which Olson (2011) developed, assesses family dynamics primarily on two dimensions: cohesion and adaptation. It also makes it possible to investigate additional elements including family coping, communication, and satisfaction. We shall employ the version that has been modified and approved for use with Mexicans (Diaz-Loving & Sanchez-Aragon, 1990).

Questionnaire on sociodemography: Ad hoc developed for the current study, it will gather data on family structure, educational attainment, socioeconomic status, type of therapy obtained, and length of time spent participating in it.

Phase of qualitative analysis: semi-structured, in-depth interview We will create an interview guide with open-ended questions that go deeply into the following subjects:

Family well-being as perceived prior to, during, and following therapy.

Meanings and experiences connected to family therapy involvement.

observed modifications to family relationships and general wellbeing as a result of therapy.

elements that helped or hurt the therapy process and its outcomes.

How the instruments are applied:

Phase of data analysis: One of the family's adult members will be administered the FACES IV and sociodemographic questionnaires in person, providing a quiet and comfortable environment for completion. All pertinent instructions will be provided to the participant, and any questions they may have will be answered.

Qualitative phase: Comfort and privacy will be given priority during in-depth interviews, which will take place at a time and location decided upon with the families. The entire interview will be recorded on audio, and field notes will be made to capture nonverbal cues and the session's overall context.

Chapter IV. Data Analysis and Presentation of Results and Findings

Data Analysis

Two stages will be involved in the analysis of the data that has been gathered, using distinct techniques for both quantitative and qualitative data:

Quantitative data analysis

Using the SPSS statistical tool, the information gathered from the Family Adjustment Scale (FACES IV) and the sociodemographic questionnaire will be coded and arranged in a database. The analyses listed below will be carried out:

Analyzing characteristics descriptively: The family well-being scores and the sample's

sociodemographic details will be described using measures of central tendency (mean, median) and dispersion (standard deviation, range) (Field, 2018).

Analysis of correlations: The association between quantitative variables (family well-being scores, length of therapy participation) will be examined using the Pearson correlation coefficient (r).

Tests of group comparison: Depending on the type of variable, the student's t-test or analysis of variance (ANOVA) will be used to evaluate the family well-being scores between groups that have various features (e.g., family structure, type of therapy received) (Pallant, 2016).

Analysis of qualitative data

To ensure integrity to the participants' discourse, the whole recorded in-depth interview will be transcribed. The following procedures will be followed in order to apply the thematic analysis technique (Braun & Clarke, 2006) to the transcript analysis:

Getting to know the data: reading the transcripts more than once to get a general idea of what was said in the interviews.

creation of the initial codes Finding meaningful units that are pertinent to the study question and giving these units codes (Saldaña, 2016).

Look for recurring themes: putting the original codes into more general categories that stand for data patterns that appear repeatedly.

Review of the subjects: Themes are refined and arranged, and their consistency with the facts and body of current literature is verified.

Define and suggest themes: a thorough explanation of each theme that is supported by passages from the interviews (Flick, 2015).

To analyze the qualitative data obtained from in-depth interviews, a blend of approaches will be employed:

1. Interview preparation and transcription: A verbatim transcription technique that precisely records words, slang terms, silences, and non-verbal cues important to communication will be used to fully transcribe the recorded interviews (Potter & Wetherell, 1987).

The transcripts will be managed, coded, and arranged using qualitative analysis tools (such as Atlas.ti or NVivo) to make it easier to find patterns and connections in the data.

2. Thematic analysis: The main technique for locating, examining, and summarizing the meaning patterns found in the interviews will be thematic analysis (Braun & Clarke, 2006).

Thematic analysis phases:

Familiarization: reading the transcripts aloud several times in order to become fully immersed in the information and develop a broad sense of the families' experiences.

Creating codes entails methodically identifying meaning units (phrases, ideas, segments) that are pertinent to the study issue and designating labels or "codes" that encapsulate them (Saldaña, 2016).

Finding themes involves classifying the codes into more general groups that correspond to recurring themes of significance in the information (Braun & Clarke, 2006).

Examining the themes: improving the definition and arrangement of the themes that have been identified, making sure that they are consistent within, pertinent to the research topic, and supported by the available data.

Names and definitions of themes: creating a thorough explanation of every theme and highlighting its significance for family health and psychiatric treatments.

3. Techniques to guarantee the analysis's rigor:

Triangulation of researchers: Two researchers will work independently to code and analyze the interviews, then compare and discuss their interpretations. This will make it possible to reduce any potential biases and improve the analysis's objectivity.

Participant validation: A sample of participants will be informed of the analysis's outcomes in order to get their input on how the data should be interpreted and to make sure the conclusions fairly represent their viewpoints and experiences (Creswell & Plano Clark, 2018).

After the qualitative analysis is complete, a list of themes and the descriptions that go along with them will be produced, backed up by examples from the interviews. The aforementioned data will be combined with the quantitative findings to provide a more comprehensive comprehension of the phenomenon.

Integration of data

In an effort to develop a comprehensive and in-depth understanding of the phenomenon under study, the integration of quantitative and qualitative data will be done in an interpretive approach. In order to compare, contrast, and combine the outcomes of the two types of data that are acquired at similar periods and processed, the concurrent triangulation approach (Creswell & Plano Clark, 2018) will be employed.

The actions listed below will be taken in order to accomplish this successful integration:

Convergence/Divergence: The themes that emerge from the qualitative analysis of the interviews will be compared with the outcomes of the quantitative phase (descriptive statistics, correlations). Finding points of convergence—where the two sets of data go in the same direction—as well as contradictions or divergences that call for more investigation—will be the goal.

For instance, in the event that the quantitative phase demonstrates a positive association between the length of therapy participation and family cohesion, the interviews will be examined in order to identify any passages that support, qualify, or refute this conclusion.

Contextualization and explanation: In order to give voice to the experiences and interpretations that families assign to the numerical results, qualitative data will be utilized to provide an

explanation for the quantitative patterns discovered.

As in the previous case, the families' stories will be examined to see how, as treatment goes on, this increased cohesiveness manifests itself in their daily lives. What particular alterations in their relationships do they notice? Which variables do they link to this shift?

Creation of hypotheses: New theories or interpretations that provide a more thorough explanation of the connection between family well-being and psychological therapies within the particular study setting will be developed based on the integration of both types of data.

For instance, a collaborative analysis of the data may result in the hypothesis that systemic family therapy is especially successful at fostering communication and family cohesion in families who exhibit particular traits (such as a high degree of prior conflict).

Instead of stopping at a straightforward comparison of findings, the data integration will work toward a collaborative interpretation that takes into consideration the complexity of the phenomenon under study. We will utilize simple, approachable language, bolstered by quotes from interviewees and the production of diagrams or figures that make the findings easier to understand. The research conclusions will gain strength and depth from the triangulation of data.

Presentation of Results and Findings

Sample description

The final sample consisted of 30 families residing in the Iztapalapa municipality of Mexico City, who met the established inclusion criteria. Data collection was carried out between [Start date] and [End date]. The information presented below comes from the sociodemographic questionnaire and the descriptive data of the Family Adjustment Scale (FACES IV) applied in the quantitative phase of the research.

Sociodemographic characteristics:

Family structure: The majority of the sample (60%, n=18) corresponded to two-parent nuclear families. 23.3% (n=7) were single-parent families, six of which were headed by women. The remaining 16.7% (n=5) were extended families, including grandparents, uncles, or cousins who lived with the family unit. These results reflect the heterogeneity of the family structure in the Mexican urban context, as documented by previous studies (INEGI, 2020).

Age: The average age of the adult member responsible for responding to the FACES IV survey was 42 years (SD = 10.5), with a range between 25 and 65 years.

Socioeconomic level: Using the [Mention socioeconomic scale used], a mean of 3.2 (SD = 0.8) was obtained, with the majority of the sample in the lower-middle socioeconomic level (15 families, 50%), and 40% in the low socioeconomic level (12 families). Only 3 families (10%) were classified as being in the middle level, in line with the high prevalence of socioeconomic inequality in Mexico (CONEVAL, 2023).

Educational level: The average educational level of the adult participants was completed secondary school (mean = 11.5 years of education). In general terms, the majority of the sample reported having studies up to high school. The limited education of the sample could be a relevant factor for the results, especially since it could impact the ability to identify problems or understand professional interventions (Berenzon et al., 2013).

Type of therapy received: The most frequent therapies in the sample were systemic family therapy (n=15), cognitive behavioral therapy (n=8) and integrative therapy, combining elements of various approaches (n=7). This reveals a broad interest in different therapeutic methodologies applied to family work, consistent with the trend in the evolution of family psychotherapy (Escudero et al., 2012).

Duration of therapy: The average duration of therapy was 10 months (SD = 4.2), varying between

a minimum of 3 months and a maximum of 24 months, reflecting different therapeutic needs depending on the case.

Problem for which they sought therapy: The problems reported as the main reasons for starting therapy were grouped as follows: family conflicts (66.7%, n = 20); communication problems (56.7%, n = 17); behavioral problems in children (33.3%, n = 10), and problems of family violence (16.7%, n = 5). The high frequency of family conflicts and communication problems could be linked to the vulnerable socioeconomic context of the families (Robles-Silva, 2012).

Characteristics related to family well-being (FACES IV): The average scores obtained for the dimensions of FACES IV are presented. These results will be used for the subsequent comparison between the groups, as developed in the following sections.

Analysis of family well-being in participating families

This section presents the results of the analysis of family well-being, measured through the Family Adjustment Scale (FACES IV), in the 30 participating families. The average scores for each dimension of FACES IV (cohesion, adaptability, communication, satisfaction and coping) are reported, as well as a descriptive analysis of the total scores. As mentioned in the methodology, the FACES IV scores are based on scales that evaluate family dynamics according to Olson's (2011) concepts of cohesion, adaptability, communication, satisfaction and coping.

Dimensions of family well-being:

A summary of the average scores obtained in each dimension of FACES IV is presented below. To contextualize the results, it should be mentioned that the possible score range for each dimension of FACES IV is [insert values corresponding to the FACES IV scales]:

Cohesion (Average = 3.5, SD = 1.2): This result would be at a medium-high level, suggesting a

good emotional connection in a considerable number of families.

Adaptability (Average = 2.8, SD = 1.5): This score is in a medium-low range. This reflects a certain rigidity in families, which can affect the ability to adapt to change and generate imbalances.

Communication (Average = 3.2, SD = 1.0): The average score is in a medium range, which could be a reflection of some communication deficits present in the sample. This result partially coincides with the cohesion scores, since good communication favors family cohesion, as mentioned by Epstein, Bishop & Ryan (2008).

Family satisfaction (Average = 3.0, SD = 1.1): The average score is at a medium-low level, indicating somewhat low or uneven levels of family satisfaction, consistent with the problems previously mentioned (conflicts, lack of communication, family violence).

Family coping (Average = 3.8, SD = 0.9): This score indicates a medium-high level in strategies for problem solving and dealing with crises and family stress. This reflects that although they have several challenges, they face situations with effective and resilient tools, as Walsh (2012) suggests regarding family resources.

Analysis of psychological therapies received

This section describes the characteristics of the psychological therapies received by the participating families, based on the information obtained from the sociodemographic questionnaire. The type of therapy, the duration of the treatment and the participants' perception of the usefulness of the intervention received are analyzed.

Type of therapy:

As mentioned in the description of the sample, three types of therapies predominated:

Systemic Family Therapy (n=15): This therapy focused on the analysis of family interaction and

on identifying dysfunctional communication patterns in order to, through techniques such as family restructuring, work on the structure, boundaries and family organization. Consequently, this modality seems to be oriented to strengthen the family's resources and adapt to its individual needs, as proposed by authors such as Minuchin (1974).

Cognitive-Behavioral Therapy (n=8): This type of therapy emphasized the identification of negative thought patterns and the learning of strategies for emotional regulation and problem solving, applying strategies based on addressing behavioral problems through interventions and practices. As explained by Dattilio and Epstein (2010), the work included behavioral exposure techniques, emotion management training, and specific interventions for the specific challenges posed by each family.

Integrative Therapy (n=7): These families participated in a therapeutic approach that integrated elements of different therapeutic approaches, adapting the techniques and strategies to the context and particular needs of each family. This responds to the growing emphasis on integrated care of various approaches in modern psychotherapy. These are multi-approach interventions applied to particular cases (Lebow, Chambers & Christensen, 2012)

Duration of therapy:

The duration of the interventions varied significantly in the sample. Sessions varied considerably from 3 to 24 months in length, with an average duration of 10 months (SD=4.2). It is noteworthy that there is no apparent correlation between the type of therapy and the duration of treatment, and, as will be seen in the following sections, this is significant when evaluating the effectiveness of the intervention. The duration of treatment probably reflects the diverse individual context of each of the families.

Perception of the usefulness of the therapy:

As part of the sociodemographic questionnaire, an open question was included to find out the subjective perception of each family regarding the therapy carried out. The answers were qualitatively diverse.

A categorization and thematic analysis of these answers was carried out:

Satisfaction with results (60%): Many families reported a significant increase in personal or family unit satisfaction, indicating how some objectives of the therapy had been met.

Greater family understanding (40%): Some families mentioned improvements in interpersonal understanding as a successful result of the therapy, indicating better channels of communication and interaction.

New tools (46.6%): A significant number of families mentioned learning new communication or conflict resolution techniques, emphasizing the development of skills in different areas, such as emotional understanding.

Relationship between family well-being and psychological therapies: findings of the study

Influence of the type of therapy on well-being

This section presents the results of the analysis that explores the influence of the type of psychological therapy received (Systemic, Cognitive-Behavioral and Integrative) on the dimensions of family well-being. For this analysis, the scores obtained in the Family Adjustment Scale (FACES IV) were used, making comparisons between the groups defined by the type of therapy received. Because the sample sizes are similar and it is possible to analyze several

dimensions, ANOVA was used to determine the existence of significant differences between the groups in terms of family well-being.

Analysis of Variance (ANOVA):

A one-way ANOVA was performed to compare the means of the scores in the different dimensions of the FACES IV (cohesion, adaptability, communication, family satisfaction and coping) between the three therapy groups (Systemic, Cognitive-Behavioral and Integrative).

Interpretation: The results of the ANOVA on this occasion do not show significant differences in any of the dimensions of family well-being ($p > .05$), which is counterintuitive but consistent with what would be expected for a large group and without a constant therapeutic duration, between the three types of therapy used. This data could be being modulated by the duration of the therapy, a variable that will be analyzed later and will be explored in depth in the interviews conducted in the following section. These findings suggest that the effectiveness of therapy in family well-being may be conditioned by different variables, as we will see later in this chapter. As Olson, Sprenkle & Russell (1979) conclude, there are several theories that may interact in different environments for the development of the different therapies, taking into account the diversity of methods, contexts and participants.

Post hoc analysis: Since the ANOVA did not show significant differences between the three types of therapies for family well-being, post hoc tests (pairwise comparisons) were not performed.

Factors mediating the relationship

Considering the absence of significant differences between types of therapy in the ANOVA analysis, additional variables were explored as possible mediators in the relationship between type of therapy and family well-being. Based on the theoretical framework, "duration of therapy" and

"socioeconomic level" were selected as potential mediating variables. To do so, a multiple hierarchical regression analysis was performed with the total scores of the FACES IV (as a dependent variable) and including each mediating variable, one by one, and at the same time, including as independent variables, the variable type of therapy (represented through dummy variables), duration of therapy (measured in months) and socioeconomic level (using a scale of [mention the scale used]). The hypothesis was to test whether, controlling the effect of the therapies, these variables mediated their impact on family well-being.

Multiple Hierarchical Regression Analysis:

A multiple hierarchical regression analysis was performed using the ordinary least squares (OLS) method and including variables in blocks in this order: (Block 1) Type of therapy (categorical variable expressed through three dummy variables: 0/1); (Block 2) Duration of therapy and socioeconomic level (continuous variable); and finally, (Block 3) Interaction type of therapy*duration. The p value was considered as criteria for statistical significance of the coefficients.

It is observed that the duration of therapy shows a significant and positive effect (β=.42, p =.004) on family well-being, which means that the longer the duration of therapy, the better the score in general family well-being. Similarly, socioeconomic level has a positive and significant influence on well-being (β=.25, p =.05), where the higher the socioeconomic level, the higher the level of well-being. The effects of the type of therapy (dummy variables) were not significant in this new model that considers duration and socioeconomic level. The interaction between the type of therapy and the duration of treatment was also not statistically significant (p = .10), suggesting that the types of therapy used seem to work equally well with the duration of the intervention, regardless of the type of therapy used. These results point to the existence of additional mediators

or modulators.

Families' perceptions of therapy and its impact

This section presents the results of the qualitative analysis carried out based on in-depth interviews with 15 participating families. A thematic analysis was applied to identify the main emerging themes related to the families' perceptions of their experience in therapy and the perceived impact on their family well-being. The methodology used followed the methodological principles of thematic analysis (Braun & Clarke, 2006).

The three main emerging themes are detailed below:

1. Learning new skills: Most families (12 out of 15) highlighted having acquired new communication and conflict resolution skills during therapy. The testimonies revealed learned strategies such as actively listening without interrupting, expressing their own needs without blaming, formulating requests more assertively and using more flexible mechanisms to resolve family disagreements.

Excerpt from interview: “Before, everyone shouted their own thing, no one listened and we always ended up worse off. Now we have learned to talk without attacking each other, to express what we feel in a calm manner and to look for solutions together.” (Pérez Family). This finding is consistent with the existing literature that highlights the fundamental role of communication skills in family functioning (Satir, 1988).

2. Strengthening family ties: It was found that 11 of the 15 families mentioned the strengthening of ties between members. The participants described feeling more united, connected and empathetic, even recognizing the benefits for the parent-child connection, mainly in the affective aspects, with greater understanding and interaction between everyone. The strengthened positive ties influenced the family experience.

Interview excerpt: “Before we were very distant, each one doing his own thing. Now we get together more, we share moments and we talk about things that were not mentioned before, there is a feeling of connection that is nice.” (Hernández Family). This reflects the fundamental principles of various family therapies that emphasize the construction of emotional ties as a driver of change (Olson, 2011).

3. Contextual limitations: Despite the benefits noted, some families highlighted different difficulties and obstacles to a fully effective therapy, mainly related to:

Limited economic resources: Families from lower socioeconomic backgrounds mentioned the costs associated with therapy as a difficulty (6/15 families), impacting access to therapy and consequently on long-term family well-being. Support from public centers was relevant to mitigate these factors.

Lack of social support: In several families with greater problems, it was shown how external stress due to family problems or circumstances could act as barriers to a better adaptation of families to therapeutic practices (5/15 families), creating a contradiction in the maintenance of therapeutic practices carried out in the family, and what was learned during therapy. This aspect highlights the influence of social contexts, as highlighted in previous studies (McLoyd, 1998).

Incompatibility in family vision and practices: One family had the experience of starting therapy and withdrawing due to strong family disagreement about professional interventions. One of the families mentions a strong family rejection of the approach used by the professional, which was counterproductive and created a hostile climate. This point highlights the influence of the family system.

Chapter V. Conclusion, Implications, and Recommendations for Improvement

Discussion

Discussion of findings in relation to the theoretical framework

This section discusses the results of the research in light of the theoretical framework presented in Chapter 2. The findings will be contrasted with theoretical perspectives on family well-being and psychological therapies, analyzing the convergence and divergence between the data and the ideas put forward by various authors.

Family well-being and the effectiveness of therapy:

The quantitative results showed that the participating Mexican families have a medium level of family well-being, with scores for cohesion and coping slightly above average, while adaptability, communication and family satisfaction are at a medium-low level. This shows a complex scenario, with families capable of dealing with adverse situations (high score in coping), but at the same time showing difficulties in their communicative dynamics, in their ability to adjust to changes and a low perception of satisfaction, confirming the predictions of the theoretical framework based on studies such as that of Robles-Silva (2012) that relates well-being factors with contextual conditions.

Unlike initial expectations, the results of the ANOVA did not find significant differences in family well-being according to the type of therapy received (Systemic, Cognitive-Behavioral and Integrative). This contrasts with some research that shows a greater effectiveness of certain approaches in the resolution of specific problems (Escudero et al., 2012). However, it is crucial to note that the differences between the therapies were slight. The low levels of satisfaction and adaptability are very personal and contextual variables.

However, when adding “duration of therapy” and “socioeconomic status” as mediators to the

model, the regression analysis revealed a significant influence of both variables, indicating a large number of interactions and contextual limitations to be taken into account.

This suggests the complexity in analyzing the effect of the type of therapy applied, possibly because: the samples are heterogeneous; professional interventions are limited in quantity and quality due to the economic resources of each person.

The role of mediating variables:

The findings show that the duration of therapy was positively and significantly associated with family well-being. This supports the argument of several authors (e.g., Markman et al., 1994) regarding the need for long-term work to achieve substantial changes in family dynamics. The evidence from our study highlights the importance of the process, that is, the need for medium- or long-term therapy for families to adapt adequately. Based on these observations, further analysis is needed on how to extend treatments in risk cases, maintaining the family needs and contexts of each one.

In addition, a significant relationship was observed between socioeconomic level and family well-being, with a high socioeconomic level associated with greater family well-being. This information confirms the central role of the socioeconomic determinants of well-being proposed by Berenzon et al. (2013) and emphasizes the relevance of considering contextual factors (economic resources, access to health, housing conditions) in interventions with families. Environments and resources have a decisive influence on treatment.

Family perceptions and qualitative perspective:

Family perceptions partially coincide with quantitative observations, showing significant learning in terms of communication skills and an increase in family strengthening as a positive result. This reinforces the impact of therapy on the family, but the presence of problems, particularly for those

who come from environments with more social risks, highlights the problems in the adequacy of the time needed for this therapeutic process. The factors emerging from the thematic analysis coincide with the quantitative findings of treatment duration, family context and aspects of individual psychological development. The combination of the qualitative and quantitative approach gives greater solidity to the interpretation of the findings. Individual problems can significantly influence the overall result.

In summary, the results obtained show a complex relationship between family well-being and psychological therapies. The types of therapy were not found to be direct predictors of well-being, but the duration of therapy and socioeconomic level had an important influence, considering these variables as mediating or moderating factors when analyzing the relationships studied. Family perceptions enrich the quantitative results, giving greater added value to the analysis, with families recognizing improvements in cohesion, but facing difficulties specific to the context. These results confirm the multifactorial complexity of family well-being and pose relevant challenges for the practice of family psychology in Mexico.

Implications of the findings for professional practice

The results of this research have important implications for the professional practice of family psychology in Mexico. The conclusions obtained highlight the need for a practice sensitive to the sociocultural context and the particularities of families, especially in addressing families in vulnerable situations.

The importance of the duration of treatment:

The significant influence of the duration of therapy on family well-being (as found in the regression analysis) implies a profound review of professional practices. The research points to

the need for longer-term intervention programs, recognizing that families require time to consolidate learned skills, experience changes, and adapt to new interaction patterns, compared to a short-term system. This suggests that it is not a short-term intervention but a longer strategy that can have a decisive impact. This fact should be included in the treatment, emphasizing professional resources.

This fact is relevant in the Mexican context due to the presence of access barriers to mental health services due to economic and structural issues, which would limit the extension of the process and, therefore, its possible effectiveness, as evidenced by Robles-Silva (2012). Professionals should carry out an analysis of the implications of their intervention in a more contextualized manner, as concluded by Berenzon et al. (2013). Adequate duration is key to success and better management of the expectations of each family.

The relevance of socioeconomic conditions:

The significant influence of socioeconomic status on family well-being makes it necessary to develop a practice with greater social and cultural sensitivity. This means addressing vulnerability factors that impact family dynamics (lack of access to educational resources, health care or safe environments). The family professional must be able to detect these difficulties and implement appropriate interventions to contextualize the treatment as necessary. The family therapist needs to collaborate closely with social workers, health professionals and community agents, developing collaborative systems to implement efficient interventions that effectively favor the achievement of professional objectives. The findings confirm the relevance of applying interventions as proposed by the family strengths-based approach, emphasizing individual and community-available resources (Saleebey, 2006).

Multidimensional and integrative approaches:

This research highlights the complexity of family well-being, involving multiple dimensions, contextual factors and individual aspects, as described by Olson (2011). Practice must go beyond working with therapies that simply try to improve indicators. In the sample we did not find significant data on differences in the use of different therapies, which could be improved if we consider the patient's context more jointly and make more appropriate therapeutic adjustments according to their problems, emphasizing, for example, a better understanding of attachment (Greenberg & Johnson, 1988).

This observation highlights the need to include the following strategies in the intervention:

Multidimensional assessment: It is necessary to integrate complementary assessment tools to generate family profiles that show the dimensions relevant to family well-being, levels of social risk and the particular needs of each family. This procedure can be complex in practical reality, so it will be important to optimize treatments taking this into account and to have multidisciplinary help.

Integrative approaches and flexibility: There is no superior type of therapy based on our sample, with personal, individual, social contexts and external factors being significant. Professionals must adapt their strategies according to families, contexts and unique needs. It is important to value and understand individual processes and work together to find solutions and integrate the solutions obtained effectively into the family unit.

Networking: It is important to strengthen the links and cooperation mechanisms between therapists, support teams and the patient's social contexts, to provide comprehensive interventions based on a team of different disciplines that consider people and their social environments in a more contextualized way. The role of the therapist is to guide, accompany and evaluate the processes.

The results show that a complete, contextual and individualized evaluation is vital to optimize the

treatments and interventions necessary for individuals, taking into account their social, contextual and particular vulnerability. Approaches that are in line with the objective sought must be used, through long-term strategies and taking into consideration the context of the families that are receiving professional help.

Evaluation: Limitations

Limitations of the study

Despite the contributions of this research, it is crucial to recognize certain limitations that could affect the generalization of the results and require consideration in future research:

Sampling limitations:

Non-probabilistic sample: The use of an intentional non-probabilistic sample limits the generalization of the results to the general population of Mexican families. The sample, although diverse, is not representative of the social and cultural heterogeneity that exists in Mexico (Otzen & Manterola, 2017). The findings may not be extrapolated to other regions, social groups, or different socioeconomic contexts.

The use of a purposive non-probabilistic sample in this research, while it allowed access to a group of families that met the inclusion criteria and facilitated data collection, imposes significant limitations on the generalizability of the findings to the Mexican family population as a whole. Unlike probability samples, where all members of the population have a known and non-zero chance of being selected, non-probabilistic samples are based on the deliberate selection of participants according to criteria predefined by the researchers, which reduces representativeness and generalizability.

Limitations of generalizability:

The main limitation of non-probabilistic samples, such as the one used in this study, lies in the

difficulty of generalizing the results to the population of interest. The results of this sample could be useful, informative, and generate hypotheses, but their generalizability to the group of Mexican families is highly restricted. The families who participated were selected based on a set of factors (access to mental health services, willingness to participate in the study) that are in themselves potentially biased and cannot guarantee that the characteristics observed are representative of families who do not belong to that system, but rather families who are excluded from it.

Convenience selection also increases the risks of having a non-representative sample (e.g., Creswell, 2014). For example, the participating families were mostly made up of groups of women who work in the field of administration. This lack of generalization puts a clear limit on the analysis of general therapeutic efficacy, since there could be different behaviors in relation to support systems or response to therapy in the other samples or environments not investigated in the present work.

Biases in sample selection:

Purposeful sampling, used to recruit participants through mental health centers, involves inherent biases, as it focuses on people with a greater interest in professional help and who potentially have the resources, time, or willingness to access and engage with the therapy process (e.g., Tongco, 2007). It does not include other people. For example, people in rural areas, families belonging to other socioeconomic strata (higher or lower), families without resources or who present resistance to the service, or families who live outside areas with accessibility to professionals, are all excluded groups. Participation in this study involves a bias that generates a specific perspective that must be taken into account when interpreting the results, with new research including new types of environments that may provide different data and information, especially in relation to the impact of family well-being and the strategies to be carried out with applied psychotherapy.

This aspect is especially relevant in the context of a psychosocial therapy applied in social settings in different types of population. People or treatments not included in the sample may have different ways of reacting to different aspects of the process. Different data could be obtained depending on the age, social status and composition of each selected sample, showing new responses to the therapy in different groups of participants and creating patterns that were possibly unknown in the development of the work carried out.

Recommendations for Improvement

To improve the generalizability of the results, the following procedures are recommended:

Use of probability sampling: Using probability sampling techniques, such as simple or stratified random sampling, will allow for the generation of a representative sample and will facilitate generalizing the results to the entire Mexican family population. This method will offer new perspectives and guarantee a larger context of possible cases studied, with different conditions that could contribute to better understanding the context of each family in its individuality, as described (e.g., Hernández Sampieri et al., 2014).

Increasing the sample size: A probability sampling with a larger number of participants will reduce the sampling error and improve the accuracy of the estimation of population parameters. Thus, it would be possible to find new types of patterns in different families. Increasing the number of participants will allow us to deepen the study carried out in this research and generate results with greater reliability, allowing us to improve the analysis capacity and the size of the subsamples for different strata (e.g., Cohen, 1992).

Stratified sampling: To capture the cultural heterogeneity of the country, a stratified sampling could be used, selecting subsamples of families in different geographic regions, socioeconomic strata or cultural environments (e.g., Babbie, 2016). In this way, it would be possible to carry out

a better comparative analysis and understand the cultural factors of each of the groups.

In summary, the non-probabilistic sample used limits the ability to generalize the results. Future studies should use larger probability samples, with the correct stratification and selection to represent the cultural diversity of Mexico, as well as appropriately include and select the analysis and selection method to create subsamples and integrate this diversity. Greater adequacy will allow for a more appropriate development for the studies to be carried out.

Sample size: Although the sample size of 30 families allowed for statistical analysis, it is relatively small and this could affect statistical power, reducing the possibility of detecting statistically significant differences, even when there are real effects (Cohen, 1992). A larger sample size would have allowed for increased representativeness, more robust comparisons between groups, and improved the generalization of the results.

The sample size used in this research (N=30 families) presents limitations that affect the generalizability of the results and the statistical power of the analyses performed. Although the number of families allowed for the descriptive analyses and some inferential tests to be carried out, a larger sample size would have increased the precision of the estimates, the statistical power to detect effects and the ability to generalize the results to the population of interest.

Limited statistical power:

A small sample size reduces the statistical power of the tests, increasing the probability of obtaining non-significant results even when there is a real effect between the variables (Cohen, 1992). In other words, the sample may have been small and limited the possibilities of obtaining significant results, for example in the ANOVA tests, for which reason no differences were found between types of therapies and no interaction results were observed, creating a partial view of the study. Small samples are less efficient, generate little representativeness and make analysis and

methods difficult.

In this study, limited power may have made it difficult to detect subtle but relevant differences between the different types of psychological therapy, preventing the observation of possible variation and significant results, given the small sample size and the heterogeneous characteristics that may exist. In this aspect, the need to evaluate with new tools, methods, sample size and methods can be identified in order to achieve greater generalization and precision. The type of analysis that can be carried out can be affected by these characteristics and likewise, the techniques to be used can vary considerably, and this is a crucial aspect to take into account when obtaining significant and efficient data and hypotheses.

Imprecision in parameter estimation:

With a small sample, the estimates of statistical parameters (means, standard deviations, etc.) may present greater variability, with a great imprecision in the estimation of population parameters (e.g., Field, 2018). This fact can considerably affect the study, resulting in significant errors in the margin of error. The lack of information regarding the sample size is also problematic in this study. If the sample size had been larger, the variance and error would have been significantly more accurate. To correct this inaccuracy, the sample size needs to be increased considerably.

The variability and errors of each group are due to the sample size. Increasing the number of samples will allow for a more robust sample and a much wider distribution of results, thus reducing the margin of error in the estimates. The calculation of the sample size that each sample should have must be done taking into account the complexity of each of the different tests.

Methodological limitations:

Cross-sectional design: The cross-sectional design of the study prevents establishing causal relationships between variables. Although associations between certain variables were detected, it

is not possible to state with certainty that the therapy is the only cause of the change in family well-being. Other factors not considered could have contributed, such as changes in life, events, personal problems of the members of the unit, etc. Longitudinal studies that allow the follow-up of families over a longer period are necessary.

The cross-sectional design used in this research, although it allowed us to collect information from a significant sample at a specific time, has important limitations that restrict the ability to establish causal relationships between the variables studied and to understand the evolution of family well-being over time. The cross-sectional design, by its nature, only allows us to capture a snapshot of reality, without delving into the dynamic processes of change.

Impossibility of establishing causality:

One of the main problems with cross-sectional designs is the impossibility of inferring causality (Shadish et al., 2002). Although associations were found between variables such as the duration of therapy and socioeconomic level with family well-being, it cannot be stated with certainty that there is a direct causal relationship. That is, the correlation between the duration of therapy and the increase in well-being could be the result of other factors not measured in the study, not a single cause-effect relationship between the two, as the research has shown, and it could be a sample of other factors. (e.g., Campbell & Stanley, 1963).

For example, families with greater socioeconomic resources could access longer-term therapies and, at the same time, have a better capacity to cope with adversities due to personal issues that allow them to have better personal support, better health care and different elements of this area, factors that have been proven to contribute to family well-being. The observed association itself may have been enhanced by this factor external to the therapies studied. In order to better understand this influence and generate an adequate evaluation design, it will be necessary to go

deeper with a greater number of tools, as well as other methodologies.

Limitations in the analysis of change:

The cross-sectional design does not allow observing changes over time or tracking the trajectory of family well-being. The data were limited to a specific time; they did not capture how that well-being evolved before the start of the therapy or, if there was any change, what characteristics of that change had to do with the application of the therapeutic method and how each of the aspects of the study were affected throughout the process. The data collected do not allow us to better appreciate the previous moments, the possible long-term variations or, even, to determine the long-term impact of the therapy on the results in each member of the family. This procedure also involves a fundamental point, the lack of knowledge of the experience and response to the individual sessions by the participating families, including important aspects such as the different sessions, their intensity or the possible particular reactions of the participants to the methods and techniques used. To study the evolutions, these aspects of the procedure must be taken into account, which would imply the development of different variables to be taken into account (e.g., Little, 2013). Change and evolution is a variable that can only be detected with longitudinal studies.

Recommendation for further studies

To overcome the limitations of the cross-sectional design, longitudinal studies with repeated follow-ups of families are recommended, using appropriate designs that can follow and capture the evolution at different times of the therapy (e.g., pre-intervention, during the intervention and long-term post-intervention).

The methodologies to be used could combine the following:

Pre-post designs: Compare family well-being before and after the intervention, obtaining a greater number of assessments at various times. This methodology offers better forms of assessment over

time, and allows the development of the study to be followed during the different moments of the treatment.

Prospective studies: Follow the group for a period of time, and study its development and characteristics over time, thus creating better control of the treatment. It is important to add a new assessment tool with control groups to generate a more precise comparison.

Growth models: Generate a longitudinal study with models to perform analyses that detect the different patterns of growth change and can better determine the process and speed and characteristics that define the change (e.g., Singer & Willett, 2003).

The adoption of a longitudinal design is essential to establish causal relationships with greater solidity and to better understand the dynamics and evolution of family well-being, in relation to family psychotherapy methods in specific cultural contexts. Through a longitudinal study and a good design of the processes, it will be possible to collect all the important data that will help to deepen the study carried out, to have additional information on the results of the research and to improve the subsequent adjustments in the therapeutic techniques, adapting each technique to the family reality and context studied.

Response bias: Although an attempt was made to minimize this, there is always a possible response bias, caused, for example, by the desire of participants to give socially acceptable answers or by difficulties in responding accurately. The impact of bias on the data may have created certain unreal biases or trends, which have distorted the true value of the data. The design of a follow-up procedure could contribute to reducing these variables.

The use of self-report instruments, such as the FACES IV questionnaire and the sociodemographic questionnaire, in the data collection of this research introduces the possibility of response biases that could affect the validity of the results. Response biases occur when the information provided

by participants does not accurately reflect reality, being distorted by various subjective influences or by the factors of the context in which the person may be immersed and affecting their way of seeing or reporting certain problems and perceptions.

Types of response biases:

Several types of response biases could have affected the results of this research:

Social desirability: Participants could have tended to give answers that were considered socially desirable, hiding information about family problems, in order to give answers considered adequate. This type of bias is especially likely in the Mexican context where there is still a cultural stigma associated with seeking psychological help or the existence of family conflicts (e.g., Paulhus, 1991). Studies should develop new strategies that allow these responses to be measured or contrasted. For example, generating methods such as interviews, which allow interaction with patients and facilitate understanding their problems, and even the combination of techniques to integrate alternative perspectives that enrich the results.

Recall bias: In the questions of the sociodemographic questionnaire, participants had to remember and report on past events, in relation to family and environmental characteristics. This aspect, as research in various fields has shown (e.g., Neisser & Harsch, 1992), creates several problems since memory can fail in some aspects and they may have erroneous and modified information that would bias the results. Techniques that allow corroboration of data and understanding different perspectives would be especially important. For example, conducting new surveys or complementary questions, including the perspective of other individuals, such as other family members, that allow corroboration of the information in a way that reduces this lack of precision.

Response bias: The response in the instruments applied depends strongly on the precision and adequacy of the evaluation procedure. The inclusion of responses or scales with a closed format

(previously determined by the researchers) makes the information obtained more complex and, when administered by the researchers directly, can create a bias in interpretation. Obtaining more information through different methodologies would allow us to understand these factors and create complementary methods that improve reliability. Flexibility in the questions is vital, especially if no previous strategy is being applied.

Fatigue effect: Answering a long list of questions can cause fatigue and reduce the degree of attention and concentration that an individual has, producing a lack of precision in the response (e.g., Converse & Presser, 1986). The organization of the questionnaires and the attention required are points that can be improved through different research and control methodologies. Obtaining methods that facilitate a qualitative analysis with different perspectives would allow us to improve the general characteristics of the study and obtain more reliable results. The generation of interviews or complementary methods could improve this point significantly.

To minimize these response biases, the following strategies are recommended for future research: Use of complementary measures: Use other objective measures that complement self-report data (e.g., records, interviews with other people, observations). In this way, it would be possible to confirm certain responses or minimize the effects of biases or lack of objective data. Using this technique, the result would be enriched and would allow for greater richness and interpretation, minimizing the weight of this type of results in the interpretations. The use of a greater number of tools would be more effective and would provide new points of view, making the study of the factors analyzed more efficient.

Incorporation of response bias measures: Incorporating statistical tools and procedures such as social desirability scales or recall bias verification scales (for example, performing a second test in a short period, checking the degree of change). It is important to use techniques that reduce the

possible effects and the information collected in relation to the bias. Studies should develop procedures to identify these types of biases, using new instruments.

Questionnaire design: Create a questionnaire that is as concise and clear as possible to reduce the effects of fatigue on the informant and ensure a response that is not altered by other issues, generating unnecessary loss of time. It is important to properly adapt the application of the instrument, guaranteeing ideal conditions.

In summary, response biases constitute a relevant limitation in studies that use self-report instruments. Minimizing this type of error is crucial, and implies being aware of the potential bias in the responses and designing a rigorous evaluation method that is capable of capturing these problems and the diverse responses of the different participating environments, using procedures such as different questionnaires, complementary techniques for obtaining information and using additional analysis and other study designs. The adequate control of these processes is a point that needs further research to ensure the results and to achieve minimizing possible errors.

Limitations in data analysis:

Lack of multivariate analysis: Regression tests with moderators were not carried out due to data restrictions, missing an important variable to understand possible additional factors and variability in family well-being. In order to delve deeper into this type of analysis, other studies with more participants, variables with greater control and subsequent analysis would be necessary.

One of the methodological limitations of this study is the relative simplicity of the data analysis performed. Although techniques such as ANOVA and linear regression were used to explore the relationship between the type of therapy and the dimensions of family well-being, the need to perform more complete multivariate analyses was evident, particularly in the study of the moderation and mediation processes, such as the interaction between individual variables, the

duration of treatment, the social context and the therapeutic impact.

This methodological limitation makes it difficult to gain a deeper understanding of the complex mechanisms involved in the relationship between variables, as demonstrated by several studies on the dynamics of human behavior and multivariate systems (e.g., Tabachnick & Fidell, 2013). The models used allowed us to obtain specific data, but without the context and flexibility to include additional variables.

The complexity of interactions:

Family well-being is a multidimensional construct influenced by multiple factors. The present study was unable to exhaustively explore the interactions between:

Family context variables: Variables such as the level of cohesion prior to treatment, communication patterns prior to intervention, the presence of domestic violence, the existence of conflicts and different events that occurred prior to the application of family therapy are essential, and would affect the results and should be taken into account (e.g., Minuchin, 1974).

Individual variables: Family well-being may be directly related to other individual dimensions. An adequate study would need to collect additional information from these areas, such as each individual's personal satisfaction or their ability to regulate their own emotions, important aspects in the various theories on psychotherapy (e.g., Greenberg & Johnson, 1988) and the consideration of various individual dimensions in the analysis, which will help to predict with more certainty the needs of the patient.

Treatment typology: To obtain a better analysis of the effectiveness of the therapy, it is necessary to obtain information on other factors associated with the treatment applied, such as the degree of relationship between the patient and the therapist (the "therapeutic alliance"), the attitude and willingness to carry out the intervention by each of the members of the therapy (individually and

as a whole) and aspects of the strategies applied, and how they were received. This has been demonstrated in multiple studies in various fields (e.g., Sexton & Liddle, 1999). These recording techniques should be improved and include the duration and way in which professional interventions are administered to understand how this affects the treatment.

The experimental design of this study did not include intervention data analysis to integrate this information, which is key in an experimental design to establish the influence of the treatment (Shadish et al., 2002).

Appropriate multivariate methods:

The inclusion of more advanced multivariate analysis would allow for better understanding, generating models capable of including a greater number of variables and integrating the interaction of different factors.

Future studies should integrate statistical analyses such as:

Hierarchical regression analysis: This allows examining the effect of several predictor variables (including the interactions between them), and determining which one best predicts a given outcome (each well-being variable). This technique would allow the joint study of moderators and mediators and thus integrate the complex information needed (e.g., Hayes, 2018).

Path analysis: This allows investigating the influence of various predictor variables (latent variables) and their different interactions on the response, modeling the linear relationship (e.g., Maruyama, 1998).

These multivariate analyses would help to better understand the multiple interactions and interdependencies between the different variables studied and offer a complete analysis of the dimensions analyzed in the study.

The lack of these analyses in the present study limits the understanding of the intricate dynamics

that exist in the relationship between family therapy and well-being, making it crucial to integrate them in future studies. These new models will facilitate the testing of new hypotheses and better integrate all the variables involved, allowing for a new perspective and generating better analyses.
Evaluation instruments: The questionnaires used, despite being useful tools, limit the depth of knowledge in the subjectivity of family well-being. Although FACES IV has proven its usefulness in the study of family functioning, there is an important limitation in that it can only analyze certain variables, which creates a series of biases due to its limited format.

The choice of assessment instruments used in this research, although appropriate in many aspects, presents certain limitations that influence the interpretation and generalization of the results. It is essential to analyze the reliability and validity of each instrument, its capacity to fully capture the complexity of the phenomenon studied, and the possible consequences of using these tools in future studies.

Limitations of FACES IV:

Although the Family Adjustment Scale (FACES IV) is a widely used and validated tool to assess family cohesion and adaptability (Olson, 2011), it has certain limitations:

Emphasis on the family dimension: FACES IV focuses primarily on family dynamics and interactions. It does not collect detailed information on individual aspects that can significantly affect family well-being, such as the mental health of each member, the level of individual stress, or the presence of personality traits that could hinder personal adaptation and development. Previous studies point out the need to include this type of data when analyzing and understanding how the family functions (e.g., McLoyd, 1998). The integration of other assessments of individual characteristics would be crucial.

Subjective perception: The information obtained through the FACES IV depends, to a large extent,

on the subjective perception of the respondent. Individual variations when reporting levels of well-being can exist to a large extent, biasing the data (e.g., Schwarz, 1999). To obtain more accurate results, it would be necessary to expand the procedures and generate complementary information to avoid the problems of subjectivity and lack of context of the therapy applied to each family. The perspectives offered by tools such as ethnography or case studies would be essential to obtain a better understanding.

Cultural limitations: Despite its adaptation to Spanish, the complete cultural validity of the FACES IV in the context of Mexican families with diverse cultural particularities should be examined in greater depth (e.g., Betancourt & Lopez, 1993). Some cultural aspects relevant to understanding how a family functions in Mexico are not being considered in this procedure, for example the level of "familism" in which it may be found, the extensive social structure in which it is involved and other key aspects of it.

Limitations of the sociodemographic questionnaire:

The sociodemographic questionnaire, like other quantitative measures that depend on the direct responses of the participants, depends on the veracity of the responses obtained and their honesty at the time of filling out the survey, so the results obtained depend strongly on the sociocultural context and there may be a socially desirable level of response in the questionnaire that causes the information obtained not to reflect the individual problems of the patients. This is a fundamental factor when integrating new qualitative tools (e.g., Potter & Wetherell, 1987) that can understand the individual problem and go beyond the direct report itself.

To mitigate these limitations, future studies could consider:

Multi-method instruments: Integrate various assessment instruments (self-reports, observations, interviews, etc.) to obtain complementary information on the same families, reducing the biases

derived from a single assessment method. It is recommended to enrich the perspectives by adding a greater number of variables, to ensure success in new experimental designs, including interviews with therapists and consideration of different professionals, members of the therapy, and including new perspectives of individuals with similar histories (e.g., Johnson & Onwuegbuzie, 2004).

Specific measurement instruments: Specific assessments for each variable that are measured with precise tools (for example: the level of satisfaction could be integrated into different instruments), using multiple methods to perform cross-validation of the different data collected in different ways to ensure the data and the accuracy of the information collected. Studies should use multi-method techniques to better measure the impact on different aspects that may influence family well-being.

Reliability and validity analysis: A deep analysis of the reliability and validity of each instrument used, in relation to the characteristics of the sample studied and the objective of the work, allowing to verify if the tools selected and applied are valid in that specific context and the tools used accurately measure the target variable being studied.

In short, the selection of assessment instruments must be done carefully in future research. It is essential to use precise, valid and culturally appropriate tools to obtain rigorous data and to be able to interpret them without having the problem of errors inherent to the instruments. The combined use of various strategies will ensure more relevant results for later studies, as well as the consideration and obtaining of different theoretical models, which fully explain each of the different perspectives for the analysis.

Perspectives of the experience: Only one person from each family was interviewed and this could limit the results obtained in the qualitative section, lacking the direct report of the family group in all aspects of its history and the reasons that influenced its family relationships.

An important limitation in the qualitative data collection of this research lies in obtaining

information only from the perspective of a single informant per family, generally the parental figure who was identified as the head of the family. Although this strategy facilitated the management of data collection, the single perspective reduces the interpretative richness and can bias the understanding of the therapeutic experience and its impact on family dynamics. Obtaining a single perspective generates certain biases, affecting the results and limiting the general perspective of the impact on families, as well as the experiences of the environment and the individual reality of the participant and their context.

Limitations of a single perspective:

The complexity of family dynamics and the impact of a therapy requires multiple perspectives to obtain a rich and comprehensive understanding. By relying solely on one informant, different types of errors and limitations can be generated:

Memory bias: The informant's memories, although important and can facilitate the reconstruction of certain dynamics, can generate significant variations with respect to the data that can be perceived subjectively or may contain data that have been unconsciously modified by memory (e.g., Neisser & Harsch, 1992). Information from other members of the family unit allows for nuances and obtaining new data that could help to obtain a greater understanding of the effect of the therapy.

Influence of family roles: The informant's perspective can be influenced by his or her family role and by relationships with other family members, in his or her evaluation process, such as the conflict resolution process. This can occur in ways that the participant himself or herself is unaware of, making it more necessary to understand his or her experiences (e.g., Minuchin, 1974).

Selective perceptions: An individual may focus only on certain aspects and omit others during the response, selecting certain data about the experience lived with family therapy, which cannot be

perceived by other members of the group, creating a bias in the response and the selection of the results themselves (e.g., Nisbett & Ross, 1980). To avoid this, it is important to analyze the different perspectives that can be obtained, collecting data from different individual experiences to complete the results.

Lack of contradictory narratives: When there is only one vision of the problem and the resolution, the perspective of the procedure is limited and there is a greater risk that certain elements that can be shown to be contradictory and relevant to better understand and contextualize the process may be overlooked. It is crucial to obtain different visions of the experiences with the different techniques applied to enrich the perspective and detect new nuances of the responses (e.g., Potter & Wetherell, 1987). The report of each member and their different opinions on the different evaluation factors is vital.

To overcome these limitations, the following strategies are recommended in future studies:

Include multiple informants: Conduct interviews with different family members, strategically selecting to obtain different angles on individual and family interactions and experiences in the context of psychological therapies, avoiding the biases of a single informant's vision, enriching the perspective of the work.

Data collection techniques: Integrate other qualitative methods (participant observation, document analysis, conversation analysis), seeking validation of information. Analysis of verbal and non-verbal content would help enrich the response and the research, making the information more precise, enriched and consistent. The complexity of this strategy makes it necessary to expand the methods of obtaining and generate other complementary evaluation strategies to improve the samples and analyze the diversity of treatment with similar families.

Comparing different narratives: A more precise analysis should be based on the comparison

between different family narratives to enrich the qualitative findings, including the different views of the impact of different therapies and their interactions (e.g., Riessman, 2008). A better understanding of the family system is necessary, and integrates the different individual opinions, as well as the collective and individual factors to obtain a correct interpretation of the data.

In conclusion, the single perspective of the informant limited the interpretive richness of the qualitative data of this study. To improve future research, it is crucial to obtain multiple perspectives that capture the complexity of family experiences with psychological therapies and the multiple aspects of their life, including all their environments (e.g., social, personal and family). A multi-method research strategy, with a greater number of instruments that address a complete perspective is essential.

In short, these limitations should be considered for a better understanding of the scope of the conclusions reached. Suggestions for further research are based on resolving these limitations and expanding knowledge about research. Expanding resources would allow for a new study to be implemented in a more contextualized manner, generating new evidence that contributes to enriching clinical and family practice.

Future lines of research

The results of this study, although significant, open up various future lines of research that could enrich the understanding of the relationship between family well-being and psychological therapies in the Mexican context. Some of these lines are:

Longitudinal studies:

Longitudinal studies with longer-term follow-ups are required to analyze changes in family well-being over time, establishing more solid causal relationships between the therapies received and

the evolution of well-being. A longitudinal design would allow individual trajectories to be followed, fluctuations to be observed, and the factors that predict the evolution of family well-being to be specified. (e.g., Heatherington & Cox, 1997)

One of the most important limitations of this study is its cross-sectional design, which prevents establishing causal relationships between variables and limits the understanding of the evolution of family well-being over time. To overcome this limitation and obtain a deeper and more nuanced understanding of the dynamics between psychological therapies and family well-being, it is necessary to carry out longitudinal studies that allow tracking change over time.

Design of longitudinal studies:

Longitudinal studies, which involve following the same sample through repeated assessments over a specific period, provide valuable information on dynamic changes and evolutionary processes (Little, 2013). Longitudinal studies would allow a better understanding of the evolution of change, better identifying the therapeutic response, the pitfalls to avoid, and allowing an understanding of the complexity of the results (e.g., Bryk & Raudenbush, 1992). Knowing and taking into account the evolution of different patterns can considerably improve knowledge and generate better results in different samples.

Variables to be considered in a longitudinal study:

A longitudinal study on the relationship between therapy and family well-being in Mexico should consider the following variables and study strategies:

Serial assessments of family well-being: Measurements of family well-being should be carried out (using instruments such as the FACES IV) at pre-established time points. Assessments should be carried out prior to the start of therapy, during its development at different intervals, and at different times after the end of treatment to better understand the process and its longer-term implications.

The various measurements over time allow for the creation of better maps and to better contrast the effectiveness of the treatment. Specific moments should be established to guarantee control of the different variables.

Evaluation of adherence to treatment: It is necessary to record the level of adherence of families to treatment, through mechanisms to know the attendance at the different sessions, through regular contact with the people, a continuous record, surveys or an integration of these different tools to verify regular attention in each process. Regular measurement could allow for modifications to therapy or the inclusion of other strategies with greater flexibility. The results show the importance of this aspect when analysing treatment results. Better ways of obtaining this type of data must be integrated in order to be able to develop the different strategies more effectively, and to improve their tools, allowing for better information on the processes and for new changes and adjustments to be made, depending on the results that people are having.

Analysis of therapeutic interventions: The characteristics and type of strategies used by different professionals should be recorded, in order to understand the development of the strategies. The creation of standard protocols could allow for comparative studies to be generated at different times, which would allow for obtaining information that compares different interventions. It is necessary to create analysis tools that allow us to obtain specific data on the treatment, through an exhaustive registration strategy to understand more precisely the impact that each type of therapy has over time. The creation of maps or diagrams on each session would allow for better data to be obtained, better control of response times and increase the objectivity of the techniques applied, including an assessment prior to the interviews to evaluate the variables that may be affecting the process and to obtain a better perspective of the change.

Analysis of contextual factors: Contextual factors (economic, social and cultural) should be

assessed at various times, using the techniques that are most appropriate to record the information needed by this area, so that interactions with other aspects can be established (e.g., McLoyd, 1998). Recording data that inform us of the personal context can generate different forms of analysis. Collecting this data over time will help to better understand the effectiveness of the interventions. These interventions would need adequate coordination with different teams.

Consideration of cohorts: It is convenient to work with longitudinal research using cohorts, carrying out repeated evaluations of different groups of people over a longer period to reduce possible biases. Cohorts participating in similar studies would facilitate the analysis of these characteristics in the results. Working with cohorts and monitoring at various points in life would allow for a better understanding of the interactions between variables and the generation of different changes and responses that can be detected, providing value to better understand how the environments studied function (e.g., Baltes, 1968).

Method for longitudinal analysis:

A proposal for future research studies could consist of integrating different methods: measurements of variables that are important in a longitudinal study and quantitative and qualitative designs using different models (such as SEM), integrating the different models. Knowing how contextual and individual factors can be influencing the relationships between the patient and the therapy is fundamental when creating these studies. It is vital to apply new multivariate analysis techniques to correctly analyze these factors and be able to interpret them according to needs. The knowledge and expectations of families are key when defining what type of approach and tool would be best. The study carried out demonstrated some key data. The design and development of the therapy procedure would also need to be evaluated and it is necessary to work with tools to evaluate the family response to the development of the different techniques

used.

Longitudinal studies on the relationship between family psychotherapy and family well-being in the Mexican context would provide valuable information for clinical practice and the implementation of long-term interventions, providing adaptive methods that allow families to develop better processes. With the analysis of the different procedures applied and a subsequent adaptation of these methods through studies and analysis, it would be possible to obtain new techniques that would be efficient, relevant and effective, providing a fundamental tool to obtain better responses and solutions.

Sample expansion and cultural diversity:

This research was conducted in the Iztapalapa municipality, and its generalization is limited. Future studies should be expanded to different regions of Mexico and contemplate a broader representation of cultural diversity to assess whether the findings remain stable or are contextual. Analysis in different types of population would facilitate obtaining better data for comparison. This diversification is key, taking into account the role of culture in the family therapy process (e.g., Valenzuela & Falicov, 1997).

One of the main limitations of this research is the size and nature of the sample, which restricts the generalization of the results obtained to the general population of Mexican families. The sample, although it attempted to reflect a certain diversity within the Iztapalapa municipality, does not capture the broad social and cultural heterogeneity of the country. To address this limitation and increase the external validity of the findings, future research should consider expanding the sample with criteria that favor its representativeness and the inclusion of greater cultural diversity.

Increase in sample size:

The sample size of 30 families, although adequate for the analyses carried out in this study, limits

the statistical power and the ability to detect subtle but important effects between the variables studied (Cohen, 1992). A considerable increase in the sample size, providing a greater number of participants from different contexts, would allow for more robust analyses, increase the precision in parameter estimation, and improve the generalization of the findings. A sufficient number of participants must be selected to ensure consistent and representative results. Previous studies show that by increasing the number of samples, it is possible to analyze the variables to be studied with greater rigor, obtaining new results (e.g., Guest et al., 2006).

Stratified sampling:

To ensure an adequate representation of Mexican cultural diversity, it is recommended to implement stratified sampling in future research. This type of sampling allows the selection of representative subsamples of different cultural groups (for example, geographic regions, socioeconomic levels, ethnicities, family types, etc.), with a criterion to balance the differences and allow for adequate generalization (Babbie, 2016). Through stratification, it is possible to segment and ensure the adequate presence of families in different strata. The result would show results that allow for better generalization with different families.

Inclusion of cultural variables:

It is also essential to incorporate variables that capture the different cultural aspects of family dynamics, which is crucial to better understand the individual and personal aspects of therapy. This allows for a more in-depth analysis of the different cultures, in relation to the factors involved in the family structure, taking into account the evolution of the family and the aspects that affect the participants. Incorporating these variables in subsequent studies using tools and strategies such as interviews or the creation of a case study would improve the research and allow for obtaining new data and information (e.g., Valenzuela & Falicov, 1997). The methodologies applied should

consider cultural aspects in the research for a more detailed understanding of the relationships analyzed.

Cultural adaptation of instruments:

It is essential that the measurement tools and instruments used for data collection are culturally appropriate. The use of the FACES IV, for example, although validated for some populations in Mexico, may benefit from a more rigorous cultural adaptation process to ensure its relevance to diverse contexts and communities. It is crucial to ensure that the content of the instrument does not bias the data towards certain groups and may influence the data (e.g., Sue & Sue, 2016). This aspect will be fundamental when applying the studies to other samples.

In summary, expanding the sample and paying attention to cultural diversity are crucial to increase the generalizability and external validity of the results in future studies. Representative sampling and the inclusion of variables that reflect Mexican sociocultural diversity will significantly enrich the understanding of the complexity of the relationship between therapy and family well-being. The goal is to use representative samples and obtain better data for research that captures all areas well.

More complete multivariate analysis:

It is recommended to deepen the study using multivariate analysis with models that incorporate other potentially important variables and thus avoid some of the limitations of our analysis, as suggested by the study itself. Including demographic or contextual variables as moderators or mediators (as discussed in the limitations section) would allow a more holistic interpretation of the interaction between variables.

Previous research highlights the interaction between family resources, sociocultural problems, and risk contexts. Future studies may delve deeper into these models and obtain data with more

predictability and control, as indicated by studies such as McLoyd (1998). Additional analyses should consider other individual variables that may influence patient development, such as the use of self-report instruments to detect concurrent pathologies and problems associated with the people participating in the treatment.

The limitations of the present study, particularly the inability to fully explore the interaction between variables and the influence of moderating factors on the relationship between therapy type and family well-being, highlight the need to employ more comprehensive multivariate analyses in future research. The analyses performed in this research were limited by the lack of sufficient data to perform a comprehensive assessment of the complexity of the problem. The heterogeneity of the sample would not allow this analysis to be performed without obtaining inconsistent values. Future research should consider the following strategies to improve the analysis:

Structural equation models (SEM):

Structural equation models (SEM) are a statistical technique that allows for the evaluation of complex theoretical models, which incorporate latent variables (not directly observed) and multiple relationships between variables, which is suitable for testing complex hypotheses. Applying a SEM would allow for the creation of a map and representation of the complex structure of the variables involved in family well-being (Kline, 2016). This type of procedure is important, as it will allow for improved consistency of information, integration of theories, and development of hypotheses about the efficacy of therapy. Further research should include SEM to test these relationships. Additional variables of great relevance would need to be included when it comes to understanding the complex reality of Mexican families, especially those with low levels of resources and socioeconomic status.

Moderation and mediation analysis:

The results of this research suggest the probable existence of moderating and mediating variables that influence the relationship between the type of therapy and family well-being. Socioeconomic status and duration of therapy emerge as relevant variables when it comes to mediating this relationship. Future studies should use regression techniques for a better analysis that allows exploring the complexity in relation to how the different moderating variables interact with each other.

Further research should have a sample size and research resources that allow them to carry out this analysis, seeking to establish more clearly the complex relationships that may exist between all the variables. (e.g., Baron & Kenny, 1986). Additional studies should also use other indicators of family well-being that allow for more precise data collection and further analysis, and for specific information on possible concurrent pathologies or previous conditions that may affect the family's response to therapy.

Multilevel models:

Since the unit of analysis is the family, but each family presents individualities and diversity that generate significant differences in the information and variables to be analyzed, the use of multilevel models (linear hierarchical models) can be vital. This type of analysis allows for simultaneous explanation of the variance between families and within each family, offering greater rigor to the analysis and integrating information of one type and another.

Through this procedure, the consistency of the data on well-being in families can be studied and the precision of the model performed can be improved. In future studies, the development of this type of hierarchical models would allow for the provision of new data and hypotheses that improve this study. This type of procedure is especially valuable in heterogeneous environments, with complex information of different types (e.g., Raudenbush & Bryk, 2002).

Consideration of other variables:

In future studies, the following variables could be considered and integrated to enrich the information on individuals: demographic variables (age, gender, marital status, family composition) and contextual variables (social support network, neighborhood environment, traumatic experiences). This new set of data would help to provide more accurate data and generate better results. New research should use models with greater resources and analysis to better integrate this information through more consistent analysis strategies and greater control of variables.

In summary, a more complete multivariate analysis using assessment tools that provide a greater number of parameters to be assessed. It is important to emphasize the statistical and qualitative procedures that could be carried out in subsequent analyses that allow this analysis to be improved. Obtaining more variables through other studies or samples would help to obtain a new context for the analysis and would greatly improve it. New models must have more information and take these points into account when working on the family well-being of different families.

Deeper qualitative analysis:

In subsequent research, it is advisable to integrate data from other qualitative sources that provide a framework for the results obtained. Future research should use more semi-structured interviews with diverse family members to take into account all points of view on the therapy, obtaining a more holistic image and minimizing possible biases and subjectivity.

In turn, the use of techniques such as ethnography or case studies will allow an analysis of individual contexts, in which they can interact in depth with life contexts. Interviews with professionals from the different treatments to better understand the techniques applied will allow a more efficient and controlled analysis of the variables involved.

The qualitative analysis carried out in this research, while providing valuable insights into the perceptions and experiences of the participating families, has certain limitations that suggest the need for a more in-depth analysis in future research. To enrich the understanding of the phenomenon studied and overcome the limitations of this study, it is proposed to deepen the qualitative analysis through the following strategies:

Triangulation of data sources:

This research was based primarily on interviews with a single adult member per family. For a more comprehensive understanding of family perceptions, future studies should integrate other qualitative sources that provide different perspectives, which could be achieved with various techniques and procedures:

Interviews with multiple informants: It is recommended to include interviews with different family members (parents, children, etc.), to obtain diverse perspectives and a more holistic view of the family dynamics and their experience with therapy.

The complementary information will facilitate a view with more angles, offering a more precise understanding of how the problem affects and the impact of the procedure, as well as the generation of new perspectives on family reactions to the different procedures applied. This methodology allows for capturing different narratives and minimising the potential biases of a single view (e.g., Flick, 2015).

Participant observation: The inclusion of participant observation in the family context could complement the interviews. Observing family interactions in everyday situations would allow validating the information obtained and exploring family dynamics that are not perceived or expressed in the interviews. The information collected first-hand would provide important value for the analysis and would broaden the basis on family well-being (e.g., Creswell, 2014).

Document analysis: The analysis of personal documents of the families (photographs, letters, diaries, etc.) could enrich the qualitative data. The different documents offer new perspectives that will contribute to the results (e.g., Atkinson & Coffey, 1997).

Qualitative analysis techniques:

Although thematic analysis was used, the integration of other qualitative analysis techniques could generate greater depth and solidity in the interpretations.

Narrative analysis: This technique allows us to explore the life stories of families, investigating how they construct their stories about their experiences, challenges, resources and the meaning of therapy in their lives, using tools specific to this system and the identification of different aspects and tools (e.g., Riessman, 2008).

Discourse analysis: This technique would help to investigate the role of language in how families construct, describe and negotiate family realities in their narratives. Analyzing the linguistic nuances of conversations on the topic of family therapies could add value to the interpretation of the data (e.g., Wetherell et al., 2001).

The integration of these techniques would allow us to identify more complex and rich patterns, generating a greater level of detail in the data, enriching the analysis and ensuring the levels of validity.

Greater attention to social and cultural context:

It is necessary to strengthen interpretive analysis by introducing considerations about the sociocultural context of families, through inquiry strategies to explore cultural norms, beliefs, socialization practices and values that influence the understanding and meaning of family well-being. Cultural considerations must be understood as something complex and vital when assessing the different problems that may arise and helping patients (e.g., Betancourt & Lopez, 1993).

Through broader research, particular elements and different cultural patterns could be identified.

It is also necessary to deepen gender analysis. Using techniques that can better capture patterns and processes of inequality between genders could improve the results obtained, and avoid possible errors that could be misinterpreted due to current limitations. In summary, further exploration of qualitative analysis in future research should explore multi-method strategies that incorporate triangulation of sources, different analysis methodologies, and a greater understanding of cultural contexts and structures, with a special focus on improving awareness of potential gender imbalances, creating a scenario to maximize the value and impact of the analysis and improve the chances of correctly applying the data collected.

Intervention and analysis of adaptive treatments:

The limitations found in this research, particularly the difficulty in establishing direct causal relationships between the type of therapy and family well-being, and the crucial influence of contextual factors, point to the need to develop more adaptive and contextualized therapeutic interventions. Future lines of research should focus on the design and evaluation of flexible and personalized therapeutic models.

Adaptive design studies:

A promising approach to address heterogeneity in responses to therapies is the use of adaptive clinical trial designs (Dette & Pepelyshev, 2013). These designs incorporate a modification of the treatment protocol, according to the response of each family or individual based on their needs along the way, giving the possibility of observing how each family reacts and adapts. The use of algorithms that collect this information can be considered. This flexibility would allow, along the way, to adjust therapeutic approaches over time, creating greater adequacy in the response of people, taking as a basis the differences in characteristics detected in this sample and that can be

key to achieving new objectives. It is vital to adapt the strategy to the results of the procedure.

Therapies guided by contextualized evidence:

This research emphasizes the crucial influence of socioeconomic and contextual variables on family well-being. The creation of therapeutic systems that integrate information from the patient's context would allow to better adapt the psychological approach and take this information into account to offer the most appropriate therapeutic solutions to obtain a better evolution, making it possible to use methodologies such as intervention analysis.

In these cases, algorithms to generate data in the development of the study would be essential to predict certain patterns and the improvement of their conditions and therapeutic objectives. By integrating information accurately, we could identify which contextual elements influence the effectiveness of therapies and create response methods to generate adjustments, making it possible to apply and test theories based on previous studies on therapies in similar populations (Diaz-Loving et al., 2010; Salgado de Snyder et al., 2006).

Repeated measurement approach:

It is essential to incorporate serial assessments of family well-being and contextual variables throughout the treatment to monitor its development and the process of changing guidelines (Minuchin, 1974). This facilitates the adaptive process and allows for real-time protocol modifications. In this way, progress and evaluation analyses using quantitative methodologies will allow for optimizing help and access to the service according to the needs of each person. Recurrent measurements and progressive modifications increase the effectiveness of help for patients in vulnerable environments, since it allows for focusing and directing therapy in an evolutionary system. It is necessary to emphasize that intervention, in these circumstances, cannot be conceived as a single strategy with fixed steps.

Interdisciplinary collaboration:

In order to efficiently integrate contextual variables into the intervention, interdisciplinary collaboration is required (therapists, social workers, educators, etc.), creating a team capable of integrating in a coordinated manner different types of help to obtain optimal results in these processes (e.g., Sexton & Liddle, 1999).

A better knowledge of the patient's environment and its different facets and possible problems, from poverty to stress factors to social vulnerability and access to different services is vital. The construction of support networks and the adequate identification of the patient's social vulnerability could greatly improve progress and therapeutic work. Work is needed on the construction of coordinated intervention programs where the different teams are trained to work with each of these points and, subsequently, the therapeutic processes can be carried out to obtain the most consistent results possible, taking into account all these variables.

In short, research into psychological interventions for family well-being in complex contexts requires going beyond the development of rigid protocols. Adaptive designs that incorporate contextual information, repeated measures, and collaboration between different disciplines are presented as priority strategies for creating more appropriate intervention strategies that optimize treatments and increase the possibility of achieving effective results and better preparedness when facing and improving the individual and social circumstances of the environment.

Conclusion

This research explored the relationship between family well-being and psychological therapies in Mexican families residing in the Iztapalapa municipality, Mexico City. Through a mixed methodological approach, quantitative and qualitative data were integrated to obtain a comprehensive understanding of the phenomenon studied.

The quantitative findings, obtained through the Family Adjustment Scale (FACES IV), showed that the participating families present a medium level of family well-being, with higher scores in cohesion and coping, but with medium-low levels in adaptability, communication and family satisfaction. The analysis of variance (ANOVA) did not detect significant differences in family well-being according to the type of therapy received (Systemic, Cognitive-Behavioral and Integrative), which suggests that, possibly, therapeutic efficacy is influenced by other additional factors rather than by the exclusive choice of one or another method, which questions some expectations prior to conducting the study (Escudero et al., 2012).

Regression analysis, incorporating therapy duration and socioeconomic status as mediators, showed that therapy duration and socioeconomic status were relevant predictors of optimal family well-being, but were not significant depending on the type of therapy applied, indicating that there are many more intervening variables and contextual factors to consider (McLoyd, 1998; Berenzon et al., 2013).

Qualitative analysis, conducted through in-depth interviews, provided an enriching view of the data, with families reporting the learning of new communication skills and a general feeling of greater family unity. The interviews also recorded a general feeling of improvement and increased emotional resources, although many negative results could be explained by other problems that simple therapeutic help cannot remedy.

Despite the improvements and strengths detected, various factors limited the results, emphasizing the contextual effects. This study reveals the multidimensional complexity of family well-being, confirming the conclusions obtained through various analyses (Olson, 2011). Economic limitations, social and external factors could hinder or enhance the strategies applied to family therapies in different samples of people.

These findings highlight the importance of prolonged therapeutic interventions, a more contextualized approach, and the use of therapeutic methods sensitive to the cultural and socioeconomic context of Mexican families (Robles-Silva, 2012; Walsh, 2012). The inclusion of actions with a socioeconomic approach is revealed as vital in the implementation of public policies in mental health and in the guidance for intervention with families in vulnerable situations, as evidenced in previous studies. Professionals have to take this into account when monitoring patients and carry out a constant analysis of the patient and their development and personal resources.

In conclusion, this work contributes to the knowledge about family well-being and the effectiveness of therapeutic interventions in Mexico, evidencing the importance of the contextual perspective and the consideration of individual, family and contextual factors when addressing family therapy in socially vulnerable environments. It is expected that these findings will generate future lines of research and contribute to the design of more contextualized and culturally appropriate psychological interventions, which will result in improving professional care and the therapeutic process in Mexico, in the direction of social, family and individual strategies, which would benefit all vulnerable environments in the country.

Contradictorily, the analysis of variance (ANOVA) did not show significant differences in family well-being according to the type of therapy received (Systemic, Cognitive-Behavioral or Integrative). This unexpected finding calls into question the idea of an intrinsic superiority of one type of therapy over another and, as later demonstrated, highlights the need to consider contextual factors. It is possible that this result is due to the different ways in which patients integrate these strategies to their problems and how they react to the therapeutic stimulus.

This is key, since it highlights the need to improve the individualized understanding of the patient,

so that the therapy can connect and adequately adjust to the patient. Subsequently, the hierarchical regression analysis, which incorporated the duration of treatment and socioeconomic level as mediating variables, revealed crucial results.

A strong positive association was found between the duration of therapy and levels of well-being, implying that the effectiveness of the intervention, in these contexts, increases with medium- or long-term treatment, showing a direct correlation between the duration and the effects observed on family well-being. Duration is, then, a necessary but not sufficient condition.

This confirms previous studies, where the gradual process of changing patterns is evident. In addition, the results showed a significant influence of the socioeconomic level on well-being, evidencing the strong relationship between economic precariousness and the increase in factors that harm the structure and patterns of family communication. This reaffirms the consequences in the process of change due to social and contextual inequality, highlighting that a more favorable context produces greater possibilities for achieving improvements in functioning and well-being.

The qualitative analysis, through in-depth interviews, complemented the quantitative observations. Although the results coincided in most quantitative and qualitative aspects (in relation to time, and in the detection of negative factors in relation to socioeconomic level), some discrepancies were detected that showed the important role of the process, especially in relation to qualitative aspects, where there was a higher subjective assessment in certain cases, which did not fully coincide with the objectification carried out through the FACES IV. This showed the complexity and the different ways in which these results can be affected. The subjective and qualitative evaluation of the perceived effect of the intervention was significantly high in the qualitative processes in the selected sample.

In conclusion, the effectiveness of therapies for family well-being in urban Mexican contexts

seems to be deeply conditioned, beyond the therapies, by temporal and socioeconomic factors. An integrated, multifactorial and long-term vision, which contemplates the different areas and the environment of families and addresses the social complexity that affects family well-being, is presented as a necessary condition to optimize psychological interventions and maximize their impact. Future studies would focus on more comprehensive analyses that avoid the sample, including comparison methodologies between the sample and the control group, as well as focusing on implementing longitudinal designs to study the different related factors with more rigor and efficiency.

This research, using a mixed methodological design, investigated the intricate relationship between family well-being and the effectiveness of psychological therapies in a sample of 30 Mexican families residing in the Iztapalapa municipality, Mexico City. The findings, although with limitations inherent to the scope of the study, provide relevant perspectives on the effectiveness of therapeutic interventions and the determining factors in a specific social context, rich in nuances.

The quantitative results, obtained through the Family Adjustment Scale (FACES IV), revealed a complex picture of family well-being. Although medium-high scores were recorded in family cohesion (indicative of good emotional connection) and coping capacity (reflecting resilience to adversity), scores in adaptability, communication and family satisfaction were located in significantly lower ranges.

This imbalance highlights the presence of difficulties in crucial areas for optimal family functioning and the need for interventions aimed at strengthening these specific aspects. Strength in cohesion and coping, although positive, is not enough to guarantee full family well-being, since other factors, apparently less robust, are affecting its optimal stability.

Surprisingly, the analysis of variance (ANOVA) found no statistically significant differences in

the levels of family well-being between the three types of therapy used (Systemic, Cognitive Behavioral and Integrative). This unexpected finding questions the preconceived idea that one therapeutic approach is inherently superior to another and, more significantly, highlights the contextual influence of the effectiveness of these therapies.

The need to contextualize psychological interventions and adapt treatments to the individual peculiarities of families is highlighted, rather than strictly adhering to a particular theoretical model. The analysis makes us consider the importance of integrating various strategies in therapy. Each of these practices needs to be adapted to improve the personal characteristics of the sample and thus an overall improvement of the parameters studied can be generated.

The incorporation of treatment duration and socioeconomic status as mediating variables in a subsequent hierarchical regression analysis yielded highly significant results. Treatment duration was positively related to family well-being; the longer the intervention time, the greater the improvement in well-being indicators, in direct correlation.

This finding reinforces the importance of prolonged and well-contextualized therapeutic interventions, considering the gradual nature of the change in family dynamics. Likewise, socioeconomic status emerged as a relevant mediating factor, evidencing the impact of poverty on family well-being. An environment with better socioeconomic resources contributed to greater family well-being, demonstrating a strong interaction between the social and family psychotherapy.

The qualitative perspective, provided by the analysis of in-depth interviews, provided invaluable information that enriched the understanding of the experience lived by families. The importance of the improvement in communication and coping skills in the therapeutic process was confirmed, allowing families to interact better with each other.

Qualitative observation, in addition to the responses in the quantitative analyses, showed certain

inconsistencies in some parameters, which could be due to contextual factors, where not all the elements of the patient are being considered when applying the analysis of family well-being.

In summary, family well-being in Mexican urban contexts is a multifaceted phenomenon, conditioned by socioeconomic and contextual factors beyond the specific type of therapy used. The therapeutic efficacy in these scenarios depends crucially on the adequacy of the therapy to the particularities of the case and prolonged attention to the complex interaction between individual, family and contextual variables.

The implementation of medium- and long-term programs, which integrate economic resources and attend to the social, cultural and community dimension of the patient, emerges as necessary for a more consistent success in these processes. Future research should focus on the development of these models and generate a longitudinal analysis to evaluate possible interconnections.

To further explore these results, treatment duration and socioeconomic status were included as mediating variables in a subsequent analysis, yielding crucial results. A hierarchical regression revealed that treatment duration maintained a significant positive correlation with family well-being: longer treatment times were associated with better outcomes. This emphasizes the need for long-term and follow-up interventions, where the patient can adapt the patterns of change to his or her personal goals.

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