Proceedings of the 2nd International Conference on Interdisciplinary Humanities and Communication Studies
DOI: 10.54254/2753-7048/33/20231759

Emotional Intelligence and Well-Being in Adolescents' Relationship with Family Dysfunction

Jiayi Lin[1,a,*], Jianing Song[1,b]

[1]*Organizational Psychology and Education Management, Lingnan University, Hong Kong(SAR), 999077, China*
a. jiayilin@ln.hk, b. jianingsongln@gmail.com
**corresponding author*

Abstract: Adolescence is a critical phase during which teens undergo significant developmental processes that contribute to their overall growth and maturation. Meanwhile, it is noteworthy that the family continues to hold significant sway, exerting a considerable impact on the overall well-being of individuals in this stage of life. The primary objective of this study was to investigate the potential association between emotional intelligence, well-being, and family dysfunction as a mediating factor among teenagers. This research aimed to distinguish itself from previous studies that mostly concentrated on the individual development of adolescents. A sample consisting of 249 adolescents ranging in age from 12 to 17 years (mean age = 13.98 years, standard deviation = 0.57) was surveyed. Descriptive analyses were performed on the collected data, and three variables were computed using correlation and regression methods. The findings indicated a significant positive correlation between emotional intelligence in adolescents and their overall well-being, while also revealing a notable negative correlation between emotional intelligence and family dysfunction. The findings from the regression analysis demonstrate a statistically significant relationship between the development of emotional intelligence during adolescence and the occurrence of family dysfunction. This demonstrates the significance of a conducive familial environment in shaping the prospective growth of teenagers.

Keywords: emotional intelligence, well-being, family dysfunction, adolescent

1. Introduction

Adolescence is a pivotal period of development during which the groundwork for subsequent physical, cognitive, emotional, social, and economic well-being is established [1]. Moreover, the period of adolescence is regarded as a pivotal phase in the progression of emotional development. Adolescents are susceptible to experiencing mental distress and instability due to the challenges posed by novel obstacles and significant transitions. Prior research has demonstrated the significance of teenage health and well-being during this developmental period. Concurrently, the enhancement of emotional intelligence skills in teenagers has a strong correlation with their own well-being. Additionally, there exists a positive relationship between life satisfaction and subjective well-being, both of which are encompassed within the broader construct of well-being [2]. The role of families is of utmost importance in influencing the well-being of adolescents during the period of adolescence [3]. In

DOI: 10.54254/2753-7048/33/20231759

addition, it is worth noting that families have the potential to provide individuals with a heightened feeling of significance and direction, so positively impacting their overall state of well-being [4-5].

Adolescence, conversely, represents a phase of human development characterized by the transition to maturity, encompassing notable alterations in both the brain and the body that occur at different rates. The period of adolescence presents an opportune opportunity for individuals to engage in the exploration of their personal identity and cultivate skills related to independence [6-7]. This implies that the level of parent-child conflict escalates in terms of intensity and frequency, leading to a corresponding increase in the unpleasantness of parent-child interactions. As a result, unpleasant emotions and the quality of parent-child relationships are bidirectional, leading to the hypothesis that negative emotions and aggressive behaviors in both parents and children are part of a forced loop that leads to poor mental health outcomes [8]. All these dimensions of emotional competence have been reliably connected to acceptable social behavior in previous studies. Adolescents who are emotionally competent and wholesome are also more likely to be pro-social and have fewer family disputes [9].

The familial environment has the potential to exert a substantial impact on an individual's self-realization across various dimensions. The presence of a dysfunctional home environment has been found to have a significant impact on the various dangers and issues that can manifest at both the individual and societal levels [10]. Children may encounter early concerns when they are raised in a dysfunctional household environment. Nevertheless, these issues may exacerbate with advancing age. This presents a significant risk to the overall well-being of adolescents, which persists throughout their adult lives.

In the realm of well-being, there has been a notable emphasis in psychological well-being research on the notion of subjective well-being in the past several decades, specifically in relation to subjective happiness [11]. Subjective well-being, as defined by Caprara and Sterka [12], encompasses various dimensions, such as adolescents' general life satisfaction and self-esteem. Numerous empirical investigations have revealed a significant correlation between emotional intelligence and self-reported levels of well-being. It is important to note that individuals' self-perceptions and attitudes towards emotions, encompassing aspects such as emotion management, interpersonal skills, and social competence, exert a substantial impact on the fluctuations in overall well-being.

There is broad agreement on three main distinguishing features of subjective well-being: (1) the individual's well-being experience, perception, and appraisal of well-being in several life domains (for example, family satisfaction or job satisfaction); (2) the presence of good emotional reactions (for example, happiness or optimism), rather than just the absence of negative emotional responses (for example, sadness or anger); (3) total life fulfilment. In public health, physical health (e.g., feeling extremely healthy and energetic) is also seen as critical for overall well-being [13]. This paper focuses on three dimensions: health status, life satisfaction, and emotional response [14].

In relation to the emotional development of adolescents, this stage is characterized by numerous novel experiences and inherent obstacles, resulting in a considerable level of stress that hinders their ability to adapt and achieve emotional stability. Adolescents experience significant and distinct changes in both their neurological and physiological development, which occur at varying rates. During this developmental stage, individuals have the opportunity to engage in self-exploration and cultivate independence [6-7].

It's worth noticing that emotional intelligence (EI) encompasses the ability, competency, technique, or self-awareness to recognize, assess and regulate emotions in oneself, others, and groups [15]. The original model proposed by Goleman was selected for this study. This study integrates two theoretical frameworks, namely competence-based EI and trait-based EI [16]. The division of emotional intelligence, therefore, encompasses the four domains of emotional intelligence. Where the individual contains self-awareness and self-motivation, and the social has empathy and social skills

DOI: 10.54254/2753-7048/33/20231759

[17]. In Goleman's work, emotional intelligence is used interchangeably with 'ability,' 'competence,' 'skill,' or 'potential' [18]. Emotional competence is present in emotional intelligence [19].

Family dysfunction is the last factor in this study, denoting the family system's incapacity to operate effectively [20]. Family dysfunction typically originates from difficulties in communication among its members, instances of physical conflict, as well as occurrences of emotional or physical abuse and neglect. When difficulties arise and continue to persist, it can lead to the development of dysfunction within the family unit [21]. Dysfunctional families often have internalized anxiety, and these issues that existed during childhood can negatively affect their overall well-being as they grow older. Hence, it can be caused by a history of family dysfunction in family members, medical problems, mental illness, life circumstances, substance addiction, socioeconomic status, and other issues [22].

In this regard, the majority of scholarly articles have mostly focused on examining the progression of teenagers' individual emotions, with comparatively fewer studies incorporating the influence of the familial environment. The study involved a sample of 249 teenagers between the ages of 12 and 17. Descriptive analyses were performed on the collected data, and three variables were calculated using correlation and regression methods. The novelty of this study lies in its foundation on prior research investigating the potential mediating role of family dysfunction in the relationship between emotional development and well-being among teenagers. As a result, the researchers opted for a quantitative study methodology in order to investigate this phenomenon. They accomplished this by enlisting a sample of adolescents that represented the entire population of interest.The research presented in this publication makes a modest contribution to the existing body of knowledge in this topic.

2. Methodology

2.1. Participants

The participants in this study are selected from the pool of students enrolled in secondary education, specifically from years 1 to 3 of China's compulsory Secondary Education program. The research conducted in this study is characterized as a descriptive study, employing a quantitative cross-sectional research design and adopting a deductive methodology. The sample was obtained from 249 junior school students, aged 12-17 years, attending a public secondary education center in the Jianxi District of Luoyang City, Henan Province, Mainland China. The city's population is 6.92 million, and the population of Jianxi District is approximately 510,000. Among the participants, 44.02% identified as male, 52.51% identified as female, and 3.47% chose not to disclose their gender.

2.2. Procedure

The study adhered to the Research Ethics Sub-Committee of Lingnan University's principles and met the ethical research standards applicable to informed consents of mothers/fathers, teachers, and students, right to information, protection of personal data, and confidentiality safeguards, non-discrimination, unwarranted status, and the ability to withdraw from the study at any stage. The procedure for data collection was used by the Questionnaire Star WeChat program. Initially, the researchers reached out to educational institutions in order to elucidate the aims of the study and seek permission to administer the survey. In compliance with the ethical guidelines set forth by the Research Ethics Sub-Committee of Lingnan University, the researchers obtained informed parental consent due to the fact that the participants in the study were minors. In a similar vein, it is imperative to guarantee the anonymity of the respondents, as well as the confidentiality of the collected data, in order to maintain the integrity of the research. A final survey sample that demonstrated

DOI: 10.54254/2753-7048/33/20231759

representativeness was obtained after evaluating the sample representativeness at a 99% confidence level and a 5% sampling error.

The questionnaire was circulated via the Questionnaire Star platform on WeChat. Schoolteachers gave QR codes to students via both online and in-person methods, ensuring completion by the end of the school day.

2.3. Measure

The Emotional Competence Inventory (ECI) model is chosen for this paper as it defines emotional capacity as an individual's ability to handle emotions in every social context [23]. The scale is obtained by selecting 16 items out of the 68 items that make up the final version of the ECI study. The questionnaire assesses emotional intelligence in terms of competence or ability with four scales: self-awareness, self-motivation, empathy, and social skills. The ECI reliability index is within reasonable limits, and Cronbach's alpha is 0.7 [24]. The result was related to the questionnaire r=0.55-0.88, $p<0.001$ [19]. It consists of four items using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores were determined using the means, with higher scores in this sample representing better emotional intelligence development.

To assess teenage well-being, the Oxford Happiness Questionnaire Short Form (OHQ-sf) will be used [25]. The questionnaire assesses well-being with eight items that can be responded to on a six-point scale anchored by strongly disagree and strongly agree. A higher score suggests greater happiness. These items describe how participants perceive themselves (for example, "I feel life is meaningful"). The OHQ-sf [25] is commonly used to assess children's and teenagers' happiness or well-being [26]. The OHQ demonstrated very high reliability, α (168) = 0.91, according to the research [25]. For use in time-constrained situations, a shorter version of the OHQ will be designed, containing eight items sufficient to correctly classify 90% of grouped cases. The OHQ-sf was significantly and strongly correlated with the OHQ results, r (168) =0.93, $p<0.001$. According to the research [27], the study of children and adolescents had an Internal reliability (α=0.75) that was good. To maintain questionnaire consistency, this study showed good reliability using a five-level Likert scale (α=0.89).

Regarding the measurement of family function, this study refers to the theoretical basis of the McMaster Family Function (MMFF) and the corresponding Family Assessment Device (FAD) questionnaire. The MMFF is a systemic conceptual model of family functioning with a clinically oriented character. It depicts the structure, organizational characteristics, and basic patterns of interaction among family members [28]. The FAD is a measurement tool developed based on the MMFF theory. FAD includes subscales to assess the six dimensions of MMFF theory and a general functioning scale to assess the general family functioning. The FAD scale is administered in a self-report format and is available to family members aged 12 years and older. Through previous studies, it has been shown to have high internal consistency in different types of families and acceptable retest reliability indicators [29-30]. Validity scores of FAD ranged between 0.48 and 0.53 [31]. FAD has good validity, and its reliability ranges from 0.69 to 0.86 [32,30]. The test-retest estimates for the FAD scales were [30]: Problem-Solving (.66), Communication (.72), Roles (.75), Affective Responsiveness (.76), Affective Involvement (.67), Behavior Control (.73), and General Functioning (.71). The seven scales with internal consistency estimates ranging from .72 to .92. The seven scales were moderately correlated [.4-.6).

The scoring criteria of the FAD does not explicitly delineate the boundaries of family dysfunction, but rather offers a general trend for evaluation. In conjunction with the questionnaire design employed in this study, higher scores in the family function section indicate healthier family functioning, while lower scores suggest a greater severity of family dysfunction. Hence, it can be inferred by researchers

DOI: 10.54254/2753-7048/33/20231759

that there exists a direct correlation between the level of dysfunction within a family and the adverse impact it has on the emotional competence and overall well-being of teenagers.

3. Data Analysis

Table 1: Descriptive statistics

Measures	Range	Min	Max	M	SD
ECI	2.69	2.31	5.00	3.66	0.46
FAD	2.57	2.14	4.71	3.13	0.32
OHQ	2.50	2.00	4.50	3.35	0.35

Note. M = Mean. SD = Standard deviation. Min = minimum. Max = maximum.

Descriptive statistics and correlation coefficients are commonly employed in order to evaluate the association between variables. The tables provided (Tables 1 and 2) demonstrate the associations between descriptive statistics and the factors under investigation. According to the graphs, it can be seen that ECI means has $N = 249, M = 3.66, SD = 0.46$, range $= 2.31 - -5.00$, then FAD Mean has $N = 249, M = 3.15, SD = 0.32$, range $= 2.14 - -4.71$, and finally OHQ Mean has $N = 249$, $M = 3.35, SD = 0.35,$ range $= 2.00 - -4.50$.

Table 2: Descriptive Statistics and Correlations Between Study Variables

Variables	1	1.1	1.2	1.3	1.4	2	2.1	2.2	2.3	2.4	2.5	2.6	2.7	3
1. ECI	1.00	.730**	.780**	.577**	.739**	.407**	.524**	.476**	.243**	.250**			.206**	.410**
1.1Self-awareness		1.00	.466**	.185**	.404**	.281**	.424**	.431**	.158*	.196**			.230**	.243**
1.2Self-motivation			1.00	.261**	.403**	.330**	.555**	.505**	.241**	0.10			.158*	.357**
1.3Empathy				1.00	.285**	.337**	0.07	0.21	.180**	.269**	.270**	.265**	0.03	.245**
1.4Social skills					1.00	.212**	.386**	.338**	0.11	.166**			.159*	.309**
2. FAD						1.00	.467**	.457**	.691**	.602**	.391**	.500**	.453**	.479**
2.1Problem-solving							1.00	.759**	.398**	.146*			.265**	.373**
2.2Communication								1.00	.412**	.142*			.306**	.352**
2.3Roles									1.00	.355**	0.05	.137*	.305**	.380**
2.4Affective responsiveness										1.00	.204**	.261**	.165**	.229**
2.5Affective involvement											1.00	.611**		0.05
2.6Behavior control												1.00	0.04	0.11
2.7General function													1.00	.300**
3.OHQ														1.00
Mean	3.66	3.94	3.77	3.13	3.78	3.15	3.80	3.76	3.31	3.05	2.33	2.40	3.39	3.35
SD	0.46	0.64	0.73	0.57	0.65	0.32	0.70	0.73	0.53	0.51	0.88	0.81	0.42	0.35

Note. ECI = Emotional Compentence Inventory; FAD = Family Assessment Device; OHQ = Oxford Happiness Questionaire.
* p < .05. ** p < .01.
*** p < .001

DOI: 10.54254/2753-7048/33/20231759

The results of Pearson's correlation analysis reveal significant correlations between adolescent emotional intelligence (EQ) development, family dysfunction, and adolescent well-being. The correlation coefficient levels for EQ development and adolescent well-being are 0.41** and 0.48** respectively, as shown in table 2. These findings suggest a positive correlation between adolescent EQ development and adolescent well-being. However, family dysfunction exhibits a negative correlation with both EQ development and adolescent well-being.

Table 3: Model

Paths	DV	coeff	se	t	p	LLCI	ULCI
FAD → OHQ	constant	1.7094	0.1923	8.8890	0.0000	1.3306	2.0882
	FAD	0.5211	0.0608	8.5755	0.0000	0.4014	0.6407
ECI → OHQ	constant	2.2049	0.1632	13.5114	0.0000	1.8835	2.5263
	ECI	0.3132	0.0443	7.0718	0.0000	0.2260	0.4004
ECI → FAD	constant	2.1046	0.1503	14.0059	0.0000	1.8086	2.4005
	ECI	0.2855	0.0408	7.0018	0.0000	0.2052	0.3658
FAD → ECI → OHQ	constant	1.3489	0.2031	6.6418	0.0000	0.9489	1.7489
	ECI	0.1970	0.0450	4.3745	0.0000	0.1083	0.2858

Table 4: Total effect of X on Y

	Effect	se	t	p	LLCI	ULCI	c_cs
Total effect of X on Y	0.3132	0.0443	7.0718	0.0000	0.2260	0.4004	0.4103
Direct effect of X on Y	0.1970	0.0450	4.3745	0.0000	0.1083	0.2858	0.2582

Table 5: Indirect effect(s) of X on Y

	Effect	BootSE	BootLLCI	BootULCI
FAD	0.1161	0.0279	0.0638	0.1741

The analysis employed Model 4 in SPSS 27.0 through the PROCESS program. In this model, the independent variable was adolescent emotional intelligence development, the dependent variable was adolescent well-being, and the mediator variable was family dysfunction. The obtained p-value of <0.000 suggests that the model was constructed in a statistically significant manner. The mediation test employed in this work was the Bootstrap test, which does not impose any constraints on the structure of the data. The initial hypothesis, denoted as H0, posited that there is no mediating effect of family dysfunction on the association between adolescent EQ development and adolescent well-being. In this paper, the sample size of 249 is treated as Bootstrap overall, and we can get the estimate of the product of 249 coefficients, whose whole is denoted as $a\hat{b}$, and get the confidence interval with 95% confidence level, H0: $a\hat{b} = 0$. Therefore, it is considered that family dysfunction has a mediating role between adolescent EQ development and adolescent well-being. Referring to the Bootstrap method proposed by Preacher and Hayes for the mediating effect test (Model 4) [33], the sample size was chosen as 249 and the results of the analysis are shown below (table 3).

Using the mediator variable self-efficacy as the predicted variable, the results showed that the independent variable adolescent emotional intelligence development had a significant predictive effect on the mediator variable family dysfunction ($B = 0.2855, p = 0.000 < 0.05$).

DOI: 10.54254/2753-7048/33/20231759

According to the findings presented in Table 3, the regression analysis was conducted to examine the relationship between adolescent well-being (dependent variable) and adolescent EQ development (independent variable), with family dysfunction serving as the mediator variable. The results indicate that after including the mediator variable, adolescent EQ development has a statistically significant positive predictive effect on adolescent well-being ($B=0.3132$, $p<0.001$). Additionally, the mediator variable self-efficacy was found to have a significant positive predictive effect on the dependent variable, specifically in relation to new product development performance ($B=0.4068$, $p<0.01$).

The regression equation examines the relationship between the dependent variable of teenage well-being and the predictor variables of adolescent emotional intelligence development and family dysfunction, with family dysfunction serving as a mediator variable. Based on the findings presented in Table 3, it can be observed that the independent variable of teenage EQ development exhibited a statistically significant positive predictive impact on the dependent variable of adolescent well-being ($B=0.1970$, $p<0.000$).

The findings indicated that there was a significant direct relationship between the development of EQ in adolescents, which served as the independent variable, and their overall well-being, which was the dependent variable. The direct effect size was determined to be 0.1970, explaining approximately 63% of the total effect. Additionally, it was observed that the independent variable, adolescent EQ development, had an indirect effect on adolescent well-being through the mediating variable of family dysfunction. The magnitude of this indirect effect was calculated to be 0.1161, accounting for 37% of the total effect. Given that the confidence interval for the direct effect of adolescent EQ development, as an independent variable, on adolescent well-being, as a dependent variable, continues to exclude zero even after introducing the mediator variable, it can be concluded that the mediator variable partially mediates the relationship between the independent and dependent variables. This finding supports the validity of the hypothesis, as the effect of the mediator variable aligns with the direction of the independent variable. Consequently, incorporating family dysfunction as an additional factor would enhance the explanatory capacity of adolescent EQ development on adolescent well-being.

4. Discussion

The objective of this study is to investigate the relationship between the development of emotional intelligence and well-being in teenagers, as well as its association with family dysfunction. Based on the findings of the data analysis, it is posited by researchers that the presence of a functional dwelling contributes to the cultivation of emotional intelligence during adolescence, hence facilitating the overall well-being of teens.

According to regression results, with lower family dysfunction situations, adolescents had strong positive relationships with well-being. These results illustrate that when adolescents are able to self-motivate, their emotional development is fully secured, and their development of self is further facilitated to better cope with complex interpersonal relationships, such as parental relationships. As adolescents with normal EQ development have higher sociality, thus healthy family functioning, reduced conflict and disorder, and vice versa [34]. Adolescents typically exhibit a tendency towards risk aversion, a characteristic that might enhance their communication abilities within familial contexts. This inclination towards caution fosters a positive mindset within the family unit, enabling them to effectively assess and address both practical and emotional challenges [35-36]. Nevertheless, certain families may have instances of adolescent children exhibiting rebellious attitudes, which can lead to a decline in their empathetic tendencies. The aforementioned phenomenon has the potential to result in a decrease in the efficacy of intrafamilial conflict resolution, as evidenced by the escalation of teenage hostility in response to unfavorable parental reactions and an unfavorable milieu for problem-solving and communication. In contrast, the present study diverges from the research

DOI: 10.54254/2753-7048/33/20231759

conducted by Bru-Luna et al. by incorporating an examination of the impacts of the social and cultural milieu [16]. Therefore, it may be posited that there exists a positive correlation between the level of emotional intelligence exhibited by adolescents and their ability to attain a state of overall well-being.

In addition, the roles of family members have a greater impact on the function of the whole family. It means that the division of family roles is clear, and family members are clear about their family responsibilities and earnestly perform them, which will make the family function sounder. The significance of roles in the execution of family functions is widely recognized [37], as they serve to mitigate the imposition of inappropriate roles upon teenagers. Moreover, family members possess the ability to appropriately and accurately respond to various family circumstances with affection, so facilitating the advancement of family functioning. The harmony of family members is the prerequisite for the functioning of the family, and a good emotional response will promote family harmony [38]. The positive relationship between family functioning status and adolescents' well-being is consistent with previous research [4,39]. It is noteworthy to observe that the well-being of adolescents has an impact on the overall functioning of families, since the subsystems and parent-child interaction systems are interconnected [40]. Furthermore, the cohesive family unit has been identified as a potential contributor to the overall well-being of adolescents [41].

This study shows that emotional intelligence competency improves family functioning and affects teens. The data also imply that family functioning partially mediates this association. Teens' subjective well-being includes life satisfaction, physical health, and self-esteem. The self-awareness-well-being relationship is notable. Adolescent self-awareness boosts emotional intelligence, which improves their well-being [42]. Family functioning affects adolescents' emotional intelligence competence and well-being in two ways: emotional competence affects well-being, and family functioning affects problem-solving, emotional responsiveness, and so on. Family functioning affects teenagers' life satisfaction; a lack of problem-solving skills can lead to more events going wrong, lowering life satisfaction. Thus, adolescent emotional management abilities increase well-being and family relationships.Family dysfunction affected OHQ, suggesting that positive family functioning can make adolescents happier, supporting prior research [43]. This shows that the proper division of family duties allows family members to actively participate in their family tasks, which improves family communication and problem-solving, which can benefit teenagers. Conversely, adolescent well-being may improve intra-family role functioning and problem-solving.

5. Conclusion

In brief, the findings of this study provide empirical evidence in support of the notion that the well-being of teenagers is closely linked to the maintenance of normal family functioning, as it coincides with the development of their emotional intelligence. Therefore, it is imperative to shift the primary focus from the development and safety of teenagers to the mental health of family members. This shift will ensure that adolescents receive positive support and are provided with a conducive living environment. Nevertheless, it is important to note that the scope of this study was limited to a single educational institution within a specific region. Consequently, the findings obtained from this study can only be seen as a partial representation of the larger region. It is anticipated that conducting this study on a broader sample size will yield unexpected outcomes, according to the researchers. In subsequent investigations, scholars may continue to direct their attention towards further geographical areas in order to examine and investigate additional determinants pertaining to the development and overall well-being of teenagers.

References

[1] *Avedissian, T., & Alayan, N. (2021). Adolescent well-being: A concept analysis. International Journal of Mental Health Nursing, 30(2), 357–367. https://doi.org/10.1111/inm.12833*

[2] Jackson, S., & Goossens, L. (2020). Handbook of Adolescent Development. https://doi.org/10.4324/9780203969861
[3] MERZ, E.-M., CONSEDINE, N. S., SCHULZE, H.-J., & SCHUENGEL, C. (2009). Wellbeing of adult children and ageing parents: associations with intergenerational support and relationship quality. Ageing and Society, 29(5), 783–802. https://doi.org/10.1017/s0144686x09008514
[4] Hartwell, S. W., & Benson, P. R. (2007). Social Integration: A Conceptual Overview and Two Case Studies. Mental Health, Social Mirror, 329–353. https://doi.org/10.1007/978-0-387-36320-2_14
[5] Kawachi, I., & Berkman, L. (2001). Social Ties and Mental Health. Journal of Urban Health: Bulletin of the New York Academy of Medicine, 78(3), 458–467. https://doi.org/10.1093/jurban/78.3.458
[6] Pfeifer, J. H., & Allen, N. B. (2020). Puberty initiates cascading relationships between neurodevelopmental, social, and internalizing processes across adolescence. Biological Psychiatry, 89(2). https://doi.org/10.1016/j.biopsych.2020.09.002
[7] Giovanelli, A., Ozer, E. M., & Dahl, R. E. (2020). Leveraging Technology to Improve Health in Adolescence: A Developmental Science Perspective. Journal of Adolescent Health, 67(2), S7–S13. https://doi.org/10.1016/j.jadohealth.2020.02.020
[8] Newman, B. M., & Newman, P. R. (2020). Psychoanalytic theories. Theories of Adolescent Development, 117–148. https://doi.org/10.1016/b978-0-12-815450-2.00005-x
[9] Mónaco, E., Schoeps, K., & Montoya-Castilla, I. (2019). Attachment Styles and Well-Being in Adolescents: How Does Emotional Development Affect This Relationship? International Journal of Environmental Research and Public Health, 16(14), 2554. https://doi.org/10.3390/ijerph16142554
[10] Regulska, A. (2014). Supporting the dysfunctional family in the contemporarysystem of the welfare. Pedagogika Rodziny, 4(1), 111–121. https://doi.org/10.2478/fampe-2014-0010
[11] Rangel, J. V., & Alonso, L. (2010). The study of subjective psychological well-being. A brief theoretical review. Educere, 14(49), 265–275.
[12] Caprara, G. V., & Steca, P. (2006). The Contribution of Self–Regulatory Efficacy Beliefs in Managing Affect and Family Relationships to Positive Thinking and Hedonic Balance. Journal of Social and Clinical Psychology, 25(6), 603–627. https://doi.org/10.1521/jscp.2006.25.6.603
[13] Veenhoven, R. (2008). Sociological theories of subjective well-being. The Science of Subjective Well-Being, 9, 44–61.
[14] Povedano-Diaz, A., Muñiz-Rivas, M., & Vera-Perea, M. (2019). Adolescents' Life Satisfaction: The Role of Classroom, Family, Self-Concept and Gender. International Journal of Environmental Research and Public Health, 17(1), 19. https://doi.org/10.3390/ijerph17010019
[15] Brackett, M., & Elbertson, N. (2019). Emotional Intelligence. Character Lab Playbook. https://doi.org/10.53776/playbooks-emotional-intelligence
[16] Bru-Luna, L. M., Martí-Vilar, M., Merino-Soto, C., & Cervera-Santiago, J. L. (2021). Emotional Intelligence Measures: A Systematic Review. Healthcare, 9(12), 1696. https://doi.org/10.3390/healthcare9121696
[17] Ugoani, J. N. N., Amu, C. U., & Kalu, E. O. (2015). Dimensions of Emotional Intelligence and Transformational Leadership: A Correlation Analysis. Independent Journal of Management & Production, 6(2). https://doi.org/10.14807/ijmp.v6i2.278
[18] Petrides, K. V. (2010). Trait Emotional Intelligence Theory. Industrial and Organizational Psychology, 3(2), 136–139. https://doi.org/10.1111/j.1754-9434.2010.01213.x
[19] Mayer, J. D., Caruso, D. R., & Salovey, P. (2016). The Ability Model of Emotional Intelligence: Principles and Updates. Emotion Review, 8(4), 290–300. https://doi.org/10.1177/1754073916639667
[20] Pagani, L. S., Japel, C., Vaillancourt, T., Côté, S., & Tremblay, R. E. (2007). Links Between Life Course Trajectories of Family Dysfunction and Anxiety During Middle Childhood. Journal of Abnormal Child Psychology, 36(1), 41–53. https://doi.org/10.1007/s10802-007-9158-8
[21] Harold, L. (2023, February 3). How Dysfunctional Behavior Affects Families. Retrieved March 25, 2023, from Verywell Mind. https://www.verywellmind.com/dysfunctional-defined-2610364#citation-18
[22] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 56(6), 774–786. https://doi.org/10.1016/j.amepre.2019.04.001
[23] Soenens, B., Vansteenkiste, M., & Stijn Van Petegem. (2017). Autonomy in Adolescent Development. Psychology Press.
[24] Bueno, J. M. H., Correia, F. M. de L., & Peixoto, E. M. (2021). Psychometric Properties of the Emotional Competence Inventory - Short Revised Version (ECI-R). Psico-USF, 26(3), 519–532. https://doi.org/10.1590/1413-82712021260310

[25] Hills, P., & Argyle, M. (2002). The Oxford Happiness Questionnaire: a compact scale for the measurement of psychological well-being. Personality and Individual Differences, 33(7), 1073–1082. https://doi.org/10.1016/s0191-8869(01)00213-6
[26] Egan, V., Chan, S., & Shorter, G. W. (2014). The Dark Triad, happiness and subjective well-being. Personality and Individual Differences, 67, 17–22. https://doi.org/10.1016/j.paid.2014.01.004
[27] López-Pérez, B., & Wilson, E. L. (2015). Parent–child discrepancies in the assessment of children's and adolescents' happiness. Journal of Experimental Child Psychology, 139, 249–255. https://doi.org/10.1016/j.jecp.2015.06.006
[28] MILLER, I. W., KABACOFF, R. I., EPSTEIN, N. B., BISHOP, D. S., KEITNER, G. I., BALDWIN, L. M., & SPUY, H. I. J. (1994). The Development of a Clinical Rating Scale the McMaster Model of Family Functioning. Family Process, 33(1), 53–69. https://doi.org/10.1111/j.1545-5300.1994.00053.x
[29] Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. Journal of Marital and Family Therapy, 9(2), 171–180. https://doi.org/10.1111/j.1752-0606.1983.tb01497.x
[30] Miller, I. W., Epstein, N. B., Bishop, D. S., & Keitner, G. I. (1985). THE McMASTER FAMILY ASSESSMENT DEVICE: RELIABILITY AND VALIDITY*. Journal of Marital and Family Therapy, 11(4), 345–356. https://doi.org/10.1111/j.1752-0606.1985.tb00028.x
[31] Chen, J.-L., Kennedy, C., Kools, S., Slaughter, R. E., Franck, L., Kong, S. K. F., & Wong, T. K. S. (2003). Culturally Appropriate Family Assessment: Analysis of the Family Assessment Device in a Pediatric Chinese Population. Journal of Nursing Measurement, 11(1), 41–60. https://doi.org/10.1891/jnum.11.1.41.52063
[32] McKAY, J. R., MURPHY, R. T., RIVINUS, T. R., & MAISTO, S. A. (1991). Family Dysfunction and Alcohol and Drug Use in Adolescent Psychiatric Inpatients. Journal of the American Academy of Child & Adolescent Psychiatry, 30(6), 967–972. https://doi.org/10.1097/00004583-199111000-00015
[33] Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. Behavior Research Methods, Instruments, & Computers, 36(4), 717–731.
[34] Kokkinos, C. M., & Vlavianou, E. (2019). The moderating role of emotional intelligence in the association between parenting practices and academic achievement among adolescents. Current Psychology. https://doi.org/10.1007/s12144-019-00343-5
[35] Tracey, M. R., Holmes, C. C., & Powell, M. G. (2023). Parental limit-setting decisions and adolescent subject grades. Review of Economics of the Household. https://doi.org/10.1007/s11150-023-09655-9
[36] Coyne, L. W., Gould, E. R., Grimaldi, M., Wilson, K. G., Baffuto, G., & Biglan, A. (2020). First Things First: Parent Psychological Flexibility and Self-Compassion During COVID-19. Behavior Analysis in Practice. https://doi.org/10.1007/s40617-020-00435-w
[37] Schwab, J., Gray, H., & Prentice, F. (2021). Family Function: An Historical and Research Review. Critical Issues in Psychiatry, 19–91. https://doi.org/10.1007/0-306-47191-4_2
[38] Izzo, F., Baiocco, R., & Pistella, J. (2022). Children's and Adolescents' Happiness and Family Functioning: A Systematic Literature Review. International Journal of Environmental Research and Public Health, 19(24), 16593. https://doi.org/10.3390/ijerph192416593
[39] Shek, D. T. L. (1998). A Longitudinal Study of Hong Kong Adolescents' and Parents' Perceptions of Family Functioning and Well-Being. The Journal of Genetic Psychology, 159(4), 389–403. https://doi.org/10.1080/00221329809596160
[40] Rask, K., Åstedt-Kurki, P., Paavilainen, E., & Laippala, P. (2003). Adolescent subjective well-being and family dynamics. Scandinavian Journal of Caring Sciences, 17(2), 129–138. https://doi.org/10.1046/j.0283-9318.2002.00118.x
[41] Rask, K., Åstedt-Kurki, P., Paavilainen, E., & Laippala, P. (2003). Adolescent subjective well-being and family dynamics. Scandinavian Journal of Caring Sciences, 17(2), 129–138. https://doi.org/10.1046/j.0283-9318.2002.00118.x
[42] Sánchez-Álvarez, N., Extremera, N., & Fernández-Berrocal, P. (2015). Maintaining Life Satisfaction in Adolescence: Affective Mediators of the Influence of Perceived Emotional Intelligence on Overall Life Satisfaction Judgments in a Two-Year Longitudinal Study. Frontiers in Psychology, 6. https://doi.org/10.3389/fpsyg.2015.01892
[43] Verrastro, V., Ritella, G., Saladino, V., & Pistella, J. (2020). Personal and Family Correlates to Happiness amongst Italian Children and Pre-Adolescents. International Journal of Emotional Education, 12(1), 48–64.