

## Article

# The Role of Family Functionality and Its Relationship with Psychological Well-Being and Emotional Intelligence in High School Students

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**Abstract:** Adolescence is acknowledged as a critical transition stage in human development, during which factors such as family environment, psychological well-being, and emotional competencies are deemed crucial for optimal growth. Objective: A descriptive study with a quantitative, correlational, and cross-sectional approach was conducted to investigate: (1) how psychological well-being, emotional intelligence, and levels of family functioning are associated with each other; (2) the presence of gender disparities in psychological well-being, emotional intelligence, and family functioning; and (3) the identification of significant differences in psychological well-being and emotional intelligence based on family functioning. Methods: Participants were recruited from six different high schools in Spain. In total, 1092 secondary school students (584 females and 508 males) aged 12–17 years ( $M = 14.15$ ) completed a series of instruments that were administered in person. Subsequently, data were statistically analysed and processed. Results: A positive correlation between family functioning, psychological well-being, and emotional intelligence was observed. In addition, significant gender differences were found in measures of psychological well-being, emotional intelligence, and family functioning. Finally, higher mean scores were identified for the high-functionality group when compared to the moderate-functionality and severe-dysfunctionality groups in both psychological well-being and emotional intelligence measures. Conclusions: The authors conclude by considering the family context as a key factor in adolescent development and propose future practical applications, such as programmes aimed at improving psychological well-being.

**Keywords:** family functionality; psychological well-being; emotional intelligence; high school; education; students and adolescence



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## 1. Introduction

Adolescence is a transitional period between childhood and adulthood in which a series of physical, emotional, and physiological transformations occur [1]. Authors [2] differentiate three stages within adolescence. The onset of early adolescence is between 12 and 14 years of age, an age of restlessness in search of new sensations, impulsive behaviour, and sensitivity, accompanied by maturation at the cortical level. The phase between 15 and 17 is marked by increased conflict resolution skills, identity design, reward decision-making, and improved planning skills, as well as impulsivity and a more strategic, abstract, and hypothetical style of thinking. Finally, late adolescence is characterised by greater physical changes between the ages of 18 and 19 [2].

Following Bailen, Green, and Thompson [3], the relevance of adolescence is that it is a critical stage and a turning point in the development of young people, where individual identity is defined through continuous emotional changes [4]. Moreover, this stage of life is

characterized by constant exposure to challenging social situations that, if not dealt with in an adequate manner, can lead to maladjustment and psychopathological distress [5].

It has been observed that dysfunctional family environments have a direct impact on adolescent development with detrimental consequences in both the short and long term, which is why it has been proposed to preserve the social and psychological well-being of adolescents by addressing the relationship between adequate development and family cohesion [6–8]. In addition to these findings, several authors demonstrate the importance of a well-functioning family for this stage that favours a greater state of psychological well-being and increases emotional skills in adolescents so that they can develop positively [9,10] and improve their cognitive performance [11].

Family functioning is a dynamic concept highlighted by [12] that refers to the following of roles by family members, following a positive communication style, and facilitating conflict resolution. While inadequate family functioning has been associated with health and emotional regulation problems during adolescence [8,13] that hinder social interaction and constitute a risk factor for social isolation and cognitive health [14], parental behaviour characteristic of adequate family functioning has been associated with numerous positive child development outcomes by fostering healthy life experiences [15]. Family relationships with high parental affection and low levels of rejection provide greater social support and a greater ability to regulate emotions adaptively [16] in adolescents, which translates into a greater ability to cope with challenges, mitigating the development of psychological problems such as depression and anxiety [17] and the use of substances such as alcohol and tobacco [18].

It has been documented that functionality at the family level that promotes these coping and adaptation skills in adolescents, together with higher levels of life satisfaction, has an impact on a greater state of psychological well-being [19]. Psychological well-being can be conceptualised from a eudaemonic perspective that refers to the active process that an individual carries out that is characterised by the pursuit and achievement of personal goals and the experience of engaging in life activities, thus allowing for a broader understanding of well-being given the relevance of these aspects to a full and satisfying life [20,21]. Within the eudaemonic well-being model, six dimensions of psychological well-being were identified that broaden the conceptualisation of well-being: autonomy; positive relationships with others; autonomy from the environment; mastery of the environment; purpose in life; and personal growth [20]. Currently, measuring well-being in childhood generally involves the following indicators: material well-being, health and safety, educational well-being, relationships, behaviours and risks, and subjective well-being [15]. The relevance of a good state of psychological well-being in adolescence lies in the fact that individuals who experience adequate levels of well-being report lower levels of experiencing mood disorders, behavioural problems, or social problems [21–23] as they have a greater capacity to establish and maintain healthy and satisfying interpersonal relationships, displaying more empathy and greater compassion towards others [24,25].

As evidenced by Davis, Nowland, and Qualter [26], it is within the family during childhood that one learns to recognise, understand, and manage emotions, and they point to emotional intelligence (EI) as a predictor of mental health, noting the strong correlation between this variable and psychological well-being. EI has been defined as the ability to discriminate, understand, analyse, and respond to one's own and others' emotions in a way that guides behaviour effectively [27,28]. When emotional ability is high, the response to any everyday event will make the individual adaptive [29,30]. EI takes on special relevance since adolescents who are emotionally intelligent experience higher levels of satisfaction and more general well-being, as well as increased engagement, achievement, and performance [31,32]. Furthermore, EI promotes feelings of confidence and self-esteem and reduces irritability and sadness, as well as the likelihood of developing psychological disorders and other behavioural problems [33–35], underlining that when emotions are accurately identified and effectively managed, adolescents have greater psychological benefits.

Taking into account the developmental stage addressed here, it is worth considering as relevant variables the personal characteristics, such as the age and gender of adolescents, which constitute a key factor for empirical studies that address family functionality [16,36], psychological well-being [37,38], and EI [39,40].

The significance of this research lies in how these variables are interrelated and their potential impact on the development and mental health of youth. This study aims to enhance and broaden the knowledge regarding how these factors affect adolescents' lives, thereby providing valuable insights for the design of interventions aimed at fostering their psychological and emotional well-being.

Specifically, the present study aims to: (1) analyse the relationship between psychological well-being, emotional intelligence, and family functioning levels of adolescents; (2) examine whether there are gender differences in psychological well-being, emotional intelligence, and family functioning; and (3) test whether there are significant differences in psychological well-being and emotional intelligence based on the different categories of family functioning reported by adolescents.

These objectives are analysed through the three hypotheses mentioned below. The first hypothesis (H1) seeks to establish positive associations between the three study variables: psychological well-being, emotional intelligence, and family functioning. The second hypothesis (H2) focuses on investigating whether there are significant sex differences in psychological well-being, emotional intelligence, and family functioning. Finally, the third hypothesis (H3) examines whether participants show significant differences in psychological well-being and emotional intelligence according to their family functioning categories.

## 2. Materials and Methods

### 2.1. The Research Model

This is a descriptive study with a quantitative, correlational, and cross-sectional approach employed to respond to the objectives set out in this research.

### 2.2. Participants

This study had an initial sample of 1280 secondary education students from six schools in the province of Almería (Spain). After discarding a total of 188 questionnaires due to language difficulties ( $n = 25$ ), for not attending the second session ( $n = 91$ ), or for being randomly completed ( $n = 72$ ), a final sample of 1092 adolescents was obtained (Figure 1). The participants belonged to the 2nd, 3rd, and 4th years of ESO, and were between 12 and 17 years old, with a mean age of 14.15 ( $SD = 1.11$ ) years. Of the total sample, 53.5% ( $n = 584$ ) were female and 46.5% ( $n = 508$ ) were male, with a mean age of 14.17 ( $SD = 1.17$ ) years for males and 14.14 ( $SD = 1.04$ ) for females. The distribution of the sample by academic year was 2nd ESO ( $n = 400$ ; 194 males and 206 females), 3rd ESO ( $n = 342$ ; 143 males and 199 females), and 4th ESO ( $n = 350$ ; 171 males and 179 females).

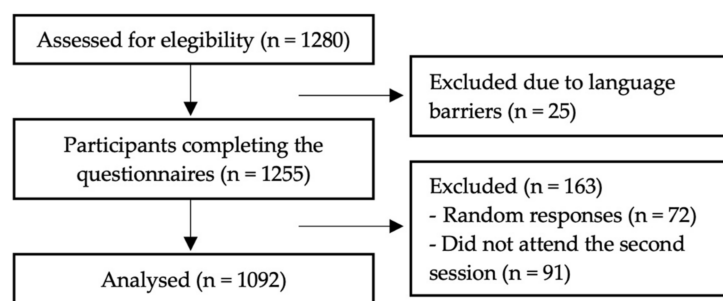


Figure 1. Flowchart of the final sample selection process.

### 2.3. Instruments

First, an ad hoc questionnaire was designed to collect socio-demographic data on the participants, such as their age, gender, grade, and nationality. Other variables related to

the school environment, academic level, and the existence of violent behaviour, as well as their personal relationships (with family members, teachers, peers, and parents/guardians) were also assessed.

Psychological Well-Being Questionnaire [20]. For this study we used the Spanish adapted version of [41]—with a reliability of  $\omega = 0.92$ —comprising 39 items on a 6-point Likert-type scale (from “Strongly disagree” to “Strongly agree”) and made up of 6 scales: (1) self-acceptance ( $\omega = 0.84$ ), measured through items such as “In general, I feel confident and positive about myself”; (2) positive relationships ( $\omega = 0.76$ ), assessed through items such as “I don’t have many people who want to listen to me when I need to talk”; (3) autonomy ( $\omega = 0.70$ ), for example: “I tend to worry about what other people think of me”; (4) mastery of the environment ( $\omega = 0.65$ ), assessed by items such as: “In general, I feel that I am responsible for the situation in which I live”; (5) personal growth ( $\omega = 0.63$ ), through items such as “I find it difficult to try to make major improvements or changes in my life”; and (6) purpose in life ( $\omega = 0.80$ ), with items such as “I am not clear about what I am trying to achieve in life”. This instrument allows the assessment of psychological well-being in different domains with questions such as “Are important decisions made together as a family?”.

Trait Meta Mood Scale (TMMS-24) [42]. This instrument is an adaptation of the original version of the 48-item scale [43], with a reliability of  $\omega = 0.92$ , and intended for the assessment of emotional intelligence through three dimensions: attention to emotions, emotional clarity, and emotional repair. Its 24 items are answered through a 5-point Likert-type scale (from 1, “do not agree at all”, to 5, “strongly agree”) and are grouped into the following dimensions: (1) emotional attention ( $\omega = 0.88$ ), which through items such as “I pay a lot of attention to how I feel”, assesses the ability to perceive one’s own emotions; (2) emotional clarity ( $\omega = 0.88$ ), to detect the understanding of one’s own emotions, “I am clear about my feelings”; and (3) emotional repair ( $\omega = 0.86$ ), with items that assess the perceived ability to adequately regulate one’s own emotional states (“When I am angry I try to change my mood”).

Family Functionality Scale (APGAR) [44]. The Spanish adaptation of the original version [45] was used, which in this study had a reliability of  $\omega = 0.81$ . It consists of 5 items assessing adaptability, growth, association, affection, and determination, with three response options (0 = almost never, 1 = sometimes, and 2 = almost always) using questions such as “Do you feel that your family loves you?”.

#### 2.4. Procedure

Different compulsory secondary education schools in the province of Almería were contacted at random. During the first contact with the heads of each school, they were informed of the research objectives by e-mail and/or telephone, depending on their preference, and were provided with the questionnaire booklet to be administered. Finally, six high schools agreed to participate in the study, and the times when students would attend the schools were agreed upon. The data included in this study were collected in different schools during the first term of the 2023/24 academic year.

The questionnaires were administered in each group’s classroom, face-to-face, during school hours, which lasted for one hour per class. Although the questionnaires could be completed in approximately one hour, it was agreed with the high schools that each group could attend for two hours per week in order to carry out two sessions, and thus avoid fatigue and ensure better performance. For this purpose, the phrase “end of session 1” was included in the questionnaire and they were told that this is where they should stop. To guarantee anonymity, in the second session, they would be recognised by means of an anonymous code that they themselves had to write in their notebook and remember.

Once school permissions were obtained and parents’ informed consent was obtained, visits to the schools began. The sessions began with explaining the objectives of the study and providing the necessary instructions so that students could fill in the questionnaires individually. In addition, privacy was guaranteed regarding the statistical treatment of

the data, and it was made clear that participation would be voluntary, anonymous, and confidential. There was no cost for participating in this study and no financial compensation was received for participating in the study.

This research was approved by the Committee of Bioethics of the University of Almería with reference UALBIO2020/046.

### 2.5. Data Analysis

Data were analysed and processed in SPSS version 29.0.2.0 for Windows [46]. First, to examine the reliability of the instruments used for data collection [47], the omega coefficient was estimated, following the proposal of [48]. Correlational analyses of the study variables were carried out by estimating Pearson’s correlation coefficient. For the interpretation of the magnitude of the correlation coefficient, we followed the suggestions of [49], where  $r_{xy} < 0.3$  is a weak correlation;  $0.3 \leq r_{xy} < 0.5$  is a moderate correlation;  $0.5 \leq r_{xy}$  is a strong correlation.

In addition, a comparative analysis of means was carried out to determine the existence of significant differences in psychological well-being, emotional intelligence, and family functioning according to the sex variable, using Student’s *t*-test for independent samples. To estimate the effect size, Cohen’s *d* coefficient was calculated and its interpretation was based on the criteria proposed by the author: 0.2 is a small effect size; 0.5 is medium; and 0.8 is large [49].

Finally, an ANOVA test was carried out in order to analyse the relationships between the study variables, taking psychological well-being and emotional intelligence as dependent variables (DVs), and the categories formed by the three levels of family functioning—severe family dysfunction, moderate functioning, and high functioning—as independent variables (IVs).

## 3. Results

This section may be divided by subheadings. It should provide a concise and precise description of the experimental results, their interpretation, as well as the experimental conclusions that can be drawn.

### 3.1. Psychological Well-Being, Emotional Intelligence, and Family Functionality: Correlation Analysis

As can be seen in Table 1, the correlation matrix of the variables of psychological well-being, emotional intelligence, and family functioning is presented.

**Table 1.** Psychological well-being, emotional intelligence, and family functionality. Correlation matrix and descriptive statistics.

	Self-Acceptance	Positive Relations with Others	Autonomy	Environmental Mastery	Personal Growth	Purpose in Life	Emotional Attention	Emotional Clarity	Emotional Repair	Family Functionality
Self-Acceptance		0.52 **	0.56 **	0.66 **	0.49 **	0.65 **	0.03	0.42 **	0.46 **	0.50 **
Positive Relations with Others			0.38 **	0.43 **	0.37 **	0.36 **	0.03	0.24 **	0.26 **	0.37 **
Autonomy				0.44 **	0.40 **	0.41 **	−0.07 *	0.25 **	0.22 **	0.28 **
Environmental Mastery					0.54 **	0.67 **	0.09 **	0.39 **	0.43 **	0.42 **
Personal Growth						0.55 **	0.18 **	0.31 **	0.34 **	0.28 **
Purpose in Life							0.14 **	0.43 **	0.44 **	0.40 **
Emotional attention								0.46 **	0.39 **	0.07 *



**Table 1.** *Cont.*

	Self-Acceptance	Positive Relations with Others	Autonomy	Environmental Mastery	Personal Growth	Purpose in Life	Emotional Attention	Emotional Clarity	Emotional Repair	Family Functionality
Emotional clarity									0.60 **	0.28 **
Emotional repair										0.32 **
Mean	24.19	25.66	31.16	25.34	29.75	25.67	24.56	24.60	25.65	7.75
SD	6.20	6.06	6.55	4.61	4.80	5.80	7.04	6.80	6.75	2.37
Min.–Max.	6–36	6–36	8–48	8–36	13–42	6–36	8–40	8–40	8–40	0–10

\*  $p < 0.05$ ; \*\*  $p < 0.01$ .

It is observed that there is a positive correlation between family functionality and all the dimensions of the psychological well-being scale: self-acceptance ( $r = 0.50$ ;  $p < 0.01$ ), positive relations with others ( $r = 0.37$ ;  $p < 0.01$ ), autonomy ( $r = 0.28$ ;  $p < 0.01$ ), environmental mastery ( $r = 0.42$ ;  $p < 0.01$ ), personal growth ( $r = 0.28$ ;  $p < 0.01$ ), and purpose in life ( $r = 0.40$ ;  $p < 0.01$ ). Similarly, family functioning correlates positively with the EI dimensions of emotional attention ( $r = 0.07$ ;  $p < 0.05$ ), emotional clarity ( $r = 0.28$ ;  $p < 0.01$ ), and emotional repair ( $r = 0.32$ ;  $p < 0.01$ ).

There is a positive correlation between most BP and EI dimensions, with the exception of emotional attention which does not correlate with self-acceptance or positive relations with others; and it correlates negatively with autonomy ( $r = -0.07$ ;  $p < 0.05$ ).

The Student’s *t*-test for independent samples is then used to see if there are significant differences according to sex.

**3.2. Psychological Well-Being, Emotional Intelligence, and Family Functionality: Mean Comparisons According to Sex**

With regard to the gender comparison of psychological well-being, statistically significant differences can be observed in most of the dimensions. Specifically, higher mean scores were observed in males compared to females in self-acceptance ( $t = 7.04$ ,  $p < 0.001$ ,  $d = 0.43$ ), positive relations with others ( $t = 2.97$ ,  $p < 0.002$ ,  $d = 0.18$ ), autonomy ( $t = 4.76$ ,  $p < 0.001$ ,  $d = 0.29$ ), environmental mastery ( $t = 3.89$ ,  $p < 0.001$ ,  $d = 0.24$ ), and purpose in life ( $t = 3.23$ ,  $p < 0.001$ ,  $d = 0.2$ ). In personal growth, there are no significant differences ( $t = 0.46$ ,  $p = 0.322$ ,  $d = 0.03$ ) and the mean is higher in males than in females.

On the other hand, the comparison by sex of emotional intelligence, we can observe the existence of statistically significant differences in the three dimensions, with the mean scores being higher in the male sex than in the female sex in emotional clarity ( $t = 6.14$ ,  $p < 0.001$ ,  $d = 0.37$ ) and emotional repair ( $t = 4.02$ ,  $p < 0.001$ ,  $d = 0.24$ ), while in emotional attention ( $t = -4.14$ ,  $p < 0.001$ ,  $d = 0.25$ ), the mean is higher in females than in males.

Finally, significant differences were observed in family functionality ( $t = 3.60$ ,  $p < 0.001$ ,  $d = 0.22$ ), with the mean score being higher in men than in women (Table 2).

**Table 2.** Psychological well-being, emotional intelligence, and family functionality. Descriptives and *t*-tests according to sex.

		Sex						<i>T</i>	<i>p</i>	Confidence Interval
		Man			Woman					
		<i>N</i>	Mean	<i>SD</i>	<i>N</i>	Mean	<i>SD</i>			
Psychological Well-Being	Self-Acceptance	508	25.56	5.63	584	22.99	6.43	0.74	<0.001	1.85, 3.29
	Positive Relations with Others	508	26.24	5.64	584	25.16	6.37	2.97	0.002	0.36, 1.79
	Autonomy	508	32.15	5.98	584	30.30	6.89	4.76	<0.001	1.09, 2.61
	Environmental Mastery	508	25.91	4.42	584	24.83	4.72	3.89	<0.001	0.54, 1.63
	Personal Growth	508	29.82	4.61	584	29.68	4.97	0.46	0.322	-0.44, 0.71
	Purpose in Life	508	26.27	5.39	584	25.15	6.10	3.23	<0.001	0.44, 1.80

**Table 2.** Cont.

		Sex						T	p	Confidence Interval
		Man			Woman					
		N	Mean	SD	N	Mean	SD			
Emotional Intelligence	Emotional attention	508	23.62	6.96	584	25.38	7.02	-4.14	<0.001	-2.59, -0.92
	Emotional clarity	508	25.92	6.38	584	23.44	6.95	6.14	<0.001	1.69, 3.27
	Emotional repair	508	26.52	6.39	584	24.90	6.97	4.02	<0.001	0.83, 2.42
	Family Functionality	508	8.02	2.16	584	7.51	2.52	3.60	<0.001	0.23, 0.79

**3.3. Psychological Well-Being and Emotional Intelligence: Differences in Means and Standard Deviations Corresponding to the Family Functionality Groups**

In terms of psychological well-being, statistically significant differences can be observed in all dimensions: self-acceptance ( $F = 138.34; p < 0.001$ ), positive relations with others ( $F = 70.65; p < 0.001$ ), autonomy ( $F = 34.11; p < 0.001$ ), environmental mastery ( $F = 83.85; p < 0.001$ ), personal growth ( $F = 34.83; p < 0.001$ ), and purpose in life ( $F = 82.03; p < 0.001$ ). Higher mean scores were observed in the high functioning group compared to the moderate functioning and severe dysfunctional groups.

On the other hand, there are significant differences in most dimensions of emotional intelligence: emotional clarity ( $F = 37.23; p < 0.001$ ) and emotional repair ( $F = 51.70; p < 0.001$ ), while in emotional attention ( $F = 2.50; p = 0.082$ ) the differences are not significant. As in the psychological well-being scale, higher mean scores were observed in the high functioning group compared to the moderate functioning and severe dysfunctional groups (Table 3).

**Table 3.** Differences in psychological well-being and emotional intelligence means and standard deviations corresponding to the family functionality groups.

	Scale	Family Functionality	N	Mean	SD	ANOVA		Mean Difference
						F	Sig.	
Psychological Well-Being	Self-Acceptance	Severe family dysfunction (g1)	76	16.68	6.07	138.34	0.001	g1-g2  ***
		Moderate functionality (g2)	211	20.95	5.38			g2-g3  ***
		High functionality (g3)	803	25.77	5.53			g1-g3  ***
	Positive Relations with Others	Severe family dysfunction (g1)	76	20.46	5.93	70.65	0.001	g1-g2  ***
		Moderate functionality (g2)	211	23.06	5.98			g2-g3  ***
		High functionality (g3)	803	26.85	5.62			g1-g3  ***
	Autonomy	Severe family dysfunction (g1)	76	27.05	8.21	34.11	0.001	g1-g2  *
		Moderate functionality (g2)	211	29.20	6.09			g2-g3  ***
		High functionality (g3)	803	32.07	6.23			g1-g3  ***
	Environmental Mastery	Severe family dysfunction (g1)	76	20.70	4.63	83.85	0.001	g1-g2  ***
		Moderate functionality (g2)	211	23.45	4.12			g2-g3  ***
		High functionality (g3)	803	26.28	4.31			g1-g3  ***
	Personal Growth	Severe family dysfunction (g1)	76	26.42	5.70	34.83	0.001	g1-g2  ***
		Moderate functionality (g2)	211	28.50	4.56			g2-g3  ***
		High functionality (g3)	803	30.40	4.58			g1-g3  ***
Purpose in Life	Severe family dysfunction (g1)	76	20.05	6.58	82.03	0.001	g1-g2  ***	
	Moderate functionality (g2)	211	23.21	5.14			g2-g3  ***	
	High functionality (g3)	803	26.86	5.37			g1-g3  ***	

Table 3. Cont.

Scale	Family Functionality	N	Mean	SD	ANOVA		Mean Difference	
					F	Sig.		
Emotional Intelligence	Emotional attention	Severe family dysfunction (g1)	76	22.95	7.73	2.50	0.082	g1-g2
		Moderate functionality (g2)	211	24.32	7.10			g2-g3
		High functionality (g3)	803	24.78	6.95			g1-g3  *
	Emotional clarity	Severe family dysfunction (g1)	76	19.82	7.42	37.23	0.001	g1-g2  **
		Moderate functionality (g2)	211	22.69	6.59			g2-g3  ***
		High functionality (g3)	803	25.55	6.51			g1-g3  ***
	Emotional repair	Severe family dysfunction (g1)	76	19.86	5.91	51.70	0.001	g1-g2  ***
		Moderate functionality (g2)	211	23.64	6.65			g2-g3  ***
		High functionality (g3)	803	26.72	6.46			g1-g3  ***

\*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

#### 4. Discussion

The purpose of this study was to analyse the relationship between psychological well-being, emotional intelligence, and levels of family functioning in a sample of adolescent secondary school students. It also aimed to examine whether there are gender differences in psychological well-being, emotional intelligence, and family functioning. Finally, the aim was to test whether there were significant differences in psychological well-being and emotional intelligence based on the different categories of family functioning presented by the students.

As documented in previous studies, e.g., [16,36], better functioning in the family environment has an impact on adolescents’ psychological well-being. Previous research has also demonstrated associations between emotional intelligence and emotional functioning [8,13,19], as well as positive relationships between psychological well-being and emotional intelligence [26,34]. Based on this knowledge, we proposed our first hypothesis and obtained in the results the existence of a positive correlation between family functioning and all dimensions of the Psychological Well-Being scale, as well as a positive correlation between family functioning and emotional intelligence, and between most dimensions of psychological well-being and emotional intelligence, except for emotional attention, which does not correlate with self-acceptance or positive relationships with others and correlates negatively with autonomy.

At the same time, statistically significant differences were observed in most of the dimensions according to gender. Specifically, higher mean scores were observed in men compared to women in self-acceptance, positive relations with others, autonomy, environmental mastery, and purpose in life. In personal growth, there are no significant differences but the mean is still higher for men than for women. Like the results of [38], we also find higher scores in psychological well-being in men, especially in self-acceptance, mastery of the environment, autonomy, and purpose in life; unlike the scores obtained in positive relationships with others and personal growth, which have higher scores in women although there are no significant differences. In contrast to [37], our results show higher scores for women in terms of psychological well-being in most of the categories, with the exception of self-acceptance and environmental mastery, which in this case is higher for men. On the other hand, sex differences are displayed in emotional intelligence. Statistically significant differences can be observed in the three dimensions, with the mean scores being higher in the male sex than in the female sex in clarity and repair, while in attention the mean is higher in women than in men—unlike the study presented by [40], which presented higher scores in women in the dimensions of attention and repair. On the other hand, we found results similar to those obtained by [39], which did not show statistically significant differences in the categories of attention and emotional regulation but in emotional clarity,



women had a higher score. Significant differences were also obtained in family functioning as a function of gender, with the mean score being higher in men than in women, as in the study presented by [16], where men had higher mean scores than women. To these findings, ref. [36] adds a decrease in parental cohesion in boys compared to girls. This supports the second hypothesis put forward in the present research.

Regarding the third hypothesis, there are statistically significant differences in psychological well-being based on the different categories of family functioning. Notably, higher mean scores were found in the high functioning group compared to the moderate functioning and severe dysfunctionality groups. Higher scores were observed for high functioning, with mean scores for moderate functioning and lower scores for participants with family dysfunctionality.

In turn, the results showed that there are significant differences in emotional intelligence based on the different categories of family functioning except for emotional attention, as the differences were not significant. Higher mean scores were obtained in the high functioning group compared to the moderate functioning and severe dysfunctionality groups. Higher mean scores were observed in the high functioning group compared to the moderate functioning and severe dysfunctional groups.

#### *4.1. Limitations*

While the results presented here are promising, this study is not without limitations. The questionnaires administered are measures that are inevitably subject to a potential social desirability effect as adolescents may tend to reflect a positive self-image unconsciously and not answer honestly, even though the initial instructions were intended to encourage them to do so. Moreover, although they had to do it individually, they sometimes tended to share their answers and opinions with their peers sitting nearby. Another limitation found at the high schools was that some sessions had to take place at times when students were exhausted or distracted by an exam or other activity on the same day. In addition, some of them had recently joined the school after moving from their country of origin, so they had difficulties in understanding the language fluently and completing the questionnaires took more effort and time. Finally, the theoretical analysis may have been affected by the brief existence of studies relating the three dimensions addressed here: family functioning, psychological well-being, and emotional intelligence in adolescents.

#### *4.2. Practical Applications*

The results obtained in this study aim to clarify the relationships that exist between emotional skills and psychological well-being during adolescence. To this end, the family context is also included in this study, as it is considered a fundamental variable in the learning of these skills. The data presented here can be used when designing and implementing programmes aimed at fostering emotional competencies in adolescent participants. And for future lines of research, the reasons why adolescents suffer from family dysfunction, low EI, and low psychological well-being could be explored in greater depth.

In this way, they can contribute to improving levels of psychological well-being at this vulnerable stage and have a positive impact on their development. Programmes that focus on working on personal and emotional skills can prevent behavioural problems and potential psychological disorders, either in adolescents who present symptoms or in those who do not present symptoms but are exposed to different risk factors. Their integration into academic planning and their implementation in the educational institution is a possible practical application which, although it may be complex due to time or staff limitations, can undoubtedly have an impact on adolescent students with numerous benefits in their lives.

### **5. Conclusions**

Adolescence is a critical stage and a turning point in the development of individuals; therefore, it is necessary to pay attention to good family functioning for adolescents and to analyse how it influences their psychological well-being and emotional skills so that

they can achieve optimal integral development. This study shows the positive correlation between family functioning and all dimensions of psychological well-being, as well as emotional intelligence. In addition, significant differences were observed according to the sex of the participants, both in psychological well-being and in emotional intelligence and family functioning. In terms of family functioning, higher mean scores were observed in the high functioning group compared to the moderate functioning and severe dysfunctional groups in both psychological well-being and emotional intelligence, highlighting the relevance of the family environment in adolescent development. The implementation of programmes to promote emotional competencies in adolescents, considering the family context as a key factor in their development, is suggested as a practical implication. Family specific designed programmes could contribute to improving the psychological well-being of adolescents, preventing behavioural problems and psychological disorders, and benefiting their personal development in all areas of their lives.

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