Relationship of Family Functioning and Emotional Intelligence in Adolescents

Abstract
The present study aims to assess the relationship between family functioning and emotional intelligence among adolescents. This cross-sectional study included 52 adolescents studying in 11th and 12th standard selected by purposive sampling. All subjects gave informed consent. Socio-demographic characteristics were recorded on a specially designed proforma. “Family functioning questionnaire” and “Mangal Emotional Intelligence Inventory” were used to assess family functioning and emotional intelligence respectively. The data was analyzed using parametric and nonparametric statistics. There was a significant positive correlation between family functioning and emotional intelligence. Healthy family functioning plays a vital role in developing better emotional intelligence.

Keywords: Family functioning, Emotional Intelligence, Adolescents.

Introduction
Emotions have a profound effect on different aspects of our life including our decisions and behaviour. The concept of emotional intelligence (EI) was developed to explain the importance of emotions. EI is defined as “perceiving emotions, using emotions in order to support ideas, understanding emotions and emotional information, adjusting emotions for emotional and mental development”. [1] The development of EI begins from birth, initially with the mother who provides for the child’s needs. Thereafter the type of interaction that the growing child has with people in his environment, viz. parents, siblings, friends and teachers may develop or weaken his EI. [2-4] The effective use of emotions by children enable them to control their instinctive reactions in stressful situations. It also helps them to learn to communicate their emotional state properly, to develop healthy relationships with family members and friends, and to become successful in school, work and life. [5-7]

Family functioning plays an important role in the child’s development. Family is the first social institution which shapes and moulds the child. Family socialization impact directly the child’s social and emotional competency. In addition family socialization has an indirect effect on socio-emotional competence through the child’s understanding of emotions and acquisition of social knowledge. [8] In the familial context, from their parents, children learn their emotional knowledge base, as well as competence in emotion identification and regulation. [1] Parental socialization of emotional competencies is carried out by parents acting directly on the child, mainly through the way parents regulate the children’s emotions (e.g. through explicit lessons or informal conversations about emotion regulation). Parental influences may also act indirectly on the child e.g. through the observation and modelling of other’s

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emotional responses and competencies. [9-10] The basic assumption here is that a child whose parents display constructive EI related behaviour in everyday life is most likely to learn it as part of his behavioural repertoire. It has been claimed that parental socialization practices determine, to a large extent, the development of EI in children. [11-12] The study of EI has assumed importance in the past two decades because of its many benefits. Adolescents with high EI are physically and mentally healthier [13] and more successful than their less emotionally intelligent peers. [14] Adolescent who can regulate their emotional reactions in response to others’ emotions is likely to have good social skills and to act pro-socially. [15] EI leads to improved pro-social behaviour and self-management skills, and also better academic performance in adolescents [16-18]

A number of workers have conducted studies on the relationship between EI and personality, academic achievement, social success and social maturity, but few have investigated the relationship between family functioning and emotional intelligence. [19] In view of the paucity of studies in this field the present work was undertaken to evaluate the relationship between family functioning and emotional intelligence among adolescents. The results of this study may help design or plan school – based intervention programs on students who are having disturbed family functioning and poor emotional intelligence.

**Materials and Method**

**Setting and Design**

This cross-sectional study was carried out on students of Sarvodaya School, Kanke, Ranchi. Ethical clearance for the study was obtained from the institutional ethical committee.

**Sample**

The study sample consisted of adolescents in the age range of 16-18 years, studying in 11th and 12th standards in Sarvodaya School, Kanke. A total of 52 adolescents of both sex participated in the study. Selection of the sample was based on purposive sampling technique.

**Inclusion criteria**

Age between 16 years to 18 years

Studying in 11th and 12th class

Attending school regularly

Must be living with family

Give written informed consent

**Exclusion criteria**

History of significant physical, mental or neurological disorder

History of mental retardation, epilepsy, head injury

Family history of mental illness

**Tools**

Socio-Demographic Data Sheet: Socio-demographic data sheet was used to collect details such as sex, age, education, religion, domicile and occupation.

Family Functioning Questionnaire (FFQ): The FFQ consists of 60 items related to six dimensions. Each dimension has its distinctive family functioning characteristics. One item has been taken from all the related characteristics respectively (a) Structure (b) Affect (c) Communication (d) Behavior control (e) Value transmission (f) External systems. The reliability of FFQ was determined through odd-even and test-retest methods which were 0.71 and 0.81 respectively. The content validity of the scale was 0.78. The sample standardizing the FFQ consisted of 910 school going children. [20]

Mangal Emotional Intelligence Inventory (MEII): The MEII was used to measures the EI of the students. It contains 100 items, 25 each from the four areas or aspects of emotional intelligence namely, intrapersonal awareness (knowing about one’s own emotion), interpersonal awareness (knowing about other’s emotion), intrapersonal management (managing one’s own emotion), and inter-personal management (managing others emotion). The subject has to respond either ‘yes’ or ‘no’ in each item. While constructing items for each of these areas due care was taken to make use of simple language and provide well-defined purposeful statements to the respondents for the assessment of their emotional intelligence. Reliability of the inventory is 0.92 (Test Re-test method), 0.89 (split half method) and 0.90 (K-R formula). Validity of this test is 0.71 from inter-validity formula. [21]
Procedure

The researcher explained the study to all the students and written informed consent was obtained. To ensure full cooperation it was emphasized that anonymity would be ensured. Thereafter, by purposive sampling, students were included in the study considering the inclusion and exclusion criteria. The students were initially interviewed to collect the socio-demographic data. Thereafter the FFQ and MEI were administered individually to the participants. The questionnaires were scored as per the test manual and the data was tabulated and analyzed.

Statistical Analysis

Statistical analysis was performed using the SPSS programme (IBM). Parametric test were used for continuous data and non parametric tests were used for ordinal data.

Results

Socio demographic characteristics of the sample are given in table 1. Mean (±SD) age of the study sample was 17.31 (± 0.64) years. Majority of the participants were in the age group of 17-18 years, female, muslim, with rural background.

Table 1. Socio Demographic characteristics of the student sample

<table>
<thead>
<tr>
<th>Socio-Demographic Variables</th>
<th>Adolescents (n=52)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Percentage</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 to 17</td>
<td>25</td>
<td>48.1</td>
<td></td>
</tr>
<tr>
<td>17 to 18</td>
<td>27</td>
<td>51.9</td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>42.3</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>57.7</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11th standard</td>
<td>23</td>
<td>44.2</td>
<td></td>
</tr>
<tr>
<td>12th standard</td>
<td>29</td>
<td>55.8</td>
<td></td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>13</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>37</td>
<td>71.2</td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>2</td>
<td>3.8</td>
<td></td>
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<tr>
<td><strong>Domicile</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>15</td>
<td>28.8</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>37</td>
<td>71.2</td>
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</tr>
</tbody>
</table>

Mean (±SD) of score on Mangal Emotional Inventory is 3.5 (± 0.61). The EI scores were analysed to see differences with regard to age, sex, religion and domicile. However, it was found that there was no significant difference with regard to age (Mann – Whitney U test = 313; p=0.79; not significant), sex (Mann – Whitney U test = 312.5; p=0.71; not significant), religion (Mann – Whitney U test = 185; p=0.16; not significant), and domicile (Mann – Whitney U test = 250; p=0.52; not significant).

Mean(±SD) of score on family functioning questionnaire is 2.34 (±0.51). Analyses of scores of family functioning also revealed no significant differences with regard to age (Mann – Whitney U test = 259; p=0.14; not significant), sex (Mann – Whitney U test = 273; p=0.21; not significant), religion (Mann – Whitney U test = 203; p=0.33; not significant), and domicile (Mann – Whitney U test = 259.50; p=0.66; not significant).

Adolescents having average range of family functioning were found to have average level of EI, while adolescents having poor range of family functioning had low level of EI. Correlation between family functioning and emotional intelligence was computed by Spearman’s rho.(Table 2) Results indicate that there was a significant positive correlation between family functioning and EI (rho = 0.784; n=52; p <0.0005, two tailed).

Table 2. Correlation between family functioning and emotional intelligence

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score on Family Function Inventory</th>
<th>Score on Mangal Emotional Intelligence</th>
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</thead>
<tbody>
<tr>
<td>Score on Family Function Inventory</td>
<td>Spearman’s rho</td>
<td>1</td>
</tr>
<tr>
<td>Significance (2 tailed)</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Score on Mangal Emotional Intelligence</td>
<td>Spearman’s rho</td>
<td>0.784**</td>
</tr>
<tr>
<td>Significance (2 tailed)</td>
<td>0.000</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

The present study was aimed to elicit the possible relationship, if any, between family functioning and EI among adolescents by means of information gathered from family functioning questionnaire and emotional intelligence inventory. The results show significant positive correlation between family functioning and emotional intelligence. The finding that adolescents who have average range of family functioning were found to have average level of EI is in agreement with some earlier studies. [11-12] The interaction of adolescents within family or family members and others may help in development of EI of adolescents. [2] The finding that adolescents who have poor range of family functioning also had low EI score is also in agreement with earlier studies. [22] This indicates that the poor quality of interaction of the adolescents with their intimate environment, such as parents, siblings and friends weaken their EI. [2-4] Further, these results clearly imply that EI is an important factor in regulating the family environment. The possibility of improving the family environment increases when family members understand themselves, the emotions of the others and guide their emotions. [23] Studies indicate that EI education program contributed significantly to children’s EI levels and this may also improve family functioning. [7] Another aspect that merits further study is based on the fact that when EI of parents increases, some positive changes also occur in the family environment. [23] As the effect of parents in the development of EI levels of children is highly emphasized, if parents with low EI undergo EI education program it is likely that this will result in improvement of both family functioning and EI of children. This may be explored in future studies.

A strong family relationship is presumed to be supportive of its members in facing stressful moments and also helps to resolve conflicts using appropriate problem-solving skills instead of blaming one another. Problem solving implies a family’s ability to recognize and discuss issues appropriately with the aim of rectifying situations and to help members cope effectively with problems that may arise. The pillar of a strong and healthy family is ‘trust’, therefore, individuals raised in a healthy family will have better problem-solving skills and ability to trust and can render support, when needed, to others.

In addition, every family member plays a role that influences each other’s lives and beliefs. However, parents are a bigger influence on the formation of one’s self-efficacy, especially in younger age. Throughout his life a person’s ability to interact and willingness to help family members to solve problems will constantly teach him or her new skills. [22] This view is congruent with Bandura’s views where self-efficacy is a set of learned beliefs and experiences that will guide an individual to achieving a desired outcome when problems are faced with. The above support the present study for understanding the adequate family functioning are important for the development of individual or whole family and the development of EI.

Limitations

Small sample size and sample from a single school were obvious limitations of the study.

Conclusion

We may conclude from the present study that family functioning is an important factor for the development of EI. If family functioning is poor then the EI is likely to be adversely affected leading to maladaptive behavioural and emotional problems in adolescence and may also affect his academic achievement. Average and good family functioning leads to healthy development of adolescents and emotional and social maturity. Therefore in school based intervention there is need to focus on family functioning.

References


