

Family Functioning, Emotional Intelligence and Suicidal Tendencies among Adolescents



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Abstract: The current study was planned with the aim to measure the relationship among family functioning, emotional intelligence and suicidal tendencies in adolescents by using a cross sectional survey research design. Through multi-stage stratified sampling, a sample of 1000 adolescents' age ranging from 13–19 years was recruited from schools and colleges of Gujrat, Pakistan. The General Functioning of Family Scale was used to collect data on general functioning (Kareem et al., 2022), the Wong and Law Emotional Intelligence Scale was employed to collect data on emotional intelligence (Zahra et al., 2024), and the Suicidal Tendencies Scale (Kausar & Fatima 2024) was used to collect data on suicide tendencies. Analysis of Pearson correlation showed significant negative relationships among suicidal tendencies, family functioning ($r = -0.431$, $p < 0.01$) and emotional intelligence ($r = -0.209$, $p < 0.01$). ANOVA and t -test results showed significant differences in emotional intelligence of adolescents ($F = 39.29$, $p = 0.001$) in relation to the maternal education. Further, the females had higher emotional intelligence as compared to the males ($p = 0.002$). Conversely, the gender and a family structure (nuclear & joint) did not have a significant influence on suicidal tendencies. The findings highlight the importance of the systemic interventions, implying that the enhancement of the family cohesion and incorporation of the emotional literacy programs into the educational curriculums are key measures in preventing suicide among the adolescents.

Keywords: Emotional Intelligence, Family Functioning, Suicidal Tendencies, Adolescents, Family System, Maternal Education

Introduction

Adolescence is a pivotal point in development, during which an adolescent undergoes considerable psychological, social, and emotional changes that can make them particularly vulnerable to mental health problems. Adolescence is the phase of transition from being a child to an adult which is roughly considered to be the period between 11 and 19 years of age (Salmela-Aro, 2011). In the current study, adolescents' family functioning, emotional intelligence and suicidal ideations are measured.

Family Functioning refers to the emotional, psychological, and behavioral interactions between family members. These types of interactions include, but are not limited to, family cohesion, adaptability, communication, and conflict within a family system (van Renen & Wild, 2008). Family is the primary context for development; therefore, a well-functioning family acts as the safety net of emotional support and belonging for adolescents, both of which are protective factors when they are experiencing suicidal thoughts. Similarly, Fatima et al. (2025) reported that there was strong negative and significant correlation between perceived inter-parental conflict and social emotional competency among adolescents. The presence of family conflict and low levels of emotional support has been shown to be predictive of higher levels of risk for suicide (Van Renen & Wild, 2008; Alvarez-Subiela et al., 2022). Suicidal behavior all over the world can be viewed as one of the greatest public health issues and a leading cause of mortality among young people (Cash & Bridge, 2009).

On the other hand, emotional intelligence is defined as a set of emotional capabilities that help individuals identify, understand, express, and manage their emotions, and it's thought to be an important factor in

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helping adolescents develop coping skills to manage stress, control their negative emotions, and utilize effective cognitive strategies to protect them against suicidal thoughts and behavior (Cha & Nock, 2009; Quintana-Orts et al., 2020). Suicidal Ideation and behaviors are on a continuum from passive thoughts of wanting to die to actively planning and engaging in self-destructive behaviors. The shift between suicidal ideation and suicidal behavior is a dynamic process that is controlled by both the personal factors and environmental factors (Glenn, et al., 2015). These factors are believed to have a systemic relationship, the home environment contributes towards the development of emotional regulation, in which case, they prevent suicidal thoughts and actions (van Renen & Wild, 2008).

In a study done by Freed et al. (2016), the researchers showed that family functioning and depressive symptoms among adolescents have a significant association. Emotional intelligence (EI) has come out as a critical protective factor at individual level for suicidal behavior. In several literature reviews, there is a negative relationship between EI and suicidal ideation (Quintana-Orts et al., 2020). Kausar et al. (2025) reported emotional intelligence as a significant negative predictor of suicidal ideation among adolescents. Higher EI provides adolescents with ultimate emotion-regulation skills, which allow them to better cope with stressor and negative life experiences (Quintana-Orts et al., 2020). The higher the EI, the more they tend to use adaptive strategies, i.e. acceptance, positive refocusing, positive reappraisal, and the less they use maladaptive ones, i.e. rumination and catastrophising, which forecasts lower levels of suicidal ideation (Quintana-Orts et al., 2020). It is often described that the protective role of EI is confined to the strategic EI, or the ability to comprehend and control emotions, and not, specifically, the possibility to perceive emotions (Cha & Nock, 2009). Intense connection between low EI and problems with emotional-management among teenagers who consider suicide implies that prevention interventions must involve activities aimed at strengthening emotional skills and promoting adaptive coping mechanisms (Quintana-Orts et al., 2020). New studies have also started investigating the mediatory effects of EI and family support when dealing with suicidality. Opinion is almost unanimous that these factors act in combination, to make a complex system of transaction. Emotional competence of an adolescent may be directly affected by the family environment (Rodriguez et al., 2014). To illustrate, members of the family form a significant role modeling emotional comprehension and communication (Freed et al. 2016). Emotional expressiveness is a less functional aspect of family dynamics that may impair the growth of emotional clarity, an EI component, making adolescents more vulnerable to depressive symptoms, which can lead to suicidal thoughts (Freed et al., 2016). Freed et al. (2016) also discovered that emotional clarity mediated the effect between family functioning described by adolescents and depressive symptoms. Social support seems to increase the protective role of EI against suicidal ideation. The data suggest that the family and teacher support mediate the relationship between EI and suicidal ideation, and the family support mediates this relationship as well (Galindo-Dominguez & Losoda, 2023). This suggests that high EI is most effective in reducing suicidal thoughts when the adolescent also perceives medium or high family support (Galindo-Domínguez & Losada, 2023). In essence, family support provides the environmental scaffolding that allows emotional competence to function optimally as a buffer against risk.

By summarizing, the literature supports a complex model where poor family functioning increases stress and vulnerability to mental health problems, while low emotional intelligence hinders the capacity for adaptive coping. The synergistic influence of a supportive family in strong emotional skills is a powerful protective mechanism against suicidal tendencies in adolescents.

Objectives of the Study

Objectives of the study were to:

- Find the relationship among family functioning, emotional intelligence and suicidal tendencies in adolescents.
- Find the differences in family functioning, emotional intelligence and suicidal tendencies in relation to the demographic variables of the adolescents.

Hypotheses

- Higher the emotional intelligence, lower will be the suicidal tendencies among adolescents.
- Healthier the family functioning, lower will be the suicidal tendencies among adolescents.

Methodology

Cross-sectional survey research design was used to find the relationship among family functioning, emotional intelligence and suicidal tendencies in adolescents. Target population of the present study was adolescents with age range from 13 to 19 years, studying in school and colleges of Gujrat. The sample of the current study was 1000 adolescents selected through the multistage stratified sampling technique. In this study for selecting sample, the multi-stage stratified sampling was used. At stage 1, sample was distributed into two strata of government and private institutes. At stage 2, government and private institutes further divided into grade ranks: 7th, 8th, 9th, 10th, 11th and 12th. In final stage, the ranks were divided into gender category (male & females). The students having some physical illness or previous history of psychiatric symptoms were excluded from the study.

Instruments

Demographics form include, age, gender, class, school system, family system, socio-economic status, residential area, monthly income, father's qualification and mother's qualification.

General Functioning of Family Scale (GFFS) (Kareem et al. 2022)

GFFS (Urdu Version) is a short self-report measure developed by Kareem et al. (2022). The Family Functioning Scale has 12 items. Each question measures how healthy (well) or dysfunctional (poorly); a family is functioning in terms of communication, problem-solving and feelings of connectivity. Participants rank their degree of agreement with each statement using a 4-point Likert scale from 1 = Strongly Agree to 4 = Strongly Disagree. A few items are phrased positively and others negatively to help assure that participants are responding accurately to each statement. Higher scores on the scale indicate more family dysfunction; lower scores indicate healthier family functioning. The Urdu version has strong psychometric properties and proved to be a valid tool for measuring the adolescents' perception of their home environment in Pakistan's cultural perspective (Kareem et al., 2022).

Wong and Law Emotional Intelligence Scale (WLEIS) (Zahra & Hung, 2024)

One of the most common tools to measure the emotional intelligence in workplace or educational setting is the WLEIS. Zahra and Hung (2024) have translated the scale into Urdu and validated it. It consists of 16 self-report questions, which measure four components of EI: self-emotion appraisal, other people emotion appraisal, emotion utilization, and emotion regulation. Every subunit is symbolized by four items. The respondents answer the items using 7-point Likert scale (1-Strongly Disagree to 7-Strongly Agree). Findings showed that the Urdu adaptation of the WLEIS has high internal consistency (Cronbachs 0.80) of each element, which validates its reliability to measure EI in Pakistan (Zahra & Hung, 2024).

Suicidal Tendencies Scale for Adolescents (STS) (Kausar & Fatima, 2024)

Kausar and Fatima (2024) developed The Suicidal Tendencies Scale to provide researchers with a measure of the severity of suicidal thoughts and behavior among adolescents. The STS has 30 items based on a 4-point Likert scale to record responses (0 = Never, 1 = Sometimes, 2 = Often, 3 = Always), and higher scores on the STS correspond to higher levels of suicidal tendencies. The STS has been shown to have good internal consistency (CR=.90) and very good content validity as an instrument (Kausar & Fatima, 2024). Informed consent was taken from the participants. The purpose of the study was communicated to the research participants. After collecting data from the participants, they were thanked for their cooperation.

Results

Table 1

Frequencies and Percentages of Demographic Variables of the Adolescents (n=1000)

Variables	F	%
Gender		
Male	425	42.5
Female	575	57.5
Total	1000	100
Residential Area		
Urban	438	43.8
Rural	562	56.2
Mother Education		
Primary\secondary	262	26.2
Higher	403	40.3
Professional Education	345	34.5
Father Education		
Primary\secondary	3	0.3
Higher	226	22.6
Professional	547	54.7
Technical	224	22.4
Family System		
Nuclear	664	66.4
Joint	336	33.6
School System		
Government	500	500
Private	500	500

The sample consists of more females than males, with the percentage of females being over half the sample (57.5%) and males being less than half the sample (42.5%). In terms of where participants resided, a larger proportion (56.2%) of participants lived in rural areas, while a smaller proportion (43.8%) lived in urban communities. In regard to parental education, mothers had either a higher level of education (40.3%) or had attained a professional educational level (34.5%). In comparison, most fathers attained a higher level of education in the professional fields (54.7%) or technical fields (22.4%). Only a small percentage of fathers (0.3%) had completed either a primary or secondary school education. Most participants lived in a nuclear family system (66.4%); the remaining percentage (33.6%) of participants lived in some type of joint or extended family system. Finally, the sample of adolescents was also evenly distributed in government (50%) and private schools (50%).

Table 2

Pearson Correlation Analysis among Family Functioning, Emotional Intelligence and Suicidal Tendencies in Adolescents (n=1000)

Variables	1	2	3
Family Functioning	-	.031	-.431**
Emotional Intelligence	-	-	-.209**
Suicidal Tendencies	-	-	-

** Correlation is significant at the level or less than 0.01 (2-tailed)

The analysis revealed a negative correlation between suicidal tendencies and family functioning ($r = -0.431$). Similarly, there was a negative correlation between suicidal tendencies and emotional intelligence ($r = -0.209$), which is also statistically significant. This negative direction suggests that as suicidal tendencies increase, emotional intelligence tends to decrease. The correlation between family functioning and emotional intelligence was found to be positive ($r = 0.031$, $p = 0.334$). However, this result was not statistically significant.

Table 3

One-Way ANOVA in relation to Mother's Education in Family Functioning, Emotional Intelligence and Suicidal Tendencies among Adolescents (n=1000)

		Df	Mean Square	F	Sig.
EI	Between Groups	2	14273.930	39.295	.000
	Within Groups	997	363.253		
	Total	999			
ST	Between Groups	2	1920.375	2.389	.092
	Within Groups	997	803.995		
	Total	999			
FF	Between Groups	2	14.219	.344	.709
	Within Groups	997	41.364		
	Total	999			

EI=Emotional Intelligence, ST=Suicidal tendencies, FF=Family Functioning

The table showed that emotional intelligence scores were affected by mother's level of education because there was a statistically significant difference between the groups. The large F-value of 39.295 indicates that the variance between the groups is significantly greater than the variance within the groups. Family functioning showed that there is little difference between the groups and was random chance, suggestive of no significant differences in family functioning between the groups. In terms of suicidal tendencies, the larger F-value and small p-value indicate that education does not produce significant differences in suicidal tendencies across maternal education levels. Thus, there were no statistically significant differences between the groups regarding family functioning scores.

Table 4

Mean Comparison of Family Functioning, Emotional Intelligence and Suicidal Tendencies among Adolescents across Gender (n = 1000)

Variables	F	P	Mean Difference	T	df
EI	0.31	0.002	3.854	1.75	998
		0.002	3.854	1.73	881.81
ST	4.66	0.08	3.178	-.172	998
		0.08	3.178	-.173	931.48
FF	0.41	0.86	-0.071	3.05	998
		0.86	-0.071	3.06	922.09

EI=Emotional Intelligence, ST=Suicidal tendencies, FF=Family Functioning

Results indicated that adolescents boys ($M=20.36$) scored lower than adolescents girls ($M=23.94$) on emotional intelligence and the difference were statistically significant. There was no statistically significant difference between male ($M=3.86$) and female ($M=3.78$) on suicidal tendencies scores therefore, it can be concluded that gender does not appear to have an impact on suicidal tendencies in this sample. There were no statistically significant differences in family functioning between male ($M=20.06$) and female ($M=19.91$).

While the t-value indicated that the difference in mean score between both groups was large (-0.07), the absolute value of the p-value indicates that the difference in mean score is likely attributable to chance.

Table 5

Mean Comparison of Family System on Family Functioning, Emotional Intelligence and Suicidal Tendencies among Adolescents (n=1000).

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	Sig. (2-tailed)	Mean Difference	Std. Error Difference
EI	9.35		.002	.001	4.386	1.317
				.001	4.386	1.367
ST	24.57		.000	.138	-2.818	1.900
				.115	-2.818	1.784
FF	2.09		.148	.596	.228	.430
				.585	.228	.417

EI=Emotional Intelligence, ST=Suicidal tendencies, FF=Family Functioning

The results of Levene's Test were statistically significant for emotional intelligence ($F = 9.35$) indicating that the variances between the two family systems were not equal. The results were statistically significant with regard to the family system ($p = .001$) and indicated that the average difference in the emotional intelligence of students from one family system was significantly greater than the average difference in emotional intelligence of students from another family system. Levene's Test was also highly statistically significant when examining the variable of suicidal tendencies ($F = 24.57$). The analysis indicated no statistically significant difference among family systems for suicidal tendencies ($p = .115$). Across family system, there was an average difference of -2.818 across the family systems. Levene's Test ($F = 2.09$) did not show the statistically significant results.

Discussion

The study was designed with the aim to measure the relationship among family functioning, emotional intelligence and suicidal tendencies among adolescents. The results are a solid empirical evidence in support of the hypotheses put forward, as they suggest that both inner psychological resources as well as family relationships are critical factors of adolescent mental health. The findings highlighted a negative relationships between EI and suicidal tendencies and positive relationship between emotional intelligence and family functioning. First hypothesis approved that higher the emotional intelligence lower will be the suicidal tendencies. It indicates that the people with a better ability to regulate their emotions, self-awareness and empathy are less susceptible to the suicidal ideation. It goes in line with the findings of Mayer et al. (2016) who indicate that a high EI can lead to effective stress management and less maladaptive coping. Also, one of the research papers by Dominguez-Garcia et al. (2018) reported that high EI safeguards against suicidal behaviors. The second hypothesis was proved because family functioning had significant negative relation with suicidal tendencies ($r = -0.431$, $p < 0.01$). The presence of this moderate negative relationship shows that a positive and well-knit family climate is a strong protective factor in preventing self-harmful behavior (Manczak et al., 2018; Peng et al., 2023). The Attachment Theory developed by Bowlby (1982) postulates that an effective and secure family foundation provides the emotional security needed by adolescents to manage development crises. The current results are confirmed by Irfan et al. (2025) who suggested that family discord is one of the major sources of suicidal ideation. There were also differences in demographics with maternal education playing a significant role in EI among adolescents ($F = 39.29$, $p < 0.001$).

This indicated that mothers who were more educated create a better learning environment for their children and provide them with greater opportunity for development of both emotional intelligence and cognitive development (Valadi et al., 2022). Epstein (2018) provides additional support for this relationship by finding maternal education level is a strong predictor of the quality of the home learning environment and the emotional development of the child. When looking at gender differences, females performed significantly better than males on emotional intelligence ($p=.002$). This is something that has been found in an abundance of psychological literature. Joseph and Newman (2010) found that women are typically more sensitized to emotional cues due to social conditioning in our society and thus, typically report having greater emotional intelligence. Gender did not have a statistically significant effect on suicidal behaviors ($p=0.08$), indicating that there are similarities between boys and girls in the incidence of suicide (the risk of suicide) but study by Zhang et al. (2019) showed that girls showed more vulnerability to suicidal ideation than boys. In addition, there were no statistically significant differences in how family structure affected suicide rates among adolescents; both nuclear and joint (or extended) family structures contained similar rates of suicide. Although there was no difference in how family structure affected suicidal behaviors, adolescents from one type of family structure (likely Nuclear families based on average scores) received more individualized attention related to their emotional needs than did adolescents from a Joint (Extended) family structure (Kim et al., 2026). This research supports and expands upon the controversy initiated by Kagitcibasi (2017) regarding the development of emotional strength based on the child's environment and society.

Implications of the Study

Given that emotional intelligence is a predictor of how adolescents react to life stressors (e.g., peer relationships, family) and therefore influences their likelihood of attempting suicide, policymakers should create national policies based on research findings that support emotional intelligence programming in schools and at home.

Because the majority of those who attempt suicide will seek health care services after they have done so (61%), clinicians who provide early intervention services should be adequately trained to perform mental health assessments and offer assistance to patients experiencing suicidal ideation.

Conclusion

The results of this study indicated that adolescent mental health does not exist in a vacuum; rather adolescent mental health is heavily influenced by the interaction between internal emotional competency and external influences from family. Results showed that high emotional intelligence acts as an emotional protective factor when adolescents are dealing with negative emotion, thus, decreasing thoughts of self-harm. Safe, healthy family functioning is the best predictor of safety. When family systems are stable and maintain open lines of communication, adolescents' risk of having suicidal ideation is significantly reduced. Gender and maternal education are not merely numbers but serve as predictors for how much emotional resources a child receives. Higher emotional intelligence levels in females and children with educated mothers indicated that emotional development is a learned behavior dependent on our environments.

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