



Contents list available <http://www.kinnaird.edu.pk/>

## Journal of Research & Reviews in Social Sciences Pakistan

Journal homepage: <http://journal.kinnaird.edu.pk>



### IMPACT OF FAMILY FUNCTIONING, DISTRESS TOLERANCE AND RESILIENCE ON ADOLESCENTS

Mariam Jabeen<sup>1\*</sup>, Dr. Saadia Dildar<sup>1</sup>

<sup>1</sup>Government College University, Lahore

#### Article Info

\*Corresponding Author

Email Id: [mariam.jabeen007@gamil.com](mailto:mariam.jabeen007@gamil.com)

#### Abstract

The present study was conducted to explore the relationship between family functioning, distress tolerance and resilience in adolescents. For this purpose, Cross-sectional research design was used, the sample N=663 age range 14 to 22 (M=17.54, SD= 2.11) students was selected through online and manually. Data collection for the present study was done using Family Assessment Device (Epstein, Baldwin and bishop, 1992), Distress Tolerance Scale for adolescents (Simons & Gaher, 2005) and Resilience Scale (Anwar *et al.*, 2016). All the scales were available in Urdu version and were used as for students convenient. Data was statistically analyzed by using Pearson Product Moment Correlation for relationship and Hierarchical Regression for Predictive relationship was done for analysis. The finding of the research indicates highly significant positive correlation between family functioning, distress tolerance and resilience. Significant relationship was also found between the dimensions of family functioning, distress tolerance and dimension of resilience. Multiple Hierarchical Regression showed family roles, problem solving and behavior control of family functioning and distress tolerance as significant prediction of resilience.

#### Keywords

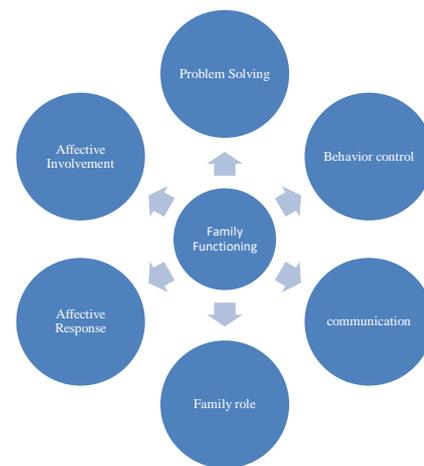
Family Functioning, Distress Tolerance, Resilience, Relationship, Prediction



## 1. Introduction

The period of great attention for an individual is the phase of adolescents. Skills that affect the mental health, resilience and tolerance ability of the students develop during this phase. Adolescents develop many skills in this time period that also influence the mental health and resilience of the adolescents. Family plays an important role in this time span. The ability of distress tolerance is affected by both family functioning and resilience of the adolescents. Resilience is very important for school children to deal with emotional and behavioral problems in adolescents. Resilience can be enhanced by the proper family functioning and family support. The main focus of this study is to understand the relationship between the factors and how they influence or have effect on the adolescents. Family has its role in the social system as function of the family depends on the social demands. The most important factor of the family environment is family functioning that can affect the somatic, societal and emotive well-being of a person. The current and future risk that is associated with the unsuitable conditions can be modified by understanding the situation of the family and family functioning. (Ghamari, 2011). Epstein in 1987 introduces the McMaster family functioning model theory. This theory was based on the process model theory and states that the development of the family system by way of fundamental, hypothesizes that the simple role of family is to present suitable environment to the individual for improve the bodily, mental, societal aspect. To realize the basic function, the family have to whole a battery of given

duties that includes the simple and plain duties, growing responsibilities as well as catastrophe management concern in order to improve the development of the family and to understand the basic function of the family. In this model basically six dimensions of family were introduced problem solving, communication, family roles, affective response, affective involvement behavior control and general family functioning.



**Figure 1:** Family Functioning Model

Distress tolerance is defined as the ability of an individual to withstand negative bodily and mental states. The person is able to regulate the emotive suffering and permit the person in making it through without any worsened consequences. Distress tolerance is related to the emotional regulation and skills to regulate the different emotional responses. Distress tolerance is not related to decrease the intensity of the distress but it is related to the process of coping the distress (Bernstein, 1990). According to Simon and Gaher (2005) distress tolerance is the physical and cognitive process and is understand as emotional states, so it is explain as an individual's the capability to deal with the negative emotional outburst. Resilience is referring to as the capability to

bounce back after the stressful and traumatic circumstances. The process of adapting well in a trauma, family relationship problem and financial stressor and workplace problems. According to Campbell-Sills *et al.*, (2006) research on resilience and psychological wellbeing states that resilience is a multi-dimensional concept that contain variables including personality and temperament, problem solving skills and communication skills. Sitwat & Dildar (2011) highlighted the importance of perceived familial relationship patterns in mental health of adolescents. Dysfunctional family patterns may hinder mental health process and later on developing psychological symptoms like obsessive compulsive disorder.

## **2. Literature Review**

Rezaei-Dehaghani *et al.*, (2018) conducted a research on adolescents to explore family functioning, externalizing problem and levels of family. The findings of the research showed high family functioning have predictive association with reduced behavioral issues and an increase in the global self-worth and family levels. According to Patterson (2002) family tension outline the developments that support strong results among individuals that were blood relatives. The results describe family functioning can direct individuals towards the coping (Patterson, 2002). Yusoff *et al.*, (2019) conducted a research. The objective of the research was to understand the role of functioning of family in the development of resilience in students and increase positive thinking. Cross-sectional research design was applied in the process of data collection. This

research reports a highly significant association between family functioning, resilience, and cognitive distortion. Tolerance of distress (DT) is considered as a protecting aspect of resilience. It is considering as acceptance of the disturb life events and exposure to disaster. Distress occurs as a result of thinking and physiological progressions but expresses as an affecting conditioning that results in the capability to accept to suffering is stated as the capacity of an individual to regulate and manage all the responsive circumstances (Simons, 2005). Resilience in family contributes to a well-functioning, highly resilient family. As researcher consider resilience in family framework have focus is on the entire family network and the ways in which the family functions and adapts to adversity and stress argues that hope and optimism are necessary traits for families to increase resilience. Resilience in family can be seen as a trait and key protective factor for the family to survive and rise from adversity and difficult circumstances (Walsh, 2002: Walsh, 2016). Masood and Sahar (2014) did a descriptive research to understand the part of family in the addict's adolescents. The sample of the research was N=20 from age 18-28 year. Data was collected by interviewing each participant about the family relationship, habits and communication between the families. The findings of their research indicate that two important factors in the family communication include emotional expressiveness and family involvement. According to Mujeeb (2009) most of the researches in Pakistan has shown that increase in the resilience results in less

depressing, nervousness and indications of trauma. Gross *et al.*, (2007) conducted a research on a sample of students about achievements and academic. The findings of the research indicate no relationship between the academic achievement and academic resilience of the students of postgraduates. The findings of the study also indicate that female students were more resilient than male students. A research by Ali & Malik (2012) was conducted on the family functioning as a mediating factor for the self-esteem and emotional disturbance. The sample was of 29 boys and 47 girls (N=76) with age range of 13-16 year participated in the research. The results of the research indicate that family functioning highly negatively correlated with self-esteem and emotional disturbance. Results also have found that life of an individual is affected by the both family functioning and emotional regulation. Agha *et al.*, (2008) conducted a research on mental issues as risk factor of addict's adolescents. The sample of the research was adolescents both addicts and non-addicts adult (N=240). The findings of the study showed that significant variance in the two groups. Findings of the research also showed significant difference in the communication in the family, anger management difficulty and emotive suffering in addicted and non-addicted individual.

### 2.1 Rationale

From the previous researches it is evident that family functioning, distress tolerance and resilience are important factor for growth and development of the adolescents. Family functioning is a sensitive area which need to be

explored in detail for personal factors like distress tolerance and resilience. Adolescence is the critical period to be given more attention for developing positive strengths in terms of distress tolerance, emotion regulation and resilience. Distress tolerance is an essential factor that plays its role to handle the emotion regulation and management of stressful situations. Family dynamics in terms of affective involvement, behavior control, problem solving, family roles and overall general family functioning need to be explored in detail for identifying its relevance to the distress tolerance and resilience in adolescents. These dimensions are as follows for further prediction of resilience; communication, roles, affective involvement, affective response, behavioral control, general functioning and problem solving for family dynamics; absorption, appraisal, regulation and tolerance for distress tolerance; emotional regulation, adventurousness, self-reliance and determination for resilience.

### 3. Objectives

- To explore the relationship of family functioning, distress tolerance and resilience among adolescents.
- To find out the relationship between the sub-dimensions of family functioning, distress tolerance and resilience in adolescents.
- To explore predictive relationship of family functioning, distress tolerance and resilience.

**4. Hypotheses** H1. There is a significant positive relationship between family

functioning and distress tolerance and Resilience in Adolescents.

H2. There is significant relationship between dimensions of family functioning, distress tolerance and resilience in adolescents.

H3. Family functioning and its sub dimensions will be the predictor of distress tolerance and resilience.

H4. Distress Tolerance and its sub dimensions will be the predictor of Resilience.

## 5. Methodology

### 5.1 Research design

Cross-Sectional research design was used to explore the predictive relationship between family functioning, distress tolerance and resilience in adolescents.

### 5.2 Sample

A sample of N=663 adolescent's students enrolled from school and colleges will be selected in which girl (n=330) and boy (n=332) were included from Matriculation, Intermediate, Undergraduate and MA/M.Sc. There were two age group for comparison 14 year to 22 year old.

### 5.3 Sampling Strategy

The present research used Convenience sampling strategy to collect data. Initially data was collected online than manually. Convenience sampling (also known as availability sampling) is a specific type of non-probability sampling method that relies on data collection from population members who are available to participate in study (Saunders, 2012).

### 5.4 Assessment Measures

The assessment measures was used to collect data consistent of demographic variables. The

demographic questionnaire variables was Family Assessment Device, Distress Tolerance and Resilience Scale.

#### 5.4.1 Demographic Information Sheet

The questionnaire included demographic information of students was i.e. gender, age, education, Family Relationship, Family System, Birth Order, No. of Siblings and Family Income.

#### 5.4.2 McMaster Family Assessment device (Epstein *et al.*, 1983).

The scale was developed by Epstein (1983) and translated by Khursheed and Inam (2020) in Urdu and was used as a measure device for family functioning. It is a four point Likert type scale responses ranging from strongly disagree to strongly agree. It is consisted of sixty items. The internal consistency of the scale is .72 to .92. Subscale included problem solving, communication, roles, affective responsiveness, affective involvement and behavior control. The higher the scores on the scale indicated unhealthy family functioning.

#### 5.4.3 Distress tolerance scale DTS (Simons & Gaher, 2005).

The Distress Tolerance Scale was used to assess the individual's perceived ability to tolerate emotional distress as tolerability, acceptability, functional interference, and emotional regulation. The distress tolerance scale consist of 15 items. Participants have to respond on a 5-point Likert-type scale ranging from 1 that indicate strongly agree to 5 that indicate strongly disagree. The reliability of distress tolerance scale is 0.92.

5.4.4 The resilience scale (Anwar & Batool, 2016).

The Resilience Scale was developed by Anwar *et al.*, (2017) as a means of assessing resilience core. The resilience scale consists of 19 items, which are evaluated on a five-point scale. Factor analysis of the resilience scale has found four major factors labeled as emotional regulation, adventurousness, determination and self-reliant. The resilience scale has shown good Cronbach’s alpha  $\alpha = .84$  with a range of sample, as well as construct and concurrent validity among wide age range of participant.

**5.5 Procedure**

Initially permission of the tools (family assessment device, distress tolerance scale and resilience scale) was taken from the author as well as translated version via mail. After taking permission Google form was created for online data collection. Nature of the research and purpose of the research was mentioned clearly. Participants were allowed to quit at any moment if they don’t want to participate. In Google form inclusion criteria and consent of the participants clearly defined. Participants were ensured about the privacy and confidentiality of their data. In Google form demographic sheet was attached and then each question is added with proper instructions. The

link was share at different platform via what Sapp, Facebook and Instagram. The data then entered into SPSS, data was analyzed and the result was prepared.

**5.6 Statistical Analysis**

Data of the present study was analyzed using SPSS version 22. At the first step descriptive analysis and reliability analysis was used. In the second step of Pearson Product Moment was used to explore the relation between family functioning (subscales also included named as affective involvement, behavioral control, general functioning, problem solving, Communication, Roles and Affective Response), distress tolerance (Subscales included Tolerance, Regulation, Appraisal and Absorption) and resilience (subscales included Emotional Regulation, Adventurousness, Determination and Self Reliance).

**5.7 Ethical Consideration**

Participant were informed about the aim of the research; proper informed consent was given before data collection. Moreover, participant was also insured about the confidentiality and privacy of the data. Permission to use the scales was taken from both original author and authors who translated the tools.

**6. Results**

**Table 1:** Reliability and Descriptive of Assessment Measures (N=30).

Measures	M	SD	Range		Ccornbach’s Alpha
			Maximum	Minimum	$\alpha$
1.FAD	121	18	236	59	.83
2.DTS	35	8	75	15	.71
3.RS	67	7	95	19	.88

**Note:** M= Mean, SD= Standard Deviation,  $\alpha$ =Alpha Reliability Coefficient, FAD= Family assessment device, DTS= Distress Tolerance Scale and RS= Resilience Scale.

Cronbach’s Alpha Reliability of family assessment device .81, the Reliability Value of distress tolerance scale is .76 and resilience scale is .92.

**Table 2:** Correlation between Family Functioning, Distress Tolerance and Resilience in Adolescents (N=663)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1 FAD	-	.54**	.65**	.77**	.63**	.54**	.74**	.60**	.41**	.37**	.32**	.33**	.33**	.07*	.05	.10**	.10**	.03
2 AI		-	.40**	.38**	.25**	.07*	.27**	.19**	.26**	.23**	.21**	.23**	.22**	.10*	.12*	.12**	.11**	.10**
3 BC			-	.50**	.31**	.20**	.37**	.26**	.28**	.25**	.23**	.21**	.14**	.03	.02	.06	.07	.04
4 GF				-	.41**	.35**	.52**	.41**	.31**	.28**	.24**	.26**	.23**	.01	-.02	.05	.07	-.04
5 PS					-	.45**	.38**	.26**	.14**	.14**	.10*	.10*	.15**	.10*	.06	.11**	.08*	.04
6 C						-	.30**	.28**	.15**	.14**	.18**	.11**	.13**	.07	.05	.06	.04	.01
7 R							-	.52**	.38**	.32**	.26**	.29**	.29**	.02	.02	.04	.03	-.01
8 AR								-	.32**	.31**	.21**	.27**	.27**	.11*	.10**	.07	.08*	.03
9 DTS									-	.65**	.68**	.80**	.57**	.13*	.10*	.10**	.14**	.10*
10 T										-	.45**	.55**	.45**	.03	.03	.06	.10*	.04
11 R											-	.59**	.36**	.09*	.07	.08*	.06	.07
12 Ap												-	.42**	.04	.01	.07	.09*	.06
13 Ab													-	.14*	.10**	.18**	.13**	.13**
14 RS														-	.79**	.77**	.73**	.76**
15 ER															-	.62**	.60**	.58**
16 Ad																-	.62**	.62**
17 D																	-	.58**
18 SR																		-
M	121.70	15.00	20.41	25.90	10.44	14.9	22.4	12.2	35.2	7.24	6.95	14.8	4.79	67.82	21.2	17.7	14.0	14.0
SD	18.64	3.86	4.16	4.97	3.20	3.80	5.22	3.23	8.75	2.90	2.75	5.05	2.01	7.1	3.07	2.63	2.05	2.12

Note: FF= Family Functioning, AI= Affective Involvement, GF= General Functioning, PS=Problem Solving, C=Communication, R=Roles and AR= Affective Response, DT=Distress Tolerance, T=Tolerance, R=Regulation, AP= Appraisal, Ab= Absorption, RS= Resilience Scale, ER= Emotional Regulation, Ad= Adventurousness, D= Determination, SR= Self-Reliance \*P<.05, \*\*p<.01

Table 2 shows results for Pearson Product Moment correlation analysis that was used to find out the relationship between study variables. Result indicates highly significant positive correlation between family functioning, distress tolerance ( $r=.41, p>.01$ ) and resilience ( $.07, p>.01$ ). Results also indicate family functioning have positive correlation with subscale affective response ( $r=.54, p>.01$ ), behavior control ( $r=.77, p>.01$ ), general functioning ( $r=.54, p>.01$ ), problem solving ( $r=.54, p>.01$ ), roles ( $r=.74, p>.01$ ) and affective response ( $r=.60, p>.01$ ). Significant positive correlation was found between family functioning, tolerance ( $r=.37, p>.01$ ), regulation ( $r=.32, p>.01$ ), appraisal ( $r=.33,$

$p>.01$ ) and absorption ( $r=.33, p>.01$ ) subscale of distress tolerance. Moreover, highly significant positive correlation was found between family functioning and subscale of resilience adventurousness ( $r=.10, p>.05$ ), and determination( $r=.10, p>.01$ ). Distress tolerance was found positively correlated with dimension of family functioning, affective involvement ( $r=.26, p>.01$ ), behavior control ( $r=.28, p>.01$ ). General functioning ( $r=.41, p>.01$ ), problem solving ( $r=.14, p>.01$ ), control ( $r=.15, p>.01$ ), roles ( $r=.38, p>.01$ ) and affective response ( $r=.32, p>.01$ ). Distress tolerance was found highly positively correlated with subscale of resilience emotional regulation ( $r=.10, p>.05$ ), adventurousness ( $r=.10, p>.01$ ), determination

( $r=.14, p>.01$ ) and self-reliance ( $r=.10, p>.01$ ). However, findings of the research showed highly significant positive correlation between distress tolerance and subscales tolerance ( $r=.65, p>.01$ ), regulation ( $r=.68, p>.01$ ),

appraisal ( $r=.80, p>.01$ ) and absorption ( $r=.13, p>.01$ ). Significant positive correlation was found between the self-reliance and determination ( $r=.58, p>.01$ ).

**Table 3:** Indicates Findings of Hierarchical Regression that was used to Analyze Family Functioning as the Predictor of Distress Tolerance.

Variable	B	95% CI for B		SE B	$\beta$	R <sup>2</sup>	$\Delta R^2$
		LL	UL				
Step 1						.03**	.01**
(Constant)	35.14**	26.25	44.03	4.52			
Age	-.21	-.79	.35	.29	-.05		
Gender	-.97	-2.32	.37	.68	-.05		
Education	.32	-1.14	1.80	.75	.03		
Parents Alive	.71	-.17	1.61	.45	.06		
Family relationship	.70	-.28	1.70	.50	.05		
Birth order	-.15	-.62	.33	.24	-.02		
no. of siblings	-.17	-.62	.27	.23	-.03		
Family Income	.86	.28	1.45	.29	.11		
Family system	1.15**	-.26	2.56	.72	.06		
Step 2						.79**	.78**
Constant	10.68**	-3.36	19.52	3.05			
FAD Total	.02**	-.06	.10	.04	.04		
AI	-.05	-.17	.07	.06	-.02		
BC	.07**	-.04	.19	.06	.03		
GF	.08*	-.10	.12	.05	.00		
PS	-.02**	-.17	.12	.07	-.00		
Communication	-.06	-.18	.06	.06	-.02		
Roles	.10**	-.01	.21	.05	.05		
AR	-.10	-.23	.05	.07	-.03		
Step 3						.23**	.20**
Constant	2.05*	-9.14	13.25	5.70			
Resilience scale	.14**	.03	.25	.05	.12		
RSER	.03	-.14	.20	.08	.01		
RS adventurousness	-.25**	-.44	-.05	.09	-.07		
RS determination	-.02	-.25	.20	.11	-.00		
RS self-Reliance	-.08	-.31	.14	.11	-.02		

Hierarchical Regression Results for Distress Tolerance (N=663) Note: LL= lower limit, UL= upper limit, R<sup>2</sup>= R square,  $\Delta R^2$ = Adjusted R square and  $\beta$ = beta

Table 3 indicates findings of hierarchical regression that was used to analyze family functioning as the predictor of distress tolerance. Preliminary analysis was carried out to confirm no interruption of the assumption of the regression analysis. Demographic variable were enter in the 1st step, explaining 3% variance in distress tolerance. After entry of the FAD score and resilience score in 2nd step, the overall variance described by the modal as a complete was 79%,  $F(11,651) = 14.85$ ,  $p < .001$ . The additional 17% after controlling demographic

variable in first modal, the R squared change in the second modal was  $R = .17$ ,  $F \text{ change } (2,651) = 69.21$   $p < .001$ . In the final modal only three variable were statistically significant with beta value for no of sibling  $b = -.07$ ,  $p < .001$ , than FAD,  $b = .41$ ,  $p < .001$  and resilience  $b = .09$ ,  $p < .001$ . Precisely, results of the study indicates resilience and family functioning with its dimensions roles, problem solving and behavior control and general functioning significant predictor of distress tolerance.

**Table 4:** Hierarchical Regression Results for Resilience (N=663)

Variables	B	95% CI for B		SE B	B	R <sup>2</sup>	ΔR <sup>2</sup>
		LL	UL				
Step 2						.07*	.05*
Constant	73.69**	65.56	81.81	4.13			
FAD Total	-.07**	-.21	.06	.06	-.19		
AI	.23**	.02	.44	.10	.12		
BC	.13	-.06	.34	.10	.07		
GF	-.05	-.26	.16	.10	-.03		
PS	.13	-.11	.39	.13	.05		
C	.21**	.00	.42	.10	.11		
R	-.02	-.21	.17	.09	-.01		
AR	.35**	.10	.60	.12	.15		
Step 3						.10**	.08**
Constant	70.96**	63.20	78.93	3.95			
DTS	.21**	.08	.34	.06	.26		
Tolerance	-.26*	-.50	-.01	.12	-.10		
Regulation	-.01	-.27	.25	.13	-.00		
Appraisal	-.24**	-.42	-.05	.09	-.15		
Absorption	.32*	-.00	.65	.16	.09		

Note: LL= lower limit, UL= upper limit, R2= R square, ΔR2= Adjusted R square and β= beta.

Table 4 showed results for hierarchical regression that was used to analyze distress tolerance and its dimensions as predictor of resilience. Preliminary analysis showed no violation of the assumption of the regression analysis. Demographic variable was

enter in the step 1, explaining 3% of the variance in distress tolerance. After entry of the FAD score and distress tolerance score in 2nd step, the variance clarified by the modal was 7%,  $F(11,651) = 4.76$ ,  $p < .001$ . The additional 1.2% after controlling

demographic variable in first modal, the R squared change in the second modal was  $R = .17$ ,  $F(2,651) = 4.26$ ,  $p < .001$ . In the final modal only three variables were statistically significant with beta value for Gender  $b = -.14$ ,  $p < .001$ , then FAD,  $b = .01$ ,  $p < .001$  and Distress tolerance  $b = .10$ ,  $p < .001$ . In Short, results of the study indicates family functioning, affective involvement, communication and affective response are significant predictor of resilience. Distress tolerance as its dimensions appraisal, absorption and tolerance and also found to be significant predictor of resilience.

## 7. Discussion

The aim of current research is to explore the relationship in family functioning, distress tolerance and resilience in adolescents. According to the hypothesis, there will be a relationship in family functioning, distress tolerance & resilience in adolescents. The findings of the present study are examined in the framework of the earlier studies to understand the difference in the present and findings of the former studies. The aim of current research is to explore the predictive relationship in family functioning, distress tolerance and resilience in adolescents. According to the 1<sup>st</sup> hypothesis, there will be a relationship in family functioning, distress tolerance & resilience in adolescents. The findings of the current research showed that there is highly positive relationship between family functioning and distress tolerance. The present research concluded the subscale of family functioning: Affective involvement, affective response, communication, roles, problem solving, general functioning has significant correlate with distress tolerance and resilience. The findings suggest a positive link between adolescents' family

functioning, distress tolerance and resilience. A study in Tehran was conducted on Women with addicted husbands with the sample of  $N = 350$ . The findings of the research indicated a strong positive association between family functioning and its components that include problem solving, affective responses, family roles, affective involvement and general family functioning. The findings suggest that improving family function and its elements also boosts women's resilience (Nouri, 2010; Dai & Wang, 2015). According to the 2<sup>nd</sup> hypothesis, there will be a relationship between family functioning and resilience. The current findings if the research indicates highly significant positive correlation between the family functioning and distress tolerance. A research was conducted to understand the link in the emotional intelligence, resilience and family functioning among adolescents related to substance abuse. The findings of the research showed positive association among the family functioning, resilience and emotional regulation in adolescents (Pérez-Fuentes *et al.*, 2019). A study on mediator role of resilience in family functioning and major depression among the grownups of 16-18 year of age. The findings of the research reported significant correlation between the family functioning and resilience (Ng & Wan-Suleiman, 2017). A study was conducted on depression and resilience to explore the mediate the effect of family functioning on quality of life. The conclusions of the research indicate that resilience is significantly positive relationship with family functioning (Lu *et al.*, 2017). According to the 3<sup>rd</sup> hypotheses, there will be relationship between the distress tolerance and resilience. The findings of the current research indicate the highly significant

positive relation between the distress tolerance and resilience. A research was conducted on cognitive flexibility as mediator in managing in emotions. The focus of the research was to explore the relations between resilience and distress tolerance in Student College. Findings of the study indicate a significant positive association in both the variables (Arici-Ozcan *et al.*, 2019). According to 4<sup>th</sup> hypothesis. There will be predictive relationship between family functioning, distress tolerance and resilience. The finding of current research indicates that family functioning is the good predictor of the distress tolerance and resilience; more over distress tolerance is also significant predictor of the resilience. A research was conducted to explore the predictive factor of resilience. Multivariable linear regressions with distress tolerance as predictor and resilience as outcome variable. The findings of the research indicate that distress tolerance is the predictor of the resilience (Ovaska-stafford *et al.*, 2019). A study was conducted on depression and resilience to explore mediate effect of family functioning on quality of life of the in adolescents. The findings of the research indicate family function as a significant predictor of resilience (Lu *et al.*, 2017). A research was conducted to observe the relationship between optimism, distress tolerance and social adjustment concluded the mediating role of resilience and to explore the moderating role of gender among Iranian nurses. The findings of the study reports distress tolerance significant predictor of the resilience (Falavajani & Yeh, 2019).

### **8. Implication of the Research**

- This research will help to explain the relationship between family functioning, distress tolerance

and resilience of the school children and Adolescents.

- The findings of this research will provide the understanding and significance of family functioning and distress tolerance in developing resilience.
- This research will provide a comparison of gender and age group in family functioning, distress tolerance and resilience.
- The research will provide evidence about the family types and level of resilience.
- The findings of the research can also provide help to understand that family functioning, Distress Tolerance and Resilience in adolescents and school children.

### **9. Limitations of the research**

- Children below age 14 and above 22 were not included in the research.
- The major limitation of the research is the sample size. The size of the sample was not sufficient.
- There are few hurdle faces during the collection of the data.
- Due to Covid-19 pandemic participants were not available.
- Main obstacle was that poor willingness of individual to participate and fill the questionnaire of the research.

### **10. Suggestion**

- The study results also are beneficial for further research in Pakistan.
- The ethnic issues should be considered for culture free research.
- The Respondents in research were adolescents of age range of 14-22. Other school age children were not included. Due to this results of the

study cannot be applied to the overall population.

- Another kind of sample must be used for generalize ability of findings of the research on the population.
- There are very few researches in Pakistan for family functioning, distress tolerance and resilience in adolescents. Therefore further researches should be carried out on these variables. Further research is required for understanding more about the role of family functioning and distress tolerance and resilience in adolescents.

## References

- Agha, S., Zia, H., & Irfan, S. (2008). Psychological problems and family functioning as risk factors in addiction. *Psychological Reports*, 20(3), 88-91
- Ali, S. & Malik, J.A. (2012). Consistency of Prediction across generations: Explaining quality of life by family functioning & health promoting behavior. *Behavior and Quality of life research*. 24(9), 2105-2112
- Anwar, S., Batool, I., Sakina, Y., & Tariq, S. (2017). Development and validation of Resilience scale. *Journal of Pakistan Psychiatry Society*, 14(2). <https://doi.org/10.32469/10355/69944>
- Arici-Ozan, N., Cekici, F., Arslan, R. (2019). The relationship between resilience and distress tolerance in college students: The mediator role of cognitive flexibility and difficulties in emotion regulation. *International Journal of Educational Methodology*, 5(4), 525-533. <https://doi.org/10.12973/ijem.5.4>
- Batool, H. & Dildar, S. (2019). Emotional regulation, family functioning and quality of life in drug addicts. *Journal of Research in Social Sciences*, 7(1), 69-88
- Bernstein, G. A., & Garfinkel, B. D. (1990). School phobia: The overlap of affective and anxiety disorders. *Journal of the American Academy of Child Psychiatry*, 25(2), 235-241. [https://doi.org/10.1016/s0002-7138\(09\)60231-4](https://doi.org/10.1016/s0002-7138(09)60231-4)
- Campbell, S. B. (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Psychiatry*, 36(1), 113-149. <https://doi.org/10.1111/j.1469-7610.1995.tb01657.x>
- Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Acceptability and suppression of negative emotion in anxiety and mood disorders. *Emotion*, 6(4), 587-595. <https://doi.org/10.1037/1528-3542.6.4.587>
- Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy*, 44(4), 585-599. <https://doi.org/10.1016/j.brat.2005.05.001>
- Chou, T.D., Huang, C.H., Lin, H.W., et al. (1991) A Study on the Application of Family APGAR. *Chinese Journal of Family Medicine*, 2, 73-79.
- Dai, L., & Wang, L. (2015). Review of Family Functioning. *Open Journal of Social Sciences*, 3(12), 134-141. doi:10.4236/jss.2015.312014

- 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>
- Falavarjani, M. F., & Yeh, C. J. (2019). Optimism and distress tolerance in the social adjustment of nurses: Examining resilience as a mediator and gender as a moderator. *Journal of Research in Nursing*, 24(7), 500-512. <https://doi.org/10.1177/1744987119839102>
- Gail A. Bernstein, Peder H. Svingen, Barry D.G Arfinkel (1990). School Phobia: Patterns of Family Functioning, *Journal of the American Academy of Child and Adolescents psychiatry*, 29(1), 24-30
- Ghamari, M., & Khoshnam, A. M. (2011). Examine the relationship between family functioning and quality of life among students. *Journal of Family Studies*, 7(27), 343354
- Gross, J. J., & Thompson, R. A. (2007). *Handbook of emotion regulation*. New York, NY: Guilford.
- . Khursheed, F., & Inam, A. (2020). Children of farming communities with autism; risk factors involved in their family functioning. *J Agric. Res*, 58(3), 215-219.
- Lu, C., Yuan, L., Lin, W., Zhou, Y., & Pan, S. (2017). Depression and resilience mediates the effect of family function on quality of life of the elderly. *Archives of Gerontology and Geriatrics*, 71, 34-42. <https://doi.org/10.1016/j.archger.2017.02.011>
- Masood, S., & Us, Sahar, N. (2014). An exploratory research on the role of family in youth's drug addiction. *Health Psychology and Behavioral Medicine*, 2(1), 820-832. <https://doi.org/10.1080/21642850.2014.939088>
- Mujeeb, A. Zubair. A, (2012). Resilience, Stress, Anxiety and Depression among Internally Displaced Persons Affected by Armed Conflict. *Pakistan Journal of Social and Clinical Psychology*. 10(2), 20-26
- Naz .M, Saleem S., & Mahmood Z., (2008). Development of indigenous resilience scale for rescue 1122 workers. *Pakistan Journal of Psychological Research*. 24(1), 21-23
- Ng, Y. Y., & Wan Sulaiman, W. S. (2017). Resilience as mediator in the relationship between family functioning and depression among adolescents from single parent families. *Akademika*, 87(1), 111-122. <https://doi.org/10.17576/akad-2017-8701-08>
- Nouri R, Rafiei H, Akbarian M, Narenjiha H, (2010), Comparison of characteristics, emotional senses and satisfaction expression from husband in women with addicted husband and women with healthy husband, *Journal of investigation of Iranian social issues*, 1(4), pp. 55-71.
- Ovaska-Stafford, N., Maltby, J., & Dale, M. (2019). Literature review: Psychological resilience factors in people with neurodegenerative diseases. *Archives of Clinical*

- Neuropsychology*, 36(2), 283-306. <https://doi.org/10.1093/arclin/acz063>
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, 64(2), 349– 360. <https://doi.org/10.1111/j.1741-3737.2002.00349.x>
- Pérez-Fuentes, M., Molero Jurado, M., Barragán Martín, A., & Gázquez Linares, J. (2019). Family functioning, emotional intelligence, and values: Analysis of the relationship with aggressive behavior in adolescents. *International Journal of Environmental Research and Public Health*, 16(3), 478. <https://doi.org/10.3390/ijerph16030478>
- Rezaei-Dehaghani, A., Keshvari, M., Paki, S. (2018). The relationship between family functioning and academic achievement in female high school students of Isfahan, Iran, in 2013–2014 *Iranian Journal of Nursing and Midwifery Research*. 23(3), 183187. [http://dx.doi.org/10.4103/ijnmr.IJNMR\\_87\\_17](http://dx.doi.org/10.4103/ijnmr.IJNMR_87_17).
- Simons, J. S., & Gaher, R. M. (2005). The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and Emotion*, 29, 83-102. <http://dx.doi.org/10.1007/s11031-005-7955-3>
- Sitwat, A. & Dildar, S. (2011). Perceived familial relationship patterns in the development of OCD. *European Journal of Social Sciences*, 25(2), 192
- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Journal of Family Relations*, 51, 130 – 137.
- Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 42(1), 1–18. <https://doi.org/10.1080/17405629.2016.1154035>
- Yusoff, S. H. M., Ismail, M. S., Rahman, N. E. A., Ariffin, M. R., Don, Y., Kasa, M. D. (2019). Family Functioning, Resilience, and Cognitive Distortion among Secondary School Students. *International Journal of Academic Research in Business and Social Sciences*, 9(11), 695–709.