

# The Role of Family Functioning and Emotional Autonomy in Predicting Adolescent Depression

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## ABSTRACT

**Objective:** The primary objective of the present study was to investigate the role of family functioning and emotional autonomy in predicting depression among adolescents in Boyer-Ahmad County.

**Methods and Materials:** In this descriptive-correlational study, the statistical population comprised all adolescents in Boyer-Ahmad County in 2024. A sample of 312 participants was selected using convenience sampling. Data were collected using Beck's Depression Inventory (1996), McMaster's Family Functioning Questionnaire (1983), and Sternberg and Silverberg's Emotional Autonomy Scale (1986). Data were analyzed using Pearson correlation coefficient and stepwise regression.

**Findings:** The results indicated that family functioning had a significant negative relationship with depression, and emotional autonomy also had a significant negative relationship with depression. Family functioning and emotional autonomy predicted 52% of the variance in students' depression, with family functioning contributing more significantly to adolescent depression.

**Conclusion:** Given the findings, the importance of addressing family functioning and emotional autonomy in depression is increasingly evident. Therefore, organizations and policy-making centers for adolescents should implement educational programs for parents and relevant authorities to enhance awareness regarding family functioning and dynamics, thereby reducing the prevalence of adolescent depression.

**Keywords:** Depression, family functioning, emotional autonomy.

## 1. Introduction

Adolescence and puberty represent the most critical periods in an individual's life. Understanding the developmental changes that occur during this stage can significantly reduce the incidence of behavioral and emotional problems among students. Particular attention

should be given to late adolescence, especially among high school students, as this period is marked by profound physical changes, the emergence of psychological emotions, the adoption of various social roles, and shifts in responsibilities (Kautz et al., 2023). Today, the academic lives of adolescent learners are also complex and fraught with challenges. The World Health Organization defines

adolescence as the period between 10 and 19 years of age, emphasizing the second decade of life (World Health Organization, 2018). During this phase, neurohormonal changes underpin emotional and social well-being, and adolescents experience significant neurological and mood fluctuations (Grossberg & Rice, 2023). Alongside major physical, psychological, and social changes, the prevalence of depression increases markedly during this developmental period (Liu et al., 2022).

Depressive symptoms encompass psychological states characterized by low mood, hopelessness, reduced concentration, and alterations in sleep-wake cycles and appetite (Suh et al., 2023). Globally, the estimated lifetime prevalence of depression is approximately 10.8% (Wang et al., 2016). Researchers emphasize the need to identify individual differences among those with depressive symptoms to better understand the disorder's facets and implement effective therapeutic interventions (Cheng, Cheung, & Chung, 2021). One factor influencing mood and emotional responses is family functioning (Garcia & Martinez, 2023). The family serves as the primary and most suitable environment for role adoption and the main nurturing ground for adolescents, functioning as a dynamic system where members continuously interact and influence one another (Rhodes et al., 2024). Family functioning reflects early life experiences within the home, particularly with parents, who significantly shape an individual's regulatory processes and adaptability during adolescence and beyond (Chen et al., 2024). In this context, Kaveh Farsani and Rajaei (2022) demonstrated a positive and significant relationship between family functioning, life satisfaction, and pleasure beliefs, as well as a negative and significant relationship with depression. Their study also confirmed the indirect effect of family functioning on depression through the mediation of pleasure beliefs (Kaveh Farasani & Rajaei, 2022).

Another concept well-established in positive psychology and communication studies is emotional autonomy (García-Mendoza et al., 2020). Emotional autonomy is described as the process by which individuals move beyond dependence on parents and develop a more mature, realistic, and balanced perception of both their parents and their own roles (Garcia & Martinez, 2023). Achieving autonomy is a critical need for adolescents' psychosocial development. During adolescence, rapid cognitive and physical changes foster increased independence, social relationships, responsibility acceptance, self-reliance, and personal decision-making. Identity gradually consolidates, and adolescents attain

significant emotional, behavioral, and cognitive independence (Nezamzadeh et al., 2021).

Given the rapid growth and numerous changes adolescents experience during this life stage, studying these phenomena and their interactions can play a vital role in enhancing educational and counseling programs (Cheng et al., 2021). Research indicates a rising prevalence of depression among adolescents, which can severely impact their mental and physical health (Chen et al., 2024; Cheng et al., 2021; Gao et al., 2019; García-Mendoza et al., 2020; Garcia & Martinez, 2023; Grossberg & Rice, 2023). Considering the negative consequences of depression for adolescents, the lack of research examining the combination of variables in the present study, and the unique academic and developmental contexts of adolescents, this research is highly necessary. Its findings can inform strategies to address challenges, promote public health, and enhance psychological resilience against stressors. In light of these considerations, the present study aims to investigate the role of family functioning and emotional autonomy in predicting depression among adolescents in Boyer-Ahmad County. The research is guided by the following hypotheses:

Family functioning has a significant negative relationship with depression in students.

Emotional autonomy has a significant negative relationship with depression in students.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study is a descriptive correlational research. The statistical population consisted of all secondary school students in Boyer-Ahmad County during the academic year 2024–2025, totaling 23,470 individuals. A multi-stage cluster sampling method was employed: Boyer-Ahmad City and its surrounding villages were divided into four zones, from which two zones were randomly selected. After consulting with the local education authorities, six schools (three girls' schools and three boys' schools) were randomly chosen from each zone. From these schools, two classes were randomly selected, and after coordination with class teachers, the questionnaire link was provided for distribution within the class groups.

## 2.2. Measures

### 2.2.1. Depression

The Beck Depression Inventory (BDI; Beck, 1996) short form was used, comprising 13 items. Originally developed in 1961 by Aaron Beck and colleagues, the BDI assesses depressive symptoms through a self-report format. Each item presents four statements ranging from mild to severe manifestations of a depressive symptom. Respondents select the statement that best reflects their current state. Scores range from 0 to 3, with higher scores indicating greater symptom severity (0 = no symptoms; 3 = severe symptoms). Zillig and colleagues (1970) identified the BDI as one of the most reliable tools for measuring depression. The BDI was validated in the United States (1961), the United Kingdom, and Iran (1972), demonstrating sufficient reliability for diagnosing and predicting depression (Chelebianlu & Parvaz, 2022). In the present study, Cronbach's alpha reliability coefficient was 0.84.

### 2.2.2. Family Functioning

The 53-item Family Assessment Device (FAD), developed by Epstein, Bishop, and Levin (1983), assesses family functioning based on the McMaster model. This self-report instrument evaluates a family's ability to manage tasks across seven subscales: communication, affective involvement, roles, overall functioning, problem-solving, affective responsiveness, and behavior control. Respondents rate each statement on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree). Total scores range from 53 to 212. Amini (2000) reported a reliability of 0.92 for the 41-item version, with Cronbach's alpha for subscales as follows: problem-solving = 0.61, communication = 0.38, roles = 0.72, affective responsiveness = 0.64, affective involvement = 0.65, behavior control = 0.61, and overall functioning = 0.81. In the present study, Cronbach's alpha was 0.87.

### 2.2.3. Emotional Autonomy

The Emotional Autonomy Scale (EAS) was developed by Sternberg and Silverberg (1986) to assess emotional independence in adolescents. The scale comprises four factors: two emotional-affective (independence and individuality) and two cognitive (non-idealization of parents and perception of parents as ordinary individuals). Due to its gradual development, the factor "perception of parents as ordinary individuals" has received less research attention. Smith and Beer (2001) also noted insufficient construct validity for this factor, leading to the use of a three-factor version in this study. The three-factor version includes 13 items rated on a 4-point scale. Samani's (2002) study in Iran confirmed the scale's adequacy for use in the Iranian context. Preliminary reliability coefficients were 0.70 for the total score and 0.76, 0.64, and 0.61 for the subscales, respectively. Seyed Fatemi et al. (2009) reported a Cronbach's alpha of 0.82. In the present study, Cronbach's alpha was 0.83.

## 2.3. Data Analysis

After explaining the study's purpose to the participants, the questionnaires were administered with assurances of confidentiality and anonymity. Data were analyzed using SPSS-27. Descriptive statistics (mean and standard deviation) and inferential statistics (Pearson correlation and stepwise regression) were employed to examine the relationship between family functioning, emotional autonomy, and depression.

## 3. Findings and Results

The demographic findings indicated that the sample consisted of 165 female and 147 male students. Descriptive statistics for the research variables are presented in Table 1.

**Table 1**

*Mean, Standard Deviation, and Number of Participants for Research Variables*

Variables	Mean	Standard Deviation	Number
Depression	10.01	3.725	312
Family Functioning	147.19	20.888	312
Emotional Autonomy	31.14	5.762	312

The correlation coefficients among the research variables are presented in Table 2.

**Table 2***Correlation Coefficients of Depression Based on Family Functioning and Emotional Autonomy*

Research Variables	Depression
Depression	–
Family Functioning	$r = -0.395^{**}$
Emotional Autonomy	$r = -0.513^{**}$

 $^{**}p < 0.01$ 

As shown in Table 2, family functioning ( $r = -0.395$ ) and emotional autonomy ( $r = -0.513$ ) both exhibit significant negative correlations with depression. To determine which variable plays a more influential role in predicting

depression, a stepwise regression analysis was conducted. Family functioning and emotional autonomy were entered as predictor variables, and depression as the criterion variable. The results are summarized in Table 3.

**Table 3***Summary of Stepwise Regression Analysis*

Model	Predictor Variable(s)	F	R	B	SE	Beta	t	p
1	Family Functioning	162.69	0.395	0.156	0.119	0.009	5.99	0.001
2	Family Functioning & Emotional Autonomy	105.65	0.725	0.525	-0.403	0.072	-3.11	-5.61

As observed in Table 3, in Model 1, family functioning emerged as the strongest predictor of depression. The correlation coefficient for this variable was  $-0.395$ , accounting for 39% of the variance in depression. In Model 2, emotional autonomy was added to the equation after family functioning. The combined correlation coefficient for both variables was  $-0.525$ , explaining approximately 52% of the variance in depression. The inclusion of emotional autonomy increased the predictive power by 13%. Accepting the order of variable entry, family functioning (standardized beta =  $0.599$ ) contributed most significantly to predicting depression, followed by emotional autonomy (standardized beta =  $-0.311$ ), which also played a substantial role.

#### 4. Discussion and Conclusion

The findings of the present study indicate that family functioning and emotional autonomy have a significant relationship with adolescent depression. Together, these variables predicted 52% of the variance in students' depression. The first finding revealed that family functioning has a significant negative relationship with adolescent depression. This result aligns with previous studies (Jackson et al., 2024; Kaveh Farasani & Rajaei, 2022; Zhang et al., 2023). This finding can be explained by the fact that dysfunctional family functioning is positively associated with depression, while functional family functioning is negatively associated with it. Adolescents are embedded

within their family contexts, making parental involvement in the treatment of depression a critical factor. Family functioning is a multidimensional construct that views the family as an integrated and complex system aimed at meeting the essential needs of its members (Zhang et al., 2023). Although often equated with parenting behaviors, family functioning primarily emphasizes the collective well-being of the family. Various studies have demonstrated that effective parents, through processes such as role performance (including primary tasks of providing financial support and care, as well as developmental tasks), problem-solving (the family's ability to address issues threatening its integrity and functionality), and emotional expression (verbal communication and affection among family members), yield positive outcomes in the treatment of depressed adolescents (Wang et al., 2016). Competent parents are aware of and effectively fulfill their roles in these three domains, whereas incompetent parents face challenges, leading to exacerbated mental health issues such as depression and anxiety in their children (Liu et al., 2022).

Another key finding was that emotional autonomy has a significant negative relationship with adolescent depression. While no studies directly aligned with this finding were identified, highlighting its novelty, a related study by Samani and Razavieh (2007) found a significant relationship between family cohesion, emotional autonomy, and emotional problems in adolescents. This finding can be interpreted through the lens of emotional autonomy as a

critical dimension of psychosocial development, reflecting an individual's ability to experience and express emotions independently without excessive reliance on others (Samani & Razavieh, 2007). Conversely, depression is characterized by persistent feelings of sadness, hopelessness, and diminished interest in daily activities. Various psychological theories have explored the link between emotional autonomy and depression. For instance, self-determination theory posits that autonomy is a fundamental psychological need; unmet autonomy needs can lead to feelings of inadequacy and lack of control, contributing to depression (Rhodes et al., 2024). Attachment theory suggests that individuals with insecure childhood attachments may struggle to develop emotional autonomy in adulthood, increasing depression risk due to impaired emotion regulation (Garcia & Martinez, 2023). Research consistently demonstrates a significant relationship between emotional autonomy and emotional difficulties, including depression (Seyedfatemi et al., 2009). Studies indicate that higher levels of emotional autonomy are associated with lower depression rates, as the ability to independently manage emotions and cope with daily stressors acts as a protective factor against depression (Chen et al., 2024). Individuals with high emotional autonomy report greater life satisfaction and fewer depressive symptoms, underscoring the importance of fostering emotional autonomy in depression prevention and treatment (García-Mendoza et al., 2020).

## 5. Limitations & Suggestions

As a correlational study, this research cannot establish causal relationships. The sample was limited to adolescents in Boyer-Ahmad County, which may restrict the generalizability of findings to adolescents in other regions. Future research should employ diverse samples, particularly longitudinal and intervention designs, to enhance generalizability.

Based on these findings, it is recommended that organizations and policymakers implement educational programs for parents and relevant authorities to enhance awareness of family functioning and dynamics, thereby reducing adolescent depression rates.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the first author's PhD dissertation at the Islamic Azad University, Yasouj Branch, Iran, with ethics code IR.IAU.YASOOJ.REC.1402.002 approved by the university's ethics committee.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed to this article.

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