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Demographic Comparisons for Family Functioning, Distress Tolerance and Resilience in Adolescent

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Abstract

Background: Family functioning is related to the tolerance level of the individual and resilience from the growth of mental health and well-being. This research was carried out to explore the demographic differences between family functioning, distress tolerance, and resilience in adolescents.

Method: Cross-sectional research design was used. A sample of N=663 students (both males and females) from different educational backgrounds was selected using convenience sampling. A Family Assessment Device (FAD: Epstein et al., 1992), Distress Tolerance Scale (DTS; Simons & Gaher, 2005), and Resilience Scale (Anwar et al., 2016) were used and data was collected both online and manually.

Results: The findings of the research indicated significant gender differences in family functioning, distress tolerance, and resilience of adolescents. A significant difference was found in the resilience of the firstborn and lastborn. Findings underscore differences across birth order, educational level, family income, and family relationships in family functioning distress tolerance, and resilience, moreover, a significant difference was found in the dimension of family functioning, distress tolerance, and resilience in adolescents.

Conclusion: This Study concluded that family income or socioeconomic status also has a great impact on the family functioning in affective control, behaviour response, problem-solving, family roles, and affective response. Distress tolerance with its dimensions that include tolerance, regulation, and absorption is also influenced by the socioeconomic status or family income background. Resilience in the form of emotional regulation was found to be different in adolescents based on the family income low to high. Family system and its application in the domain of family to provide family counselling, couple therapy, and family therapy for assessment and management purposes. This is also implicated in the adaptability and communication in the family functioning and growth of the individual.

Keywords: Family functioning, Distress tolerance, Resilience, Appraisal, Self-reliance

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Introduction

Family is the basic unit of our society and it plays an important role in the life of individuals during the crucial period of adolescence in which individuals need great support from the family so that they can function well in the social environment and develop resilience. Family functioning is related to the tolerance level of the individual and resilience from the growth of mental health and well-being (Urbańska-Grosz et al., 2024). Distress tolerance is influenced by the family functioning and the resilient level of the individual. Therefore the focus of the current research will be to explore the differences concerning gender, age, family income, family system, family relation, family function, distress tolerance, and resilience among adolescents.

In the McMaster family functioning theory, a family's basic duty is to provide an individual with an appropriate environment to advance their physical, mental, and social well-being. Dimension of family function presented by Epstein et al., (1987) includes problem-solving, communication, family role, affective or emotional response of the family, affective involvement, and behavioural control. Family functioning also results in the ability to tolerate distress. Distress tolerance is a physical, cognitive, and emotional process that may be understood in terms of emotional states, hence it can be explained as a person's capacity to control unpleasant emotional outbursts (Simon & Gaher, 2005). Adolescents with lower levels of distress tolerance have conduct issues, substance misuse issues, emotional issues such as trauma issues, and trouble avoiding stressful situations (Miller, 2011). According to Hayes et al., (2004), low distress tolerance is a result of a person's inability to tolerate unpleasant emotional experiences in their study evaluating experiential avoidance. This impairment prevents a person from engaging in constructive behaviour in life. A strong theoretical connection exists between experiencing avoidance and distress tolerance. Experiential avoidance happens when a person deliberately distances themselves from their own life experiences. Experiential avoidance is typically associated with low levels of distress tolerance (Buhr & Dugas 2002; Richardson, 2002; Lynam & Miller, 2004; Hayes et al., 2004; Simon & Gaher, 2005; Leyro, 2010).

Fergus and Zimmerman (2005), Suslovic and Lett (2024) presented the resilience theory. According to this notion, a person's resilience depends on their social ability, problem-solving skills, serious awareness, and independence. The resilience of the teenagers is improved by all of these factors. Resilience, according to Campbell-Sills et al. (2006) and Wang (2024), is a multi-dimensional term with elements like personality and temperament, problem-solving skills, and communication skills. They researched resilience and psychological wellness. The results indicate a considerably positive connection between psychological wellness and resilience. Findings also show a negative correlation between psychological health and anguish, mood disorders, and anxiety disorders.

Masood and Us-Sahar (2014) conducted a descriptive study to comprehend the role of family in the teens of addicts. Questions about their family's communication, routines, and relationships with other families were asked. The results of their study show that emotional expressiveness and family involvement are two crucial elements in family communication. Uzma (2007) studied the accomplishments and academic performance of a sample of pupils. The research's conclusions show there is no connection between postgraduate students' academic success and academic toughness. The study's findings also show that female pupils were tougher than male students.

Research by Ghamari and Khoshnam (2011) on how family functioning affects emotional and behavioural responses. The research's findings show a strong link between pupils' academic success and how well their families are functioning. The social, physical, and emotional health and development of an individual are impacted by family function. Family functioning has a significant impact on how an individual's emotional and behavioural response is modified. Jabeen and Dildar (2023) also reported a significant positive relationship between family functioning, distress tolerance and resilience in adolescents. Bashir et al., (2023) also reported that significant difference in the family functioning of males and females.

Research on the association between family functioning, family income, and children with disabilities was done by Khursheed and Inam (2020). The study's findings show that there is no distinction between the variables. Similarly, Annunziate and Hague (2006) conducted a research to determine the relationship between FF and academic success. Additionally, the findings point to a significant connection between protective factors and family functioning. Moreover, a study on student education and other psychosomatic factors that are involved in the development of skills, experiences, and facts proved that the role of family communication and

functioning in fostering resilience shows that adolescents need resilient families to successfully navigate a variety of problems (Yaakob, 2017).

A study on working women was done by Safdar (2019). The sample included N=150 married working women between the ages of 29 and 50. According to the study's conclusions, there is a strong negative correlation between poor family functioning and unfavorable employment conditions. According to Khursheed and Inam (2019) in a study on family functioning and parental stress, family functioning and parental family functioning are positively correlated, according to research, which also shows that paternal anxiety is not related to the study variable. The study's findings also showed no connection between family functioning and family income.

Resilience plays the role of protective factor for individuals who attempt suicide. Research also indicates that the relationship between symptoms and early childhood trauma is moderated by resilience. Adolescents were the subject of a study to evaluate gender differences and distress tolerance. Men are more tolerant of suffering than women (Luther et al., 2000; Ko et al., 2018). According to a study on the relationship between distress tolerance and internalizing symptoms, boys and girls with low distress tolerance have higher internalizing symptoms (Daughters et al., 2009). In the same way, a longitudinal study on stress and how dealing with mild stressors can help people become more resilient to dealing with challenges and stressors in the future was undertaken by Nrugham et al. (2010) reported that resilience of people during times of force. According to research, psychological problems play a controlling function in the relationship between bad situations and adolescents. Research comparing resilience stated that women are more resilient than men. Positive reaction, minimal worry, adverse distress, and improved adaption after suffering are all associated with resilience (Mealer et al., 2012; Ouyang & Wang, 2015; Shi et al., 2015).

Resilience is a component of these controls, and cognitive and emotional states might influence distress tolerance. An investigation was made into the resilience's predictors. Multivariate linear regressions using resilience as the outcome variable and distress tolerance as the predictor. The results of the study show that resilience is predicted by distress tolerance (Leyro et al., 2010). The relationship between resilience and the amount of tolerance can be disturbed, according to Sullivan et al. (2018), by factors such as emotional management, cognitive regulation, and physical regulation.

Literature has shown that family functioning and distress tolerance are the mechanisms through which resilience flows. Family functioning reduces an individual's externalizing problem and provides a solid communication foundation for personal growth. There is a substantial association between distress tolerance and resilience in six dimensions of family functioning. The family system improves family functioning, which leads to an increase in resilience and distress tolerance. Distress tolerance is recognized as a protective characteristic of resilience and is also associated with a functioning family unit because solid family ties help people control their emotions and exhibit greater distress tolerance.

An individual's life goes through various changes during the adolescent years, which is a crucial time. Adolescentôs emotional responses are managed in large part by their families. The importance of a healthy family, a person's ability to handle stress, and a person's capacity for resilience have all been studied individually in earlier studies. The goal of the current study is to examine how various aspects of family functioning relate to children's and teenagers' capacity for resilience and distress tolerance. In terms of family functioning, coping with distress, and resilience, this study compared gender and age groups. The study offered evidence regarding the different types of families and their level of resiliency. In terms of family functioning, coping with distress, and resilience, this study compared gender, family income, family relationship, and family system.

Hypotheses

1. There will be a difference in the family functioning, distress tolerance, and resilience across gender (girls and boys).
2. There will be differences in family functioning, distress tolerance, and resilience across family system (joint and nuclear).
3. There will be differences in family functioning, distress tolerance, and resilience across family relationships (extremely satisfied, satisfied, neutral, unsatisfied and extremely unsatisfied)
4. There will be differences in family functioning, distress tolerance, and resilience across family income (Less than 20000, 21000 -40000, 41,000-60,000, 61,000-80,000 and above 80,000).

Method

Research Design

This study used a Cross-sectional research design to investigate the demographic comparison between family functioning, distress tolerance, and resilience in adolescents.

Sample

The sample consisted of students N=663 including boys (n=332) and girls (330) from different education levels Matric (*n*=231), Intermediate (*n*=222), and Undergraduate (*n*=210) were recruited through convince sampling. Participants aged 14 to 22 (Alderman & Breuner 2019) from private and public sector schools and colleges of the Urban area of Lahore were selected. Students or individuals below 13 years of age and above 23 years of age are excluded from the study.

Assessment Measures

Demographic Information Sheet. The demographic sheets consist of gender, age, education, Family Relationship, Family System, Birth Order, No. of Siblings, and Family Income.

McMaster Family Assessment Device (Epstein et al., 1992). Epstein (1982) developed this tool, and Khursheed and Inam (2020) translated it into Urdu. It served as a gauge for how well families were functioning. This scale, which has four points and 60 items ranging from strongly disagree=4 to strongly agree=1, is of the Likert type. There were seven subscales of the scale this scale general family functioning, affective response, roles, communication, problem-solving, affective involvement and behavioural control. The actual Cronbach's alpha reliability of the scale ranges from .72 to .92 however, in the current research reliability of the scale was α=.83. Unhealthy functioning is indicated by high scores on the scales.

Distress Tolerance Scale (DTS; Simons & Gaher, 2005). The Distress Tolerance Scale was used to evaluate the person's perception of their capacity for tolerating, accepting, functional interference, and emotional regulation of emotional distress. There are 15 items and 4 subscales (tolerance, appraisal, absorption and emotional regulation) of the distress tolerance scale. Participants must respond on a 5-point Likert-type scale, where 1 means they strongly agree and 5 means they strongly disagree. The Cronbach's alpha reliability of the distress tolerance scale is .92 and in current research α=.72. A high score on distress tolerance indicates strong and high level of distress of tolerance.

The Resilience Scale (Anwar et al., 2016). Anwar et al., (2016) devised the Resilience Scale to measure resilience core. Resilience was assessed through 19 items that were scored on a five-point Likert-type scale. According to the resilience scale's factor analysis, emotional control, boldness, tenacity, and self-reliance are the four main factors. The resilience measure has demonstrated high construct and concurrent validity across a range of participant ages, with a Cronbach's alpha of α=.84 in current research α=.88. Highest score indicates a higher level of resilience.

Procedure

Initially, the author's consent was obtained to use the instruments (family assessment device, distress tolerance scale, and resilience scale). Google Forms was built to collect data online after receiving approval. Participants of the research were informed about the purpose of the research, consent was taken and approved by the competent authority. It was made clear to participant that they can withdraw from the research at any time. The confidentiality and privacy of the participant's data was guaranteed. A demographics sheet with the appropriate guidelines was linked to the Google form before each question was added. The form link was sent across several platforms using WhatsApp and other social media. Following data entry into SPSS analysis and preparation of the results.

Results

The outcomes of the present research are produced for family functioning, distress tolerance, and resilience in adolescents.

Table 1 indicates results of descriptive analysis of the sample using SPSS, result revealed that most of the participants were of age 16(22.9%), 17(17.9%), and 18 (19.2%). While 12.8%, 6.5%, and 6.9% of the students were the age 15, 19 and 20. Moreover, students of age 14, 21, 22, and 23 were 2.1%, 3.6%, 5.4%, and 2.3%. Boys (50.5%) and girls (49.5%) respectively. Education is divided into three categories Matric, intermediate, and undergraduates. The table showed that most students from matric (34.8%), intermediate (33.5%), and undergraduates (31.7%). Family relationship was divided into five categories (extremely satisfied, satisfied, neutral, unsatisfied and extremely unsatisfied). The table indicates satisfied (58.8%), extremely satisfied (30.3%), neutral (10%), unsatisfied (.2%) and extremely unsatisfied (.6%). Family income was divided into five categories and most participants had less than 20,000 (35.17%),

21,000-40,000 (29.7%), 41,000-60,000 (19.6%), and 61,000-80,000 (10.6%). Participants with family income above 80,000 were (5%). The family system was divided into two categories. Participants from joint families were (36.3%) and nuclear families (63.7%) respectively.

Table 1

Descriptive of Demographics Variables (N=663).

Variables	*f* (%)	M(SD)
1- Age		17.54(2.11)
2- Gender		
Boys	332(50.5)	
Girls	331(49.5)	
3- Education		
Matriculation	231(34.8)	
Intermediate	222(33.5)	
Undergraduates	210(31.7)	
5- Family relation		
Satisfied	390(58.8)	
Extremely satisfied	201(30.3)	
Neutral	66(10)	
Unsatisfied	1(.2)	
Extremely unsatisfied	4(.6)	
6- Birth order		
First Born	181(27.3)	
Middle	242(26.5)	
Last Born	240(36.2)	
7- Family Income		
Less than 20,000	233(35.17)	
21,000-40,000	197(29.7)	
41,000-60,000	130(19.6)	
61,000-80,000	70(10.6)	
Above 80,000	33(5)	
8- Family System		
Joint	241(36.4)	
Nuclear	422(63.7)	

Note; M = Mean, SD= Standard Deviation, f = frequency, % = percentage.

Table 2 indicated that there were significant gender differences in family functioning and its subscale. Boys showed high scores in family functioning and its subscales such as affective involvement, general functioning, family roles and affective responsiveness, distress tolerance, absorption, and Resilience and sub-dimensions of resilience such as adventurousness, determination, and self-reliance boys showed high mean scores as compared to girls in these variables.

Table 2

Independent Sample t-test Comparing Gender Differences among Study Variables (N=663)
*Note: M= mean, SD= Standard Deviation, LL= lower limit, UL= upper limit, p= significance, *p< .05, **p< .01,*

Variables	Gender		t	*p*	Cohen's *d*
	Boys M(SD)	Girls M(SD)			
1. Family Functioning	123.57(17.46)	119.41(19.61)	2.60	.00	0.22
Affective involvement	15.34(3.79)	14.65(3.90)	2.32	.02	
Behavior control	20.17(3.68)	20.53(4.22)	-1.18	.23	
General functioning	26.47(4.33)	25.40(4.78)	2.9	.00	
Problem-solving	10.38(2.82)	9.32(3.23)	.23	.08	
Communication	15.22(3.97)	14.72(3.55)	1.7	.09	
Roles	22.98(4.85)	21.76(5.89)	3.1	.00	
Affective response	12.50(2.95)	11.95(3.38)	2.3	.02	
2. Distress tolerance	35.20(9.48)	34.63(9.92)	1.38	.16	0.06
Tolerance	7.18(2.7)	7.29(3.08)	-.48	.62	
Regulation	7.04(2.70)	6.86(2.80)	.81	.41	
Appraisal	14.89(4.56)	14.56(4.01)	.88	.37	
Absorption	4.95(1.92)	4.64(2.79)	1.97	.03	
3. Resilience	68.80(8.24)	67.00(9.23)	3.15	.00	0.11
Emotional regulation	21.47(2.97)	21.11(2.89)	1.16	.10	
Adventurousness	18.09(2.44)	17.68(2.50)	2.16	.03	
Determination	14.28(1.97)	13.92(1.99)	2.34	.01	
Self-reliance	14.30(2.08)	13.82(2.15)	2.91	.00	

Table 3 shows a between-group ANOVA analysis was used to explore the effect of Birth Order on levels of family functioning, Distress Tolerance, and resilience. Respondents were divided into 3 groups according to their Birth Order (Firstborn, Middle, and Last Born). There was a statistically significant difference at the p < .05 level in family functioning, distress tolerance, and resilience scores for the birth order. The actual difference in the mean score of the groups was very small.

Table 3

Mean, Standard Deviation and One-way ANOVA in Family functioning, Distress Tolerance and Resilience

Measures	Firstborn		Middle		Last Born		F	η_2
	M	SD	M	SD	M	SD		
Family Functioning	122.25	19.41	121.96	18.64	120.70	18.01	.78	.01
Distress Tolerance	35.52	9.49	35.18	8.28	35.59	9.68	.35	.02
Resilience	68.67	7.42	67.28	6.94	69.29	7.46	3.31*	.03

*Note. FF= Family Functioning, DT=Distress Tolerance, RS= Resilience Scale *P<.05*

Table 4 indicates that ANOVA was used to explore the effect of education on family functioning, Distress Tolerance, and resilience. Education variable have 3 subscales A significant difference was found at the p < .001 in Resilience and Distress tolerance scores for the three education groups: F (2, 660) = 7.06, p = .001, and F (2, 660) = 3, 50, p=.03. Regardless of attaining statistical significance, the actual difference in mean scores between the groups was quite small .01. There was a significant difference at the p < .05 level in the subscale of family functioning such as general functioning score, problem-solving scores, and affective response score of group 1 (Matric) and group 3 (Undergraduate). There was a statistically significant difference in distress tolerance subscale at the p < .05 level such as tolerance subscale (Mean=7.57 matric; Mean=6.74 intermediate) and appraisal subscale (Mean=15.11 matric; Mean=14.97 undergraduates).In resilience subscales significant difference at the p < .05 level in the adventurousness as individual in grade level matric (M=18.14) scored higher as compared to intermediate (M=18.12) and undergraduates (M=17.39).

Table 4

Measures	Matric		Intermediate		Undergraduates		F	η_2
	M	SD	M	SD	M	SD		
Family Functioning	123.05)	18.58	121.90	17.27	120.09	19.94	1.42	.24
Distress Tolerance	35.91	8.363	34.00	7.847	35.90	9.845	3.50*	.03
Resilience	68.63	6.349	68.62	7.245	66.40	7.808	7.06**	.00
AI	15.16	3.90	14.94	3.59	14.87	4.08	.34	.24
BC	20.70	4.19	20.13	3.86	20.21	3.80	1.35	.03
GF	26.52	4.55	26.01	4.39	25.25	4.81	4.33*	.00
PS	10.71	2.96	10.44	2.86	9.89	3.22	4.26*	.01
C	14.78	3.69	15.29	3.71	14.84	3.91	1.21	.01
R	22.74	5.16	22.40	4.69	21.97	5.23	1.31	.02
AR	11.78	3.24	12.41	3.05	12.46	3.22	3.10*	.02
Tolerance	7.57	2.75	6.74	2.79	7.39	3.09	4.99*	.24
Regulation	7.23	3.03	6.83	2.39	6.79	2.77	1.76	.03
Appraisal	15.11	4.57	14.08	4.31	14.97	5.39	2.97*	.00
Absorption	4.72	1.95	4.63	2.00	5.03	2.06	2.39	.02
Emotional Regulation	21.12	2.70	21.57	3.00	21.18	3.09	1.50	.01
Adventurousness	18.14	2.19	18.12	2.39	17.39	2.76	6.55*	.03
Determination	14.11	1.71	14.24	1.88	13.95	2.32	1.23	.02
Self-reliance	14.26	1.99	14.11	2.07	13.82	2.29	2.49	.01

Mean, Standard Deviation and One-Way ANOVA in Family functioning, Distress Tolerance and Resilience

*Note. M= mean, SD= standard deviation, η2= Eta square, AI= Affective Involvement, GF= General Functioning, PS=Problem Solving, C=Communication, R=Roles and AR= Affective Response *P<.05, **p<.01*

Table 5 indicates the results of one-way between-groups ANOVA to explore the difference of the family relationship in Family functioning, distress tolerance, Resilience and in their subscales. There was a statistically significant difference at the $p < .05$ level in mean score of satisfied family relationship (M=128) and unsatisfied (M=123.31). This indicates higher the satisfied family relationship, the higher will be the family functioning, distress tolerance e resilience of the individual. The difference was found at the significant level $p < .05$ level in the mean score of general functioning mean score, problem-solving scores, and affective response. Table 5 also reported results for difference in distress tolerance subscales. Results showed a difference at the significant level $p < .05$ level in tolerance, regulation, and appraisal subscale Furthermore, In table 5 a significant difference at the $p < .05$ level in resilience subscales such as determination and self-reliance was found in extremely satisfied family relationship and unsatisfied Family relationships.

Table 5

Mean, Standard Deviation and One-way ANOVA in Family Functioning Subscale, Distress Tolerance Subscales and Resilience Subscales

Measures	Extremely. Satisfied		Satisfied		Neutral		Unsatisfied		Extremely .unsatisfied		F	η_2
	M	SD	M	SD	M	SD	M	SD	M	SD		
FF	121.90	15.98	128.00	17.72	120.05	18.66	123.31	17.36	120.53	19.54	2.31*	.01
DT	36.75	8.04	38.34	7.57	35.94	8.22	35.27	9.12	34.22	8.98	3.48*	.02
R	68.90	8.63	69.68	5.98	69.32	6.78	67.55	6.46	66.98	7.42	3.64*	.03
AI	16.27	4.62	14.76	3.82	14.66	3.52	15.05	3.89	14.59	3.47	2.02*	.01
BC	21.73	3.86	21.18	4.08	19.96	4.25	19.96	3.81	20.22	3.54	4.11*	.02
GF	27.88	4.28	26.47	4.84	24.90	4.31	25.79	4.54	25.80	4.81	4.49*	.03
PS	10.57	3.05	10.90	3.17	9.90	2.97	10.29	3.00	10.25	2.91	1.72	.01
.C	15.13	4.28	14.71	3.29	14.97	3.89	15.05	3.83	14.88	3.73	.21	.01
R	22.96	5.09	22.11	4.97	22.23	5.09	22.26	5.03	23.22	5.08	.75	.00
AR	12.70	3.19	12.00	3.24	12.51	2.96	11.98	3.31	12.81	2.65	1.66	.02
Tolerance	8.41	2.41	7.20	2.80	7.37	2.96	7.02	2.99	7.12	2.67	2.85*	.01
Regulation	7.88	3.19	7.00	2.73	7.58	2.77	6.54	2.71	6.92	2.12	4.91*	.02
Appraisal	16.38	4.35	14.45	5.06	15.20	4.69	14.15	4.69	15.90	4.83	4.14*	.03
Absorption	5.14	2.00	4.62	2.02	4.75	1.94	4.75	2.04	5.14	1.92	1.11	.01
Emotional Regulation	21.43	2.93	21.28	2.78	21.66	3.03	21.06	2.85	21.69	3.43	1.26	.01
Adventurousness	17.71	2.57	17.89	2.54	18.23	2.24	17.70	2.48	18.34	2.62	1.57	.02
Determination	14.39	2.08	14.19	1.83	14.37	2.13	13.83	1.99	14.56	1.68	3.17*	.03
Self-reliance	14.36	1.98	13.86	2.21	14.55	1.85	13.89	2.14	14.22	2.37	2.69*	.01

*Note. M= mean, SD= standard deviation, η2= Eta square, FF= Family Functioning, DT=Distress Tolerance, R= Resilience , AI= Affective Involvement, GF= General Functioning, PS=Problem Solving, C=Communication, R=Roles and AR= Affective Response *P<.05, **p<.01*

Table 6 indicates that ANOVA between groups was carried out to explore the difference of family income in study variables and their subscales. Significant difference at the $p < .05$ level in family functioning and distress tolerance and resilience. The result indicated that the higher the family income is the higher the family functioning, distress tolerance and resilience in the individual. There was a statistically significant difference at the $p < .05$ level in Affective involvement, behaviour control, problem-solving, roles, and affective response subscale of family functioning. Furthermore, Findings indicate a significant difference at the $p < .05$ level in tolerance, regulation, and absorption subscale of distress tolerance. Moreover, significant difference at the $p < .05$ level in the emotional regulation subscale of resilience.

Table 6

Mean, Standard Deviation and One-way ANOVA in Family Functioning and its Subscales, Distress Tolerance and its Subscales and Resilience and its Subscales

Variables	Less than 20,000		21,000-40,000		41,000-60,000		61,000-80,000		Above 80,000		F	η_2
	M	SD	M	SD	M	SD	M	SD	M	SD		
FF	119.05	18.29	121.22	17.78	123.31	19.81	126.93	18.08	125.79	20.08	3.26*	.02
DT	34.89	7.70	33.96	9.20	36.07	8.79	38.16	9.75	36.70	9.282	3.66*	.02
Resilience	67.75	7.27	67.44	6.96	68.69	7.27	67.86	7.29	68.45	7.94	.66	.03
AI	14.14	3.45	14.97	3.94	15.75	4.14	16.10	3.82	15.82	3.94	6.07*	.02
BC	19.85	4.07	20.32	3.96	20.55	3.62	21.33	3.70	21.21	4.57	2.49*	.02
GF	25.79	4.58	25.89	4.64	25.85	4.64	26.57	4.28	26.15	5.27	.42	.03
PS	10.51	3.01	10.17	3.06	9.96	2.84	10.57	3.15	11.42	3.28	2.00*	.03
C	14.92	3.56	14.78	3.85	15.13	3.77	14.59	3.69	16.58	4.64	1.87	,02
R	21.69	4.74	22.25	5.22	22.84	5.14	24.26	4.72	22.09	5.32	3.92*	,01
AR	11.75	3.10	12.14	3.23	12.51	3.27	13.30	2.77	12.39	3.42	3.64*	.02
Tolerance	6.91	2.75	7.03	2.87	7.87	3.07	7.73	2.89	7.27	3.07	3.07*	.02
Regulation	6.86	2.67	6.68	2.89	7.27	2.64	7.13	2.67	7.64	2.93	1.59*	.02
Appraisal	14.79	4.52	14.62	4.96	14.22	4.76	15.91	5.39	14.36	4.21	1.52	.03
Absorption	4.60	1.86	4.66	2.15	5.00	1.96	5.27	1.85	5.12	2.44	2.29*	.02
Emotional Regulation	21.11	2.91	20.98	2.88	22.01	3.01	21.33	2.98	21.52	2.76	2.79*	.02
Adventurousness	17.95	2.43	17.95	2.41	17.75	2.63	17.54	2.63	18.30	2.33	.72	.02
Determination	13.96	1.86	13.99	1.94	14.41	1.96	14.23	2.15	14.24	2.68	1.32	.03
Self-Reliance	14.21	2.18	13.97	2.05	14.04	2.25	13.91	2.01	14.00	1.87	.45	.02

Note. M= mean, SD= standard deviation, η2= Eta square, AI= Affective Involvement, GF= General Functioning, PS=Problem Solving, C=Communication, R=Roles and AR= Affective Response

Discussion

The current research aimed to investigate the demographic comparison between family functioning, distress tolerance and resilience in adolescents. The results suggest statistically significant gender differences in affective involvement, general family functioning, family roles, and affective response. The mean score of males was found significantly high as compared to females. Additionally, the results show a significant difference in the resilience's adventurousness and self-reliance subscales as well as the resilience's absorption subscale of distress tolerance. The findings are linked with previous studies on gender disparities in resilience and distress (Masood & Sahar, 2016). Furthermore, males showed greater resilience in adventurousness, determination, and self-reliance, previous studies stated that males have higher distress acceptance than females (Ko etal., 2008; Cornor et al., 2020). A significant difference

was found in the resilience of the firstborn and lastborn. In Pakistani culture, the results reflect the gender role and expectations where males are expected to be more independent and assertive in terms of dealing with distress showing resilience. There was found to be a notable difference in resilience among the various birth order orders. The first-born born scored have a high mean score in family functioning and the last-born have a high mean score in resilience. These results were also aligned with Ergüner-Tekinalp and Terzi (2014) who also reported that the birth order of the youngest and older Children also affects resilience, additionally, birth order predicts resilience of adolescents. These results in Pakistani culture also support the concept of where first born are expected to be more responsible, stand strong, be more adaptive and have leadership qualities.

This study also showed a significant difference in distress tolerance (tolerance and appraisal subscale) and resilience (adventurousness subscale) across grade levels. Moreover, a significant difference was found in the dimensions of family functioning such as general functioning, problem-solving, and affective involvement. Pedrini et al., (2021) in research on the emotional regulation of teenagers, reported that distress tolerance is also different according to the grade level. In reference to the culture perspective, these indicate the competitive nature of the education system that challenges influencing distress tolerance and resilience.

Significant difference in the family relationship of adolescents related to family functioning (affective involvement, behavior control, and general functioning), distress tolerance (tolerance, regulation, and appraisal), and resilience (determination and self-reliance) were identified. These results aligned with the research conducted by Holmes (2006) indicate that resilience of the adolescents is influenced by the relationships of the family, Moreover, it also reports that the affective response of the individual and depressive symptoms are also affected by the family relationship. Lastly, the findings of the study also indicated significant differences in the family functioning (affective involvement, behaviour control, problem-solving, family roles, and affective response) and distress tolerance (tolerance, regulation, and absorption) of low and high-income families. In the dimension of resilience such as emotional regulation significant difference was found in family income. Burno et al., (2023) reported in their research that family income can also affect the resilience of parents and children. Family income was also related to depression and its association with distress in children and adolescents.

Conclusion

The findings of the study revealed that more family functioning and distress tolerance will help to build resilience. The results of the present study depict that positive family functioning and distress tolerance are central to acquiring constructive resilience. So, those adolescents who encounter issues in the development of resilience can be facilitated by improving distress tolerance and understanding family functioning. This was also indicated in the results that family functioning, affective involvement, general functioning, problem-solving, family roles, and affective response are different in males and females. Family functioning, distress tolerance, and resilience in term also differ in the area of education level. These findings will help teachers, psychologists, and counsellors design interventions and plan according to grade level for the betterment of family functioning of the adolescents that will also help them to use specific strategies to increase the level of resilience in the adolescents. Family functioning in terms of general functioning, problem-solving, and affective response, and distress tolerance in terms of tolerance, regulation, and appraisal additionally resilience in terms of determination and self-reliance varies in adolescents who belong to satisfied family relationships and unsatisfied family relationships. From the results of the study, it can also be concluded that family income or socio-economic status also has a great impact on the family functioning in affective control, behavior response, problem-solving, family roles, and affective response. Distress tolerance with its dimensions that include tolerance, regulation, and absorption is also influenced by the socioeconomic status or family income background. Resilience in the form of emotional regulation was found to be

different in adolescents based on the family income low to high.

Limitation and Suggestion

For further research in Pakistan, the results of study are also beneficial. Research should be conducted free from culture when it comes to the ethnic issues. A total of 14-22 years of age, adolescents were the Respondents of research. Others of school age were not included. The results of the study cannot not be applied to the population in general due to these. Thus, the ability of findings of research is another sample that must be used in order to generalize achievement of the population. Research on adolescents' family functioning, distress tolerance and resilience in Pakistan is very negligible. Therefore, these variables should be further research. We need to see how more about family functioning and distress tolerance and resilience in adolescents.

Conflict of interest statement

The authors declare no conflict of interest.

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Data sharing and availability statement

Data is available from the corresponding author based on request.

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