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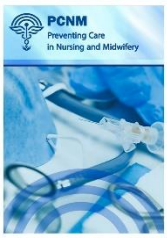

Original Article

The Role of Family Functioning and Emotional Expressiveness in Predicting Anxiety in Adolescent Girls

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Abstract

Background: Anxiety is a common mental health issue in adolescence, more frequently affecting girls, emphasizing the need to examine family factors such as family functioning and emotional expressiveness.

Objectives: This study aimed to evaluate how family functioning and emotional expressiveness predict anxiety levels in adolescent girls.

Methods: This descriptive-correlational study analyzed a population of female adolescents enrolled in the first year of high school (grades 7-9, ages 13-15) in Shiraz during the 2023-2024 academic year. A sample of 252 participants was selected using a multi-stage cluster sampling method. Data were collected through the Children's Anxiety Scale, the McMaster Family Assessment Device (FAD), and the Emotional Expressivity Questionnaire (EEQ). The data were analyzed with Pearson's correlation coefficient and stepwise regression using SPSS version 26.

Results: Findings revealed a significant negative correlation between family functioning and anxiety ($r=-0.51$, $p<0.001$), as well as between emotional expressiveness and anxiety ($r=-0.46$, $p<0.001$). Both family functioning and emotional expressiveness together explained 34% of the variance in anxiety ($R^2=0.34$), with family functioning contributing more significantly.

Conclusion: This study finds that family functioning and emotional expressiveness are important predictors of lower anxiety levels in adolescent girls, collectively accounting for a significant portion of the variance. Family functioning seems to have a more vital influence, indicating that interventions focused on family dynamics could help reduce anxiety in this group.

Implications for Nursing and Midwifery Preventive Care

- This study highlights the vital role of family functioning in reducing anxiety in adolescent girls and promotes nursing interventions to strengthen family cohesion, communication, and problem-solving skills, creating supportive environments.
- Emotional expressiveness, which is inversely related to anxiety, requires preventive nursing interventions that include educational programs to promote healthy emotional regulation skills and reduce anxiety risk in adolescent girls.
- Integrating these predictors into routine mental health screenings enables early identification and preventive care for at-risk adolescent girls.

Introduction

Anxiety is a common mental health disorder among adolescents, with the potential to greatly affect their emotional, social, and academic paths [1]. This condition, marked by feelings of worry, fear, and tension, can lead to issues like lower academic achievement, avoiding social interactions, and a higher risk of future mental health problems [2,3]. Adolescent girls are especially susceptible to anxiety, showing higher rates than boys, which highlights the importance of studying gender-specific risk and protective factors [4]. Adolescence is a crucial and challenging developmental stage, full of major biological, psychological, and social changes factors that can either increase vulnerability to or worsen existing anxiety. Because anxiety during this time can have lasting negative effects on school success, relationships, and overall mental health, identifying its family and psychological predictors is critical for developing targeted interventions [5,6]. In this framework, the family, serving as the primary agent of adolescent socialization, assumes a pivotal role in the development of their coping strategies and emotional regulation capacities [7].

Family functioning, defined as the family's ability to effectively execute its duties and roles to meet the needs of its members, can exert both direct and indirect effects on adolescent mental health [8]. Characteristically, high-functioning families foster a supportive and secure milieu for adolescents, while those with compromised functioning may engender feelings of insecurity and anxiety within this population [9]. Family functioning, encompassing elements such as cohesion, flexibility, and problem-solving efficacy, can either serve as a protective factor against or a risk factor for anxiety [10].

Although prior studies, such as Farmakopoulou et al. [9], have established a link between family functioning and adolescent anxiety, the specific predictive role of family functioning in teenage girls within diverse cultural contexts, such as Iran, remains underexplored, necessitating further investigation [11].

This study aims to address this gap by examining how family functioning contributes to anxiety outcomes in this population [10]. In contrast, emotional expressivity is also acknowledged as a salient psychological construct that influences the processing and management of affective states [12]. Adolescents who encounter challenges in articulating their emotions demonstrate a heightened susceptibility to emotional suppression and the manifestation of anxiety [13,14]. Emotional expressivity denotes an individual's capacity to articulate and regulate their feelings [15]. Adolescents who can express their emotions healthily and constructively generally exhibit lower levels of anxiety, whereas the inhibition of emotional expression can precipitate an increase in anxiety [16].

While emotional expressivity is recognized as a protective factor, its interplay with family functioning in predicting anxiety among adolescent girls has received limited attention, warranting further exploration to inform comprehensive intervention strategies [12].

Previous research has shown links between family functioning, emotional expressivity, and adolescent anxiety; however, few studies have examined their combined predictive roles specifically in adolescent girls, especially in non-Western settings like Shiraz, Iran [9,16].

This research gap hampers the development of culturally tailored interventions for this vulnerable group.

Objectives

This study aimed to explore how family functioning and emotional expressivity predict anxiety levels in adolescent girls, offering insights into their relative influence and aiding in the development of prevention and treatment strategies to improve mental health outcomes.

Methods

Study Design and Setting

This study employed a descriptive-correlational design. It was conducted in Shiraz, Iran, during the 2023-2024 academic year, with data collection

taking place in public secondary schools for girls within Educational District 2 of Shiraz.

Participants

The target population comprised all female adolescent students enrolled in the first cycle of secondary education (grades 7-9, ages 13-15 years) in Shiraz. Inclusion criteria required participants to be (a) female students in grades 7-9, and (b) attending one of the randomly selected schools in District 2. Exclusion was based on the submission of incomplete or unscorable questionnaires.

Sample Size and Sampling

A multi-stage cluster sampling technique was utilized. First, Educational District 2 in Shiraz was randomly selected from the city's three districts. Subsequently, three all-female secondary schools were randomly chosen from within this district. Finally, four classes were randomly selected from each of these three schools, resulting in a total of twelve classes. The initial participant pool consisted of approximately 300 students. A final sample size of 252 participants was determined based on a power analysis for regression studies, considering the study's variables. To account for potential attrition, questionnaires were distributed to 280 students, yielding 252 complete and valid responses for the final analysis.

Variables

The independent variables in this study were family functioning and emotional expressiveness. The dependent variable was the level of anxiety among the adolescent female participants.

Data Collection Tools and Procedures

Data were collected using three standardized self-report questionnaires, administered in a supervised classroom setting.

Children's Anxiety Scale

This 45-item instrument measures anxiety across six domains: separation anxiety, social anxiety, obsessive-compulsive symptoms, panic-agoraphobia, generalized anxiety, and fear of physical injury [17]. Responses are recorded on a 4-point Likert scale ranging from "Never" (0) to "Always" (3). Total scores range from 0 to 135, with higher scores indicating greater anxiety. Cronbach's alpha for this scale was reported as above 0.84 [18], and in the current study, it was 0.83.

McMaster Family Assessment Device (FAD)

Developed by Epstein et al. [19], this 60-item self-report instrument assesses family functioning across seven subscales: problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. Items are rated on a 4-point Likert scale. Total scores range from 60 to 240, with higher scores indicating poorer family functioning. The instrument was validated in Iran by Najarian [20], who reported a Cronbach's alpha of 0.89. In the present study, the Cronbach's alpha was 0.82.

Emotional Expressivity Questionnaire (EEQ)

This 16-item questionnaire assesses individual differences in emotional expressivity across three dimensions: positive emotional expressivity, intimacy expressivity, and negative emotional expressivity [21]. Responses are given on a 5-point Likert scale (1="never true" to 5="always true"). Total scores range from 16 to 80, with higher scores indicating greater emotional expressiveness. The scale was validated for Iranian populations by Kargar et al. [22], who reported a Cronbach's alpha of 0.71. In this study, Cronbach's alpha was 0.76.

A demographic information form was also used to collect data on participants' age, grade level, and parental status.

Statistical Analysis

Data analysis was performed using SPSS software, version 26. Descriptive statistics, including means, standard deviations, skewness, and kurtosis, were computed to summarize the data and assess the normality of variable distributions. Normality was evaluated by examining skewness and kurtosis values. Pearson's correlation coefficient was employed to examine the bivariate linear relationships between anxiety, family functioning, and emotional expressiveness. A stepwise multiple

regression analysis (using the forward selection method) was conducted to evaluate the predictive power of family functioning and emotional expressiveness on anxiety levels, with anxiety serving as the dependent variable. A significance level of $p < 0.05$ was adopted for all statistical tests.

Results

Out of 280 students who fulfilled the study's inclusion criteria, 28 were excluded due to incomplete responses or failure to meet exclusion criteria, yielding a final sample of 252 participants.

The demographic characteristics of the sample are presented in Table 1.

Table 1. Demographic Characteristics of the Study Sample

Variable	Category	n	%
Age	13 years	84	33.30
	14 years	90	35.70
	15 years	78	31.00
Grade	Grade 7	86	34.10
	Grade 8	88	34.90
	Grade 9	78	31.00
Parental status	Both parents living	238	94.40
	One/both deceased	14	5.60

The sample included 252 female adolescents aged 13-15 years, with a mean age of 14.0 years (SD= 0.82). Most participants reported both parents as living (94.4%, n=238), with 5.6% (n=14) reporting one or both parents deceased. Marital status was not assessed in this study due to the low prevalence of marriage among this age group in Shiraz. Descriptive statistics for the study variables are summarized in **Table 2.**

Table 2. Means, Standard Deviations (SD), Skewness, and Kurtosis of the Research Variables

Variables	Means	SD	Skewness	Kurtosis
Anxiety	55.36	12.30	1.86	0.24
Family functioning	101.25	34.12	-1.92	0.15
Emotional expressiveness	48.07	10.26	-1.23	0.49

Table 3 presents the Pearson correlation coefficients for the relationships between anxiety, family functioning, and emotional expressiveness. Both family functioning and emotional expressiveness were inversely associated with anxiety, indicating that better family functioning (lower FAD scores) and higher emotional expressiveness were linked to lower anxiety levels. These significant correlations ($p<0.001$) suggest that supportive family environments and the ability to express emotions constructively may serve as protective factors against anxiety in adolescent girls.

Table 3. Pearson Correlation Coefficients of Anxiety with Family Functioning and Emotional Expressiveness

Variables	Pearson Correlation Coefficient (r)	*p*
Family functioning	-0.51	0.001
Emotional expressiveness	-0.46	0.001

To evaluate the predictive power of family functioning and emotional expressiveness on anxiety, a stepwise multiple regression analysis was conducted using a forward selection method, with anxiety as the dependent variable. The results are detailed in Table 4.

In Model 1, family functioning emerged as a significant predictor, explaining a substantial portion of the variance in anxiety scores. In Model 2, the inclusion of emotional expressiveness increased the explained variance, with both predictors together accounting for 34% of the variance in anxiety. Family functioning showed a stronger predictive effect (standardized β=-0.40 in Model 1, -0.35 in Model 2), indicating its critical role in anxiety outcomes.

The negative regression coefficients suggest that poorer family functioning (higher FAD scores) is associated with increased anxiety, while greater emotional expressiveness is linked to reduced anxiety.

Table 4. Summary of Stepwise Regression Analysis for Predicting Anxiety

Model	Predictor variable(s)	F	R	R^2	B	SE	β	t	*p*	95% CI
1	Family functioning	41.21	0.51	0.26	-0.30	0.03	-0.40	-5.51	0.001	[-0.36, -0.24]
2	Family functioning and emotional expressiveness	37.30	0.59	0.35	-0.22	0.04	-0.35	-3.11	0.001	[-0.24, -0.12]

SE: Standard errors; 95% CI: 95% Confidence intervals

Discussion

This study aimed to investigate the extent to which family functioning and emotional expressiveness predict anxiety levels among adolescent females. The initial finding revealed a statistically significant correlation between family functioning and anxiety, consistent with prior research by Farmakopoulou et al. [9], Guo et al. [23], and Wang et al. [24].

These studies similarly reported that supportive family environments reduce adolescent anxiety. However, divergent findings exist; for instance, Mesman et al. [25] found that in some high-conflict families, adolescents developed resilience, suggesting that certain family dynamics may not universally increase anxiety. This observation can be elucidated by considering that family functioning, as a central construct, encompasses the family's capacity to establish a supportive, cohesive, and effective milieu for its members. Characteristically, high-functioning families facilitate healthy inter-member communication, address conflicts constructively, and cultivate a secure environment conducive to adolescents' emotional and psychological growth. These attributes can serve as protective factors against the development of anxiety, as adolescents within such contexts tend to experience heightened feelings of security and acceptance, thereby enhancing their ability to navigate life's demands [9]. Conversely, families with compromised functioning may exhibit deficits in cohesion and support, manage conflicts maladaptively, and inadequately address the emotional needs of their adolescent members. Such conditions can contribute to elevated anxiety levels in adolescents, who may experience feelings of isolation, insecurity, and vulnerability. Adolescents raised in these familial environments often encounter greater psychological strain and may possess diminished capacity for emotional regulation when facing everyday stressors [24].

Moreover, family functioning can impact the acquisition of adolescents' social and emotional competencies. Effective families typically guide adolescents in developing skills such as problem-solving, stress management, and adaptive emotional expression, which can bolster their resilience against anxiety [23]. In contrast, adolescents in low-functioning families may have fewer opportunities to acquire these crucial skills, consequently increasing their susceptibility to anxiety. This proposition underscores the notion that family functioning operates not only as a significant environmental influence but also as a robust predictor of anxiety in adolescent girls. Investigating the association between these constructs offers valuable insights into the determinants of adolescent mental well-being and can inform the development of effective intervention approaches aimed at mitigating anxiety and enhancing their overall quality of life.

A further significant finding was the statistically significant inverse relationship between emotional expressivity and anxiety among adolescent girls, aligning with findings by Young et al. [26], Cejudo et al. [27], and Namazi Yousefi et al. [28]. However, divergent results were noted by Schreier et al. [29], who reported that in collectivist cultures, high emotional expressivity sometimes increased social anxiety due to cultural norms favoring emotional restraint. This supports the hypothesis that anxiety levels in adolescent girls can be predicted by their degree of emotional expressivity. Emotional expressivity, as a psychological construct, denotes an individual's capacity to articulate and regulate their feelings in adaptive and constructive manners. Adolescents exhibiting high levels of emotional expressivity typically demonstrate enhanced abilities in identifying their emotions, communicating them both verbally and nonverbally, and employing effective emotion regulation strategies when confronted with stressors and challenges [28]. This

capacity can function as a protective mechanism against anxiety, as adolescents who can express their emotions are less prone to experiencing the accumulation of suppressed or unresolved feelings, which can contribute to heightened anxiety [26]. Conversely, adolescents with low emotional expressivity may encounter difficulties in articulating their feelings and tend to suppress or deny negative emotions such as fear, sadness, or anger. This emotional inhibition can lead to a build-up of stress and psychological tension, potentially culminating in the manifestation of anxiety [14]. Adolescents who cannot express their emotions in healthy ways may experience amplified feelings of helplessness and inadequacy when facing stressful circumstances, thereby increasing their vulnerability to anxiety [16]. Moreover, emotional expressivity influences the quality of adolescents' interpersonal connections. Adolescents who can express their emotions appropriately typically cultivate more intimate and supportive relationships with their peers and family. These relationships can serve as a vital source of social support and contribute to the mitigation of anxiety [15].

The results suggest that both family functioning and emotional expressivity are significant predictors of anxiety in adolescent girls, with specific dimensions of family functioning, such as communication and problem-solving, playing critical roles. For instance, effective communication and problem-solving were associated with lower anxiety, as these dimensions foster a supportive environment [9, 19]. In contrast, poorer scores in affective responsiveness were linked to higher anxiety, indicating that families' emotional engagement significantly influences adolescent mental health [23]. These findings align with Epstein et al. [19], who emphasized that deficits in specific FAD subscales, particularly communication and affective responsiveness, are robust predictors of psychological distress. Families with low functioning in these areas may fail to provide the emotional support needed to buffer stress, thus increasing anxiety risk [24].

Several limitations of the current study should be acknowledged. First, sampling was restricted to District 2 in Shiraz, which may limit the generalizability of findings to other districts or regions with differing socioeconomic or cultural characteristics. Second, the large number of questionnaire items (approximately 120 across the Children's Anxiety Scale, FAD, and EEQ) may have contributed to participant fatigue, potentially affecting response accuracy. Third, the sample was exclusively composed of adolescent girls, constraining the generalizability to male adolescents. Fourth, demographic variables such as marital status and parental status were not fully explored as predictors, limiting the analysis of their potential influence on anxiety. A further limitation is the reliance on self-report questionnaires, which introduces potential response biases, such as social desirability or recall bias. Despite these limitations, the study's strengths include a robust sample size, the use of validated and reliable measures, and a focus on a culturally specific population, providing valuable insights for intervention development in Iran.

Conclusion

In conclusion, this study substantiates the significant roles of family functioning and emotional expressiveness in mitigating anxiety among adolescent girls, with family functioning, particularly in communication and problem-solving, showing a stronger predictive effect. These findings underscore the importance of fostering supportive family environments and emotional regulation skills to reduce anxiety in this population. Future research endeavors are encouraged to include male adolescents to facilitate gender-based comparisons, incorporate qualitative methods such as interviews to enhance understanding, replicate the study across multiple districts and urban settings to improve generalizability, and assess additional demographic predictors like marital status to capture their impact on anxiety.

Ethical Considerations

The study received approval from the Ethical Committee of Islamic Azad University, Shiraz Branch (code: IR.IAU.SHIRAZ.REC.1403.282). Informed consent was obtained from all participants

and their parents. Participants were informed about the study's objectives, procedures, and their right to withdraw at any time without consequence. Confidentiality was maintained through data anonymization, and no personally identifiable information was collected.

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Conflict of Interest

No conflicts of interest are declared.

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Authors' Contributions

Naziri A. conceptualized the study, designed the methodology, and led data collection. Hooman F. performed data analysis and contributed to manuscript preparation. Both authors reviewed and approved the final manuscript.

Artificial Intelligence Utilization

The authors declare that no generative AI technologies were used in the creation of this manuscript.

Data Availability Statement

The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.

References

1. Rapee RM, Creswell C, Kendall PC, Pine DS, Waters AM. Anxiety disorders in children and adolescents: A summary and overview of the literature. Behaviour Research and Therapy. 2023; 168:104376. https://doi.org/10.1016/j.brat.2023.104376

2. Liu X, Yang F, Huang N, Zhang S, Guo J. Thirty-year trends of anxiety disorders among adolescents based on the 2019 global burden of disease study. General Psychiatry. 2024;37(2): e101288. https://doi.org/10.1136/gpsych-2023-101288

3. Ahmadizadeh R, Zenoozian S, Rezaei M, Mohammadi J, Motahhari Z. Effect of child-parent relationship therapy on the severity of separation anxiety disorder in children: A clinical trial with a parallel groups study design. Preventive Care in Nursing and Midwifery Journal. 2022;12(1):20. https://doi.org/10.52547/pcnm.12.1.20

4. Kowalchuk A, Gonzalez SJ, Zoorob RJ. Anxiety disorders in children and adolescents. American Family Physician. 2022;106(6):657-664. https://europepmc.org/article/med/36521463

5. Xie S, Zhang X, Cheng W, Yang Z. Adolescent anxiety disorders and the developing brain: Comparing neuroimaging findings in adolescents and adults. General Psychiatry. 2021;34(4):e100411. https://doi.org/10.1136/gpsych-2020-100411

6. Morales-Muñoz I, Hett D, Humpston C, Mallikarjun PK, Marwaha S. Anxiety disorders across middle childhood and early adolescence in a UK population-based cohort. Journal of Child Psychology and Psychiatry Advances. 2022;2(3):e12089. https://doi.org/10.1002/jcv2.12089

7. Wesarg-Menzel C, Ebbes R, Hensums M, Wagemaker E, Zaharieva MS, Staaks JPC, et al. Development and socialization of self-regulation from infancy to adolescence: A meta-review differentiating between self-regulatory abilities, goals, and motivation. Developmental Review. 2023; 69:101090. https://doi.org/10.1016/j.dr.2023.101090

8. Ghalenoee M, Asadzadeh H, Dortaj F. Providing a causal model of children's behavioral disorders based on spiritual health family functioning: The mediating role of life satisfaction in hyperactive children's mothers in Tehran. Advances in Nursing and Midwifery. 2021;30(4):34-41. https://doi.org/10.22037/anm.v30i4.38238

9. Farmakopoulou I, Lekka M, Gkintoni E. Clinical symptomatology of anxiety and family function in adolescents: The self-esteem mediator. Children. 2024;11(3):338. https://doi.org/10.3390/children11030338

10. Poorabdolah H, Jafari Varjoshani N, Namadian M. The relationship between family functioning and quality of life in patients with gastric cancer. Preventive Care in Nursing and Midwifery Journal. 2022;12(1):37. https://doi.org/10.52547/pcnm.12.1.37

11. Nguyen TNB, Chance AB, Roske C, Chase E, Rubinstein TB, Zayde A, et al. Relationships between adolescent perception of family functioning and affective symptomatology. Journal of the American Academy of Child and Adolescent Psychiatry Open. 2024; 1-12. https://doi.org/10.1016/j.jaacop.2024.09.002

12. Wylie MS, De France K, Hollenstein T. Adolescents suppress emotional expression more with peers compared to parents and less when they feel close to others. International Journal of Behavioral Development. 2023;47(1):1-8. https://doi.org/10.1177/01650254221132777

13. Fitzgerald K, Vandenbosch L, Tabruyn T. Adolescent emotional expression on social media: A data donation study across three European countries. Affective Science. 2024;5(4):436-448. https://doi.org/10.1007/s42761-024-00259-9

14. Iuga IA, David OA. Emotion regulation and academic burnout among youth: A quantitative meta-analysis. Educational Psychology Review. 2024;36(4):106. https://doi.org/10.1007/s10648-024-09930-w
15. Momeni A, Ramezani K, Maredpour A. Effects of emotionally focused couple therapy on reducing depression and marital conflicts in employed couples. Preventive Care in Nursing and Midwifery Journal. 2022;12(3):59. https://doi.org/10.52547/pcnm.12.3.7
16. Paulus FW, Ohmann S, Möhler E, Plener P, Popow C. Emotional dysregulation in children and adolescents with psychiatric disorders: A narrative review. Frontiers in Psychiatry. 2021; 12: 628252. https://doi.org/10.3389/fpsyt.2021.628252
17. Spence SH, Barrett PM, Turner CM. Psychometric properties of the Spence children's anxiety scale with young adolescents. Journal of Anxiety Disorders. 2003;17(6):605-625. https://doi.org/10.1016/S0887-6185(02)00236-0
18. Ghanbari S, Rabieenejad R, Ganje P, Khoramzadeh S. Psychometric properties of preschool children anxiety scale (teacher form). Developmental Psychology: Journal of Iranian Psychologists. 2013; 10(37): 29-37. https://www.sid.ir/paper/101458/en
19. Epstein NB, Baldwin LM, Bishop DS. The McMaster family assessment device. Journal of Marital and Family Therapy. 1983;9(2):171-180. https://doi.org/10.1111/j.1752-0606.1983.tb01497.x
20. Mehmannavazan M, Hosseini M, Hejazi SS, Vartanoosian J, Matbouei M, Nasiri M. Psychometric evaluation of the Persian version of family management measure. Health Education and Health Promotion. 2021;9(4):351-356. https://sid.ir/paper/988444/en
21. King LA, Emmons RA. Conflict over emotional expression: Psychological and physical correlates. Journal of Personality and Social Psychology. 1990;58(5):864-877. https://doi.org/10.1037/0022-3514.58.5.864
22. Kargar K, Vaziri S, Lotfi Kashani F, Nasri M, Shahabizadeh F. Efficacy of unified trans-diagnostic treatment on the emotional expression and sexual function in infertile women. Health Psychology. 2023;12(46):23-40. https://doi: 10.30473/hpj.2023.64543.5580
23. Guo L, Tian L, Scott Huebner E. Family dysfunction and anxiety in adolescents: A moderated mediation model of self-esteem and perceived school stress. Journal of School Psychology. 2018; 69:16-27. https://doi.org/10.1016/j.jsp.2018.04.002
24. Wang Y, Tian L, Guo L, Huebner ES. Family dysfunction and adolescents' anxiety and depression: A multiple mediation model. Journal of Applied Developmental Psychology. 2020; 66:101090. https://doi.org/10.1016/j.appdev.2019.101090
25. Mesman E, Vreeker A, Hillegers M. Resilience and mental health in children and adolescents: An update of the recent literature and future directions. Current Opinion in Psychiatry. 2021;34(6):586-592. https://doi.org/10.1097/YCO.0000000000000741
26. Young KS, Sandman CF, Craske MG. Positive and negative emotion regulation in adolescence: Links to anxiety and depression. Brain Sciences. 2019;9(4):76. https://doi.org/10.3390/brainsci9040076
27. Cejudo J, Rodrigo-Ruiz D, López-Delgado ML, Losada L. Emotional intelligence and its relationship with levels of social anxiety and stress in adolescents. International Journal of Environmental Research and Public Health. 2018;15(6):1073. https://doi.org/10.3390/ijerph15061073
28. Namazi Yousefi R, Davari R, Jafari Roshan M. Causal relationships between emotional intelligence and suicidal ideation in adolescents: Evaluating the mediating role of finding meaning in life and perceived social support. Practice in Clinical Psychology. 2025; 13(1): 1-18. https://doi.org/10.32598/jpcp.13.1.890.2
29. Schreier SS, Heinrichs N, Alden L, Rapee RM, Hofmann SG, Chen J, et al. Social anxiety and social norms in individualistic and collectivistic countries. Depression and Anxiety. 2010;27(12):1128-1134. https://doi.org/10.1002/da.20746