



## **The Impact of Ideal and Real Discrepancies of Family Functionality Perception over the Quality of Life in a Minority Population**

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### ***Abstract***

The perceived discrepancies of adolescents regarding family functionality (the real vs. the ideal) and how it predicts their mental and physical quality of life are tested. A cross-sectional study using questionnaires was conducted. Roma adolescents ( $N = 139$ ) with ages ranging from 12 to 17 years participated. Out of all, 38% are boys and 61,5% are girls. Results show that mental quality of life is predicted by family cohesion and family adjustment and suggest a nonlinear relation for physical quality of life. The discrepancy between the real and ideal levels of family cohesion determines adolescent's mental quality of life. The direction of the discrepancy shows that mental quality of life is higher when the real family cohesion level is higher than the ideal one. The results suggest that both mental and physical quality of life of adolescents are predicted by family cohesion and family adjustment.

People tend to thrive while having an image about themselves and they form this image by considering an ideal or a necessary way of being. Comparing the ideal to the real and present image of themselves people might experience maladjustment and could determine their mental health. The results of the study show that family cohesion and family adjustment perception of children determine their quality of life. Moreover, discrepancies between the ideal and real level are also an important determining factor for quality of life.

**Keywords:** family functionality, quality of life, minority population, adolescents

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## ***Introduction***

The question of the impact of the family environment and its functionality on the general quality of life for pre-adolescents and adolescents remain an issue of both scientific and clinical relevance (Moreira et al., 2014). The family, as a unit of care has a great effect in tackling adolescent problems (Shek & Sun, 2014; White et al., 2014; Muyib et al., 2010) and well-being (Lampropoulou, 2018), its functionality should be more often considered as a determinant for their quality of life (Fong et al., 2018; Jozefiak & Wallander, 2016). There is a consensus in the systemic family therapies approach that functionality of the family is relevant for how teenagers feel, both physically and mentally (Satir et. al, 1991; Olson et al., 1989; Ohannessian et al., 2000). Most important, perceived interpersonal emotional bonding within the family can clinically affect them (Kashani, Allan, Dahlmeier, Rezvani & Reid, 1995). Thus, the present study argues and supports this line of studies due to its relevance in both theory and practice.

Like adults, pre-adolescents and adolescents can perceive discrepancies between the real and ideal family reality they are in from early developmental stages (Katz & Zigler, 1967; Katz, Zigler, & Zalk, 1975; Rosales & Zigler, 1989; Phillips & Zigler, 1982) and according to theories, a higher gap between the two levels usually results in emotional distress (Higgins, 1987). As studies show, adolescent's general health and mental status are affected when they gain the capacity to reflect on their self-states and possess self-discrepancies (Bybee et al., 1997; Bybee & Zigler, 1991; Boldero & Francis, 2000; Pauletti, Menon, Menon, Tobin, & Perry, 2012). Although there are studies that support the fact that perceiving self-discrepancies is present for pre-adolescents and adolescents, there are no studies that explicitly explore the perceived discrepancies regarding one's family functionality.

Thus, the main goal of the research is to explore how perceived discrepancies or high similarity between the real perceived family functionality and the ideal desired family functionality would influence the physical and mental quality of life of adolescents.

## ***Exploring Perceived Discrepancies regarding Family Functionality and its Effects over Quality of Life***

The family functionality concept has always been considered either a risk or protective factor for the development of children and the behavior of adolescents (Fong et al., 2018; Joh et al., 2013; Sebokova & Popelkova, 2016; Barnett & Hunter, 2012; Gonzales, 2009) and in an extended manner for their quality of life (Szyndler et al., 2005). Also, we know that poor family functioning is correlated with the course of serious mental disorders in youth and adolescents (Santesteban-Echarri et al., 2018; Tafà et al., 2017; Gupta & Bowie, 2018; Matejevic et al., 2015; Matejevic et al., 2014; Sullivan et al., 2012; Kim et al., 2007). Quality of life is a generous concept within the literature and in an extended and simplistic way, it refers to the satisfaction that one has when he reflects on multiple but general areas of life (Drakouli et al., 2015; Ying & Krishnan, 2014; Bishop et. al, 2002). Still, the most relevant factors that seem to have a greater impact over quality of life are family functioning, one's worldview and daily experience (Meares, 1997; Brown et. al, 2009).

According to Rutter (1993), parental caring during the infant period is very healthy and protective, but in contrast, such parental behavior may hinder healthy development during adolescence. One model that has great both theoretical and practical implications for one's

quality of life is the circumplex family model (Olson, 2000; Olson, 1986; Thomas & Olson, 1994) regarding family functionality. Family functioning is defined as the way in which the family members interact, react to, and treat other family members (Matejevic et al., 2015; Olson, 2011; Winek, 2010; Lewandowski et al., 2010). The model describes several types of families from healthy to unhealthy and also its effect on how members would feel and react (Matejevic et al., 2014; Joh et al., 2013). The interplay between emotional bonding and control in a family is described in this model through analyzing the cohesion and adjustment dimensions (Olson, 1986). The cohesive dimension of the family systems refers to the efforts that members invest in shared activities in order to stay together but also maintaining healthy emotional boundaries between each member and subsystems in the family (Pérez et al., 2018; Simpson et al., 2018; Ottaviani et al. 2017; Mitchell et al., 2016). Still, families that describe themselves as too cohesive or flexible are the ones that develop problematic symptoms (i.e. affective or behavioral problems) (McSheffrey, 2012; Olson et. al., 1979; Smith, 1996).

When a family experiences stress, an adverse event, a traumatic event, or a life change (positive or negative), the family enters a period of adjustment. During this adjustment period, the family system must adapt and change the way in which it functions (Olson & Gorall, 2003). The adjustment dimension is defined as the ability of the family system to change its structure and associated roles and responsibilities (Ottaviani et al., 2017; Gupta & Bowie, 2018). The survival and strength of the system is dependent on the capability to evolve over time and adapt to the developmental stage of each member and family subsystem (Phillips-Salimi et al, 2014; Greenspan, 1982). It is important to know that too much flexibility in a family makes them interact chaotically (Rada, 2014), while low flexibility prevents the family from adapting to changes of the environment (Ottaviani et al., 2017). Thus, extreme adjustment is maybe important when facing adverse events and not as a norm within the family.

Family life and its incremental role for individual's quality of life is well debated and described as relevant for the psychodynamic development of young people (Bandura et al., 2011; Lerner & Spanier, 1980; Carlson et al, 1991; Ohannessian et al., 1995; Mendes et al., 2017). Taking into consideration the systemic view of the family, theory supports the fact that family members are each negatively affected when there is an unhealthy relational system in the family (Haefner, 2014; Cross & Barnes, 2014; Satir, 1991; Minuchin, 1980; Minuchin, 2002; Moos & Moos, 1986; Olson et al., 1983). The circumplex model of family functionality (Olson, 1986) takes this aspect into consideration also by accounting the perceived real and ideal level of family functionality for members. Thus, the model assesses both the relational and the intrapersonal level of family functionality.

Concordant with this dynamic model, the self-discrepancy theory argues that people organize and feel according to a set of internalized states about themselves and a higher gap between the real and ideal perceived levels results in emotional vulnerability and discomfort (Higgins, 1987, Higgins, 1989; Barnett et al., 2017; Silberg et al., 2018; Hu et al., 2017). Frain and colleagues (2008) also describe quality of life as a perceptive outcome of their position in life, but taking into account personal goals, expectations, standards and concerns. Therefore, it is important also to assess not only the level of agreement or conflict between members, but also the reflected and perceived discrepancy between the individual conflicted views of one's family, between the real perceived family functionality and the ideal family functionality that the adolescent perceives. Thus, the general hypotheses exploited here follow this line, that a higher gap between the real and ideal level of family functionality would decrease the quality of life, both mentally and physically.

As studies show, teenagers and adolescents' perception of discrepancies regarding their family and life is important for their emotional quality of life (Ohannessian et al., 2000; Ohannessian & De Los Reyes, 2014; Human et al., 2016). Another study showed using longitudinal data that discrepancies in perception of family functioning were associated with adolescents' life satisfaction, but they rather support a bidirectional relationship, based on theoretical reasoning (Shek, 1998). More important, it seems that the results support a greater negative relationship between discrepancies and psychological well-being for girls than for boys due to individuation and internalizations processes of adolescents within a family. Still, these studies mostly used differences scores, or they need more data to support these relationships overtime. The most recent work of Ohannessian, Laird and de los Reyes (2016) explored the discrepancies in adolescents and mother perception by analyzing the similarities between them and the results support the need to undertake a more accurate data analysis strategy. Although the focus of this study was the mother's psychological symptoms, this study is an example of how dynamic the interaction between family members is.

Finally, these studies only explored the association of these dimensions, or the discrepant views between adolescents and parent. These studies did not test directly the discrepancies in their intrapersonal perception, between the real and ideal image they have about their family. Moreover, these studies particularly explored emotional adjustment or psychological well-being, but not the quality of life. Thus, a key aim of this study is to account for the concordance between their ideal and real views about one's families and their functionality to predict variations within the individual.

### ***The Present Study***

From a theoretical perspective, family functionality and quality of life has been considered in a bidirectional model of association. In other words, it is common in practice and theory to take both perspectives into account. Sometimes, the relational system and its functionality is what determines how an adolescent feels but there are also many cases when the development of a teenager challenges the resilient development of a family system. Still, from a scientific and practical point of view, these relationships are hard to analyze, therefore the literature is not that extended in this domain. So far, family functionality has either been explained as an outcome of adjustment or maladjustment for how adolescents feel and act, but not too often as a determinant for the adolescent's quality of life. Given limitations of the literature and the opportunity to use a complex model describing family functionality for both the real and perceived levels, the present investigation was designed to explore the discrepancies between the real perceived family functionality and the ideal family functionality levels that adolescents registered and how this would affect their quality of life.

### ***Method***

#### ***Participants and Procedure***

The participants were recruited in a medical setting, within a general hospital for children and with the help of the psychologist and the available nurses. A number of 139 chil-

dren belonging to the Roma minority population completed the questionnaires and for each of them a consent was asked from the parents prior to filling out the survey. All of the adolescents that completed the questionnaire were enrolled in a formal educational institution corresponding to their age. The age of the participants ranged from 12 to 17 years as follows: 20,2% are 12 years old, 19,9% are 13 years old, 37,6% are 14 years old, 8,3% are 15 years old, 7,3% are 16 years old, 7,3% are 17 years old. Out of 139 participants, 38% are boys and 61,5% are girls. All of adolescents completed the questionnaire after we obtained verbal and written consent from one of their parents. Participants completed the assessments voluntarily, we assured them that their answers are confidential and that their parents do not have access to their evaluations.

### *Instruments*

All participants were asked to complete the survey containing demographic questions, family functionality levels and the extended quality of life questionnaire.

*The Family Adjustment and Cohesion Evaluation* (FACES III, Olson, Portner, Lavee, 1995) is a scale with 20 items grouped into two dimensions concerning adaptability and cohesion of the family system. In order to assess the real and the ideal levels of the dimensions, the items were doubled. Cohesion of the system refers to the extent to which the members of the family manage to stay together and also maintain very clear borders between individuals and also their specific system. The evaluation is made by taking into consideration of the following aspects: emotional involvement, independence, borders, coalitions, space, friends, taking decisions, interests, and free time. Adaptability refers to the family's ability to change the structure of power and roles, based on encountering stressful situations (Simpson et al., 2018). Adaptability is measured through taking into consideration the rules within the family regarding discipline, control, the possibility to express autonomy within family, style of negotiation, role complementarity, relational rules and self-regulation mechanisms. Participants were asked to assess on a Likert scale (1 = almost never to 5 = almost every time) to what extent these items define their family (the real level) and how they would want it otherwise to be (the ideal level).

*The Quality of Life Questionnaire* (SF-36vs2, Ware et. al, 2008) consisted of two component summary measures – the physical quality of life and the mental quality of life. The physical quality of life refers especially to the following subdimensions: physical functionality, physical role, general health, and bodily pain, while the mental component refers to vitality, social functioning, role-emotional and general mental health. The assessment is mostly used in clinical settings to assess the general health of individuals and their capacity to face daily activities. The questionnaire was used for research with the permission of QualityMetric Incorporated. The organization provided the Romanian version of the scale and only the items regarding work activities were adapted to activities specific to the age of the participants (i.e., learning activities, ludic activities). The data were computed using the specific manual instructions given by QualityMetric Incorporated.

### *Data Analysis*

To assess how discrepancy between the real and ideal aspects of family functionality

influence their quality of life, polynomial regression was computed. We used polynomial regression to explore the impact of the discrepancies between the real perceived level and also the ideal one. The regression coefficients were then plotted in the response surface analysis using IBM Statistics 21 and Microsoft Office Excel 2013 spreadsheet available online for use (Shanock et. al, 2010). The results were interpreted by examining the graphic and through testing and interpreting calculated surface values.

First, I inspected how many participants would be considered to have discrepancies between the predictors (Shanock, et. al., 2010). The agreement and discrepancy analysis revealed that almost half of the sample has discrepant scores (e.g. Cohesion\_real higher than Cohesion\_ideal or vice versa). The results are illustrated in Table 1. Secondly, a similar analysis was computed to assess the discrepancies regarding family adjustment. The analysis revealed that more than half of the participants registered discrepancies regarding family adjustment (e.g., Adjustment\_real higher than Adjustment\_ideal or vice versa).

Based on data, I can conclude that exploring how discrepancies between these perceived levels of family functionality relate to quality of life makes practical sense. The second step was to conduct the polynomial regression and each predictor was centered on the mean of the scale. The analysis was made using the squares of the centered predictors and their cross-product of the centered variables in order to explain the interaction of the variables and the impact of the interaction. Table 3 and Table 4 illustrate all the results of the analysis with both unstandardized beta-coefficients and calculated surface values.

**Table 1: Frequencies and means of Cohesion\_real levels over, under and in agreement with Cohesion\_ideal needed to support occurrence of discrepancies**

Agreement groups	Percentage	Mean	
		Cohesion_real	Cohesion_ideal
Cohesion_real more than Cohesion_ideal	24.8%	4.14	3.89
In agreement	52.3%	4.12	4.36
Cohesion_real less than Cohesion_ideal	22.9%	3.60	4.31

*Note: N = 139; Cohesion\_real = the real family cohesion, Cohesion\_ideal = the ideal family cohesion*

**Table 2: Frequencies and means of Adjustment\_real levels over, under and in agreement with Adjustment\_ideal needed to support occurrence of discrepancies**

Agreement groups	Percentage	Mean Adjustment_real	Mean Adjustment_ideal
Adjustment_real more than Adjustment_ideal	24.8%	3.38	3.16
In agreement	47.7%	3.00	3.25
Adjustment_real less than Adjustment_ideal	27.5%	3.01	4.04

*Note: N = 139; Adjustment\_real = the real family Adjustment, Adjustment\_ideal = the ideal family adjustment*

## Results

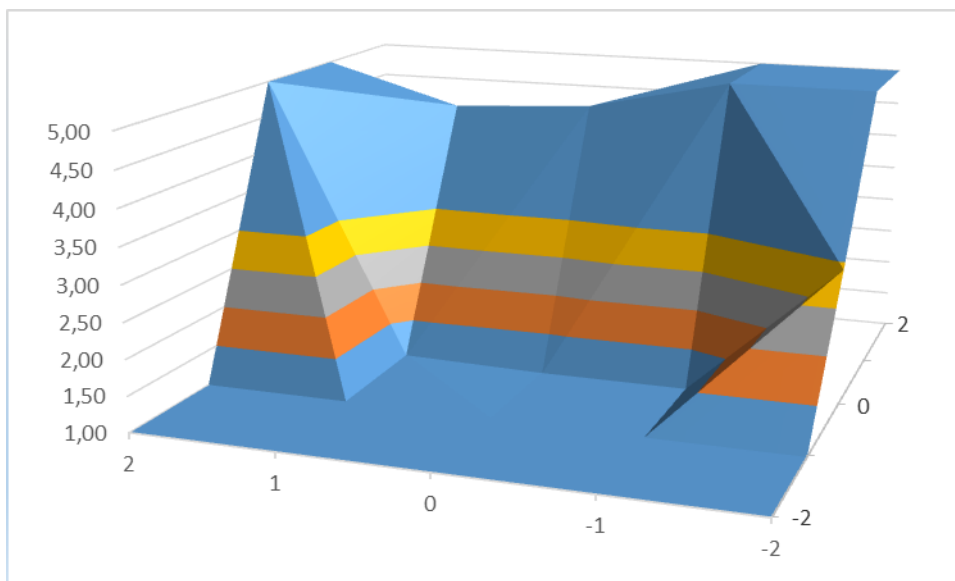
Response surface analysis allowed to examine agreement between the two levels of family cohesion – the real and ideal – and how this relates to physical quality of life (Table 3). As results show, most of the relationships regarding the impact of family functionality and quality of life are significant, but we also note that the analysis emphasizes the need to address the data in a nonlinear manner for physical quality of life. Therefore, the results are discussed here in an exploratory manner, indicating the tendency for results and the impact that the discrepancy between the real and ideal levels could have over physical. There is a linear predictive relation for mental quality of life, so we discuss the conditions of this relation and analyze the agreement and discrepancy level between the real and ideal

**Table 3: Real-ideal cohesion discrepancy as a predictor of quality of life**

	QL_physical	QL_mental
Variables	<i>b(se)</i>	<i>b(se)</i>
Constant	.48	1.56
Cohesion_real	6.55(1.49)	4.31(1.46)
Cohesion_ideal	.55(1.27)	5.25(1.24)
squareCohesion_real	-2.493(.53)	1.26(.52)
Cross-productCohesion_real X Cohesion_ideal	-1.55(1.21)	1.76(1.19)
squareCohesion_ideal	.88(.89)	-2.62(.87)
R <sup>2</sup>	.33**	.35**
<i>Surface tests</i>		
<i>a</i> <sub>1</sub>	7.11**	0.95*
<i>a</i> <sub>2</sub>	-3.17**	0.41
<i>a</i> <sub>3</sub>	6.00**	-9.57**
<i>a</i> <sub>4</sub>	-0.06	-3.13**

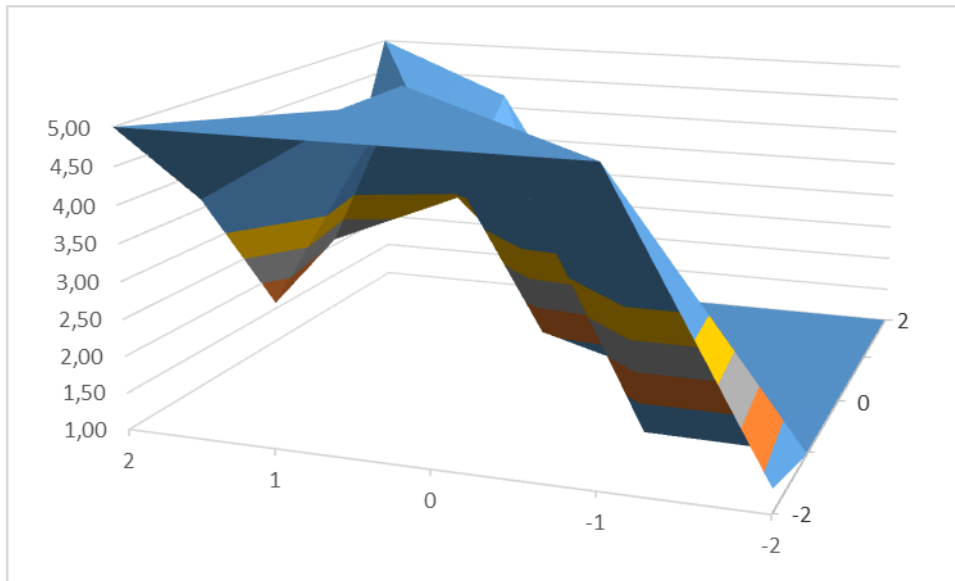
$a_1 = (b_1 + b_2)$ , where  $b_1$  is beta coefficient for real cohesion perceived by participants (Cohesion\_real) and  $b_2$  is beta coefficient for perceived ideal cohesion (Cohesion\_ideal).  $a_2 = (b_3 + b_4 + b_5)$ , where  $b_3$  is beta coefficient for Cohesion\_real squared,  $b_4$  is beta coefficient for the cross-product of Cohesion\_real and Cohesion\_ideal and  $b_5$  is beta coefficient for Cohesion\_ideal,  $a_3 = (b_1 - b_2)$ .  $a_4 = (b_3 - b_4 - b_5)$ .  $b$  is unstandardized regression coefficient,  $se$  is standard error. Significance depends in part on standard errors, thus a values of equivalent magnitude may not both be significant. \* $p < 0.05$ ; \*\* $p < 0.01$

A significant and positive relationship of perfect agreement between the real and ideal levels regarding family cohesion was found to predict physical quality of life ( $a_1 = 7.11^{**}$ ) (Fig.1), and mental quality of life ( $a_1 = .95^*$ ) (Fig. 2). Moreover, there is no linear relationship along the line of perfect agreement because the non-linear slope of the line of agreement is also significant and negative for physical quality of life ( $a_2 = -3.17^{**}$ ). Thus, the physical quality of life could increase or decrease more sharply as both the perceived real and ideal family cohesion become lower or higher from some point. Regarding the discrepancy between the two levels, the results show that physical quality of life is not significantly predicted along the line of incongruence ( $a_4 = -.06$ ), but the direction of the discrepancy is significant and positive ( $a_3 = 6.00^{**}$ ), indicating a tendency that physical quality of life is more increased when the ideal level of the family cohesion is higher than the perceived real level of family cohesion. The line of incongruence and the direction of discrepancy regarding mental quality of life are significant and negative ( $a_4 = -3.13^{**}$ ), indicating a tendency that adolescents register lower levels of mental quality of life when there is a higher gap between the two levels – the real and ideal. Regarding the direction of the discrepancy, mental quality of life is higher when the real perceived level of family cohesion is higher than the ideal level of mental quality of life ( $a_3 = -9.57^{**}$ ).



**Figure 1: Physical Quality of Life as Predicted by Perceived Real Family Cohesion and Perceived Ideal Family Cohesion**





**Figure 2: Mental Quality of Life as Predicted by Perceived Real Family Cohesion and Perceived Ideal Family Cohesion**

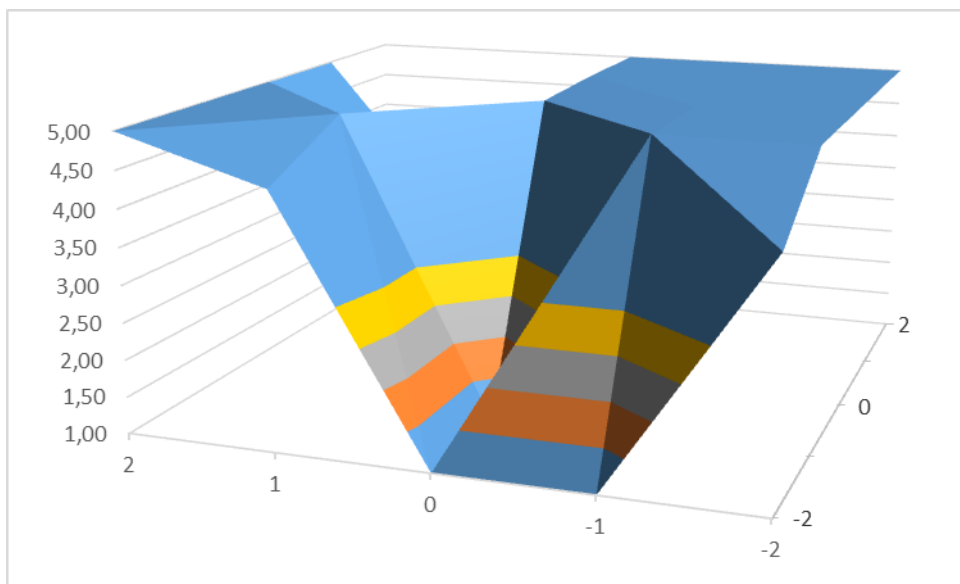
Regarding the other family functionality dimension, adjustment seems to predict physical (Fig. 3) and mental (Figure 4) quality of life in a nonlinear pattern (Table 4). The general results show that there is an impact of family adjustment over adolescent's quality of life, both physical and mental one.

**Table 4: Real-ideal adjustment discrepancy as predictor of quality of life**

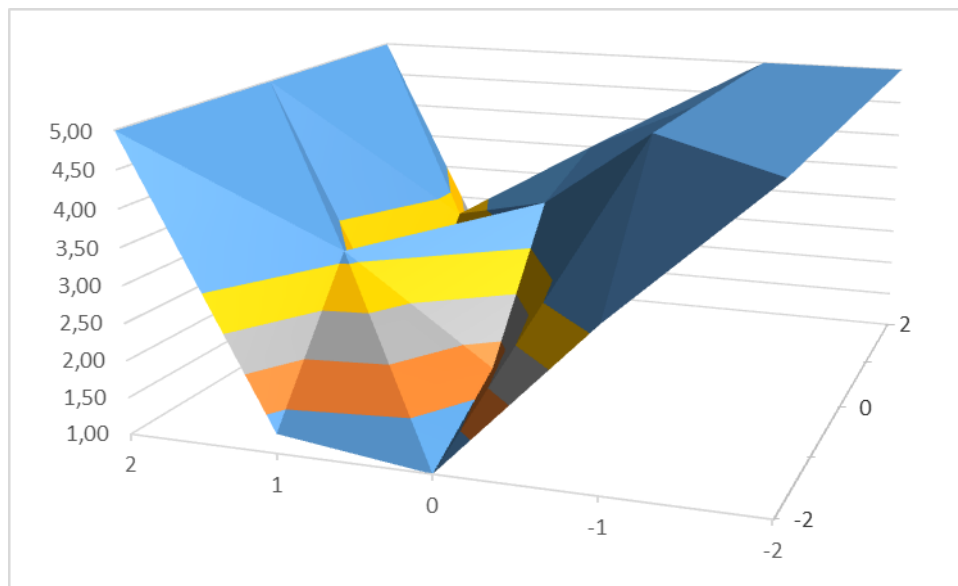
	QL_physical	QL_mental
Variables	<i>b(se)</i>	<i>b(se)</i>
Constant	4.96	3,516
Adjustment_real	3.51(.49)	1.10(46)
Adjustment_ideal	-4.89(.63)	-3.53(59)
squareAdjustment_real	-.74(.19)	-.69(18)
Cross-productAdjustment_real X Adjustment_ideal	-4.82(.56)	-1.30(52)
squareAdjustment_ideal	4.68(56)	3.64(53)
R <sup>2</sup>	.46**	.52**
<i>Surface tests</i>		
<i>a</i> <sub>1</sub>	-1,38**	-2.44**
<i>a</i> <sub>2</sub>	-0,89**	1.65
<i>a</i> <sub>3</sub>	8,41**	4.64**
<i>a</i> <sub>4</sub>	8,77**	4.26**

$a_1 = (b_1 + b_2)$ , where  $b_1$  is beta coefficient for real adjustment (Adjustment\_real) and  $b_2$  is beta coefficient for ideal adjustment (Adjustment\_ideal).  $a_2 = (b_3 + b_4 + b_5)$ , where  $b_3$  is beta coefficient for Adjustment\_real squared,  $b_4$  is beta coefficient for the cross-product of Adjustment\_real and Adjustment\_ideal and  $b_5$  is beta coefficient for Adjustment\_ideal squared.  $a_3 = (b_1 - b_2)$ .  $a_4 = (b_3 - b_4 + b_5)$ .  $b$  is unstandardized regression coefficient,  $se$  is the standard error. Significance depends in part on standard errors, thus a values of equivalent magnitude may not both be significant. \* $p < 0.05$ ; \*\* $p < 0.01$ .

In this model, the surface tests resulted in a negative significant relationship along the agreement slope, but with a significant value along the nonlinear relationship slope for both physical ( $a2 = -.89^{**}$ ) and a non-significant mental quality of life ( $a2 = 1.65^{**}$ ). Moreover, the line of incongruence shows that both mental ( $a4 = 4.26^{**}$ ) and physical ( $a4 = 8.77^{**}$ ) quality of life increases sharply when there is a higher discrepancy between the real and ideal levels of family adjustment. The direction of the discrepancy shows that both of the mental ( $a3 = 4.64^{**}$ ) and physical ( $a3 = 8.41^{**}$ ) quality of life are higher when the ideal level of family adjustment is higher.



**Figure 3: Physical Quality of Life as Predicted by Perceived Real Family Adjustment and Perceived Ideal Family Adjustment**



**Figure 4: Mental Quality of Life as Predicted by Perceived Real Family Adjustment and Perceived Ideal Family Adjustment**

## ***Discussion***

### *Summary and Interpretation*

The purpose of this research was to investigate how family functionality would impact quality of life. More specifically, family functionality cohesion and adjustment were assessed on both the real and ideal desired levels and examined their impact over physical and mental quality of life. Using a polynomial regression, the analysis examined whether similarity and discrepancies regarding the real and ideal levels of family functionality would have an impact over physical and mental quality of life. The general results are concordant with other studies that support the fact that life satisfaction is an important area for adolescents, in both the physical and mental ones (Helseth & Misvaer, 2010; Frisen, 2007).

The results suggest that both mental and physical quality of life of adolescents are predicted by family cohesion and family adjustment (Mendes et al., 2017; Ramsey et al., 2016). The general models show that concordant to the self-discrepancy model (Higgins, 1987, Higgins, 1989), a discrepancy between the two levels, the real and ideal ones, could act as a risk factor for physical and mental vulnerability or dissatisfaction. Thus, a discrepancy between the real and ideal levels regarding family cohesion do have an impact over adolescent's mental quality of life (Masselam et al., 1990), but the results specifically show that only the direction of the discrepancy significantly matters, mental quality of life is higher when the real family level is higher than the ideal one. Although surprising, these results could be explained by the fact that although maybe adolescents tend to try to gain more inde-

pendence, a warm environment in the family is still a supportive factor for when they face health problems and feel uncomfortable and unsatisfied (Matejevic et al., 2014; Schei et al., 2015).

The results showed that a greater gap between the ideal and real levels of family adjustment is beneficial for the mental and physical quality of life of adolescents. The results are not contrary to the general model of self-discrepancies and its effects over one's health and emotional life (Higgins, 1987; Higgins, 1989). The direction of discrepancy shows that adolescents register higher levels of quality of life, both mentally and physically, when the ideal level of family adjustment is higher. Taking into consideration that the adolescent period in one's life is one characterized by the need to exert control and trying to gain more and more independence (Hoskins, 2014; Oudekerk et al., 2014; Crone & Dahl, 2012; Choudhury et al., 2006), it is normal that they would feel more satisfied if they start deciding more for themselves. Moreover, it is only natural that adolescents would feel more satisfied if in their family was more flexibility, but this is not an internalized standard that they live by and it is possible that this is why the gap between the two of them does not affect them. Thus, comparing the two perceived levels is probably a form of exerting autonomy and trying to define an important and deciding role in the family. Finally, it is possible that this need for flexibility and more power within the family to be desired in some areas of the family life and is not necessarily an internalized and valued standard for them that they wish to acquire. Moreover, although they would feel more satisfied, a more in-depth analysis would be interesting on how this need for flexibility would bounce back for the whole family system and each member and how is this dependent to age, especially because too much flexibility in a family is a risk for chaos within the interactional and relational family system (Olson, 1986; Thomas & Olson, 1994; Craddock, 2014).

Still, the satisfaction of adolescents, both physical and mentally are salient in their life and it drives their life, so it is important to understand that this area of life needs to be managed properly by them and their family members. Finally, although their satisfaction is greater, this does not mean that they would also have healthy interactions and become more resilient consequently.

### *Limits of the Study*

The results of this study should be interpreted considering its limitations. First, having participants subjectively rate themselves in variable could generate a social desirability bias. Still, the present study allowed participants to assess their family functionality taking into consideration both the real and ideal levels, continuing the steps already started on evaluation of the functioning of families in Romania (Rada, 2014). This assessment allows them to reflect over their family and express their desires and the way this would make them feel more satisfied. Secondly, the sample here is a conventional one and this may affect the extent to which the results can be generalized. Another limitation could be the sample size, and this can affect the significance of the relationships, but most of the results are significant in the suggested models. Moreover, the data analysis strategy is more accurate in explaining the effect of similarities and discrepancies. Thirdly, the data here are not registered in time, and so future research should consider that the results also show nonlinear patterns within this dynamic. Another limit for understanding the role of agreement or discrepancy of the ideal and real levels of family functionality for physical quality of life could also be the fact that

adolescents here were already experiencing medical problems that may vary in pain and discomfort for them.

Finally, despite its limitations, the results add to the exiting body of literature, emphasizing the complex effects of family functionality on general quality of life (Frontini et al., 2018; Mendes et al., 2017; Openshaw, 2011; Pereira et al., 2008). Thus, the results support the idea that the individual perceived experience of adolescents could shape their quality of life and reveals that it is different than for adults in some respects.

### ***Other Considerations***

#### *Ethics Statement*

The study was reviewed and approved by the Ethics Committee of Faculty of Psychology and Educational Sciences, Alexandru Ioan Cuza University of Iasi (Romania) before beginning the study. All participants gave written informed consent in accordance with the Declaration of Helsinki. The written consent was given by both parents and children.

#### *Data Availability Statement*

The raw data supporting the conclusions of this article will be made available by the author by email, without undue reservation.

#### *Conflict of Interest*

The author declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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