



IMPACT OF FAMILY ENVIRONMENT AND SOCIAL SUPPORT ON LIFE SATISFACTION IN YOUNG ADULTS

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ABSTRACT

The objective of this research study was to investigate the relationship between family environment, social support, life satisfaction in young adults, aged (18-25 years). Individuals' lives are centered initially within their families, the family environment becomes the primary agent of socialization. The family environment involves "the circumstances and social climate conditions within family. Similarly social support refers the provision of assistance or comfort to others typically to help them cope with biological, psychological and social stressors. Support may arise from any interpersonal relationship in an individual's social network, involving family members, friends, neighbors, religious institutions, caregivers and colleagues. Life satisfaction is the cognitive component of subjective wellbeing, the term commonly used to operationally define happiness and served as the indicator of psychological well-being in the study. Life satisfaction is overall assessment of one's feelings, attitudes, behavior by one's own from ranging positive to negative. Non-suicidal self-injury is baffling and troubling phenomenon because it involves people recurrently hurting their bodies for no reason that are complex and hard to treat. The purpose of this study was to examine the impact of family environment and social support on life satisfaction in young adults with the sample of 150. The scale are used to assess these variables are "family environment scale", "social support scale", "life satisfaction scale" by Deiner.

Keywords- Family environment, social support, life satisfaction and non-suicidal self injury behaviour

INTRODUCTION

The settings and social atmosphere that exist within families are considered to be a part of the family environment. Every family environment is varied since every family consists of various individuals in various settings (**Mulligan, 2022**).

The social and physical settings in which a kid develops and engages with family members are referred to as the family environment. It encompasses elements including the makeup of the family, parenting practices, methods of interaction, and general family milieu. The neurodevelopmental results and mental health of a kid are significantly influenced by their familial environment. It can affect a child's growth in both positive and negative ways, depending on things like the amount of love, support, and encouragement parents provide their child. Various shortcomings might also have an impact on the family environment.

(Mental Health America of northern kentucky, 2018) Variation in families:

Today's American families are not comprised of two happily married first-time parents and 2.5 kids. Instead, there are a variety of family structures. It is possible to question if the conventional, "healthy" families that were portrayed in early television programs were indeed as happy and comfortable as they seemed to be. Less than 30% of families nowadays consist of the conventional "nuclear family," which consists of once-married parents and one or more children. Families nowadays are more likely to take on a range of shapes. "A primary group whose members assume certain obligations for each other and generally share common residences" is our arbitrary definition of a family. Examining this description closely reveals how nebulous the concept of family has become.

A family is a primary group that consists of "people who are intimate and have frequent face-to-face contact with one another, share mutually enduring and extensive influences, and have norms (that is, expectations regarding how members in the group should behave) in common." Family members therefore exert a great deal of influence over one another as members of a primary group. "Obliging to each other" is the second idea in the definition of a family. In the family structure, obligations include shared commitment and accountability to other family members. "Common residences" is the third concept in the definition. In other words, family members cohabit to some degree.

Therefore, families can include any arrangement that satisfies our definition of a family, including single-parent families, reconstituted families, blended families, step-families, and intact two-parent households with or without children. Here are the definitions of a few of these terms: "A family unit and household comprising the children and the mother or father but not the other spouse" is defined as a single-parent family. More than 90% of families with only one parent are led by women. "A family unit comprising a legally married husband and wife, one or both of whom have children from a previous marriage or relationship who live with them" is the definition of a reconstituted family. Blended families are another name for reconstituted families. Nonetheless, a mixed family is any group of individuals, whether connected or not, together and take up customary duties in the household. These partnerships could not be based on biological or legal ties. What matters is that these kinds of groups behave like family. Primary groups whose "members are joined as a

result of second or subsequent marriages" are known as stepfamilies. Stepfathers and stepmothers, as well as any offspring from previous marriages, may be members. Stepfamilies might also comprise offspring born to the married pair at present. Given that nearly half of marriages terminate in divorce, stepfamilies have grown incredibly popular. In situations when one or both couples have been married more than once and/or have children from other relationships, stepfamilies can likewise become quite complex.

In addition to other caregiving responsibilities, "child care and child socialization, income support, and long-term care" are considered family functions. Children need to be taught and given care. For the family to prosper, all members must have enough resources. Family members should also be able to ask one another for assistance when needed (e.g., in the event of sudden illness). Excellent communication is the second quality that defines "healthy" households.

Communication and autonomy are closely related concepts. Good communication involves clear expression of personal ideas and feelings even when they differ from those of other family members. Conversely, attentiveness to the needs and emotions of other family members is also a necessary component of effective communication. Effective communication encourages compromise to meet everyone's most pressing requirements. In families which foster autonomy, boundaries for roles and relationships are clearly established. All family members are held responsible for their own behaviour. Under these conditions, family members much less frequently feel the need to tell others what to do or "push each other around." Negotiation is also clearly related to good communication and good relationships.

Healthy families involve all members in decision-making and crisis resolution for the benefit of everyone. Reasonable dialogue and compromise are used to resolve disputes rather than outright animosity and confrontation. Healthy families try to satisfactorily accommodate the opinions of any family member who has strong feelings about a particular matter. Healthy families experience conflict and arguments just like unhealthy ones do. A healthy family, on the other hand, resolves disputes considerably more amicably and productively.

Numerous other dimensions and characteristics can be used to compare and assess families. It doesn't matter how the details work; what matters is that kids are socialized and taught behaviour's based on the characteristics of their own families. The home setting is crucial because it teaches kids the kinds of transactions that are appropriate. They gain knowledge about how to establish and manage relationships, exercise authority, uphold personal boundaries, interact with others, and have a sense of significance within the larger family structure. **(Northern Kentucky Mental Health, 2018)**

Social Support

Social Support refers to "Everyday behaviours that, whether directly or indirectly, communicate to an individual that she or he is valued and cared for by others. "Also, social support is a daily interactional or communicative process.

Social support is a broad construct that describes the network of social resources that an individual perceives. This social network is rooted in the concepts of mutual assistance, guidance, and validation about life

experiences and decisions. This social system plays a role in providing a number of forms of support, including informational, instrumental, and emotional support. (zhou,2020)

Social supports might exist within a family, or within a family unit. Members of the family may feel trusted and accepted as a result of this assistance.

One more setting where social supports are evident is in schools. Feedback, corrections, and after-school activities like sports, clubs, or support groups where students might feel accepted are provided by teachers, counsellors, and administration.

A third setting in which social assistance might be found is at work. Numerous firms have made efforts to establish areas where staff members can access team activities, fun rooms, day care, and scholarships. These are in place to foster a sense of community inside the workplace.

Social support and social networks are described in different ways; mainly these can be presented as (1) structurally and functionally and (2) formally and informally [2]. Nursing care can, for example, be a formal support to people who have no close friends.

Strong relationships and psychological well-being are frequently linked to social support, but what does it really mean? In essence, social support is having a support system of friends and family that you can rely on when things go tough.

These connections are essential to your daily functioning, whether you're in the midst of a personal crisis and need help right away or you just want to spend time with the people you care about. Experts in mental health, including psychologists, frequently stress the value of having a robust social support system. Experts usually advise people to rely on their friends and family for help when attempting to achieve their goals or navigate a crisis. Studies have additionally indicated the connection between social connections and other facets of health and well-being.¹ American Association of Psychologists. Build a Stronger Support System to Help You Manage Stress. Inadequate social support has been connected to feelings of depression and isolation. It has also been demonstrated to change brain chemistry and raise the risk of the following:

1. Drinking
2. Heart-related conditions
3. Suicide due to depression

Social Support Types

Social networks that are helpful to you can take many different shapes and serve various purposes in your life. Emotional, practical, and informational help are the three primary categories of social support.

Support on an Emotional Level

People in your life might offer emotional support at times. When things don't go your way, they support you and offer you a shoulder to weep on. When someone is feeling lonely or under stress, this kind of support can be especially helpful.

Someone has urgent requirements that need to be met, such help is crucial.

Instrumental support:

In other situations, the individuals in your social network may offer crucial assistance. They attend to your bodily requirements and give assistance as required. This may be getting you a ride when your car is in the shop or delivering you a hot meal when you're unwell.

When someone has urgent requirements that need to be met, such help is crucial.

Informational Support:

People can also provide what is known as informational support. This can involve providing guidance, advice, information, and mentoring. Such support can be important when making decisions or big changes in one's life.

Life Satisfaction

Life satisfaction is a bit more complex than it seems; the term is sometimes used interchangeably with happiness, but they are indeed two separate concepts. Life satisfaction is the evaluation of one's life as a whole, not simply one's current level of happiness. **(Courtney, 2018)**

Definition of life satisfaction by other researchers:

“An overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive.”(Buetell, 2006)

“Life satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as a whole. In other words, how much the person likes the life he/she leads.”(Veenhoven, 1996)

Finally, Ellison and colleagues define life satisfaction as:

“A cognitive assessment of an underlying state thought to be relatively consistent and influenced by social factors.”

According to Daniel Gilbert, professor of Psychology at Harvard University, the meaning of happiness is “anything we pleased” (Gilbert, 2009). It is a more transitory construct than life satisfaction, and can be triggered by any of a huge number of events, activities, or thoughts.

Life satisfaction is not only more stable and long-lived than happiness, it is also broader in scope. It is our general feeling about our life and how pleased we are with how it's going. There are many factors that contribute to life satisfaction from a number of domains, including work, romantic relationships, relationships with family and friends, personal development, health and wellness, and others.

Life Satisfaction Theory and Psychology

There are two main types of theories about life satisfaction:

1. Bottom-up theories: life satisfaction as a result of satisfaction in the many domains of life.
2. Top-down theories: life satisfaction as an influencer of domain-specific satisfaction (Heady, Veenhoven, & Wearing, 1991).

Bottom-up theories hold that we experience satisfaction in many domains of life, like work, relationships, family and friends, personal development, and health and fitness. Our satisfaction with our lives in these areas combines to create our overall life satisfaction.

On the other hand, top-down theories state that our overall life satisfaction influences (or even determines) our life satisfaction in the many different domains. This debate is ongoing, but for most people it is enough to know that overall life satisfaction and satisfaction in the multiple domains of life are closely related.

Review of literature

Chapter 2

Adams, G.A King, L.A King D.W(1996) has conducted a research on **Relationships of job and family involvement, family social support, and work–family conflict with job and life satisfaction**. The aim of the research is to interaction between work and family was created and put through empirical testing, using elements from the literatures on social support and work-family conflict. This paradigm linked job and life satisfaction to job and family involvement, family instrumental and emotional social support, and bidirectional work-family conflict. 163 workers who lived with at least one family member provided the data. The findings indicated that the degree of involvement a worker assigns to work and home roles is related to the interaction between work and family, which can have a significant impact on job and life happiness. The findings also revealed that conflict and support can coexist in the interaction between job and family. Increased workloads that conflict with family time

Carmel. L Proctor has conducted the research on **Youth Life Satisfaction: A review of the literature**. A central construct within the positive psychology literature is life satisfaction. Whereas adult life satisfaction has been studied extensively, the life satisfaction of children and adolescents has only received attention more recently. This article provides a review of the extant research on youth life satisfaction. Empirical studies (n = 141) on life satisfaction among youth are reviewed. The review details how life satisfaction among youth relates to various other important emotional, social, and behavioural constructs. Evidenced by the review are

the conditions that foster positive life satisfaction and the implications of positive life satisfaction among youth.

Mason. H Gaber has conducted the research on the **The relationship between selfreported received and perceived social support:** A wide range of concepts are included in the phrase "social support," such as "perceived support" (support perceptions) and "received support" (support actions received). Researchers have varied opinions about how strong the relationship between perceived support and received support is, but only perceived support has been found to be consistently associated with health among these variables. Theoretically, an aggregate estimate of the relationship between received and perceived assistance would help advance the conversation about this relationship and advance the field's progress. Using any measure of perceived social support and the Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsey, 1981, *American Journal of Community Psychology*, 9, 435–447), this study assessed all previous research on the subject. We discovered an average correlation of using effect sizes from 23 research.

Gousmett (2006) has conducted the research on the **Family of children with development disabilities: social support and sibling well-being.** The aim of this research is to investigate relationships between various aspects of the family environment and family functioning, and to explore siblings' level of self-concept and satisfaction with the sibling relationship. It is expected that families who receive more support from external levels of the environment will be able to function more effectively in their immediate environment (Bronfenbrenner, 1979; Hornby, 1994). Twenty-one parents and nineteen siblings of children with developmental disabilities volunteered to take part in this study. Parent participants completed questionnaires about family demographics, the level of support received from external sources, their perceptions of the family environment, and level of stress related to child characteristics; pessimism and family problems. Sibling participants completed questionnaires about their satisfaction with the relationship with their brother or sister, their self-concept, and their own perceptions of the family environment. The findings show that there are several connections between different facets of the surroundings and family dynamics. The self-concept scores of siblings who are happier in their relationship are higher, although they were still lower than anticipated. Greater support results in more favorable family environment perceptions, and families with higher levels of support and more positive views of their surroundings have fewer concerns about resources and stress levels. According to the findings, families believe they are getting enough help from professionals, but they don't seem to be getting enough from friends and relatives.

M.Faria (2017) has conducted the research **The role of social support in suicidal ideation: a comparison of employed vs. unemployed people examine the relationship between unemployment and suicidal ideation, and the protective effect of social support.** Participants were 149 people in full-time employment (age $M = 41.63$, $SD = 10.37$), 55 unemployed ($M = 42.25$, $SD = 10.23$ years), and 32.72 months average unemployment time

(SD = 26.13). Instruments were a sociodemographic questionnaire, the Suicide Ideation Questionnaire (SIQ) and the Social Support Appraisal (SSA). Results: Suicidal ideation was significantly higher in the unemployed group, and positively associated with duration of unemployment. Social support, both from family and friends, was found to be a protective factor in suicidal ideation, particularly in long-term unemployment. Results: Suicidal ideation was significantly higher in the unemployed group, and positively associated with duration of unemployment. Social support, both from family and friends, was found to be a protective factor in suicidal ideation, particularly in long-term unemployment. Conclusions: Suicidal ideation is markedly present in unemployed individuals, particularly those unemployed for a year or more, and social support from family and friends may act as a significant protective factor.

G.T Deimling.,et al (2001) has conducted the research *The Impact of Family Environment and Decision-Making Satisfaction on Caregiver Depression: A path analytic model*

This study looks at caregiver depression in relation to typical core stressors associated with caregiving, like the caregiving setting and care recipient impairment, as well as secondary stressors like family environment and satisfaction with decision-making. Methods: Using data from 244 caregivers, the authors investigate a causal (path) model of depression. The direct and indirect impacts of stresses on caregiver depression are ascertained by the results of regression using ordinary least squares. Findings: The route coefficients obtained indicate that the strongest net effects are those of conflict and adaptability. Approximately 30% of the variation in decision-making satisfaction can be explained by the variables related to the caring situation. Decision-making satisfaction and family adaptation also have important pathways. The characteristics related to decision-making, family environment, network, and caregiving setting account for around 25% of the variation in caregiver depression.

Discussion: These results imply.

Sipriya Rangarajan.,et al (2006) has conducted the study on *Family communication patterns, family environment, and the impact of parental alcoholism on offspring self-esteem*. This study looked at how adult children of alcoholics' self-esteem was affected by parental alcoholism and how they perceived their family's communication and surroundings. Self-reports on parental alcoholism, the family environment, family communication patterns (FCP), and self-esteem were filled out by participants (N = 227). The severity of drinking in both the mother and the father was found to be negatively correlated with self-esteem. The two aspects of family environment—family stressors and parental disregard—were linked to both mother and paternal alcoholism, with the effect on father alcoholism being greater. Parental disrespect acted as a partial mediator in the relationship between maternal alcoholism and offspring self-esteem, while parental disregard and perceptions of a conversation-orientation FCP acted as mediators in the relationship between paternal drunkenness and self-esteem.

Nagaranjan Gayathri.,et al (2016) has conducted the research on **The role of self-efficacy and Social Support in Improving Life-Satisfaction** This study examines the mediating function of work-to-family enrichment and family-to-work enrichment in the link between self-efficacy, job support, family support, and life satisfaction. The participants (n = 568) came from a variety of professional backgrounds, including government, high-tech companies, hospitals, schools, and factories. To investigate the link that existed between the variables, structural equation modeling and correlation studies were carried out. It is discovered that life satisfaction, social support, and self-efficacy are all positively correlated. A portion of the relationship between the analyzed antecedents and consequences is mediated by work family enrichment. According to the research, companies should think about strategies to improve employee enrichment as well as decrease conflict, as this will influence the key outcome variable of their workers' overall life satisfaction.

Choi.K Wan.,et al (1996) has conducted the research on **The Relationship between Social Support and Life Satisfaction as a Function of Family Structure**. This study focuses on the utility of differentiating support supplied from various referents and the discriminant validity of four categories of social support. Formal evaluations were conducted regarding the potential impact of family structure on the relationship between life happiness and social support. A total of 512 parents responded, comprising 176 married mothers, 172 married fathers, and 164 single mothers. The findings support the significance of identifying the source of the social support. Different referent clusters were found using a cluster analysis, and these clusters indicated varying degrees of discriminant validity between referents based on the correlational structure. An examination of the average levels of support revealed that people frequently received greater support from certain referents than from others. Furthermore, the relationships between life happiness and social support varied based on the referent providing the support.

T R Adams., et al (2016) conducted a research study on **Social Support Buffers the Impact of Depressive Symptoms on Life Satisfaction in Old Age**. The objective is: Life satisfaction is a crucial aspect of total wellbeing, and it has been shown that lower life satisfaction is associated with worse health and death. The current study looked at the links between life satisfaction and a variety of psychosocial and health-related characteristics in older persons, as well as how social support influences these interactions.

Methods: 237 older persons (70 years of age and older) living in the community who were not suffering from dementia as part of the Einstein Aging Study filled out self-report questionnaires that tapped into the relevant characteristics.

Results: There was a substantial correlation between higher life satisfaction and lower levels of depressive symptoms, lower felt stress, higher social support, and better self-reported overall health. Furthermore, a higher life satisfaction was linked to increased depressed symptoms; however, social support mitigated this negative effect.

Chapter 3 Methodology

Research Objective:

To find out the impact of family environment and social support on life satisfaction in young adults

Sample:

- Sample size: 80 respondents
- Sample population: young adults falling in the range of 18-25 years.
- Sampling technique: random selection

Hypotheses:

There will be significant impact of family environment and social support on life satisfaction in young adults.

Variables:

Independent variable: family environment and social support

Dependent variable: life satisfaction

Research Design:

The research design employed in the current study was Purposive Research Design.

Tools:

- **Family Environment Scale** was developed by Bhatia and Chadha in 1974
- **Multidimensional perceived social support scale** was developed by Zimet, Dalhem, Zimet and Farley in 1988
- **The satisfaction with life scale** was developed by Ed Diener in 1995

Inclusive criteria:

- Participants should be aged between 18-25 years.
- Participants were selected on the basis of convenience sampling method.

Exclusive criteria:

- The study did not exclude any gender.
- There were mixed samples collected.
- No particular locale was chosen for the participant selection process.

Procedure:

Projective tools were administered via Questionnaire which consisted a series of selfassessing reports. Respondents were chosen on the criteria of fitting the age profile and having experienced some form of dissatisfaction in life. A total of 80 participants' responded to the tests and were thanked for their participation.

Once the administration of the test was complete, the data was scored and analyzed for normalcy. The correlations were analyzed using Pearson Correlation Test. The results were then compiled and interpretations were further discussed.

Chapter 4

Result Analysis and Discussion

Table 1. Family Environment Scale

(a)Relationship dimensions

Cohesion

Serial no.	Range	No. of clients
1	Low	17
2	Average	56
3	high	7

Table no.1 Shows, total number of participants falling in different ranges of Cohesion in young adults. In my study, FES scale was used to measure Cohesion between families in

young adults. The sample size of my study was 80. Out of which, 7 participants measured high in Cohesion. 56 participants measured was Average in Cohesion, 17 participants were measured low in Cohesion.

Table. 2

Expressiveness

Serial no.	Range	No. of clients
1	Low	5
2	Average	42
3	high	33

Table.2 Shows, total number of participants falling in different ranges of Expressiveness in young adults. In my study, FES scale was used to measure Expressiveness between families in young adults. The sample size of my study was 80. Out of which, 33 participants measured high in expressiveness 42 participants measured was Average in expressiveness, 5 participants were measured low in Expressiveness.

Table.3

Conflict

Serial no.	Range	No. of clients
1	Low	7
2	Average	59
3	High	14

Table.3 Shows, total number of participants falling in different ranges of Conflict in young adults. In my study, FES scale was used to measure Conflict between families in young adults. The sample size of my study was 80. Out of which, 14 participants measured high in expressiveness 59 participants measured was Average in Conflict, 7 participants were measured low in Conflict.

Table.4**Acceptance and caring**

Serial no.	Range	No. of clients
1	Low	18
2	Average	58
3	High	4

Table.4 Shows, total number of participants falling in different ranges of Acceptance & Caring in young adults. In my study, FES scale was used to measure Acceptance & Caring between families in young adults. The sample size of my study was 80. Out of which, 4 participants measured high and 59 participants measured was Average in Conflict, 7 participants were measured low in Acceptance & Caring.

Table 5**(b) Personal growth dimensions****Independence**

Serial no.	Range	No. of clients
1	low	11
2	Average	54
3	High	15

Table.5 (b) Shows, total number of participants falling in different ranges of Independence in young adults. In my study, FES scale was used to measure Independence between families in young adults. The sample size of my study was 80. Out of which, 15 participants measured high and 54 participants measured was Average, 11 participants were measured low in Independence.

Table.6**Active-recreational orientation**

Serial no.	Range	No. of clients
1	Low	5
2	Average	56
3	High	19

Table.6 Shows, total number of participants falling in different ranges of ActiveRecreational Orientation in young adults. In my study, FES scale was used to measure Active-Recreational Orientation between families in young adults. The sample size of my study was 80. Out of which, 19 participants measured high and 56 participants measured was Average, 5 participants were measured low in Active-Recreational Orientation.

Table no.7**(c) System maintenance dimensions****Organisation**

Serial no.	Range	No. of clients
1	Low	15
2	Average	50
3	High	15

Table.7(c) Shows, total number of participants falling in different ranges of Organization in young adults. In my study, FES scale was used to measure Organization between families in young adults. The sample size of my study was 80. Out of which, 15 participants measured high and 50 participants measured was Average, 915participants were measured low in Organization.

Table-8

Control		
Serial No.	Range	No. of Clients
1.	Low	9
2.	Average	63
3.	high	8

Table.8 Shows, total number of participants falling in different ranges of Control in young adults. In my study, FES scale was used to measure Control between families in young adults. The sample size of my study was 80. Out of which, 8 participants measured high and 63 participants measured was Average, 9 participants were measured low in Control.

Table no.9 Multidimensional perceived social support scale

Serial no.	Range	No. of clients
1	Low	10
2	Average	55
3	High	15

Table.8 Shows, total number of participants falling in different ranges of Social Support in young adults. In my study, MSPSS scale was used to measure Social Support in young adults. The sample size of my study was 80. Out of which, 15 participants measured high and 55 participants measured was Average, 10 participants were measured low.

Table no.10 The satisfaction with life scale

Serial no.	Range	No. of clients
1	Extremely satisfied	1
2	Satisfied	9
3	Slightly satisfied	16
4	Neutral	12
5	Slightly dissatisfied	21
6	Dissatisfied	13
7	Extremely dissatisfied	8

Table.9 Shows, total number of participants falling in different ranges of Satisfaction with Life Scale in young adults. In my study, SWLS scale was used to measure Life Satisfaction in young adults. The sample size of my study was 80. Out of which, 1 participants is Extremely Satisfied, 9 are Satisfied, 16 are Slightly Satisfied, 12 are Neutral, 21 are Slightly Dissatisfied, 13 are Dissatisfied, 8 are Extremely Dissatisfied.

TABLE: 1 Displays the Mean and Standard Deviation(SD) of Domains of

Family Environment Scale, Social Support, Life Satisfaction Scale:

Descriptive Statistics

Measures	Mean	Std. Deviation	N
Cohesion	50.18	6.112	80
Expressiveness	38.22	4.882	80
Conflict	42.39	6.196	80
Acceptance and Caring	42.91	5.294	80
Independence	35.95	5.713	80
Active Recreational Orientation	31.39	3.268	80
Organization	8.37	1.704	80
Control	15.13	1.835	80
SWLS	18.37	6.219	80
MSPSS	3.39	1.091	80

INDEPENDENCE	.099	.238*
ACTIVE RECREATIONAL ORIENTATION	.235*	.312**
ORGANIZATION	.155	.163
CONTROL	.308**	.148

****Correlation is significant at the 0.01 level (2-tailed).**

***Correlation is significant at the 0.05 level (2-tailed).**

plays the Correlation Coefficient between Domains of Family Environment Scale and Social Support & Life Satisfaction:

N=79		
MEASURES	SWLS	MSPSS
COHESION	.258*	.089
EXPRESSIVENESS	.064	.184
CONFLICT	.046	.123
ACCEPTANCE AND CARING	.070	.050

The correlation between Cohesion and Life Satisfaction is .258. The correlation between cohesion and social support was found to be .089.

The correlation between expressiveness and life satisfaction is .064 and correlation between expressiveness and social support was found to be .184.

The correlation between conflict and life satisfaction is .046 and correlation between conflict and social support was found to be .123.

The correlation between acceptance/caring and life satisfaction is .070 and correlation between acceptance/caring and social support was found to be .050.

The correlation between independence and life satisfaction is .099 and correlation between independence and social support is .238.

The correlation between active recreational orientation and life satisfaction is .235 and correlation between active recreational orientation and social support was found to be .312.

The correlation between organization and life satisfaction is .155 and correlation between organization was found to be .163.

The correlation between control and life satisfaction is .308 and correlation between control and social support was found to be .148.

TABLE: 3 Displays the Correlation Coefficient between Social Support Scale and Life Satisfaction Scale:

Measure	MSPSS
SWLS	.668**

**Correlation is significant at the 0.01 level (2-tailed)

The correlation between life satisfaction and social support was found .668. This means that there is a moderately positive relationship between these two variables. In simpler terms, it refers that as social support increases, life satisfaction tends to increase as well.

TABLE: 4 Present the results of the linear regression analysis, showcasing Social Support Scale as a predictor of Life Satisfaction:

Predictor for Life Satisfaction Scale

Variable	R	Adjusted R Square
Life Satisfaction Scale	.668 *	.439

*Predictors: (Constant), MSPSS