Relationship between family environment and wellbeing: A study of Adolescents

Abstract

The purpose of the study was to find out the relationship between family environment and subjective wellbeing of adolescents. Sample of present study comprised 100 college students between the ages of 18-24 years old. Family environment scale (FES) by Dr. Harpreet Bhatia & Dr. N. K. Chadha and PGI general Wellbeing Measure developed by Dr. Santosh K. Verma & Ms. Amita Verma were used for the purpose of the study. Descriptive statistics and Pearson product moment correlation statistical analysis were used between FAS and PGIWBGM with the help of SPSS 11.5. Results indicated that there were significant positive correlation between cohesion and expressiveness, cohesion and conflict, acceptance and caring. Subjective Wellbeing was not significantly correlated with any of the factor of family environment. It can be concluded that family environment does not necessarily imply subjective wellbeing of adolescent.

1 Introduction

Adolescence is a transitional phase in human development during which individuals undergo pervasive biological, psychological and emotional changes (Steinberg, 2005; Yurgelun – Todd, 2007). In addition to these intra – psychic and physiological changes, adolescents are immersed in new and varied social contexts that have a substantial effect on their development. Consequently the transition into early adolescence is a sensitive period for healthy development (Steinberg, 2005) and disruptions can lead to maladaptive out comes for individually and their families (Compas Hinden & Gerhardt, 1995). Family is a primary socialization context and is, therefore, considered to be a very important factor influencing child development (Ozcinar, 2006). The families in general and parents in particular, have often been termed to be the most important support system available to the child. The strongest factor in molding a child’s personality is his relationship with his parents (Mohanraj and Latha, 2005).

Family members are very important factor influencing survival, thus, strong emotional bonds evolved to faster long term commitment among parents, children and relatives. Family environment continues to be of crucial importance throughout adolescence and young adulthood (Vanwel, 2000). Family cohesion and supportive relationships between family members are associated with adolescent
psychological adaptation and lower depression (Herman et al. 2007). Studies of family conflict suggest that a conflictual family environment is associated with adolescent’s insecurity and psychological distress, as well as aggressive behavior and conduct disorder (Wissink et al. 2006). During adolescence, wellbeing decreases and psychological problem increases. Numerous studies have shown that youngsters growing up in families with a happy, harmonious parental marriage experience fewer problems and a higher wellbeing than those from divorced or maritally distressed families (Spruijt and De Goede 1997).

An ideal home environment is one where there is proper reward to strengthen the desired behavior, a keen interest in and love for the child provision of opportunities to express its views freely, where parents put less restrictions to discipline the child, not preventing the child from acting independently and not continuing infantile care optimum use of physical and affective punishment, where children are not compelled to act according to parental desires and expectations (Bandhana & Sharma, 2012). Shek (1997) conducted a study on Chinese adolescents & suggested that family factors play an important role in influencing the psychosocial adjustment particularly the positive mental health. (Frasch & Brooks, 2003) found that the family environment in which a child is raised can cultivate and promote the development of a stable and meaning but cultural identity. The family environment can be a strong source of support for developing adolescents, providing close relationship, strong parenting skills good communication, and modeling positive behaviours. It can also be a problematic environment when these supports are lacking or when negative adult behaviours like smoking and have drinking is present. Where adolescent health is concerned, clearly the family matters and parents matters.

Lower socioeconomic status, maternal employment, single parenthood and poor quality family relationships have all been associated with child wellbeing (Duncan, Ziol-Guest & Kalil, 2010. Fortig Golm & Tchernis, 2009; Morrissey, Dunifon and Kalil, 2011; Musick & Merer, 2010, Reshicket 1997) Diener,Suh, Lucas and Smith (1999) conceptualized psychological or subjective wellbeing as a broad construct, encompassing four specific and distinct components including (a) pleasant or positive wellbeing (joy, elation, happiness, mental health) (b) unpleasant affect or psychological distress (e.g., shame, sadness, anxiety, worry, anger, stress, depression), (c) life satisfaction (a globe evaluation of one’s life) and domain or situation satisfaction (e.g. work, family, leisure, health, finance, self) ( Singh and Shyam 2007). Subjective wellbeing represents people’s evaluation of their lives, and includes happiness, pleasant emotions, life satisfaction, and a relative absence of unpleasant mood and emotions. In other words, a person’s evaluation of his or her life is based is cognitive and emotional reactions. Self-evaluation is key to it.

The family environment is crucial to the wellbeing, especially of child. They found that children living in supportive and organized families were more likely to have increased self-confidence, social competence and were more self-sufficient, and had decreased anxiety (Moos & Moos, 2002). Self-determination theory (SDT) suggests that environments such as the family, school, peer interactions, can play a crucial role in a child’s psychological wellbeing (Deci Ryan, 1985; Vansteenkiste, 2005). These environments can either be enhancing or hindering and can be experienced as controlling or autonomy-supportive. Controlling events in the environment are experienced “as pressure to think, feel or behave in specified ways” (Deci & Ryan, 1985). Studies have shown that these adolescents who have limited family support system have low level of wellbeing and are at risk of experimenting with substance abuse (Unger, Ritt-olson, Teron, Huang Hoffman, & Palmer, 2002) and early sexual activity (Baumeister, Flores & Marin, 1995), where as youth who have strong family support are more satisfied with their life and are at lower risk for Psychological adjustment (Way and Robinson, 2003).
Too often psychological research has narrowly focused on clinical distress and dysfunction to the exclusion of the study of psychological well-being. The study of psychological wellbeing has gained more attention in the past decade with the emergence of positive psychology movement (Linley, Joseph, Harrington & Wood, 2006; Seligman & Csikszentmihalyi, 2000). However there is still a lag in the impact of these positive psychological perspectives on empirical research. One of the areas of which clinical Psychologists can directly apply their understanding of positive functioning is family researches. There are number of demographical variables such as income (Diener and Oishi, 2000) age, marriage (Diener, Suh, Ucas, and Smith, 1999) and religion which influence the SWB. Thus a person is said to have high SWB if he/she experiences satisfaction in life, joy, happiness and only infrequently experience unpleasant emotions such as sadness. Previous studies indicate that family environment influences adolescent’s wellbeing very well so in the present study an attempt has been made to assess family environment as a variable correlate of SWB.

2 Objective Of the study
To find out the relationship between family environment and subjective wellbeing of adolescents.

3 Research Methodology

Sample: The sample comprised of 100 college students who were selected mainly from the rural areas of district Karnal of Haryana on the basis of non-random purposive and volunteered sampling procedure. Mean age of the sample was 19 years. There were 65 females and 35 males in the sample. Standardized family environment scale and PGI general Wellbeing scale were used for the purpose of study.

Tools: Family Environment Scale (Bhatia and Chadha 1998) consists of three dimensions which were mentioned below:
1. Relationship dimension (cohesion, expressiveness conflict, acceptance and caring).
2. Personal growth (independence, active recreational orientation).

PGI General Wellbeing measure by Dr. Santosh K. Verma & Mr. Anita Verma (1978). This scale consists of 20items. Test-retest reliability was 86 (PL.01) for the Hindi version (Moudgil etal 1986)

Procedure: For the purpose of the study, subjects were selected. Rapport was established with each of the subjects and all the doubts regarding the study were assured that the information would be kept confidential and used only for academic purpose. Descriptive statistics and Pearson’s product moment coefficient of correlation was used to analyze the results.

4 Results and Discussion

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cohesion</td>
<td>44.55</td>
<td>10.96</td>
</tr>
<tr>
<td>2</td>
<td>Expressiveness</td>
<td>29.88</td>
<td>4.91</td>
</tr>
<tr>
<td>3</td>
<td>Conflict</td>
<td>39.64</td>
<td>7.30</td>
</tr>
<tr>
<td>4</td>
<td>Acceptance and caring</td>
<td>41.00</td>
<td>7.24</td>
</tr>
<tr>
<td>5</td>
<td>Independence</td>
<td>29.04</td>
<td>6.48</td>
</tr>
<tr>
<td>6</td>
<td>Active-recreational orientation</td>
<td>27.37</td>
<td>6.27</td>
</tr>
<tr>
<td>7</td>
<td>Organization</td>
<td>7.61</td>
<td>3.24</td>
</tr>
<tr>
<td>8</td>
<td>Control</td>
<td>14.11</td>
<td>4.14</td>
</tr>
<tr>
<td>9</td>
<td>Wellbeing</td>
<td>16.34</td>
<td>2.81</td>
</tr>
</tbody>
</table>
Table-2: Inter Correlation Matrix

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Variables</th>
<th>Cohesion</th>
<th>Expressiveness</th>
<th>Conflict</th>
<th>Acc. and caring</th>
<th>A.R.A</th>
<th>Org.</th>
<th>Control</th>
<th>WBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cohesion</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Expressiveness</td>
<td>.535**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Conflict</td>
<td>.319**</td>
<td>.192</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Acceptance and caring</td>
<td>.712**</td>
<td>.406**</td>
<td>.211*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Independence</td>
<td>.604**</td>
<td>.485**</td>
<td>.234*</td>
<td>.535**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Active-recreational orientation</td>
<td>.746**</td>
<td>.515**</td>
<td>.230*</td>
<td>.603**</td>
<td>.564**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Organization</td>
<td>-.144</td>
<td>-.165</td>
<td>.279*</td>
<td>-.155</td>
<td>-.226*</td>
<td>.069</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Control</td>
<td>.590**</td>
<td>.366**</td>
<td>.202*</td>
<td>.453**</td>
<td>.297**</td>
<td>-.553**</td>
<td>.066</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Wellbeing</td>
<td>-.059</td>
<td>-.168</td>
<td>.116</td>
<td>-.070</td>
<td>-.186</td>
<td>-.046</td>
<td>.046</td>
<td>.24</td>
</tr>
</tbody>
</table>

* Significant at .05 level of confidence. ** Significant at .01 level of confidence.

Results revealed that cohesion one of the factor of family environment was significantly and positively correlated with expressiveness, conflict, acceptance and caring, active-recreational orientation and control (.535,.319,.712,.604and .590 respectively)(p<.01) but negatively correlated with independence(,.746)(p<.01). Second factor of family environment scale i.e. expressiveness was positively and significantly correlated with acceptance and caring, independence, active-recreational orientation, organization and control (.406, .485, .515, .366) (p<.01). Similarly conflict was significantly and positively correlated with acceptance and caring, active-recreational orientation, independence, control (.234, .230, 202, (p<.05) and organization was significantly and positively correlated on (.279) (p<.01). Acceptance and caring was positively and significantly correlated with active recreational activity, independence and control (.535, .603, .453) (p<.01). Independence was significantly and positively correlated with control(.564,.297)on.01 level of significance and active-recreational orientation but negatively and significantly correlated with organization(-.226) on (p<.05). Active recreational orientation was positively and significantly correlated with control (.553) which was significantly and positively correlated on .01 level of significance.

5 Conclusion

Results of the study showed that relationship dimensions of family environment showed positive and significant inter correlations with each other which showed that there was no problem in the family relationship. Results of Personal dimension of the family environment showed that adolescents wanted to participate in social and recreational activities independently. So it can be said that most of the factors of family environment were significantly correlated with each other it means that family environment will be sound if all the necessary terms and conditions correlates together and the development of a child will be proper. Herman et al. 2007 found that Family cohesion and supportive relationship between family members are associated with adolescent psychological adaptation and lower depression. (Herman et al.2007) and lower depression But on the other hand subjective wellbeing was not significantly correlated with any of the factor of family environment. All the subjects of the study were of later adolescent stage so that might be less influenced by the family environment. Glay (2007) found that sex and age, their interaction with FES (growth,supportive,organized) were not significant. In the end it is concluded that family environment does not necessarily imply subjective wellbeing of adolescent.
6 References


