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Child and Adolescent Life Satisfaction

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Synonyms

Adolescent well-being; Child well-being; Life satisfaction of adolescents; Life satisfaction of children; Life satisfaction of youth; Youth well-being

Definition

Life satisfaction is the cognitive evaluation of quality of life as a whole (Diener and Diener 1995; Shin and Johnson 1978). The construct was defined by Shin and Johnson (1978) as "a global assessment of a person's quality of life according to his chosen criteria" (p. 478).

Description

According to Andrews and Withey (1976), positive affect (PA), negative affect (NA), and life satisfaction (LS) make up the three separable components of subjective well-being (SWB). The first two components (PA, NA) refer to the emotional or affective aspects, whereas LS refers to the cognitive-judgmental aspects (Diener 1984). The affective components of SWB are based on the short-lived and fluctuating emotional responses that are representative of the nature of everyday life (Gilman et al. 2000), whereas LS is based on overall cognitive appraisals of quality of life and thus (unlike PA and NA) is not typically susceptible to change due to short-term emotional reactions to life events. Therefore, LS is considered not only to be a more stable component (Eid and Diener 2004), but also the key indicator of positive SWB (Diener and Diener 1995), and consequently the indicator most amenable for inclusion in studies of youths' perceptions of their life circumstances (Huebner et al. 2006).

In arriving at overall evaluations of life, individuals typically use their own set of criteria and standards in weighting the different aspects of their lives (Shin and Johnson 1978). Consequently, it is often more meaningful to assess global judgments of LS rather than satisfaction with specific life domains (Diener and Diener 1995). However, when a more differentiated assessment is required for purposes of focused diagnostic, prevention, and intervention efforts, measures of multidimensional LS may be required (Huebner 2001). Nevertheless, the LS construct incorporates the full range of

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satisfaction (i.e., from very low to very high) (Huebner 2004).

Models of Life Satisfaction

Life satisfaction measures are typically derived from three conceptual models or frameworks: unidimensional (i.e., global and general LS) and multidimensional (Huebner 2004). Measures representative of unidimensional models present an overall total score as indication of individual levels of LS. Whereas, multidimensional measures provide a profile of LS across various domains (i.e., satisfaction scores are calculated for each domain) (Huebner 2004). The two unidimensional models differ in that for the global model, the total score is derived from context-free items that allow individuals to use their own unique criteria on weighting the different aspects of their lives (Pavot and Diener 1993). In contrast, in the general model the total score is the sum of LS reports across predetermined domains included by the authors (e.g., satisfaction with relationships, physical well-being, and personal development) that are considered crucial to the contribution of overall LS (Gilman and Huebner 2000). The key difference between unidimensional and multidimensional models and measures of LS is that under the unidimensional framework the emphasis is on providing a single total LS score, whereas under the multidimensional framework the emphasis is on creating a profile of LS across multiple life domains.

Measures of Child and Adolescent Life Satisfaction

Global unidimensional scales:

- The Students' Life Satisfaction Scale (SLSS; Huebner 1991)
- The Satisfaction with Life Scale (Diener et al. 1985)
- Riverside Life Satisfaction Scale (Margolis et al. 2018)

General unidimensional scales:

- The Perceived Life Satisfaction Scale (Adelman et al. 1989)
- The Brief Multidimensional Students' Life Satisfaction Scale (Seligson et al. 2003)

Multidimensional scales:

- The Extended Satisfaction with Life Scale (Alfonso et al. 1996)
- The Multidimensional Students' Life Satisfaction Scale (Huebner 1994)
- The Multidimensional Students' Life Satisfaction Scale – adolescent version (Gilligan and Huebner 2002)
- The Comprehensive Quality of Life Scale (Cummins et al. 1994)

Child and Adolescent Life Satisfaction Research

Youth LS is a key indicator of mental health and is positively related to a broad spectrum of positive personal, psychological, behavioral, social, interpersonal, and intrapersonal outcomes (see Proctor et al. 2009 for a review). The following sections contain summaries of extant major findings of the child and adolescent LS literature as it pertains to the promotion of well-being in youth.

Levels of Life Satisfaction

Similar to findings of adult studies, various international studies have found that children and adolescents report their LS to be in the positive range, including studies involving special groups. Research findings also demonstrate that global LS tends to decline slightly with the onset and progression of adolescence and that these findings are similarly supported by international research.

Demographics

In general, research has consistently shown that the relationship between demographics (i.e., age, gender, and race) and LS is weak and that these variables contribute only modestly to the prediction of youth LS. However, findings with regard to the effects of socioeconomic status on LS are

mixed (Ash and Huebner 2001). Similarly, with regard to race, some studies have found that African-American students report lower levels of satisfaction in specific domains than Caucasian students, whereas others have found no differences. Overall, students' perceptions of their global- and domain-specific LS have indicated that there are modest relationships between demographics and specific domains (Huebner et al. 2000). Nevertheless, the modest contributions of demographics on youth LS are consistent with those reported for adults (see Diener 1984), suggesting a continued weak association throughout life.

Personality

Personality and temperament variables have been demonstrated to account for most of the variance in SWB (Emmons and Diener 1985). As discussed by Diener (1996), the genetic and heritable effects of personality, including PA and NA and the influences of temperament, are evidenced from infancy and predispose individual levels of SWB. Moreover, these heritable traits remain throughout life and thus have their greatest effect due to their stable long-term impact. Studies which have examined the relationships among happiness, extroversion, neuroticism, and self-reported social competence suggest that happiness is positively associated with extroversion and negatively associated with neuroticism and that self-reported social competence acts as a mediator between temperament variables and happiness.

Life satisfaction has also been consistently positively associated with self-esteem, with moderate positive correlations found between LS and self-esteem among youths. Moreover, these correlations have proved to be consistent across LS measures, including the MSLSS, the SLSS, and the BMSLSS.

Health and Health-Risk Behaviors

Youth LS is positively related to physical exercise and social interest, physical health, and a healthy diet. An additional key factor in the LS of young people is individual perceptions of participating in meaningful instrumental activities, including those that involve and facilitate flow, engagement, and purpose.

In contrast, substance use and abuse during adolescence is associated with a host of deleterious consequences across multiple life domains including school dropout, delayed entry into the labor force, job instability, job dissatisfaction, early marriage and divorce, impaired relationships with family and friends, and early parenthood (see Rohde et al. 2007 for a review). For example, adolescent problem behavior, such as binge drinking and use of tobacco (i.e., cigarettes and chewing tobacco), cocaine, alcohol, marijuana, and steroids, is negatively related to self-reported LS. Similarly, dissatisfaction with life has also been linked to violent and aggressive behaviors including physical fighting, carrying a gun, carrying a weapon, riding in a car with an impaired driver, bullying, dating violence, and forced-sex victimization/perpetration (Coker et al. 2000; Valois et al. 2001). Overall, research findings suggest that health-risk behaviors initiated in youth are associated with behavioral, psychological, psychosocial, and physical factors that continue for a lifetime. Thus, the long-term risks associated with adolescent health-risk behavior underscore the importance of early prevention and intervention (Georgiades and Boyle 2007). Indeed, promotion of positive youth development is of paramount importance in enabling LS and mitigating the risk-taking behavior among youths (Sun and Shek 2010).

Employment and Productivity

Research with adolescents has indicated that youths who leave school and do not subsequently become employed report lower levels of self-reported activity, perceived competence, and LS, and increased depressive affect (Feather and O'Brien 1986). However, by supporting the connection between career adaptability and positive youth development through vocational education and social support, young people experience an increased sense of power and LS (Hirschi 2009). For example, O'Brien et al. (1994) found that employed youth have higher adjustment levels, lower depressive affect, higher LS, greater commitment to values, more internal control, and

higher perceived competence than low-quality leisure unemployed youth.

Similarly, conscious goal pursuit has long been linked with increased SWB and happiness (Deci and Ryan 2000). Goal-directed behaviors related to increased LS among youths include perfectionism and achieving personal standards, hope, and self-efficacy.

Familial and Environmental Factors

Familial variables, such as family structure, parenting style, parental emotional and social support, and family conflict, play a crucial role in the attainment of youth LS. Specifically, youth LS is positively correlated to authoritative parenting, perceived parental support, perceived quality of attachment to parents, perceived loving parental relationship, and parental marital status and family structure. Quality of the immediate physical and social environment has also been shown to be pertinent to youth LS. Furthermore, youth who are moved from their homes into residential treatment centers experience changes in LS in relation to length of stay.

Other familial and environmental factors that affect youth LS include parental alcoholism and adolescent pregnancy. For example, Braithwaite and Devine (1993) found that parental alcohol dependency and family disharmony made significant independent but additive contributions to life dissatisfaction.

Research has also indicated that youth LS is associated with life events and experiences. For example, McCullough et al. (2000) found that minor daily events (e.g., fights with friends, doing poorly in an exam, enjoying a hobby, and helping other people) contributed unique variance over and above that of major life events (e.g., death of family member, divorce). Similarly, Suldo and Huebner (2004a) found negative correlations between LS and stressful life events, externalizing behavior, and internalizing behavior.

Social Support

Both being involved in supportive relationships with parents and peers and the perception of adequate social support from significant others are essential to positive mental health throughout development. Although reliance on support can shift from parents to peers as age increases, it is adolescents' perception of parental involvement, relationship with parents, and family functioning that are the greatest impacts on the level of LS, over and above stressful life circumstances (Suldo and Huebner 2004b). Indeed, authoritative mothering and cohesive family relationships are positively associated with LS and negatively associated with anxiety and depressive symptoms.

Adequate social support from friends is also an essential element of positive mental health among youths. For example, Burke and Weir (1978, 1979) found that adolescents were more likely to speak to peers about their problems, were more satisfied with the responses provided by their mothers and their peers than their fathers, and felt freer to take problems to their peers than to either their mothers or their fathers.

Acculturation

The acculturation and psychological adaptation of adolescents of immigrant families has important implications for LS as young people experience changes in identity, attitudes, values, and behaviors as a function of intercultural contact (Ward 2006). Consistent predictors of immigrant youth LS include self-efficacy, task-orientation, health, and marital status of parents, voluntary (and non-economically motivated) migration circumstances, length of residence, cultural identification and orientation, perceived discrimination, and mastery. Research findings suggest that providing environments that support cultural integration and opportunities for developing a sense of mastery may improve the LS and successful acculturation of immigrant youths.

Disabilities and Specific Groups

Increasingly, researchers have begun to examine LS as it pertains to specific groups, such as those with disabilities or receiving special services in schools. For example, research among deaf and hard-of-hearing youths has indicated significant differences in global LS for those educated in segregated residential settings in comparison to those attending day schools. Similarly, studies of

children diagnosed with mild mental disabilities (MMD) have revealed that MMD students who are in self-contained special education settings have significantly higher school satisfaction than that of peers with MMD who spend three or more hours in a regular educational setting. Integration and inclusion in the community is also an issue for those suffering with intellectual disabilities. For example, Bramston et al. (2002) found that adolescents with intellectual disability reported lower use of community facilities and felt less belongingness and control over their choices than did their matched peers.

In contrast to examinations of specific groups with disabilities, research has begun to examine the benefits to psychological well-being that accompany superior intellectual ability and extremely high LS. Specifically, recent empirical evidence suggests that youths with extremely high levels of LS benefit from increased adaptive psychosocial functioning, intrapersonal, interpersonal, and social relationships, academic success, and decreased behavioral problems, over and above those with average levels of LS. Increased LS is also associated with multiple school-related variables, including school satisfaction, teacher support, and perceived academic achievement, competence, and self-efficacy (see Suldo et al. 2006 for a review). Similarly, superior intellectual ability and giftedness are related to increased satisfaction with school experience and academic success.

Psychopathology

As noted by Greenspoon and Saklofske (2001), until the last few decades, the absence of psychopathology (PTH) has been considered indicative of positive mental health and SWB. However, with the advent of positive psychology, the need for psychologists to assess SWB and PTH together through an integrated system has been elucidated. Indeed, evidence suggests that high PTH can be accompanied by high SWB, just as low PTH can be accompanied by low SWB. For example, Suldo and Shaffer (2008) examined the existence and utility of a dual-factor model in early adolescence and found that students with complete mental health (i.e., high SWB, low PTH) had better reading skills, school attendance, academic self-perceptions, academic-related goals, social support from parents and peers, self-perceived physical health, and fewer social problems than vulnerable youths (i.e., low PTH, low SWB). Among students with clinical levels of PTH, students with high SWB (symptomatic but content youth) perceived better social functioning and physical health. Overall, results support the existence of a dual-factor model and the importance of high SWB to optimal functioning during adolescence.

Research findings from adult studies indicate that depression and LS are correlated negatively to the point of being near opposites (Headey et al. 1993). Such findings have been substantiated through research with youths where self-reports of LS and depression have been compared. For example, Adelman et al. (1989) found that American students referred for mental health services had lower LS, less perceived control at school, and higher levels of depression in comparison to those attending in regular classrooms.

Research has also consistently indicated that youth LS is associated negatively with loneliness, suicide, emotional disturbance, and insomnia. Several possible explanations for why children experience loneliness have been put forward, including deficiencies in the parent-child relationship, inability to form close intimate friendships, poor peer acceptance, peer victimization, and negative subjective evaluations of parent and/or peer relationships. Among youths, research suggests that personal characteristics are associated with increases in the experience of loneliness. For example, Moore and Schultz (1983) found loneliness to be positively correlated with state anxiety, locus of control (LOC), depression, public self-consciousness, and social anxiety, and negatively correlated with self-reported attractiveness, likeability, happiness, and LS among American adolescents.

Several independent variables are significantly associated with suicidal behavior in youths, including poor mental health, poor mental/physical health days, serious suicide consideration, planning for suicide, attempted suicide, suicide attempt requiring medical care, physical fighting,

property stolen at school, using pills to lose weight, beating up the person you are dating, age of first alcohol use, use of marijuana at school, and exercise.

Investigations into the utility of LS assessments as a compliment to PTH evaluations among youths with serious emotional and behavioral disorders have indicated that LS measures accurately discriminate between non-PTH youths and youths classified as seriously emotionally disturbed, emotionally handicapped, and educably mentally handicapped. Further, studies have demonstrated that youths suffering with emotional (i.e., poor perceived mental health, dissatisfaction with life, and unhappiness) and behavioral (i.e., interpersonal problems at home and school) problems are less likely to report poor mental health and behavioral problems in comparison to parental or caregiver reports of their mental health.

Similarly, youths who suffer from sleep disorders or lack of sleep due to insomnia have been found to report more psychopathological, psychophysiological, and psychosomatic problems, including depression, anxiety, headache, stomachache, and fatigue, than adolescents with no sleep disturbances. For example, Roberts et al. (2002) examined the impact of insomnia on somatic, interpersonal, and psychological functioning and found that baseline insomnia increased the subsequent risk of psychological (self-esteem, LS, perceived mental health, and depression) dysfunction 1 year later.

Character Strengths and Positive Psychological Interventions

Examinations into the relationships between character strengths (i.e., virtues) and LS have continued to increase over the past decade. Indeed, findings from initial studies in this area illuminated particular strengths of character to be associated with increased LS among youths, which has spurred a host of related research. For example, Park and Peterson (2006a, b) found the strengths of hope, love, gratitude, and zest to be linked to greater LS among children.

Positive psychological interventions, that is, intentional activities that aim to cultivate character strengths, are also a promising approach to increasing well-being and LS among youths (Sin and Lyubomirsky 2009). For example, recent research has demonstrated that performing positive psychological exercises, such as counting blessings (i.e., daily gratitude journal-keeping exercise) or counting one's own acts of kindness for 1 week, is associated with increased PA and LS, and decreased NA at follow-up. Further, research has demonstrated that youths who report grateful moods indicate greater SWB, optimism, prosocial behavior, gratitude in response to aid, and social support. Similarly, gratitude has also been found to be a motivator of future benevolent actions on the part of the recipient. Specifically, research indicates that gratitude predicts social integrations, prosocial behavior, and LS among early adolescents, which suggests an "upward spiral" of gratitude and happiness.

Investigations into the teaching of well-being in school through the application of positive psychology interventions and theory and strengths-based approaches have also led to reliable improvements in students' well-being (see Seligman et al. 2009 for a review). For example, the Positive Psychology Program was demonstrated to increase enjoyment and engagement in school and improve social skills among adolescent students. Similarly, Proctor et al. (2011) have demonstrated that application of *Strengths Gym* (2017), a general character strengths-based intervention program, in the school curriculum, which enables students to participate in multiple and varied character strengths-based exercises and explore and self-identify with their character strengths, is associated with significantly increased LS.

Character strengths have also been shown to longitudinally predict SWB during adolescence. For example, Gillham et al. (2011) have demonstrated that transcendent, temperance, other-directed, and intellectual strengths significantly predict greater LS, and that other-directed strengths and temperance at the start of high school predict fewer symptoms of depression by grade 10; hope and optimism have also been shown to predict LS in adolescents with cognitive disabilities. Similarly, hope has been found to be

positively related to PA, LS, support from family and friends, and optimism.

Finally, spirituality, positive religious coping, and daily spiritual experiences have also been shown to be positively related to PA and LS among youths. These results suggest that holistic approaches to increasing well-being should consider the use of positive religious coping strategies among youths who are religious and the role of spirituality in early adolescents' psychological well-being (Van Dyke et al. 2009).

Life Satisfaction: More than an Epiphenomenon

Fundamental to the underlying mission of discovering how we achieve happiness is determining the way in which youth perceive their lives. The youth LS literature provides clear evidence to suggest that youth LS is more than just an outcome of various psychological states (e.g., positive affect, self-esteem); it is also an influential predictor of psychological states and psychosocial systems (e.g., depression, physical health) (Gilman et al. 2004). Support for conceptualizations of LS as more than just an epiphenomenon can be found among research that has highlighted its role as a mediator and moderator between the environment and behavior. For example, Suldo and Huebner (2004b) demonstrated that LS mediates the relationship between the social support-involvement dimension of authoritative parenting and adolescent problem behavior. Further, support has been provided for the potential mediating role of LS between stressful life events and internalizing behavior (see McKnight et al. 2002). In addition, there is recent evidence to suggest that increased LS buffers against the negative effects of stress and the development of psychological disorder. For example, adolescents with positive LS have been demonstrated to be less likely to develop later externalizing behaviors as a result of stressful life events than adolescents with low LS, suggesting that LS acts as a moderator for (i.e., buffer against) externalizing behavior (Suldo and Huebner 2004a).

Conditions Fostering Positive Life Satisfaction

Notwithstanding the genetic and heritable effects of personality, such as positive and negative affect and temperament, there are many environmental, familial, and social conditions which foster positive youth LS. Among these are the fundamentally positive outcomes on LS that emerge as a result of a healthy lifestyle, good physical health, exercise, and participation in sports and social activities. Conversely, nonparticipation in risk-taking behavior, including substance abuse (alcohol, tobacco, and illicit drugs), violence, aggression, and sexual victimization, is associated with elevated levels of LS. Similarly, environmental quality, such as living in a safe neighborhood, residing in a well-maintained home, infrequent relocation, good familial and parental relationships, and social support all engender positive youth LS.

Expanding on past correlational research which has highlighted the many positive conditions that foster positive youth LS is the exploration of the causal pathways, including cognitive mediators and moderators, that may aid in understanding how personality and the environment influence youth LS (Huebner et al. 2004). For example, Ash and Huebner (2001) demonstrated that adolescent LS was mediated by locus of control orientation (i.e., frequent negative life events were related to decreased perceptions of control which was related to lower LS). Similarly, Fogle et al. (2002) demonstrated that social self-efficacy mediates the relationship between extroversion and LS. That is, positive perceptions of social capabilities (i.e., social self-efficacy) served as the mechanism through which extroversion affected LS (Fogle et al. 2002).

Implications of Positive Life Satisfaction

Recent research has indicated the potential role of LS as a buffer against negative effects of stress and the development of psychopathological behavior (e.g., Suldo and Huebner 2004a). Such findings are highly significant to the promotion of positive development in youth. In general, the research literature suggests that most youth report a positive level of LS. However, concern must be focused on those who fall below this average and how what we know about the relationships

between LS, psychopathology, personality, and the environment can aid in the development of strategies aimed at increasing LS among these youths. For example, a survey of 5544 American students found that 11% of those sampled fell below the neutral point with 7% indicating a "terrible" or "unhappy existence" (see Huebner et al. 2000).

The importance of increasing low LS to normative levels and further maintaining those positive levels of LS among youth cannot be overemphasized. Further, attention needs to be drawn to the fact that those benefiting from rich environmental and social resources do not necessarily display high levels of LS, which may aid in protecting them against the negative effects of stress and the development of psychopathological behavior. In line with the positive psychology movement, learning how to build strength in order to buffer against the development of problems is imperative to the positive development of young people. Youth LS is one such strength.

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Cross-References

- Adolescent Problem Behavior
- Character Strengths
- Engagement
- Extroversion
- Friends
- Flow
- Gratitude
- Life Satisfaction
- Negative Affect
- Parenting Style
- Physical Health
- Positive Affect
- Positive Psychology
- Purpose
- Self-Efficacy
- Self-Esteem
- Strengths-Based Approaches
- Subjective Well-Being

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