

# Effect Of Social Support On Aggression And Homesickness Among Students Living In The Hostels.

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## ABSTRACT

This study explores the Living away from home, particularly in a hostile environment, can often lead to feelings of homesickness and heightened levels of aggression among students. This study aimed to investigate the impact of social support on mitigating homesickness and reducing aggression among hostel-dwelling students. A sample of [100] students residing in hostels was recruited, and data was collected using standardized scales to measure levels of homesickness, aggression, and perceived social support. The results indicated a significant negative correlation between social support and both homesickness and aggression. Higher levels of social support were associated with lower levels of homesickness and aggression among hostel students. These findings underscore the importance of fostering social support networks within hostile environments to promote the well-being and adjustment of students living away from home. Implications for interventions and future research are discussed.

**Key words:** Aggression, homesickness, well being, social support

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## INTRODUCTION

**“Our destination is never a place but a new way of seeing things. – Henry Miller”**

The beneficial effects of social support on psychological well-being and health have been established over decades of research (Holt-Lunstad et al., 2010; Saphire-Bernstein and Taylor, 2013). Research has consistently shown that individuals with close and supportive spouses, friends, and family have greater life satisfaction and well-being (Antonucci and Jackson, 1987; Chen and Feeley, 2014) and fewer psychological and health-related costs, such as loneliness, depressive symptoms, and cognitive deficit (Okabayashi et al., 2004; Sherman et al., 2011). On the other hand, lack of social support has been implicated in emotional distress, depressive symptoms, and morbidity (Yang et al., 2014; Lerman Ginzburg et al., 2021).

Within the literature, diverse theoretical frameworks have been presented to understand the processes, such as attachment, belonging, intimacy, and social integration, whereby supportive relationships affect psychological well-being (Ainsworth et al., 1978; Baumeister and Leary, 1995; Berkman et al., 2000; Seeman, 2001). Researchers have also vigorously examined a wide range of variables that attest to the importance of social support for individuals' well-being and optimal psychological functioning (Cohen and Wills, 1985; Folkman and Lazarus, 1986; see Lincoln, 2000 for a review). Several theoretical models and empirical research have characterized the diverse ways in which positive relationships contribute to psychological well-being.

Based on self-determination theory (SDT; Deci and Ryan, 1985), which posits that the satisfaction of the three basic psychological needs is necessary for individuals' well-being and thriving, the overall aim of this study was to examine whether younger and older adults' perceived social support from different relationship types would relate to their psychological well-being *via* satisfaction of basic psychological needs. Although prior research has examined whether the satisfaction of basic psychological needs acts as explanatory mechanism in the associations between social support and psychological well-being, most studies have often aggregated the different needs for autonomy, competency, and relatedness into a global measure and have considered overall satisfaction of needs without differentiating the unique effects of each specific need. Thus, it is difficult to assess the relative importance of different psychological needs for psychological well-being (Abidin et al., 2022; Vermote et al., 2022).

Furthermore, many studies investigating the link between social support and well-being have used groups of participants who are developmentally homogeneous, such as adolescents, young adults (Martela and Ryan,

2016; Tian et al., 2016) or older adults (Neubauer et al., 2017; Chen and Zhang, 2021). Thus, it is not clear if there are differences between age groups in the importance and impact of social support and satisfaction of basic psychological needs on psychological well-being. Although social support has pervasive benefits throughout the adult lifespan, the relative salience of different relationships and the satisfaction of needs could change over time due to age-related losses in behavioral and psychological functioning and social circumstances associated with age (Baltes and Baltes, 1990; Carstensen, 2006).

Thus, to elucidate the associations between social support, satisfaction of basic psychological needs, and well-being, we examined the relative importance of satisfaction of each specific need (i.e., for autonomy, competence, and relatedness) in mediating roles, and investigated the potential differences between younger (30–59 years) and older adults (60 years and older). We compared such two groups because many prior studies have considered adults aged 60 and over as older adults (Okabayashi et al., 2004; Giasson et al., 2017), and the official retirement age is 60 in South Korea. Retirement is a significant life event which characterizes the transition to a new life phase (Henning et al., 2016). As retirees withdraw from work, they have more free time available to use, but they also experience shrinking social networks associated with retirement. Diminished roles and expectations of retirees could shape the nature of their social interactions differently compared with non-retired younger adults. There have not yet been studies that examined whether there are differences by age groups in the associations between social support, satisfaction of needs, and psychological well-being. With our research design, this study could afford a unique information about if social support from certain relationships becomes more important for satisfaction of needs, and whether the satisfaction of certain needs becomes increasingly more important for psychological well-being as people age.

### **Effect of social support on human beings**

#### **Physical Health Benefits:**

Social support has been linked to numerous physical health benefits. Research indicates that individuals with strong social support networks are more likely to engage in health-promoting behaviours such as regular exercise, healthy eating, and seeking medical care when needed. Moreover, social support has been shown to lower the risk of chronic diseases such as cardiovascular disorders, hypertension, and diabetes. The emotional and instrumental support provided by social networks can buffer the effects of stress on the body, leading to improved immune function and overall physical well-being.

#### **Mental Health and Emotional Well-being:**

Social support plays a crucial role in promoting mental health and emotional well-being. Strong social connections provide a sense of belonging and security, reducing the risk of loneliness, depression, and anxiety. Individuals who feel supported by their social networks are better equipped to cope with life's challenges, such as job loss, relationship difficulties, or bereavement. Moreover, social support serves as a protective factor against the development of mental health disorders, providing a buffer against the negative effects of stress and adversity.

#### **Resilience and Coping:**

Social support enhances resilience by providing individuals with the resources and encouragement needed to navigate difficult circumstances. During times of crisis or trauma, the presence of supportive relationships can foster adaptive coping strategies, such as problem-solving, seeking emotional support, and reframing negative experiences. Moreover, social support facilitates the processing of emotions and promotes a sense of hope and optimism, essential components of resilience in the face of adversity.

#### **Sense of Belonging and Connection:**

Social support fosters a sense of belonging and connection within communities, strengthening social bonds and promoting collective well-being. By providing opportunities for social interaction, collaboration, and mutual assistance, social networks contribute to a sense of shared identity and purpose. Individuals who feel connected to others report higher levels of life satisfaction and fulfilment, as well as a greater sense of meaning and purpose of their lives. Not only this it is very important for the students living in the hostels it helps them in various ways social support among students living in hostels is vital for their overall well-being and academic success. Here are several reasons why social support is crucial in this context:

**Adjustment to College Life:** For many students, especially those who are away from home for the first time, living in hostels can be a significant adjustment. Social support from peers, hostel staff, and resident advisors can provide guidance, reassurance, and practical advice on navigating the challenges of hostel life, such as managing academic workload, building new friendships, and coping with homesickness.

**Emotional Well-being:** The transition to college life can be emotionally challenging, leading to feelings of loneliness, stress, and anxiety. Social support from fellow hostel residents can offer emotional validation, empathy, and companionship, helping students feel understood and supported during times of distress. Simply having someone to talk to and share experiences with can alleviate feelings of isolation and promote a sense of belonging and connectedness.

**Academic Support:** Living in hostels offers students the opportunity to study together, collaborate on assignments, and share academic resources. Peer support networks within hostels can facilitate academic success by providing motivation, accountability, and assistance with coursework. Students can also benefit from informal study groups, peer tutoring, and knowledge exchange, enhancing their learning experience and academic performance.

**Crisis Intervention and Safety:** In times of crisis or emergencies, such as illness, accidents, or personal difficulties, social support from hostel mates and staff can be invaluable. Having a supportive network of peers who can offer immediate assistance, access to resources, or a listening ear can help students navigate challenging situations and ensure their safety and well-being.

**Cultural and Social Integration:** For international students or those from diverse backgrounds, hostels serve as microcosms of cultural diversity and social integration. Social support from peers can facilitate cultural exchange, cross-cultural understanding, and friendship formation across different ethnicities, nationalities, and backgrounds. Hostel communities provide opportunities for students to learn from each other, celebrate diversity, and cultivate inclusive environments where everyone feels respected and valued.

**Life Skills and Independence:** Living in hostels fosters independence and self-reliance, but having social support networks in place can provide a safety net for students as they navigate newfound autonomy. Peers can offer practical advice on managing daily tasks, budgeting finances, and resolving conflicts, empowering students to develop essential life skills and thrive in their new environment.

### **HOMESICKNESS:**

Homesickness, a universal human experience, is characterized by feelings of distress, longing, and nostalgia for home and familiar surroundings. Whether experienced during childhood summer camps, college dormitory stays, or international travels, homesickness reflects the profound attachment individuals feel towards their homes and the people and places associated with it. This essay delves into the multifaceted nature of homesickness, exploring its psychological, emotional, and social dimensions, as well as effective coping strategies for managing its impact.

#### **Psychological Dimensions of Homesickness:**

Homesickness involves a complex interplay of psychological processes, including attachment, separation anxiety, and cognitive appraisal. Attachment theory posits that homesickness arises from the disruption of secure attachment bonds with primary caregivers and familiar environments. Individuals with strong attachment bonds may experience heightened feelings of homesickness when separated from their homes, while those with insecure attachment may struggle with feelings of abandonment and loneliness.

Separation anxiety, a common feature of homesickness, reflects the fear and distress associated with separation from attachment figures. This anxiety may be triggered by transitions such as starting college, moving to a new city, or embarking on international travel, leading to feelings of vulnerability and insecurity.

Cognitive appraisal plays a crucial role in shaping individuals' experiences of homesickness. How individuals interpret and make sense of their experiences, as well as their coping strategies and resources, can influence the intensity and duration of homesickness. Negative cognitive appraisals, such as catastrophizing or rumination, may exacerbate feelings of homesickness, while positive reappraisal and problem-solving strategies can facilitate adaptation and adjustment.

### **AGGRESSION**

Aggression among students living in hostels is a complex phenomenon influenced by various factors, including social dynamics, environmental stressors, individual characteristics, and coping mechanisms. Here are several factors contributing to aggression among hostel-dwelling students:

- 1. Social Environment:** Hostel environments often bring together students from diverse backgrounds, cultures, and personalities. Close living quarters, shared facilities, and communal spaces can create opportunities for conflict and tension among residents. Differences in values, beliefs, and lifestyles may lead to misunderstandings, disagreements, and interpersonal conflicts, escalating into aggressive behaviours.
- 2. Peer Influence:** Peer relationships play a significant role in shaping students' behaviour and attitudes towards aggression. Peer pressure, social norms, and group dynamics within the hostel community can influence students to engage in aggressive behaviours as a means of asserting dominance, gaining social status, or seeking peer approval. Group conflicts, cliques, and rivalries may exacerbate aggression among students, leading to confrontations and hostility.
- 3. Stress and Frustration:** Hostel life can be stressful, particularly for students navigating academic pressures, financial constraints, and personal challenges. Stressors such as academic deadlines, roommate

conflicts, homesickness, and social isolation may trigger feelings of frustration, anger, and helplessness, leading to aggression as a maladaptive coping mechanism for managing stress.

- 4. Cultural and Social Factors:** Cultural differences, social hierarchies, and power dynamics within the hostel environment can contribute to aggression among students. Cultural norms regarding conflict resolution, communication styles, and assertiveness may vary among residents, leading to misunderstandings and clashes. Social inequalities, discrimination, and marginalization based on factors such as gender, race, or socio-economic status may also fuel aggression and hostility within the hostel community.
- 5. Alcohol and Substance Use:** Alcohol and substance use are common among hostel-dwelling students, particularly during social gatherings and parties. Intoxication can impair judgment, disinhibit aggression, and escalate conflicts among individuals. Alcohol-related incidents, such as verbal arguments, physical altercations, and property damage, are prevalent in hostile environments and contribute to a hostile atmosphere.
- 6. Lack of Conflict Resolution Skills:** Many students lack effective conflict resolution skills, exacerbating interpersonal conflicts and aggression within the hostel community. Inadequate communication, problem-solving, and negotiation skills may prevent students from resolving conflicts peacefully, leading to escalation and aggression as a means of asserting control or retaliation.
- 7. Psychological Factors:** Individual psychological factors, such as personality traits, emotional regulation, and past experiences, influence susceptibility to aggression among hostel-dwelling students. Students with high levels of impulsivity, hostility, or anger proneness may be more prone to aggressive behaviours in response to perceived threats or provocations. Additionally, students with histories of trauma, abuse, or neglect may resort to aggression as a maladaptive coping strategy for dealing with

## METHODOLOGY

### **Samples:**

The present study was conducted on a sample of 100 students living in the hostel. A sample of students living in hostels will be recruited from university. This data was collected among the age group of (18 to 25) years of students living in the hostel. This data was selected through the purposive sampling method. Out of this group, all the students who were living in the hostel were included in the study.

### **Inclusion criteria of students living in the hostel:**

Students of the age group 18 to 25 who are living in the hostel.  
Both males and females who are staying in the hostel or away from the hostel.  
Able to understand English/Hindi.  
Willingness to participate in the study.

### **Exclusion criteria of students living in the hostel:**

Students not living in the hostel.  
Students with an intellectual disability or any other psychiatric disease who also have one or both.  
Students with cognitive impairment.

## SIGNIFANCE OF THE STUDY

### **OBJECTIVES:**

The following aims and objectives were conceptualized for the current study sample:

1. To measure the effect of social support on homesickness and aggression among students living in the hostel.
2. Investigate the correlation between perceived social support and levels of aggression among students residing in hostels.
3. Analyse the association between perceived social support and the prevalence of homesickness in hostel-dwelling students.
4. Determine if higher levels of perceived social support act as a protective factor against heightened aggression among hostel residents.
5. Investigate whether strong social support networks mitigate feelings of homesickness and promote psychological adjustment among students living in hostels.

### **HYPOTHESIS:**

- H1: There will be significant negative correlation between social support and aggression  
H2: There will be significant negative correlation between social support and Homesickness  
H3: There will be significant Positive correlation between Aggression and home sickness  
H4: There will be no significant gender difference on social support, aggression and home sickness

### **Variables:**

In the present study the independent variable is social support and dependent variables are aggression and homesickness.

**Tools:****Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)**

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet, Dahlem, Zimet, and Farley in 1988, is a widely used tool for assessing perceived social support. It aims to measure the perceived adequacy of social support from three sources: family, friends, and significant others. The Multidimensional Scale of Perceived Social Support (MSPSS) has been widely used in research and clinical settings to assess individuals' perceptions of social support from family, friends, and significant others. Its reliability has been evaluated through various studies, and generally, the MSPSS demonstrates good internal consistency and test-retest reliability. The MSPSS consists of 12 items, with four items dedicated to each of the three sources of social support (family, friends, and significant others). Each item is scored on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree).

**Aggression Questionnaire (Buss & Perry, 1992)**

The Aggression Questionnaire (AQ) developed by Buss and Perry in 1992 is a self-report measure designed to assess individual differences in aggressive behaviour and tendencies. It consists of four subscales, each representing a different aspect of aggression. The Aggression Questionnaire (AQ) developed by Buss and Perry in 1992 is scored by summing the responses to the items in each subscale. Here's how the scoring typically works: Physical Aggression: This subscale consists of items that assess physical aggression tendencies, such as hitting or harming others physically. Participants respond to each item on a Likert-type scale, usually ranging from 1 (strongly disagree) to 5 (strongly agree). To calculate the score for this subscale, sum the responses to the items. Verbal Aggression: Similarly, this subscale consists of items that assess verbal aggression tendencies, such as using insults or threats. Again, participants respond to each item on a Likert-type scale. To calculate the score for this subscale, sum the responses to the items. Anger: This subscale measures the propensity to experience anger or irritability. Participants respond to each item on a Likert-type scale. To calculate the score for this subscale, sum the responses to the items. Hostility: This subscale assesses hostile and antagonistic attitudes and behaviours towards others. Participants respond to each item on a Likert-type scale. To calculate the score for this subscale, sum the responses to the items.

Once you have the sum scores for each subscale, you can interpret them individually. Higher scores on each subscale indicate a greater propensity for the respective type of aggression or anger. It's important to note that the AQ is a self-report measure, and the interpretation of scores should consider factors such as response biases and situational influences. Additionally, the interpretation should be done cautiously and in conjunction with other relevant information, such as clinical observations or additional assessments, particularly if the AQ is being used in a clinical setting. Reliability: Internal Consistency: The AQ has demonstrated good internal consistency, with high Cronbach's alpha coefficients for each of the subscales. This indicates that the items within each subscale are correlated with each other, suggesting that they measure the same underlying construct of aggression. Test-Retest Reliability: Test-retest reliability assesses the stability of scores over time. Studies have reported moderate to high test-retest reliability for the AQ, indicating that individuals tend to provide consistent responses when completing the questionnaire on different occasions. Validity: Content Validity: The items in the AQ were developed based on theoretical conceptualizations of aggression and were selected to represent different facets of aggression, including physical, verbal, and emotional aspects. Content validity is supported by the inclusion of items that reflect these diverse dimensions of aggression. Construct Validity: Construct validity refers to the extent to which the scale measures the intended construct, in this case, aggression. Studies have provided evidence for the construct validity of the AQ by demonstrating correlations with other measures of aggression, anger, hostility, and related constructs in theoretically expected directions. Criterion Validity: Criterion validity assesses the degree to which scores on the AQ correlate with external criteria that are theoretically related to aggression. The AQ has shown significant correlations with various measures of aggressive behaviour, interpersonal conflict, and related constructs, supporting its concurrent and predictive criterion validity. The Aggression Questionnaire is a reliable and valid instrument for assessing different dimensions of aggression in research and clinical settings. However, like any self-report measure, it is subject to potential biases such as social desirability or response style tendencies, which should be considered when interpreting results.

**Derivation of the homesickness scale:**

Homesickness is a complex cognitive/motivational/emotional state experienced when individuals are away from their familiar environment. (Vingerhoets, 2006) This state can lead to a range of symptoms such as loneliness, depression, changes in sleep patterns and appetite, lack of energy, disengagement from social activities, and even feelings of hostility towards those in the new environment. (Vingerhoets, 2006)

The Homesickness Scale, developed by John Archer, is a psychometric tool designed to assess the intensity of homesickness experienced by individuals. The homesickness scale is a psychological tool used to measure the extent to which an individual experiences feeling of longing or distress due to separation from their home environment. The scale typically consists of a series of questions or statements that respondent's rate according

to how strongly they agree or disagree with each item. The total score on the scale reflects the overall level of homesickness experienced by the individual.

Here's a general description of how the homesickness scale is derived:

- 1. Identifying Relevant Factors:** Researchers begin by identifying the key factors or dimensions that contribute to the experience of homesickness. These factors may include feelings of loneliness, nostalgia, longing for familiar surroundings, and social disconnection.
- 2. Item Generation:** Based on the identified factors, researchers create a pool of items or statements that reflect different aspects of homesickness. These items should be clear, relevant, and capable of capturing the range of experiences associated with homesickness.
- 3. Expert Review and Validation:** The initial pool of items is typically reviewed by experts in the field to ensure that they adequately represent the construct of homesickness. Experts may provide feedback on the clarity, relevance, and appropriateness of the items.
- 4. Pilot Testing:** The preliminary version of the scale is then administered to a small sample of individuals to assess its validity and reliability. Pilot testing helps identify any potential issues with item wording, response options, or overall scale structure.
- 5. Item Reduction:** Researchers analyse the data from the pilot test to identify items that are redundant, unclear, or not strongly associated with the construct of homesickness. Items that do not perform well may be revised or removed from the scale.
- 6. Scale Refinement:** Based on feedback from pilot testing and item analysis, the scale is refined to create a final version with a smaller set of items that best represent the construct of homesickness.
- 7. Validation Studies:** The final version of the homesickness scale is then administered to a larger, more diverse sample to assess its psychometric properties, including reliability, validity, and sensitivity to change over time.
- 8. Scoring:** Respondents complete the homesickness scale by rating each item according to their level of agreement or disagreement. Scores are typically summed to calculate a total homesickness score, with higher scores indicating greater levels of homesickness.

By following these steps, researchers can develop a reliable and valid instrument for measuring homesickness, which can be used in both clinical and research settings to assess and address the psychological impact of separation from home.

The homesickness scale typically involves scoring based on respondents' answers to a series of statements or questions designed to assess their feelings of longing, distress, and adjustment related to being away from home. Here's how the scoring process generally works, along with common variables present in this scale:

- 1. Likert Scale Responses:** Respondents are asked to rate each item on the scale according to their level of agreement or disagreement. This is often done using a Likert-type scale, where respondents indicate their agreement on a scale from, for example, 1 to 5, with 1 representing "strongly disagree" and 5 representing "strongly agree."
- 2. Reverse-Coding:** Some items on the scale may be reverse-coded to ensure consistency in responding. For instance, if one item reflects feelings of comfort in the new environment, it might be reverse-coded so that higher scores consistently indicate greater levels of homesickness across all items.
- 3. Item Scores:** Each response is assigned a numerical value corresponding to the position on the Likert scale. For example, a response of "strongly disagree" might be scored as 1, while a response of "strongly agree" might be scored as 5.
- 4. Total Score Calculation:** The scores for all items are then summed to calculate a total score for the homesickness scale. This total score represents the overall level of homesickness experienced by the individual.
- 5. Subscale Scores (Optional):** In some cases, researchers may include subscales within the homesickness scale to assess specific aspects of the homesickness experience, such as feelings of loneliness, nostalgia, or social disconnection. Subscale scores are calculated by summing the scores for items within each subscale.

Common variables present in the homesickness scale include:

- **Feelings of Loneliness:** Items related to feelings of social isolation or loneliness.
- **Nostalgia:** Items assessing the degree to which individuals long for or reminisce about their home environment.
- **Social Disconnection:** Items reflecting the extent to which individuals feel disconnected from their social support network or community.
- **Adjustment Difficulty:** Items measuring the challenges individuals face in adapting to their new environment.
- **Comfort in the New Environment:** Items assessing the degree to which individuals feel comfortable and settled in their current surroundings.

These variables collectively provide insight into the multifaceted nature of homesickness and help researchers understand the specific aspects of the experience that individuals may struggle with when away from home.

## RESULT AND DISCUSSION

		SS	AG	HS
X	Pearson Correlation	1	-.722	-.643
	Sig. (2-tailed)		.000	.000
	N	101	101	101
Y	Pearson Correlation	-.722	1	.752
	Sig. (2-tailed)	.000		.000
	N	101	101	101
Z	Pearson Correlation	-.643	.752	1
	Sig. (2-tailed)	.000	.000	
	N	101	101	101

Based on the correlation table, it appears that there are indeed correlations between the variables Social Support (SS), Aggression (AG), and Home Sickness (HS). Here's a breakdown of the correlations:

### 1. Social Support (SS) and Aggression (AG):

- Pearson Correlation: -0.722
- Sig. (2-tailed): 0.000
- Interpretation: There is a significant negative correlation between social support and aggression ( $p < 0.05$ ). This means that as social support increases, aggression tends to decrease.

### 2. Social Support (SS) and Home Sickness (HS):

- Pearson Correlation: -0.643
- Sig. (2-tailed): 0.000
- Interpretation: There is a significant negative correlation between social support and home sickness ( $p < 0.05$ ). This suggests that higher levels of social support are associated with lower levels of home sickness.

### 3. Aggression (AG) and Home Sickness (HS):

- Pearson Correlation: 0.752
- Sig. (2-tailed): 0.000
- Interpretation: There is a significant positive correlation between aggression and home sickness ( $p < 0.05$ ). This means that as levels of aggression increase, levels of home sickness tend to increase as well.

hypotheses are supported by the correlation analysis:

- There is indeed a significant negative correlation between social support and both aggression and home sickness.
- Additionally, there is a significant positive correlation between aggression and home sickness.

Let's delve deeper into the correlation analysis and the implications of the correlations between Social Support (SS), Aggression (AG), and Home Sickness (HS).

### 1. Social Support (SS) and Aggression (AG):

- Pearson Correlation: -0.722
- Sig. (2-tailed): 0.000
- Interpretation: The significant negative correlation between social support and aggression suggests that as levels of social support increase, levels of aggression tend to decrease. This finding is consistent with existing research in psychology and sociology, which suggests that individuals with strong social support networks are less likely to engage in aggressive behaviors. Social support provides emotional and instrumental resources that help individuals cope with stressors and regulate their emotions, reducing the likelihood of aggressive responses.

### 2. Social Support (SS) and Home Sickness (HS):

- Pearson Correlation: -0.643
- Sig. (2-tailed): 0.000

- Interpretation: Similarly, the significant negative correlation between social support and home sickness indicates that higher levels of social support are associated with lower levels of home sickness.

This finding aligns with the theoretical framework of social support, which posits that supportive relationships buffer individuals from the negative effects of stress and contribute to overall psychological well-being. Individuals with strong social support networks may feel more connected, cared for, and valued, reducing feelings of loneliness and homesickness.

**3. Aggression (AG) and Home Sickness (HS):**

- Pearson Correlation: 0.752
- Sig. (2-tailed): 0.000
- Interpretation: The significant positive correlation between aggression and home sickness indicates that as levels of aggression increase, levels of home sickness tend to increase as well. This finding may reflect underlying psychological processes, such as the association between aggression and maladaptive coping strategies. Individuals who experience high levels of aggression may have difficulty regulating their emotions and may engage in behaviors that exacerbate feelings of distress and homesickness. Additionally, experiencing aggression from others or witnessing aggressive behavior may contribute to feelings of insecurity and discomfort, leading to heightened levels of home sickness.

Overall, these correlations provide valuable insights into the interrelationships between social support, aggression, and home sickness. They highlight the importance of supportive social networks in mitigating aggression and reducing feelings of homesickness. Additionally, they underscore the complex interactions between psychological variables and the importance of considering multiple factors in understanding human behavior and well-being. Further research could explore the underlying mechanisms driving these relationships and investigate potential interventions to promote social support and mitigate aggression and home sickness.

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
Equal variances assumed		.449	.504	.554	99	.581	.73804	1.33190	-1.90474	3.38082
Equal variances not assumed				.554	98.989	.581	.73804	1.33178	-1.90450	3.38057
Equal variances assumed		.005	.944	.562	99	.576	.82118	1.46166	-2.07908	3.72144
Equal variances not assumed				.562	98.984	.575	.82118	1.46118	-2.07814	3.72049
Equal variances assumed		1.642	.203	-.165	99	.869	-.18745	1.13646	-2.44244	2.06754
Equal variances not assumed				-.165	96.259	.869	-.18745	1.13433	-2.43899	2.06409

Based on the independent samples t-tests you provided, it appears that there are no significant gender differences on social support (X), aggression (Y), and home sickness (Z). Here's a summary of the results:

**1. Social Support (X):**

- With equal variances assumed:  $t(99) = 0.554, p = 0.581$
- With equal variances not assumed:  $t(98.989) = 0.554, p = 0.581$
- Interpretation: The p-values for both tests are greater than 0.05, indicating that there is no significant difference in social support between genders.

**2. Aggression (Y):**

- With equal variances assumed:  $t(99) = 0.562, p = 0.576$
- With equal variances not assumed:  $t(98.984) = 0.562, p = 0.575$
- Interpretation: Similar to social support, the p-values for both tests are greater than 0.05, suggesting that there is no significant difference in aggression between genders.

**3. Home Sickness (Z):**

- With equal variances assumed:  $t(99) = -0.165, p = 0.869$
- With equal variances not assumed:  $t(96.259) = -0.165, p = 0.869$



- Interpretation: Once again, the p-values for both tests are greater than 0.05, indicating that there is no significant difference in home sickness between genders.

Based on these results, we fail to reject the null hypothesis, suggesting that there are no significant gender differences in social support, aggression, and home sickness.

Let's delve deeper into the interpretation of the independent samples t-tests and the implications of the results for each variable (X, Y, and Z) in terms of gender differences.

### 1. Social Support (X):

- With equal variances assumed:  $t(99) = 0.554, p = 0.581$
- With equal variances not assumed:  $t(98.989) = 0.554, p = 0.581$

The p-values for both tests are greater than 0.05, indicating that there is no statistically significant difference in social support between genders. This means that any observed differences in social support scores between males and females in the sample are likely due to random variability rather than true differences in the population. Therefore, we fail to reject the null hypothesis, suggesting that there are no significant gender differences in social support.

### 2. Aggression (Y):

- With equal variances assumed:  $t(99) = 0.562, p = 0.576$
- With equal variances not assumed:  $t(98.984) = 0.562, p = 0.575$

Similarly, the p-values for both tests are greater than 0.05, indicating that there is no statistically significant difference in aggression between genders. This suggests that any observed variations in aggression scores between males and females in the sample are likely due to chance rather than true gender differences in the population. Therefore, we fail to reject the null hypothesis, indicating that there are no significant gender differences in aggression.

### 3. Home Sickness (Z):

- With equal variances assumed:  $t(99) = -0.165, p = 0.869$
- With equal variances not assumed:  $t(96.259) = -0.165, p = 0.869$

Once again, the p-values for both tests are greater than 0.05, indicating that there is no statistically significant difference in home sickness between genders. This suggests that any observed discrepancies in home sickness scores between males and females in the sample are likely due to random fluctuations rather than meaningful gender differences in the population. Therefore, we fail to reject the null hypothesis, suggesting that there are no significant gender differences in home sickness.

Overall, the results of the t-tests provide evidence that there are no significant gender differences in social support, aggression, and home sickness within the sample. These findings have important implications, as they suggest that, at least in this sample, gender does not play a significant role in determining levels of social support, aggression, or home sickness. However, it's essential to recognize that these results are specific to the sample under study and may not generalize to other populations. Further research may be needed to explore gender differences in these variables in other contexts or populations.

## CONCLUSION AND FUTURE IMPLICATIONS:

### Conclusions

#### Major Findings

- There are no significant gender differences in social support, aggression, or home sickness within the sample.
- Both males and females report similar levels of social support, aggression, and home sickness.
- The p-values for the independent samples t-tests are all greater than 0.05, indicating that any observed differences between genders are likely due to random variability rather than true gender differences in the population.
- These findings suggest that, at least in this sample, gender does not play a significant role in determining levels of social support, aggression, or home sickness.
- Further research may be needed to explore gender differences in these variables in other contexts or populations.

### Implications

Understanding gender differences in psychological variables such as social support, aggression, and home sickness is crucial for comprehending the nuanced ways in which individuals experience and cope with various stressors and challenges. The implications of finding no significant gender differences in these variables within a sample of individuals are multifaceted and carry implications for both research and practical applications in psychology and related fields.

Firstly, the absence of significant gender differences in social support suggests that both males and females may perceive and receive support from their social networks in similar ways. This challenges traditional gender stereotypes that portray females as more emotionally expressive and supportive compared to males. Understanding that both genders may benefit from social support equally can inform interventions aimed at enhancing social support networks and promoting psychological well-being. For instance, programs designed

to foster supportive relationships within families, schools, and communities may benefit from adopting gender-inclusive approaches that cater to the diverse needs and preferences of individuals.

Similarly, the lack of gender differences in aggression implies that both males and females may exhibit similar tendencies towards aggressive behaviors. This finding contradicts conventional gender stereotypes that associate aggression primarily with males. Instead, it underscores the importance of recognizing that aggression is a complex and multifaceted phenomenon influenced by various factors beyond gender, such as personality traits, environmental stressors, and socialization experiences. Interventions aimed at preventing or mitigating aggressive behaviors should consider these broader contextual factors and address underlying psychological mechanisms that contribute to aggression in both genders.

Moreover, the absence of significant gender differences in home sickness suggests that both males and females may experience similar levels of distress and longing for home in certain situations, such as during transitions to new environments or prolonged separations from familiar surroundings. This challenges the notion that home sickness is primarily a female experience associated with attachment and nurturance. Instead, it highlights the universal nature of homesickness as a normal response to change and transition, regardless of gender. Recognizing the prevalence of home sickness in both genders can inform strategies for supporting individuals coping with relocation, migration, or other life transitions by providing emotional support, fostering a sense of belonging, and facilitating adaptation to new environments.

From a research perspective, the findings of no significant gender differences in social support, aggression, and home sickness underscore the importance of adopting inclusive and intersectional approaches to studying psychological variables. Traditional gender binary frameworks may overlook the diversity of gender identities and expressions, as well as the intersecting influences of gender with other social identities such as race, ethnicity, sexual orientation, and socioeconomic status. Future research should strive to explore the complexities of gender in relation to psychological phenomena while considering the intersecting factors that shape individuals' experiences and behaviors.

Furthermore, the findings highlight the need for longitudinal studies that track changes in social support, aggression, and home sickness over time to better understand how these variables evolve across different developmental stages and life transitions. Longitudinal research can elucidate the dynamic interplay between gender, social relationships, psychological well-being, and adjustment outcomes, providing valuable insights into the mechanisms underlying gender similarities and differences in psychological functioning.

Practically, the findings have implications for the design and implementation of interventions aimed at promoting mental health and well-being across diverse populations. Gender-informed approaches that recognize the unique needs and experiences of individuals while avoiding stereotypical assumptions can enhance the effectiveness and accessibility of psychological support services. For instance, mental health programs tailored to specific demographic groups should consider gender-sensitive strategies for engaging participants, addressing cultural norms and expectations, and fostering a supportive and inclusive environment.

Moreover, educators, counselors, and mental health professionals can play a crucial role in challenging gender stereotypes, promoting gender equity, and fostering positive gender norms in their practice settings. By creating inclusive and affirming spaces that validate individuals' diverse identities and experiences, professionals can empower clients to explore and express their gender identity authentically while addressing their psychological needs effectively.

In conclusion, the absence of significant gender differences in social support, aggression, and home sickness within a sample of individuals carries important implications for research, practice, and policy in psychology and related fields. By challenging traditional gender stereotypes and adopting inclusive and intersectional approaches, researchers and practitioners can contribute to a more nuanced understanding of gender and its influence on psychological variables. Ultimately, fostering gender equity and promoting mental health and well-being for all individuals requires a comprehensive and inclusive approach that considers the diverse experiences and identities of people across the gender spectrum.

### Limitations

While the findings of the study provide valuable insights into gender similarities in social support, aggression, and home sickness, it is essential to acknowledge several limitations that may affect the generalizability and interpretation of the results. Understanding these limitations is crucial for contextualizing the findings and informing future research endeavors.

#### 1. Sample Characteristics:

- The study's sample may not be representative of the broader population due to specific demographic characteristics, such as age, ethnicity, socioeconomic status, and cultural background. For instance, if the sample consists primarily of college students from a particular geographic region, the findings may not generalize to other age groups or cultural contexts. Therefore, caution should be exercised when extrapolating the results to diverse populations.

#### 2. Measurement Tools:

- The reliability and validity of the measurement tools used to assess social support, aggression, and home sickness may influence the accuracy and consistency of the obtained data. If the instruments lack sufficient reliability or validity, the results may be subject to measurement error or bias, potentially compromising the

study's internal validity. Additionally, the use of self-report measures introduces the possibility of social desirability bias, where participants may provide responses that they perceive as socially acceptable rather than reflecting their true experiences.

### **3. Cross-Sectional Design:**

The study's cross-sectional design, where data is collected at a single point in time, limits the ability to draw causal conclusions about the relationships between variables. While correlations provide insights into associations between social support, aggression, and home sickness, they do not establish the direction of causality or rule out the influence of confounding variables. Longitudinal or experimental designs would be necessary to examine temporal or causal relationships between these variables more robustly.

### **4. Gender Binary:**

The study's adherence to a binary conceptualization of gender (i.e., male vs. female) may overlook the experiences of individuals with non-binary or transgender identities. By dichotomizing gender into two categories, the study may fail to capture the diversity and complexity of gender identities and expressions, potentially excluding marginalized or underrepresented gender groups. Future research should adopt more inclusive approaches to gender that recognize the fluidity and variability of gender experiences.

### **5. Social and Cultural Factors:**

Social and cultural factors, such as gender norms, expectations, and socialization processes, may influence individuals' perceptions and experiences of social support, aggression, and home sickness. Variations in these factors across different cultural contexts or sociopolitical environments may shape gender differences in psychological variables. Therefore, the findings of the study may be context-dependent and may not generalize to populations with distinct cultural or social norms.

### **6. Sampling Bias:**

The study's recruitment methods and sampling procedures may introduce sampling bias if certain groups of individuals are systematically overrepresented or underrepresented in the sample. For example, if the study relies on convenience sampling or volunteer recruitment, it may disproportionately include participants with specific characteristics or motivations, potentially biasing the results. Sampling bias undermines the external validity of the findings and limits their generalizability to the broader population.

### **7. Statistical Power:**

The study's sample size and statistical power may influence the likelihood of detecting significant differences or associations between variables. If the sample size is small or the effect sizes are modest, the study may lack sufficient statistical power to detect meaningful effects, increasing the risk of Type II errors (i.e., false negatives). Therefore, caution should be exercised when interpreting nonsignificant findings, as they may reflect insufficient statistical power rather than true absence of effects.

### **8. Contextual Specificity:**

The findings of the study may be specific to the particular context or setting in which the data was collected. Factors such as institutional norms, environmental conditions, and historical events may shape individuals' experiences and behaviors, influencing the observed relationships between social support, aggression, and home sickness. Therefore, the findings may not be applicable to other contexts or time periods without considering these contextual factors.

In conclusion, while the study provides valuable insights into gender similarities in social support, aggression, and home sickness, it is essential to recognize the limitations inherent in the research design, measurement tools, sample characteristics, and contextual factors. Addressing these limitations through methodological rigor, diverse sampling strategies, and inclusive approaches to gender and cultural diversity can enhance the validity, reliability, and generalizability of future research findings in this area.

## **Future Research Suggestions**

Future research in the area of gender differences in social support, aggression, and home sickness can build upon the current findings and address several avenues for further investigation. Here are some suggestions for future research:

### **1. Exploration of Gender Diversity:**

- Given the increasing recognition of gender diversity beyond the traditional binary framework, future research should adopt more inclusive approaches to gender that encompass a wider range of identities and expressions. Studies that examine the experiences of transgender, non-binary, and gender nonconforming individuals can provide valuable insights into the intersections of gender, social support, aggression, and home sickness.

## 2. Longitudinal Studies:

- Longitudinal studies that follow individuals over time can elucidate the trajectories of social support, aggression, and home sickness across different life stages and transitions. By tracking changes in these variables longitudinally, researchers can explore how gender-related factors interact with developmental processes, life events, and contextual influences to shape individuals' psychological well-being.

## 3. Causal Mechanisms:

- Experimental research designs can help elucidate causal mechanisms underlying gender similarities and differences in social support, aggression, and home sickness. Experimental manipulations of gender-related variables, such as gender norms, stereotypes, and socialization processes, can provide insights into the causal pathways through which gender influences psychological outcomes.

## 4. Intersectionality:

- Future research should adopt an intersectional approach that considers the intersecting influences of gender with other social identities, such as race, ethnicity, sexual orientation, and socioeconomic status. By examining how multiple dimensions of identity intersect to shape individuals' experiences and outcomes, researchers can gain a more comprehensive understanding of the complexities of gender and its interactions with other social factors.

## 5. Cultural Variability:

- Cross-cultural studies that compare gender differences in social support, aggression, and home sickness across diverse cultural contexts can shed light on the cultural variability of gender-related phenomena. By examining how cultural norms, values, and practices influence gender roles and expectations, researchers can identify cultural factors that shape gender similarities and differences in psychological variables.

## 6. Ecological Validity:

- Research conducted in naturalistic settings that reflect real-world contexts can enhance the ecological validity of findings on gender and psychological variables. Studies that incorporate ecological momentary assessment (EMA), daily diary methods, or observational techniques can capture the dynamic nature of social interactions, aggressive behaviors, and emotional experiences in everyday life.

## 7. Intervention Development:

- Intervention research aimed at promoting mental health and well-being can benefit from gender-sensitive approaches that address the unique needs and challenges faced by individuals of different genders. Gender-specific interventions that target social support networks, coping strategies, and emotion regulation skills can help mitigate the negative impact of gender-related stressors on psychological outcomes.

## 8. Technology and Social Media:

- Given the pervasive influence of technology and social media on social relationships and communication patterns, future research should explore how digital platforms shape gendered experiences of social support, aggression, and home sickness. Studies that examine online social networks, cyberbullying, and virtual communities can provide insights into the role of technology in mediating gender-related psychological processes.

By addressing these avenues for future research, scholars can advance our understanding of gender similarities and differences in social support, aggression, and home sickness, ultimately informing interventions, policies, and practices aimed at promoting gender equity and psychological well-being.

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