CHAPTER -I

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1.1) INTRODUCTION

Now-a-days, the proportion of the working women is increasing tremendously. Through this study a search is undertaken to compare the life satisfaction and emotional states of working women and non working women.

The sense of one's identity or self is an important dimension of individual's personality giving each one of us unique individuality. Women and stress is holding a relationship of much interest over the last two decades. As more and more women enter the work force, they are increasingly exposed not only of the same work environment as men, but also to unique pressure created by multiple roles and conflicting expectations (Nelson and Burke 2000). It has long been observed that women are about twice as likely to become clinically depressed (to ave dysth mia or unipolar depression) as are men. These differences occur in most countries around the world. (Nolen - Hoeksemo and Girgus, 1994; Wilhelm and Roy, 2003).

Depression is normal features of our lives. Modernity brought women education in its wake and she changed the arena of activity. She stepped out of the threshold of house and joined service like man. Now she got admiration, equality and opportunity. But the euphoria was ephemeral as she was supposed to take to this job as an additional responsibility. She not expected to shrink household work. This brought problems like strain and depression. (Pillai and Sen, 1998).

A women by nature is expressive emotional and sensitive. Physiological social and cultural background of women probably plays a key role in mending a women's attitude and natures towards the external relation we know that women are generally more at risk to develop psychological disorder and depression in particular.
In a book entitled mental hygiene in public health P. V. Lewkan has written that mentally healthy individual is one who is himself satisfied, lives peacefully with his neighbors, makes healthy citizens of his children and even after performing these fundamentals duties has enough energy left to do something of benefit to society? Possessing mental health, an individual can adjust properly to his environment, and can make the best effort for his own, his family's and his society's progress and betterment. The chief characteristic of mental health is adjustment. The greater the degree of successful adjustment the greater will be the mental health of the individual. Lesser mental health will lead to less adjustment and greater conflict.

In the development of any mental disorder the role of emotions is now considered very important. An investigation into emotional experiences is regarded as the first step for adopting any strategy for treatment. Persons fall mentally ill due to cognitive or connective factors.

Everyone experiences swings in mood or emotional states. These are normal part of life for most people, extreme moods are short lived, most of the time, they find themselves somewhere in between feelings of elation and sadness and despair. But in contrast to this typical pattern, some persons experience disturbance in emotion that are both extreme and prolonged. The emotional state of a person directly affects his sense of satisfaction and well being towards life. Life satisfaction or personal adjustment is something very important in our life. It is considered an important variable in younger adults as well as aged citizens. It is manifested through health, social, economic, marital, personal, social, job satisfaction. Lack of satisfaction may be reflected in lack of adjustment in either of these areas. This state of dissatisfaction may be brought about by emotional disturbance or an emotional state may be the cause of dissatisfaction. This may lead to stress, anxiety, tension, depression and low efficiency. Satisfaction may lead to happiness, and aroused feeling. Most human emotional states are complex. The best defined among them
are: Anxiety, Stress, Depression, Regression, Fatigue, Guilt, Extraversion, and Arousal.

The development process is related with the individual from his birth to death. Man is one emotional animal. The emotions and feelings make child’s life colorful. To adjust successfully with himself and the world, the individual must learn to express his emotions properly. This helps emotional adjustment. After birth the child lives in the family for a long time and so family influences much on emotional development. The child’s thoughts attitudes, beliefs etc. are shaped by the society. He attempts to adjust with cold, hot, noise & other factors of environment.

1.2 EMOTIONAL STATES:

It is the feeling aspect of consciousness, characterized by a certain behavioral changes and cognitive changes. There is also an inner awareness of feelings. Emotion, in its most general definition, is a neural impulse that moves an organism to action, prompting automatic reactive behavior that has been adapted through evolution as a survival mechanism to meet a survival need. These emotional states are specific manifestations of non-verbally expressed feelings of agreement, amusement, anger, certainty, control, disagreement, disgust, disliking, embarrassment, fear, guilt, happiness, hate, interest, liking, love, sadness, shame, surprise, and uncertainty. If distinguished from reactive responses of reptiles, emotions would then be mammalian elaborations of general vertebrate arousal patterns, in which neurochemicals (e.g., dopamine, non-adrenalin, and serotonin) step-up or step-down the brain's activity level, as visible in body movements, gestures, and postures. People normally experience the following emotional states at one time or the other. They are clinically described as:

1.3 ANXIETY:

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. These disorders affect how
we feel and behave, and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life. People often experience a general state of worry or fear before confronting something challenging such as a test, examination, recital, or interview. These feelings are easily justified and considered normal. Anxiety is considered a problem when symptoms interfere with a person's ability to sleep or otherwise function. Generally speaking, anxiety occurs when a reaction is out of proportion with what might be normally expected in a situation.

It is increased arousal accompanied by generalized feelings of fear or apprehension. If such feelings become very intense and persist for long, they can produce harmful effects. Anxiety is a physiological state characterized by cognitive, somatic, emotional, and behavioral components. These components combine to create the feelings that we typically recognize as fear, apprehension, or worry. Anxiety is often accompanied by physical sensations such as heart palpitations, nausea, and chest pain, shortness of breath, stomach aches, or headache. The cognitive component entails expectation of a diffuse and certain danger. Externally, somatic signs of anxiety may include pale skin, sweating, trembling, and papillary dilation. Emotionally, anxiety causes a sense of dread or panic and physically causes nausea, and chills. Behaviorally, both voluntary and involuntary behaviors may arise directed at escaping or avoiding the source of anxiety and often maladaptive, being most extreme in anxiety disorders. However, anxiety is not always pathological or maladaptive: it is a common emotion along with fear, anger, sadness, and happiness, and it has a very important function in relation to survival. Neural circuitry involving the amygdala and hippocampus is thought to underlie anxiety. This might indicate that anxiety is a protective mechanism designed to prevent the organism from engaging in potentially harmful behaviors.

Anxiety disorders are possibly the most common and frequently occurring mental disorders. They include a group of conditions that share
extreme anxiety as the principal disturbance of mood or emotional tone. Anxiety, which may be understood as the pathological counterpart of normal fear, is manifest by disturbances of mood, as well as of thinking, behavior and physiological activity. Included in this category are panic disorder (with or without a history of agoraphobia), agoraphobia (with or without a history of panic disorder), generalized anxiety disorder, specific phobia, social phobia, obsessive-compulsive disorders, acute stress disorder and post-traumatic stress disorder. Anxiety disorders are ubiquitous across human cultures. The longitudinal course of these disorders is characterized by relatively early ages of onset, chronicity, relapsing or recurrent illness and periods of disability. Panic disorder and agoraphobia are particularly associated with suicidal tendencies.

Anxiety is part and parcel of human existence. According to Richard Benson, it is a state of fear and apprehension that affects many areas of functioning. It plays valuable role in self-preservation - the fear of the consequences often prevents us from taking unnecessary risks. This kind of unnecessary risks usually comes in female life and it all depends on her to tackle thumped situation. Anxiety as a disorder results from the fear response becoming out of proportion to the actual risk. The body responds to anxiety stimulus both physically and mentally. Anxiety can lead to over-stimulation of the sympathetic nervous system. It manifests by the physical symptoms such as a racing heartbeat, sweating and trembling, and psychological symptoms such as restlessness, insomnia and difficulty in concentrating. Anxiety can manifest in one's mood, behavior, thoughts, and emotions. Symptoms of anxiety can be mild to severe. Mild symptoms include a slight elevation in heart rate and increased alertness. More severe symptoms can include severe feelings of panic, palpitations, chest pain, and shortness of breath. Anxiety is a feeling of worry, fear or trepidation. Mild, moderate or occasional, short-term severe anxiety is a normal reaction to stressors in daily life in women. Although anxiety can be unpleasant, it is a normal reaction to an environmental stressor, and a mild
to moderate amount of anxiety can help people to recognize and more effectively deal with stressful situations, such as starting a new job or passing an exam. Anxiety can also be experienced without any stimulus at all or due to a perceived stressor that may not exist, such as when a child is afraid of a monster in the closet.

Anxiety is often seen as a triggering of the fight-or-flight reaction, causing excess adrenaline to be produced by the adrenal glands, which in turn produce other hormones that affect various parts of the body, such as heartbeat and respiration. Anxiety can also be a symptom of a wide range of medical and mental health conditions, such as drug addiction, hyperthyroidism, hypertension, psychosis, and hypoxia. If anxiety is at an extreme level or becomes recurring or continuous, it may be due to or can develop into a mental health condition, called an anxiety disorder. Common anxiety disorders include panic disorder, in which she feels a crippling sense of panic. Agoraphobia is excessive anxiety that occurs when the person is in open spaces or public places. Treatment of anxiety varies depending on the underlying cause, the severity, and a person's medical history, age, and general health.

1.3.1. STATE ANXIETY

According to the Spielberg, state anxiety reflects a "transitory emotional state or condition of the human organism that is characterized by subjective, consciously perceived feelings of tension and apprehension, and heightened autonomic nervous system activity." 'State' anxiety is the anxiety state we experience when something causes us to feel appropriately and temporarily anxious and this anxiety then retreats until we feel 'normal' again. So, state anxiety is what she experience when a dog runs out in front of the car; an intense anxiety reaction that produces a number of strong anxiety symptoms associated with the respiratory, digestive and circulatory systems. After the 'threat' has subsided, the anxiety state retreats and she feel 'normal' again. This is how most people feel most of the time.
1.3.2. TRAIT ANXIETY:

According to the Spielberger, "Trait anxiety denotes relatively stable individual differences in anxiety proneness and refers to a general tendency to respond with anxiety to perceived threats in the environment." Trait anxiety is the 'preset' level of anxiety experienced by an individual who has a tendency to be more anxious; to react less appropriately to anxiety-provoking stimuli.

1.4 STRESS:

We generally use the word "stress" when we feel that everything seems to have become too much - we are overloaded and wonder whether we really can cope with the pressures placed upon us. Anything that poses a challenge or a threat to our well-being is a stress (Christian Nordqvist, 2013). Some stresses get you going and they are good for you - without any stress at all many say our lives would be boring and would probably feel pointless. However, when the stresses undermine both our mental and physical health they are bad. When people are stressed the following happens:

- Blood pressure rises
- Breathing becomes more rapid
- Digestive system slows down
- Heart rate (pulse) rises
- Immune system goes down
- Muscles become tense
- Sleeplessness (heightened state of alertness)

Stress is simply a fact of nature -- forces from the inside or outside world affecting the individual. The individual responds to stress in ways that affect the individual as well as their environment. Because of the overabundance of stress in our modern lives, we usually think of stress as a
negative experience, but from a biological point of view, stress can be a neutral, negative, or positive experience.

In general, stress is related to both external and internal factors. External factors include the physical environment, including your job, your relationships with others, your home, and all the situations, challenges, difficulties, and expectations you're confronted with on a daily basis. Internal factors determine your body's ability to respond to, and deal with, the external stress-inducing factors. Internal factors which influence your ability to handle stress include your nutritional status, overall health and fitness levels, emotional well-being, and the amount of sleep and rest you get. A key to the understanding of the negative aspects of stress is the concept of *milieu interieur* (the internal environment of the body), which was first advanced by the French physiologist Claude Bernard. In this concept, he described the principles of dynamic equilibrium. In dynamic equilibrium, constancy, a steady state (situation) in the internal bodily environment, is essential to survival. Therefore, external changes in the environment or external forces that change the internal balance must be reacted to and compensated for if the organism is to survive (Melinda Smith, M.A. and Robert Segal, M.A. 2013). Examples of such external forces include temperature, oxygen concentration in the air, the expenditure of energy, and the presence of predators. In addition, diseases were also stressors that threatened the constancy of the *milieu interieur*.

It is the process that occurs in response to events that disrupt or threaten to disrupt our physical or psychological function. People under stress experience pressure, are tense, on the go and are unhappy. Uncontrollable, unpredictable, and constant stress has far-reaching consequences on our physical and mental health. Stress can begin in the womb and recur throughout life. One of the pathological (abnormal) consequences of stress is a learned helplessness that leads to the hopelessness and helplessness of clinical depression, but in addition, many illnesses, such as chronic anxiety states, high blood pressure, heart disease,
and addictive disorders, to name a few, also seem to be influenced by chronic or overwhelming stress.

### 1.5 DEPRESSION:

It signifies unhappiness. People having depression experience unhappiness, loss of interest, loss of energy, disturbance of sleep, feelings of being worthless, etc. Depression is when feelings of loss, anger, sadness, or frustration make it hard for you to do the things you enjoy in everyday life. Although everyone feels sad sometimes, depression lasts longer and interferes with your daily life (Roschke J, Wolf CH, Muller MJ, et al, 2000).

Depression is one of the most common illnesses, affecting about 18 million Americans each year. It can be mild, moderate, or severe. You can have a single episode of depression, or depression that comes back or lasts a long time (more than 2 years). Many experts think that depression is a chronic illness that needs long-term treatment (Lazarou C, Kapsou M. 2010).

The primary types of depression include:

**Major depression** -- A person must be depressed for at least 2 weeks but often for as long as 20 weeks.

**Dysthymia**: a long-lasting, less severe form of depression. Symptoms are like those of major depression but more mild. People with dysthymia have a greater risk of major depression.

**Atypical depression**: Unlike those with major depression, people with atypical depression can feel better for a while when something good happens. In addition, people with atypical depression have different symptoms than those with major depression. Despite its name, atypical depression may be the most common type of depression.

**Adjustment disorder**: happens when someone's response to a major life event, such as the death of a loved one, causes symptoms of depression.
Depression is a medical illness that causes a persistent feeling of sadness and loss of interest. Depression can cause physical symptoms, too. Also called major depression, major depressive disorder and clinical depression, it affects how you feel, think and behave. Depression can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living (Mayo clinic staff, 2013).

More than just a bout of the blues, depression isn't a weakness, nor is it something that you can simply "snap out" of. Depression is a chronic illness that usually requires long-term treatment, like diabetes or high blood pressure. But don't get discouraged. Most people with depression feel better with medication, psychological counseling or other treatment.

1.6 REGRESSION:

It is responding to a threatening situation in a way appropriate to an earlier age or level of development, such people are confused, unorganized and impulsive. The term "regression" refers to events in which an individual changes from his or her present level of maturity and regains mental and behavioral characteristics shown at an earlier point in development. This definition has remained constant for over a century, but the implications of the concept have changed systematically from a perspective in which regression was considered pathological, to a current view in which regression may be seen as a positive step in psychotherapy or as a part of normal development. The concept of regression, famously employed by Sigmund Freud and others in his circle, derived from ideas suggested by Herbert Spencer and by John Hughlings Jackson. By the 1940s and '50s, the regression concept was applied by Winnicott and others in treatment of disturbed children and in adult psychotherapy. In addition, behavioral regression came to be seen as a part of a normal developmental trajectory, with a focus on expectable variability (Mercer J, 2011).
This is a movement back in psychological time when one is faced with stress. When we are troubled or frightened, our behaviors often become more childish or primitive. A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital. Teenagers may giggle uncontrollably when introduced into a social situation involving the opposite sex. Temporary reversion of the ego to an earlier stage of development rather than handling unacceptable impulses in a more adult way. For ex. Using whining as a method of communicating despite already having acquired the ability to speak with appropriate grammar (Schacter, Gilbert, Wegner, 2011)

1.7 FATIGUE:

Under fatigue, people are exhausted, sluggish, tired, inaccurate and low decision making skills. Fatigue, also referred to as tiredness, exhaustion, lethargy, and listlessness, and describes a physical and/or mental state of being tired and weak. Although physical and mental fatigue is different, the two often exist together - if a person is physically exhausted for long enough, they will also be mentally tired. When somebody experiences physical fatigue, it means they cannot continue functioning at their normal levels of physical ability. Mental fatigue, however, is more slanted towards feeling sleepy and being unable to concentrate properly. Fatigue is a symptom, rather than a sign. Fatigue is a non-specific symptom, i.e. it may have several possible causes. Experts say that 10% of people globally at any one time are suffering from persistent tiredness. Persistent tiredness affects females more than males. Primary care physicians (GPs, general practitioners) in the USA and UK say they frequently see patients who come in complaining of extreme tiredness or fatigue (Christian Nordqvist, 2012).

The National Institutes of Health, USA, informs that approximately one in every five Americans claims to have fatigue that is severe enough to interfere with daily normal life. More cases of fatigue
have a mental than physical cause, according to collected data. Fatigue can also affect healthy individuals after intense mental and/or physical activity.

The main symptom of fatigue is exhaustion (severe fatigue) after a physical or mental activity. The patient does not feel refreshed after resting or sleeping. Severe fatigue may undermine the person's ability to carry out their usual activities. Patients describe fatigue, especially chronic fatigue (chronic fatigue syndrome) as overwhelming, and describe the tiredness as completely different from what they have experienced before - not a result of overdoing things, but simply a loss of motivation. Fatigue is a common symptom among people with clinical depression.

Some people find symptoms get worse after exercise - known as post-exertion malaise, or payback. Sometimes post-exertion malaise may not emerge until several hours after the exercise; sometimes even a day later. Fatigue signs and symptoms may be of a physical, mental or emotional nature.

1.8 GUILT:

Guilt is a cognitive or an emotional experience that occurs when a person realizes or believes—accurately or not—that he or she has compromised his or her own standards of conduct or has violated a moral standard, and bears significant responsibility for that violation. It is closely related to the concept of remorse. Regretful, concerned about misdeeds, unkind and dissatisfied.

Psychologists since Freud have argued that guilt plays a huge role in the development of morality, but there are competing views over how that actually happens. One camp thinks guilt acts in a negative way, deterring people from repeating the same bad behavior. Another camp believes guilt acts positively by motivating people to conform to social expectations.

Guilt is an emotion that occurs when people believe that they have violated a moral standard while sympathy is the feeling of being sorry for somebody showing that people understand and care about somebody’s
problem. They are both negative rather than positive emotions. People do not feel good when they are guilty or sympathetic towards somebody. Is that true people involving more in altruistic behaviors when they are guilty or sympathetic?

Both guilt and shame are important social factors. As such, both are intrinsically tied to social situations. Our ideas about guilt and shame (what is right and wrong) come from social situations -- education, family, work, etc. As a result, it is important that educators, parents, friends, and family work to make sure that those around them (particularly children) have a sense of self-worth. By showing people empathy and caring, we indicate that doing something wrong does not necessarily reflect on the person as a whole. By differentiating between the action and the actor, we can help prevent shame and its negative connotations, while still encouraging a healthy sense of right, wrong, and guilt when necessary (Bales, Norman, 2003).

Guilt serves as both an indicator and inhibitor of wrongdoing. Healthy guilt is an appropriate response to harming another and is resolved through atonement, such as making apologizing, or accepting punishment. Unhealthy guilt, sometimes called neurotic or debilitating guilt, is a pervasive sense of responsibility for others’ pain that is not resolved, despite efforts to atone. Guilt is one small word which has been so widely misunderstood. Guilt is frequently viewed as a virtue, as a high sense of responsibility and morality. The truth, however, is that guilt is the greatest destroyer of emotional energy (Purcell, M., 2006).

1.9 EXTRAVERSION:

Such people are sociable, outgoing, adventurous, talkative and enthusiastic. Extraversion is one of the five core traits believed to make up human personality. Extraversion is characterized by sociability, talkativeness, assertiveness and excitability. Extraversion is often marked by a number of different sub-traits. Some of these include:
Researchers have found that being high in this personality trait is linked to a number of different tendencies. In addition to contributing to our personalities, this trait may also play a role in the type of career that we end up choosing. (Fremont, Means & Means, 1970). According to researchers, extraversion is associated with leadership behavior. Since extraverts are more likely to assert themselves in groups, it makes sense that these individuals often take on leadership roles when working with other people.

Research has also shown that extraverts are less likely to experience anxiety over negative feedback. Those high in extraversion are often described as having a very positive outlook on life as well as being friendly, energetic and highly adaptable. All of these tendencies can serve a person well, particularly in certain social situations (Hogan, Johnson & Briggs, 1997).

The origins of variation in extraversion are largely mysterious. Recent theories and some findings suggest that personality variation can be orchestrated by specific genetic polymorphisms. Few studies, however, have examined an alternative hypothesis that personality traits are facultative calibrated to variations in other phenotypic features, and none have considered how these distinct processes may interact in personality determination. Since physical strength and physical attractiveness likely
predicted the reproductive payoffs of extraverted behavioral strategies over most of human history, it was theorized that extraversion is calibrated to variation in these characteristics. Confirming these predicted patterns, strength and attractiveness together explained a surprisingly large fraction of variance in extraversion across two studies—effects that were independent of variance explained by an androgen receptor gene polymorphism. These novel findings initially support an integrative model wherein facultative calibration and specific genetic polymorphisms operate in concert to determine personality variation (Aaron W. Lukaszewski, James R. Roney, 2011).

**1.10 AROUSAL:**

The arousal theory of motivation suggests that people are driven to perform actions in order to maintain an optimum level of physiological arousal. What exactly is the optimal level of motivation? Well, it varies from one individual to the next. Aroused people are keyed up, excited, stimulated, keen and sharp senses. According to the arousal theory of motivation, when our arousal levels drop below our individually mandated optimal levels, we seek out stimulation to elevate them. For example, if our levels drop to low we might seek stimulation by going out to a night club with friends. If these levels become too elevated and we become over stimulated, we might be motivated to select a relaxing activity such as going for a walk or taking a nap.

One person might have very low arousal needs, while another people might require very high levels of arousal. The person with low arousal needs might be motivated to pursue simple activities such as crocheting or watching a movie in order to maintain their arousal levels. The individual with the high arousal needs, on the other hand, might need to seek out risky or thrilling activities such as motorcycle racing or skydiving in order to maintain the ideal levels (Kendra Cherry, 2013). Arousal theory shares some commonalities with drive-reduction theory, but instead
of focusing on reducing tension, arousal theory suggests that we are motivated to maintain an ideal level of arousal.

The motivational concept of arousal is important to many areas of life; understanding motivational theories is important to work and personal life. The arousal theory of motivation was developed in the 1960s, and it is based in neurophysiology shortly after the arousal system was found in the brain (Reeve, 2009). This motivational concept suggests that environmental factors impact the level of arousal in the brain. This determines the level of drive a person has towards or away from the factor. Low, optimal, and high levels of arousal are apparent in regard to these factors. Optimal levels occur when the arousal is not too little or too much. This theory suggests that people need an optimal amount of arousal to perform at peak levels. The arousal theory applies to many workplace situations, and it should be considered as a motivational concept in business.

The arousal there can easily be considered when analyzing motivational situations in the workplace. When work is very busy or very slow an employee's arousal level may not be at the optimal level for peak performance (Reeve, 2009). This would mean that an employee is not stimulated in a balanced amount to work at an effective and efficient manner.

Another workplace situation where the arousal may not be applicable in regards to motivation is a situation where an employee feels incredibly anxious in the work environment. An employee could be so nervous that the fear they cannot perform a peak performance, but despite their anxiety they perform above peak performance. This is an example of when the arousal theory of motivation is not applicable because the amount of environmental stimuli was too much, but the employee performed much better than expected. This type of behavior leads to the need for new
motivational concepts because today's workplace environment is constantly changing.

Constant changes impact how an employee feels towards a workplace environment. Theoretical models of motivation must be applicable to the changes in today's workplace environment because employees are constantly being asked to change as globalization and technology play a key role in business.

If a company fails to meet these challenges many ramifications can occur. Job satisfaction and productivity are important aspects of motivation that should be considered. When a company fails to meet the changes of motivation in today's workplace satisfaction and productivity are lost. A person must be able to feel comfortable despite environmental and internal forces.

1.11 LIFE SATISFACTION:

In that sense, life satisfaction concept goes beyond the living conditions approach, which tends to focus on the material resources available to individuals. There are three major characteristics are associated with life satisfaction.

- Life satisfaction refers to individuals life situations. The concept requires a micro perspective, where the conditions and perceptions of individuals play a key role. Macroscopic features relating to the economic and social situation of a society are important for putting the findings at individual level into their proper context, but they do not take centre stage.

- Life satisfaction is a multi-dimensional concept. As noted above, the notion of quality of life and the consideration of several areas of life broaden the narrower focus on income and material conditions which prevails in other approaches. Multi-dimensionality not only requires the description of several life
domains, but emphasizes the interplay between domains as this contributes to quality of life.

- Quality of life satisfaction is measured by objective as well as subjective indicators. Subjective and attitudinal perceptions are of particular relevance in identifying individual goals and orientations. Individual perceptions and evaluations are most valuable when these subjective evaluations are linked to objective living conditions. Applying both ways of measuring quality of life gives a more complete picture.

1.11.1 DEFINITION OF LIFE SATISFACTION

The term life satisfaction, morale, and happiness are often used interchangeably to refer to well-being, yet there constructs are very much in meaning. Life Satisfaction refers to the overall cognitive judgmental aspects of subjective well being (Diener, 1984).

George (1981) defined life satisfaction as a cognitive process by which an individual assesses his or her progress towards desired goals. George also defined happiness as “transitory moods of gaiety reflecting the affect that people feel toward their current state of life”.

Neugarten, Haringhurst and Tobin (1961) stated that zest; resolution and fortitude, congruence between desired and achieved goals, positive self concept and mood constitute the psychological concept of life satisfaction.

1.11.2 USE OF LIFE SATISFACTION

1. Life satisfaction measurement
2. Social development guidance
3. Introduction of good living
1.11.3 SYMPTOMS OF GOOD LIFE SATISFACTION

Researchers say that after that study of life satisfaction some major symptoms of life satisfaction; these are…

- To understand responsibilities
- Proper guidance about the future
- Self respect
- Personal value

1.11.4 FACTORS AFFECTING LIFE SATISFACTION

- Psychological factor
- Personality
- Self respect
- Personal attitude toward self
- To see reality and understand
- Environmental control and impression
- Social factor
- Family life
- Brotherhood quarrel
- Healthy social relationship
- Healthy business environment
- Personal factor
- To desire to success in life
- Personality symptoms
- Economical satisfaction
- Social and cultural satisfaction
1.11.5 REASON FOR LIFE SATISFACTION

- Understanding of life’s reality
- Gender reason
- Intelligent
- Personality
- Family life
- Economical satisfaction
- Industrial satisfaction
- Life satisfaction in job
- Life satisfaction in business
- Physical life satisfaction

1.11.6 TYPES OF LIFE SATISFACTION

- Environmental life satisfaction
- Social life satisfaction
- Psychological satisfaction
- Economical satisfaction
- Family satisfaction

1.11.7 AREAS OF LIFE SATISFACTION

- Health
- Personal
- Economic
- Martial
- Social
- Job

Satisfaction is a Latin word that means to make or do enough. Satisfaction with one’s life implies contentment with or acceptance of
one’s life circumstances, or the fulfilment of one’s wants and needs for one’s life as a whole.

Satisfaction and dissatisfaction are two words propounded by E.L. Thorndike in 1911. Thorndike meant by satisfying state, as the one in which the individual does nothing to avoid the situation but instead will do such acts that will sustain or renew the situation. The dissatisfying state is the one in which the person does nothing to preserve or maintain, rather often undertakes acts to put an end to it.

Life satisfaction is defined as having a favorable attitude towards one’s life as a whole. Although most research on life Satisfaction has not been directly focused on the experiences of women; few studies have investigated the unique predictors of life satisfaction for women. For example, several studies have demonstrated that the greater the gender equality within a culture (i.e., freedom to make reproductive choices, equal pay, equal value under the law, equal opportunity to education and achievement), the greater reported life satisfaction (Sousa and Lyubomirsky 2000).

Life satisfaction refers to a cognitive, judgmental process, Shin and Johnson (1978) define life satisfaction as "a global assessment of a person's quality of according to his chosen criteria" (p.478). Judgments of satisfaction are dependent upon a comparison of one's circumstances with what is thought to be an appropriate standard. It is important to point out that the judgment of how people are with their present state of affairs is based on a comparison with a standard which each individual sets for him or herself; it is not externally. It is a hallmark of the subjective well-being area that it centres on the own judgments, not upon some criterion which is judged to be improbity the researcher (Dienes, 1984). For example, although health, energy and so forth may be desirable, particular individuals may place different values on them. It is far this reason that needs to ask the person for their overall evaluation of their life, rather than
simmering across their satisfaction with scientific domains, to obtain a measure of overall life satisfaction. As Tatarkiewicz (1976) wrote, "...happiness requires total satisfaction, which is satisfaction with life as a whole”.

Life satisfaction is an overall assessment of feelings and attitudes about one’s life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive effect, and negative affect (Diener, 1984). Although satisfaction with current life circumstances is often assessed in research studies, Diener, Suh, Lucas, & Smith (1999) also include the following under life satisfaction: desire to change one’s life; satisfaction with past; satisfaction with future; and significant other’s views of one’s life." (Beutell; 2006).

1.11.8 LIFE SATISFACTION AS A COMPONENT OF SUBJECTIVE WELL BEING:

Recent years have seen an increase in research on subjective well-being (Dien, 1984). Three separate components of subjective well-being have been identified: positive effect, negative effect, and life satisfaction (Andrews & Withy, 1976). The first two components refer to the affective, emotional aspects of the construct; the latter to the cognitive-judgmental aspects, Although several scales for the assessment of affect exist (Bradburn, 1969; Kaman & Flett, 1983; Kozma & Stones 1980), the measurement of general life satisfaction has received less attention.

Subjective well being (SWB) is a term coined by Ed Denier (1984). SWB has three components, namely life satisfaction, positive effect, and negative effect. An individual with high life satisfaction, high positive effect, and low negative affect has high SWB. The scientific term SWB is often used to avoid the ambiguous meaning of the term happiness. However, the term happiness is more often used in the communication of research findings in the media. Researchers often distinguish between life satisfaction, as a cognitive component, and PA and NA, as an affective
component of SWB. Although these components are correlated, individuals with high levels on one component can have lower levels on another component (Lucas, Denier, & Suh, 1996). Some researchers average across components to obtain a single indicator of SWB.

Life satisfaction is one of the indicators of subjective well-being (Horley, 1984). It has been conceptualized as an assessment of life as a whole on the basis of the fit between personal goals and achievements (Andrews & Withey, 1976). It has also been viewed as a dimension of mental health (Headley, Kelley, & Wearing, 1976). Indeed, many of its correlates—such as depressive symptoms, self-esteem, anxiety, and psychosomatic symptoms (Koivumaa-Honkanen & others, 1996)—are aspects of mental health, but life satisfaction is also associated with diagnosed mental disease and health risk factors, including poor health behaviour and poor social support. Thus, life satisfaction is a broad and nonspecific subjective perception comparable to self-rated health—another of its correlates. Both have proven to be predictors of mortality, but level of life satisfaction is a particularly effective predictor of psychiatric morbidity. It is not surprising that life dissatisfaction is much more common in psychiatric patients than in the general population, regardless of the level of psychopathology (Koivumaa-Honkanen & others, 1999).

In essence, life satisfaction is a subjective assessment of the quality of one’s life. Because it is inherently an evaluation, judgments of life satisfaction have a large cognitive component.

### 1.12 DETERMINATES OF LIFE SATISFACTION:

#### 1.12.1 PERSONALITY:

Life satisfaction can reflect experiences that have affected a person in a positive way. These experiences have the ability to motivate people to pursue and reach their goals. There are two emotions that may affect how people perceive their lives. Hope and optimism both consist of cognitive
processes that are usually oriented towards the reaching of goals and the perception of those goals. The Satisfaction with Life Scale (SWLS) is a single scale that is used by UNESCO, the CIA, the New Economics Foundation, the WHO, the Veenhoven Database, the Latin barometer, the Afro barometer, and the UNHDR to measure how one views his or her self-esteem, well-being and overall happiness with life. Previous modelling showed that positive views and life satisfaction were completely mediated by the concept of self-esteem, and the different way ideas and events are perceived by people. Several studies found that self-esteem plays a definite role in influencing life satisfaction. There is also a homeostatic model that also supports these findings. One's mood and outlook on life can also influence one's own perception of their life satisfaction.

In past research, personality has been narrowed down into five categories; openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. In a study carried out by Denver and Cooper in 1998, multiple studies were analyzed and certain personality questionnaires that linked subjective well-being (SWB) and personality measures. They found that neuroticism was the strongest predictor of life satisfaction and negative affect while the personality measure 'openness to experience' correlated equally to life satisfaction and positive affect.

According to Seligman, the more happy people are, the less they are focused on the negative. They also tend to like others more, which creates an overall happiness which then correlates to a higher level of satisfaction with their life. However, others have found that life satisfaction is compatible with profoundly negative emotional states like depression (Carson 1981)

1.12.2 VALUES:

It is proposed that overall life satisfaction comes from within an individual based on the individual's personal values and what he or she holds important. For some it is family, for others it is love, and for others it
is money or other material items; either way, it varies from one person to
another. Economic materialism can be considered a value. Previous
research found that materialistic individuals were predominantly male, and
that materialistic people also reported a lower life satisfaction level than
their non-materialistic counterparts. The same is true of people who value
money over helping other people; this is because the money they have can
buy them the assets they deem valuable.

Materialistic people are less satisfied with life because they
constantly want more and more belongings, and once those belongings are
obtained they lose value, which in turn causes these people to want more
belongings and the cycle continues. If these materialistic individuals do not
have enough money to satisfy their craving for more items, they become
more dissatisfied. This has been referred to as a hedonic treadmill. On the
contrary, if an individual does not hold the acquisition of wealth as a high
priority, his or her personal financial state will not make a difference on
how happy he or she is with life overall. Individuals reporting a high value
on traditions and religion reported a higher level of life satisfaction. This is
also true for reported routine churchgoers and people who pray frequently.
Conveniently, the idea of religion selfless, non-materialistic acts, which
logically concludes why the opposite effect is true of people who hold
opposite values as priority. Other individuals that reported higher levels of
life satisfaction were people who valued creativity and people who valued
respect for and from others—two more seemingly qualities not related to
material goods. Because hard times come around and oftentimes people
count on their peers and family to help them through, it is no surprise that a
higher life satisfaction level was reported of people who had social support,
whether it be friends, family, or church. The people who personally valued
material items were found to be less satisfied overall in life as opposed to
people who attached a higher amount of value with interpersonal
relationships.
1.12.3 AGE:

The psychologists, Yuval Palgi and Dov Shmotkin (2009), studied the old people who were primarily in their nineties. This subject group was found to have thought highly of their past and present. But generally the group thought lower of their future. These people were very satisfied with their life up until the point they were surveyed but knew that the end was near and so were not quite as hopeful for the future. A large factor that was talked about in life satisfaction was intelligence. The experiments talk of how life satisfaction grows as people become older because they become wiser and more knowledgeable, so they begin to see that life will be better as they grow older and understand the important things in life more.

Life satisfaction is dependent upon a variety a variables, including physical exercise, living standard (economic condition), and relation with spouse and children.

1.13 LIFE SATISFACTION AND ACTIVITY LEVEL:

Activities that individuals find enjoyable and that can be maintained are most beneficial. Those who are able to adjust to this new life-style have a higher degree of life satisfaction. The greater level of activity resulted in higher self-esteem resulting in improved life satisfaction.

Individual activity may encompass actions such as gardening, cleaning or reading. Social activities may include volunteer work, group exercise or organized events. Though both types of activities have an effect on personal well-being (Calderon, 2001), social activities have greater effect on life satisfaction.

People’s long term satisfaction with their lives often parallels that of their spouse, says a University of Toronto researcher in a study. The results show that external determinants of life satisfaction are more powerful.
Life satisfaction is related to better physical and mental health, longevity and other outcomes that are considered positive in nature. Men and women are similar in their overall levels of life satisfaction although women report more positive and negative effect. Research has shown that beyond direct relationship between work family conflict and life satisfaction, how people deal with such conflicts is also important. Findings indicate that the higher the level of family conflict, the lower the level of life satisfaction. Many studies showed significant positive relationship between job satisfaction and life satisfaction.

Life satisfaction may reduce absenteeism, turnover intentions and serve to increase work motivation. Research on Influence of women’s work status on the well-being of Indian couples result has shown that, in urban India, working women are expected to continue to discharge their traditional duties, the likely result is compromised well-being due to role strain.

In one-working as well as both working families, wives experienced less well being than their husbands. Working wives experienced more confidence in coping than non-working wives.

Some research notably those from an economic background tend to see happiness, life-satisfaction and well-being as synonymous and interchangeable. But there are important and clearly discernable differences. Satisfaction with life overall, tend to be generally stable since it reflects a summary of “judgements about feelings”. Whilst on the individual level, day-to-day changes in happiness are of interest, at a policy level it is overall satisfaction that gives the best indication of how groups of people are faring. If a majority of people in a country report dissatisfaction with their lives, this seems to be a reasonable indication that something is a wry, either with govt. policy, with society or with both.

International surveys tend to consider life satisfaction by asking respondents a question such as, ‘if you consider your life overall, how
satisfied would you say you are now a days?’ Responses are given on a 0-10 scale, from not at all satisfied to extremely satisfied. Clearly this is not a perfect measure. Ideally, subjective well-being would be assessed by asking a series of question, perhaps probing different aspects of life and framing the issue in different ways so as to gain a more complete picture. As a general indicator of the state of well-being in a country, however, this single question performs surprisingly well, showing good validity when compared with other national level statistics.

The 1995, Physical Activity Monitor assessed adult Canadians’ overall life satisfaction by asking survey respondents to indicate-

The importance to their well-being of five fundamental dimensions of daily living: work life, home and family life, social life, leisure activities and physical activities. Their degree of satisfaction with each of these five life dimensions. According to the studies, researchers found that there is positive relationship between the body image and psychological well being. People who like their appearance, fitness, health and sexual attractiveness also tend to feel happier and better adjusted. But it works the other way too. Those who report high self-esteem, life-satisfaction and few feelings of depression also feel good about their bodies. Men and women who felt positive about their appearance, fitness, health and sexual attractiveness expressed similar levels of adjustment. Men’s self-esteem is more closely tied than women’s to feelings about their bodies. Interestingly, psychological well being appears to be more closely tied to people’s emphasis on fitness and health than to their appearance. People who cared about their fitness and health were generally happier with their lives than those who were less concerned with such matters.

1.13.1 RELIGION:

In persons aged 65 to 88 years, studies have shown that highly older persons tend to increase in religiousness over the course of their lives, those who were low in religiosity tended to report a decrease. There is a
low moderate positive relationship between religiosity and life satisfaction. Gender may also play a role in religiousness. Women tend to have greater religiosity; the basis may be due to biological differences or psychological role in society. Association for Psychological Science Mothers are reported to have had the strongest pro-religious influence, although both parents are perceived to be an important influence in religious development of their children.

Personal religious identity is positively associated with life satisfaction throughout the world, but the association increases in size under conditions of greater governmental regulation; and the association between participation in organized religion and life satisfaction, is attenuated as government regulation increases, and becomes negative when government regulation is high.

Studies have proven that religious people are more satisfied with their lives than nonbelievers. In people who attended a religious service weekly, many were "extremely satisfied" with their lives. According to the American Sociological Review, religious people gain more life satisfaction thanks to the social networking they build by attending religious services. According to study researcher Chaeyoon Lim, a sociologist at the University of Wisconsin-Madison, "We show that life satisfaction is almost entirely about the social aspect of religion, rather than the theological or spiritual aspect of religion. We found that people are more satisfied with their lives when they go to church, because they build a social network within their congregation." People with more than ten friends in their congregation were reported to almost be twice as satisfied with life as people with no friends in their congregation. The religious propensity toward charity and volunteerism can be connected with close church friendship, as well.
1.13.2 CULTURE:

Defining culture by reference to deeply engrained societal values and beliefs. Culture affects the subjective well-being. Well-being includes both general life satisfaction, and the relative balance of positive affect versus negative effect in daily life. Culture directs the attention to different sources of information for making the life satisfaction judgments, thus affecting subjective well-being appraisal.

Individualistic cultures direct attention to inner states and feelings (such as positive or negative affects), while in collectivistic cultures the attention is directed to outer sources (i.e. adhering to social norms or fulfilling one’s duties). Indeed, Suh et al. (1998) found that the correlation between life satisfaction and the prevalence of positive affect is higher in individualistic cultures, whereas in collectivistic cultures affect and adhering to norms are equally important for life satisfaction.

1.13.3 FAMILY:

Life satisfaction can also be looked at in a new one as influenced by a family. Family life satisfaction is a pertinent topic as everyone's family influences them in some way and most strive to have high levels of satisfaction in life as well as within their own family. As discussed by Gary L. Bowen in his article, "Family Life Satisfaction: A Value Based Approach" he examines how family life satisfaction is enhanced by the ability of family members to jointly realize their family-related values in behavior (459). It is important to examine family life satisfaction from all members of the family from a "perceived" perspective and an "ideal" perspective. Greater life satisfaction within a family increases through communication and understanding each member’s attitudes and perceptions. A family can make all the difference for someone's life satisfaction.

In the article "Family System Characteristics, Parental Behaviors, and Adolescent Life Satisfaction" by Carolyn S. Henry, adolescent life
satisfaction has much different origins than the life satisfaction of adults. An adolescent's life satisfaction is heavily influenced by his or her family's dynamic and characteristics. Family bonding, family flexibility, parental support is a huge factor into the adolescent's life satisfaction. The more bonding, flexibility, and support there is within a family the higher the adolescent's life satisfaction. Results of this study also revealed that adolescents living in a single-parent family home had significantly lower life satisfaction those adolescents in a two-parent home. An adolescent's age in terms of life satisfaction coming from their family is also extremely dependent upon their age (Henry).

Family also relates to life satisfaction in a very different way: a woman's decision to have children or not. In the "Relationship between Information Search in the Childbearing Decision and Life Satisfaction for Parents and Nonparents" article by Carole K. Holahan, reveals that childless women have much higher life satisfaction than women with children. Women who consciously decided not to have children overall had very high life satisfaction. From the study, it was found that most of the life satisfaction came from careers instead of children. On the other hand, women who did have children had high life satisfaction which depended on the reasons and decision making for having children. These are just generalizations and life satisfaction comes from many different sources which are unique and different for every person. Life satisfaction can shift all of the time from events, situations, family and friend implications and many different things that all must be taken into consideration.

Recent years have seen an increase in research on subjective well-being (Dien-,1984). Three separate components of subjective well-being have been identified: positive affect, negative affect, and life satisfaction (Andrews & Withey, 1976). The first two components refer to the affective, emotional aspects of the construct; the latter to the cognitive-judgmental aspects, Although several scales for the assessment of affect
exist (Bradburn, 1969; Kammann & Flett, 1983; Kozma & Stones 1980), the measurement of general life satisfaction has received less attention.

Subjective well being (SWB) is a term coined by Ed Diener (1984). SWB has three components, namely life satisfaction, positive effect, and negative effect. An individual with high life satisfaction, high positive effect, and low negative affect has high SWB. The scientific term SWB is often used to avoid the ambiguous meaning of the term happiness. However, the term happiness is more often used in the communication of research findings in the media. Researchers often distinguish between life satisfaction, as a cognitive component, and PA and NA, as an affective component of SWB. Although these components are correlated, individuals with high levels on one component can have lower levels on another component (Lucas, Diener, & Suh, 1996). Some researchers average across components to obtain a single indicator of SWB.

Life satisfaction is one of the indicators of subjective well-being (Harley J; 1984). It has been conceptualized as an assessment of life as a whole on the basis of the fit between personal goals and achievements (Andrews FM, Withey SB). It has also been viewed as a dimension of mental health (Headley B-W, Kelley J, Wearing AJ; 1976). Indeed, many of its correlates—such as depressive symptoms, self-esteem, anxiety, and psychosomatic symptoms Koivumaa-Honkanen HT and others;1996)—are aspects of mental health, but life satisfaction is also associated with diagnosed mental disease and health risk factors, including poor health behavior and poor social support. Thus, life satisfaction is a broad and nonspecific subjective perception comparable to self-rated health—another of its correlates. Both have proven to be predictors of mortality, but level of life satisfaction is a particularly effective predictor of psychiatric morbidity. It is not surprising that life dissatisfaction is much more common in psychiatric patients than in the general population, regardless of the level of psychopathology (Koivumaa-Honkanen HT and others; 1999).
In essence, life satisfaction is a subjective assessment of the quality of one’s life. Because it is inherently an evaluation, judgments of life satisfaction have a large cognitive component.

Life satisfaction is the ultimate goal that we as human beings are striving to achieve our entire lives. The label satisfaction is a concept that can mean many different things to different individuals. Webster's dictionary defines satisfaction as the fulfillment of a need or want. Life satisfaction is one of the oldest and most persistently investigated issues in the study of women. In this context it is generally referenced as “an assessment of the overall conditions of existence as derived from a comparison of one’s aspirations to one’s actual achievements.” Life satisfaction is an overall assessment of feelings and attitudes about one’s life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive effect, and negative effect.

Life satisfaction does not come from money nor material things. It comes from what the person does and how he use what he have. It comes from a positive view of what is right in his life now. Of course, things can always be improved but he should try to enjoy the achievements so far. If he always look to solving problems that will never be satisfied until everything is how he want it to be and that will never happen. Although needs and wants are as diverse as the individuals, there are certain factors that are generally felt by women to measure satisfaction. One is income. Many feel that all their problems would cease if they just had enough money to satisfy their needs. But, is this really true? Frank Andrews and Stephen Withy found that in a 1976 study there were very meager differences in satisfaction among different socioeconomic groups (Robert Lane, 1994). Quality of life studies tend to divide sources of well being into two categories: external circumstances such as available community services or family life, and internal dispositions such as self-esteem or the sense that one controls one’s own fate. In one study it was found that the
number of friends a person had was a better predictor of happiness than was income (Robert Lane, 1994). Only women can truly answer the question "what will make them satisfied in their life?" However, most women have basic needs which make them satisfied. Some of these needs includes successful relationships with family and friends(provides a sense of identity and belongingness), purpose in life (a difficult one but so important) provides feeling that you are needed and loved, have choices and options, doing what you enjoy, have achievable goals, they have the possibility to express themselves creatively and emotionally, feel that they have value (i.e., their self-esteem) and most importantly they need that they are being understood and accepted for who they are.

Satisfaction reinforces an act whereas dissatisfaction inhibits it, and may lead to stress, anxiety, tension and lowering down of the efficiency. Satisfaction makes an individual happy and aroused and ensures the continuance of the same act or behaviour.

Life satisfaction has been defined as a person’s subjective, global evaluation of the positivity of her/his life as a whole or with specific life domains (e.g. family life, school experiences)(,Diener, Suh, Lucase Smith,1999).

Happiness is the state of well-being associated with a wide variety of experiences, including everyday pleasures, favourable circumstances and a satisfying mental outlook on life.

Psychological well-being is a general term denoting feelings of high self-esteem, life satisfaction and lack of negative symptoms.

Life satisfaction or personal adjustment is something very important in our life. In the modern life, which is so full of stresses of various kinds, life satisfaction has acquired supreme significance. Therefore life satisfaction is considered an important variable in youth, adults as well as senior citizens. Life satisfaction is manifested through health, economic, marital, personal, social, family and job satisfaction. Lack of satisfaction
may be reflected in lack of adjustment in either of the areas identified earlier herein.

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Life satisfaction is dependent upon a variety a variables, including physical exercise, living standard (economic condition), and relation with spouse and children.

Activities that individuals find enjoyable and that can be maintained are most beneficial. Those who are able to adjust to this new life-style have a higher degree of life satisfaction. The greater level of activity resulted in higher self-esteem resulting in improved life satisfaction.

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1.14 LIFE SATISFACTION AND HAPPINESS:

Like Veenhoven (1991) uses the definition of life satisfaction as “the degree to which an individual judges the overall quality of his life-as-a-whole favorably.” (1991: 10) It must also be acknowledged that there are challenges to the validity of various measures used in the literature on a number of grounds, and also spirited defenses (see Layard 2003a; Frey and Stutzer 2002; Davidson, Marshall, Tomarken and Henriches 2000; Schwarz and Strack 1991). Drawing upon a meta-analysis of 245 studies in 32 countries, Veenhoven identifies the following factors as ones associated with happiness rather than unhappiness – living in an economically prosperous
country where freedom and democracy are respected; political stability; being a part of a majority rather than a minority; being toward the top of the social ladder; being married and having good relationships with family and friends; being mentally and physically healthy; being active and open minded; feeling in control of one’s life; having aspirations in social and moral matters rather than money-making and being politically conservative (1991:16). Given the importance of work, both economically and socially, one’s achievements and experiences at work and the quality of their working life is another very important component of overall satisfaction.

Unemployment – deprivation of work – can similarly be expected to be important. A number of studies emphasize the importance of the quality of social relationships and the relative unimportance of income in determining satisfaction. Indeed, the literature is divided as to the presence of an income effect (see Frijters, Haisken-De New and Shields 2003; Kraft 2000).

Several interesting debates arise from the consideration and attempted empirical measurement of wellbeing. What are the relative contributions of fixed personality traits, environmental circumstances and life events? Is it actual circumstances that matter, or rather relativities to some perceived norm? It is clear that humans have an intrinsic tendency to be happy and satisfied, or at least to report that they are happy and satisfied. When people are asked to rate their levels of happiness or life satisfaction on a scale the resulting distribution is highly skewed. If you picture a “neither satisfied nor dissatisfied” midpoint, the vast bulk of responses lie to the satisfied side of the scale. Clearly, a general sense of wellbeing is felt by people who have experienced vastly different degrees of fortune and adversity. People seem to be far more satisfied with aspects of their “private domain”, such as their marriage, family life and job, than they are with things in the public domain, such as the social security system, public safety or the environment (Glatzer 1991: 266-267). Cummins’ “Theory of Subjective Wellbeing Homeostasis” proposes that
humans have evolved such that subjective wellbeing is actively maintained at a positive level by psychological devices; much like the body biologically maintains blood temperature and blood pressure in a narrow range (Cummins, Eckersley, Pallant, Van Vugt and Misajon 2003). Is the observed variation in happiness or life satisfaction predominantly due to “fixed effects”, where certain individuals have a positive disposition and others a negative disposition towards life, or is satisfaction mainly shaped by life events? The truth appears to be some combination of the two.

There are personality traits and relatively stable characteristics, such as being married, which are associated with higher levels of life satisfaction. But life events, such as the death of a loved one, also clearly have an impact. The impact of life events will also vary according to mediating factors such as personality traits. Social support networks for example, may improve wellbeing both directly and indirectly through an improved capacity to cope with life events. (Headey and Wearing 1991; Veenhoven 1991) How transitory such effects are is another matter. Brickman, Coates, and Janoff-Bulman’s (1978) famous study of lottery winners and persons who became paralyzed after accidents shows that humans have a remarkable ability to cope with life events. Such findings provide strong support for “adaptation level theory” which suggests that humans become accustomed to their circumstances or “level of stimuli” and that it is only when there is a change in these factors that there is a resulting change in overall satisfaction (Argyle and Martin 1991: 82). This theory is useful in explaining the absence of a robust relationship between income and satisfaction – it is only changes in income that invoke a change in satisfaction. This could be put more generally to say that it is deviations from the individual’s perceived norm that invokes heightened or diminished satisfaction. Thus a person’s income relative to the average income in their neighborhoods or socio-economic circle may be more important than absolute income in shaping feelings of satisfaction.
Empirical support for the adaptation level theory and for the notion that comparisons are more important than absolutes can be readily found in the literature. The term “habituation” also appears for the phenomenon of people becoming satisfied with the circumstance they are used to and “rivalry” for the tendency of people to base their satisfaction on their circumstances relative to others (Layard 2003b). By the same token, there are persons who are permanently happy or unhappy, in contradiction to the idea of adaptation. It is also clear that absolute conditions can have a very strong effect on wellbeing – at the international level there is a correlation between measured happiness and income per capita. Economic conditions in poverty stricken nations drastically reduce happiness (Veenhoven 1991)

1.15 EVALUATION OF LIFE SATISFACTION:

What goes on inside a person’s head when he or she evaluates life? Speculation on such matters was a major theme in the study of happiness by the early philosophers. This issue has received a considerable amount of renewed interest during the present century. It is not just curiosity about the inside of the ‘black box’ which has led to renewed interest, but rather the far-reaching consequences which follow from the different perspectives on the possibility of creating greater happiness for a greater number of people (to be discussed in the next section). Calculus or inference?

Utilitarian philosophers spoke of happiness as the ‘sum of pleasures and pains’, established in a ‘mental calculus’. This view on the evaluation process is still dominant today. It is believed that life-satisfaction is assessed in a similar way to accountants calculate profit. We would count our blessings and sufferings and then strike a balance. The judgment is then a ‘bottom-up’ process, in which appraisals from various aspects of life are combined into an overall judgment. Following this line, Andrews and Withy (1976) suggested that satisfaction with life-as-a-whole is calculated on the basis of satisfactions with various aspects of life. In this view, we first evaluate domains of life, such as our job and marriage, by comparing
the reality of life with various standards of success. Only then would we compute an average, weighted by perceived importance of domains and standards.

Andrews and Withy demonstrated high correlations between satisfaction with life-as-a-whole and appraisals of various aspects of life, but found no evidence for the presumed weighing. Michalos' (1985)

Multiple-Discrepancy-Theory also depicts life-satisfaction as the balance of various sub evaluations. Sub-evaluations are assessments of the discrepancy between perceptions of how one’s life is, with notions of how one would like it to be. The five main standards for comparison are: what one ‘wants’, what one ‘had’ earlier in life, what one ‘expected’ to have, what one thinks ‘other people’ have, and what one thinks is ‘deserved’

Michalo’s(1985) provides ample evidence that small discrepancies are accompanied by high satisfaction with life-as-a-whole. Multiple regression analysis showed that life satisfaction is primarily a function of the perceived discrepancy between reality and ‘wants’. Though satisfaction with life-as-a-whole is statistically correlated with appraisals of various aspects of life, it has not been established that life-satisfaction is causally determined by these sub-evaluations. The correlation could also be due to ‘topdown’ effects. For instance, when assessing one’s job-satisfaction, a person may reason.

“I am generally happy, so apparently I like my job”. Panel-analysis has demonstrated strong effects of this kind. Actually, the effect of life-satisfaction on the perceived discrepancy between what one has, as against what one wants, is greater than the effect on the respective life satisfaction evaluation for some domains (Heady and Veenhoven, 1989). These findings have been criticized on methodological grounds by Scherpenzeel and Saris (1996).

Inference on the basis of feeling: A rival theory is that evaluations of life draw on cues that provide indications of the quality of life as a
whole. An internal cue of this kind is how well one generally feels. If pleasant feelings dominate, then it is assumed that life can't be bad. This could be called ‘affective inference’. An external cue is how satisfied other people think one is. This is called ‘reflected appraisal’. The available evidence suggests that internal affective cues are far more important than external social ones. Life-satisfaction is much more related to matters of mood than to reputation. Reports of daily feelings correspond closely to satisfaction with life-as-a-whole, whereas peer-ratings of life-satisfaction correlate only modestly with self-ratings. In assessing how we generally feel, we seem to focus on the relative frequency of positive and negative effects, rather than on the remembered intensity of joy and suffering (Diener et al., 1991).

Differences in evaluating life-as-a-whole and life-domains: The evaluation-process is not identical for all objects. Global inference is the rule in evaluations of life-as-a-whole, and piecemeal calculations most common in evaluations of domains of life. Schwarz and Strack (1991) showed that evaluations of life-as-a-whole focus on how one generally feels. This facilitates the judgmental task. Most people know fairly well how they generally feel.

The alternative of ‘calculating’ life-satisfaction is more difficult and time-consuming. It requires selection of standards, assessments of success and integration of the appraisals into an overall judgment. Not only does this involve more mental operations, but it also entails many arbitrary decisions. Still, people sometimes choose to follow this more difficult road. A condition which encourages people to make this choice is the presence of ambiguity when trying to define one’s typical mood; for instance, a state of depression may not fit one's idea of how one generally feels.

Another factor that encourages the calculative approach may be the availability of salient information for the purposes of comparison, such as the earlier mentioned confrontation with a person in a wheelchair.
Evaluations of specific aspects of life are hard to derive from estimates of general feelings. Affect is less informative in this case. One can be satisfied with one’s job, but still feel generally dissatisfied, because of a bad marriage and poor health. On the other hand, calculating is less difficult when specific life domains are concerned. Domains of life are easier to oversee than life-as-a-whole, and standards of success are often more evident.

Much of the research on determinants of life-satisfaction is prompted by the hope of finding ways to create greater happiness for a greater number. However, the search could also lead to the conclusion that this hope is false. For instance, further research may confirm theories of satisfaction which imply that the improvement in living conditions does not reduce discontent. One such theory is that life-satisfaction is relative. Another is the theory that life-satisfaction is a stable trait.

1.16 SIGNIFICANCE OF STUDY

Liberalization, privatization and globalization have seen significant growth in employment opportunities for both men and women. This new found social status has effect on the psychological state of women as well as their adjustment towards various aspects of life.

This study will attempt to assess the stress level, depression, anxiety and other psychological states of Indian women. An insight into the economic, social and personal needs of women will go a long way in improving the mental health and coping abilities in them. In Indian society, in urban areas more and more women are sharing financial responsibility. In matters of decision making women are neglected and they are not consulted on important matters. Similarly there are no compromises as far as housework is concerned. They are expected to fulfill this responsibility also without any support from men. In organizations where women work they are not given critical support which is needed by women at the time of childbirth, or sickness.
Non working women are also required to take care of all household responsibilities. They suffer from fatigue, boredom, monotony and depression. There is a need to change the attitude of the society towards women so that they also live a normal purposeful life. Their important role should be appreciated and acknowledged and they should be given all type of support so that they can withstand the pressures on their lives and do not suffer from psychological problems.

1.17 STATEMENT OF THE PROBLEM

Statement of the problem: "A study of Emotional states and Life satisfaction among working and non working women"