The present study was aimed at to find out the factorial structure of health and well being. Health is described and explained in various discourses that are socially constructed. The concept of ‘health,’ ‘mind’ and ‘body’ vary across time and place, but for all cultures they play a fundamental role in the experience of being human. ‘Health’ is one of such terms which most of the people find it difficult to define though they understand what it means. Defining health does not merely serve a nominal need of health analysis but has operational relevance for health practice. Social causes of illness are different from social origins of health because the latter determine our perceptions of health. Medical sociology takes a wider view of health by studying it in the light of values and social structure. Accordingly, such definition of health has differed across cultures and over time.

General Well Being (GWB) may be termed as the subjective feeling of contentment, happiness, satisfaction with life experiences and of one’s role in the world of work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry etc. These things are difficult to evaluate objectively, hence the emphasis is on the term “Subjective” Well Being. It may well be maintained in adverse circumstances and controversy may be lost in favorable situation. It is related to but not dependent upon the physical conditions.

Swami et al. (2007) studied that general health mediates the relationship between loneliness, life satisfaction and depression. Result shows that life satisfaction was negatively and significantly correlated with suicidal attitudes, loneliness and depression; and positively with health, which was negatively and significantly correlated with depression and loneliness. Self-concept was negatively correlated with loneliness and depression, depression was positively and significantly correlated with loneliness. Mediational analyses showed that the effects of loneliness and life dissatisfaction on depression were fully mediated by health.
Kalfoss (2010) studied quality of life among Norwegian older adults. Results indicate the need for multidimensional assessments of QoL among older adults related to health, psychological, personal competency, social, environmental, and spiritual indicators. Issues related to time use, happiness, cognitive functioning, self-concept, coping with change, social functioning, self-determination, altruistic activity, living conditions, security, and technological aids should also be considered in future assessments of QoL.

A single sample correlational, repeated measure multivariate design was used. On the basis of the research conducted in this field a battery of 9 tests was used. A total of 300 subjects were tested.

The used measures were as follows:

(1) PGI Health Questionnaire N-1, (2) Cognitive Interference task, (3) The Bender Gestalt Test, (4) Subjective Well Being Inventory, (5) Oxford Happiness Questionnaire, (6) Self Esteem Inventory, (7) Satisfaction With Life Scale, (8 ) Beck Depression Inventory, and (9) Spirituality Index of Well Being.

These nine tests yielded 9 scores after scoring. Then the correlation coefficients and Principal Component Factor Analysis was done. There were only two factors emerged and factor 1 explained total variance of 35.672%, while the factor 2 explained 12.634% of variance. Both factors explained total variance of 48.306%.

The correlation matrix suggested that satisfaction with life scale, happiness, self esteem and subjective well being are positively correlated with each other and showing significant correlation coefficients. But psychosomatic symptoms, despirituality, depression, and disorganized psyche were positively related with each other, showed that these negative aspects of health and well being together affect the overall well being of a person. Cognitive interference did not have any significant correlation except happiness.

In the end it can be concluded that there are two groups of variables found, in which one is positively related with health and well being (i.e. satisfaction with life scale, happiness, self esteem subjective well being) and another is negatively related with health (i.e. depression, despirituality, disorganized psyche & cognitive interference). So, these variables can be collectively used to measure the factorial structure of health and well being.