SUMMARY

Last few decades have witnessed the huge number of studies on negative emotions like anger, anxiety and depression. Even negative emotions trounced positive emotions by a 17-to-1 ratio and health has more often been defined negatively in terms of what is present when health is absent. Now, some researchers have started taking serious note of this gloomy scenario and have been explaining what is present when health is present. However, World Health Organisation defines health as a state of physical, mental and social well-being, and health indicators should ideally be given in terms of positive well-being rather than in terms of physical, mental and social pathology, morbidity or rate of mortality. Hence, as a result, social scientists, policy-makers and laypeople have started expressing increasing interest in the conditions, traits and attitudes that defines quality of life and well-being.

Research in the field of well-being reveals that demographic variables (like age, sex, education, income, religion etc.) fail to account for substantial amounts of variance in individuals’ perceptions of their well-being. Although situations influence the well-being, these have virtually no long-term impact. Partly as a result of the lack of predictive power of external factors, researchers have turned to internal influences on well-being such as personality variables.

Even major life events influence only people’s short-term well-being and people very soon return to their baseline of well-being. Research suggests that the level of well-being is determined by stable individual characteristics i.e., personality traits. There are only a few studies that link the well-being with traits and that too only with very few traits. Therefore, a great need was felt to explore the relationship
between various personality traits and well-being. Thus to fill in the gap in knowledge, the present study was designed to investigate the personality correlates of well-being.

For this purpose, a total sample of 300 adults (age range 20-50 years, both males and females) from general population of almost all walks of life (teachers, advocates, doctors, students, house-wives, post-office employees, library employees, All India Radio employees, school education board employees, M.D. University employees, LIC employees, telephone exchange employees, bank employees, shop-keepers and miscellaneous) were selected on the basis of availability from Rohtak, Bhiwani, Faridabad, Delhi and Lucknow.

In order to assess the personality of the respondents, the 16 Personality Factor Questionnaire and Self-Esteem Inventory were used. On the other hand, to map the well-being of the subjects, Subjective Well-Being Inventory, General Health Questionnaire - 12, and Life Satisfaction Scale were used. Because, unlike remaining tools, Subjective Well-Being Inventory and Life Satisfaction Scale were in English, these were translated into Hindi, and their reliability and validity were ascertained.

Because of the length of total testing period, these questionnaires were divided in two sets. One set consisted of 16 Personality Factor Test only, and another set consisted of remaining four questionnaires. The respondents were contacted individually and explained the purpose of the study. Then after ensuring that they had not undergone any significant and major life change in ongoing past two months, they were given either of the sets to reply. After this first testing session, as per their convenience, they were again contacted next day or day after tomorrow and requested to reply the other set of questions. The questionnaires and
the sets were well shuffled before presenting these to the respondents to avoid serial position effect, if any. Scoring of the tests and scales was done as per the prescribed norms. Product moment correlations were computed to find out the correlations between various personality factors and components of well-being.

Research shows that the key indicators of well-being include positive affect, negative affect and life satisfaction. In the present study, these three key and some other indicators were studied. Major findings about these key indicators of well-being reveal that persons who are outgoing, more intelligent, emotionally stable, happy-go-lucky, conscientious, venturesome, and having high self-concept control experience more positive affect. Persons who are aggressive, tenderminded, suspicious, bohemian, shrewd, worrying, tense, and having high anxiety experience more negative affect. And as far as life satisfaction is concerned, outgoing, persons having higher ego strength, happy-go-lucky, conscientious, venturesome, liberal, socially precise, and extraverts are more satisfied with their life where as tenderminded, bohemian, apprehensive, tense, and incisive persons experience less life satisfaction. Similarly, significant correlations were found between various personality traits and other components of Subjective Well-Being Inventory, General Health Questionnaire, and life satisfaction. Later on, separate stepwise multiple regressions were done for (i) finding out the significant predictors of various well-being measures from the primary 16 traits of 16 PF test and self-esteem, and (ii) finding out the significant predictors of various well-being dimensions from the 04 secondary order factors of 16 PF test. It was found that among self-esteem and the 16 primary traits, self-esteem significantly predicted 8 well-being dimensions out of 13, conscientiousness predicted transcendence, surgency predicted
primary group concern, tendermindedness predicted inadequate mental mastery, assertiveness predicted perceived ill-health, and social-boldness negatively predicted negative affect. Secondly, among the 04 second order personality traits of 16 PF test, *extraversion* emerged as the most significant contributing predictor for most of the well-being dimensions. None of these 04 predictors contributed for family group support and social support. Out of the remaining 11 well-being dimensions, 7 were significantly predicted by the extraversion itself. It contributed positively in the prediction of confidence in coping, primary group concern, and life satisfaction whereas it contributed negatively in the prediction of inadequate mental mastery, perceived ill-health, deficiency in social contacts, and negative affect. *Anxiety* was found to predict significantly and negatively the positive affect and expectation-achievement congruence, and to predict positively the psychological problems (assessed by the GHQ scores). Last but not the least, *tough poise* trait was found to predict transcendence negatively. In conclusion, in the present investigation, significant correlations were found between some personality traits and various well-being dimensions.