Chapter-I

INTRODUCTION
CHAPTER - I
INTRODUCTION

Who is happy? Are persons of a particular age, gender, or income level are happier than others? Do certain genetically predisposed traits make one more happy? Or supportive relationships? Or a spiritual perspective?

Myers (2000) concluded, "Such questions not only went unanswered during most of psychology's first century, they went largely unasked as psychologists focused on illness more than health, on fear more than courage, on aggression more than love. An electronic search of Psychological Abstracts since 1887 turned up 8,072 articles on anger, 57,800 on anxiety, and 70,856 on depression, while only 851 abstracts mentioned joy, 2,958 happiness, and 5,701 life satisfaction. In this sampling, negative emotions trounced positive emotions by a 17-to-1 ratio (even greater than the 7-to-1 margin by which treatment exceeded prevention)." Even today, our literature talks more about sufferings than about happiness.

Even health has more often been defined negatively in terms of what is present when health is absent. A number of researchers have taken a serious note of this definition of health by default and have attempted to redefine it in terms of what is present when health is present. They have been concentrating on extending the scope of health, beyond the mere absence of disease or infirmity and, even beyond considering it "as a state of complete physical, mental and social well-being." Bisht (1985) rightly remarks, "On the criteria of physical, mental and social well-being, man's status would hardly be better than that of the animal.
Judged by the prevailing criteria, a pack of wolves, compared with a group of human beings, would be physically strong, mentally alert, and socially well-knit, and would thus be 'healthy.' The nature or evolutionary demand on man being much more complex, man being a creature perpetually driven by an urge for progress, an ideal condition of health for man ought to depend on something subtler. Health, therefore, needed to be perceived in a broader sense, involving human values and qualities of life that man aspires to achieve.”

Erikson (1968) also stated, “I cannot accept the conclusion that just to be alive, or not to be sick, means to be healthy.” It has been argued that maintenance of health encompasses, in addition to treatment of physical disease, coping mechanisms of dealing with psychological stress, prevention through changes in the environment, promotion of healthy life styles and general well-being. A case for the ‘perfect functioning’ approach to health has been made which conceptualises it, socially, as a state in which the individual’s capacities for participation in the social system are optimal; biologically, as a state in which every cell and every organ is functioning at optimal capacity and in perfect harmony with the rest of the body; and psychologically, as a state in which the individual feels a sense of “well-being” and of mastery over his self and environment. So, the world has started giving due importance to the concept of well-being.

**DEFINING WELL-BEING**

In recent years, both in the scientific as well as in popular literature, there is an increased interest in the quality of life, the attributes that describe quality of life, and events that affect quality of life. Most often, quality of life is conceptualized as a composite of physical,
psychological and social well-being of an individual, as perceived by the person or the group. A very important aspect of quality of life is the happiness, satisfaction or gratification subjectively experienced which is often called as well-being.

Well-being is not a unidimensional or unitary construct, and scholars in this area generally advocate examining different types of indicators. Well-being research is concerned with individual’s subjective experience of their lives. The underlying assumption is that well-being can be defined by people’s conscious experiences-in terms of hedonic feelings or cognitive satisfactions. The field is built on the presumption that to understand the individuals’ experiential quality of well-being, it is appropriate to directly examine how a person feels about life in the context of his or her own standards. Some important definitions of well-being are as follows:

Veenhoven (1984) defines subjective well-being as the degree to which an individual judges the overall quality of his or her life as a whole in a favourable way. In other words, subjective well-being is how well the person likes the life he or she leads.

Verma and Verma (1989) have defined general well-being as “the subjective feeling of contentment, happiness, satisfaction with life’s experiences and of one’s role in the world of work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc.”

Vandewater, Ostrove, and Stewart (1997) used the term well-being in an inclusive sense, intending to invoke all of the positive aspects of mental health and functioning appropriate to a particular life period.

Shmotkin and Lomranz (1998) state, “subjective well-being refers to the overall evaluation of one’s quality of life on a positive – negative continuum and is more intuitively conceived as happiness or satisfaction.
Reflecting the individual’s essential outlook on life, it provides a positively termed, albeit crude, indicator of adjustment and mental health.”

While defining general well-being, Verma and Verma (1989) further stress that these things are difficult to evaluate objectively, hence the emphasis is on the term “subjective” well-being. Despite the impression that “subjective” connotes lesser scientific credibility, well-being measures possess adequate validity (Diener and Suh, 1997). In fact, there are some theories that posit well-being is determined largely by psychosocial states of individuals. Theorists such as Campbell Converse, and Rogers (1976) and Markides and Martin (1979) have suggested that subjective assessments of various psychological states are more important determinants of well-being than objective assessments. For example, Larsen (1978) and George and Landerman (1982) have argued that self-perceived health measures provide better estimates of global well-being than objective measures (e.g., physician’s ratings). Larsen concluded that purely objective measures “are not necessarily the most accurate estimates of the extent to which a person’s condition is painful and debilitating.”

Besides, another interesting finding is the surprisingly small correlations that are often obtained between well-being and objective resources. There has been widespread recognition that economic indicators (wealth) and so-called objective social indicators (environmental, health, housing indicators, etc.) do not adequately monitor national well-being (Carley, 1981; Headey Holmstrom, and Wearing, 1985).

So, it could be concluded that objective characteristics /features /commodities (such as level of income of the household or individual,
accumulated possessions or durables, position with respect to debts, etc.) are conceived of as being adapted and translated by subject-bound perceptions and individual judgements, resulting in a differential, individual "subjective" assessment of these characteristics. Hence, reports of well-being are, by nature, subjective assessments. These definitions, studies and conclusions give some idea about the nature of well-being which has been taken up in due details as follows.

NATURE OF WELL-BEING

There are several cardinal characteristics of the concept of well-being (Diener, 1984). First, it is subjective. According to Campbell (1976), it resides within the experience of the individual. Notably absent from definitions of well-being are necessary objective conditions such as health, comfort, virtue, or wealth (Kammann, 1983). Although such conditions are seen as potential influences on well-being, they are not seen as an inherent and necessary part of it. Hence, well-being is defined in terms of the internal experience of the respondent. An external frame of reference is not imposed when assessing well-being.

Second, well-being includes positive measures. It is not just the absence of negative factors, as is true of most measures of mental health. The field covers the entire range of well-being from agony to ecstasy. It does not focus only on undesirable states such as depression or hopelessness. Instead, individual differences in levels of positive well-being are also considered important, means that it also deals with the factors that differentiate slightly happy people from moderately happy and extremely happy people.

A final hallmark of well-being is that the field focuses on longer-term states, not just momentary moods. Although a person's moods are
likely to fluctuate with each new event, the well-being researcher is most interested in the person’s moods over time. Often, what leads to happiness at the moment may not be the same as what produces long-term well-being. Thus well-being researchers are interested in relatively enduring feelings of well-being, not just fleeting emotions (Diener, Suh, and Oishi, 1997).

It is highly significant to note here that, for more than 25 years, the study of well-being has been guided by two primary conceptions of positive functioning. One formulation, traceable to Bradburn’s (1969) seminal work, distinguished between positive and negative affect and defined happiness as the balance between the two.

The second conception, which has gained prominence, emphasizes life satisfaction as the key indicator of well-being. It seems important to note that Myers and Diener (1995) define subjective well-being as “the relative presence of positive affect, absence of negative affect, and satisfaction with life.” Pavot, Diener, Colvin, and Sandvik (1991) define life satisfaction as “a global evaluation by the person of his or her life.” Viewed as a cognitive component, life satisfaction was seen to complement happiness, the more affective dimension of positive functioning.

Campbell, Converse, and Rogers (1976) originally made the distinction between an affective and a cognitive component of quality of life. It is related to the debate as to whether quality of life is a rational or an emotional phenomenon (Veenhoven, 1984). As per both the studies, affect covers emotion or the pleasantness of experiences; cognition refers to rational appraisal: perception, reasoning, thinking and satisfaction.

Well-being is structured such that these three components form a global factor of interrelated variables. Each of the three major facets of
well-being can in turn be broken into subdivisions. Each of the subdivisions of affect can also be subdivided even further. Well-being can be assessed at the most global level, or at progressively narrower levels, depending on one's purposes. For example, one researcher might study life satisfaction, whereas another might study the narrower topic of marital satisfaction.

Following table presents the major divisions and sub-divisions of the field:

**Table 1. Showing Components of well-being:**

<table>
<thead>
<tr>
<th>Pleasant Affect</th>
<th>Unpleasant Affect</th>
<th>Life Satisfaction</th>
<th>Domain Satisfactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy</td>
<td>Guilt and shame</td>
<td>Desire to change life</td>
<td>Work</td>
</tr>
<tr>
<td>Elation</td>
<td>Sadness</td>
<td>Satisfaction with current life</td>
<td>Family</td>
</tr>
<tr>
<td>Contentment</td>
<td>Anxiety and worry</td>
<td></td>
<td>Leisure</td>
</tr>
<tr>
<td>Pride</td>
<td>Anger</td>
<td>Satisfaction with past</td>
<td>Health</td>
</tr>
<tr>
<td>Affection</td>
<td>Stress</td>
<td>Satisfaction with future</td>
<td>Finances</td>
</tr>
<tr>
<td>Happiness</td>
<td>Depression</td>
<td>Significant other's views of one's life</td>
<td>Self</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>Envy</td>
<td></td>
<td>One's group</td>
</tr>
</tbody>
</table>

(Source: Diener, Suh, Lucas, and Smith, 1999)

So, well-being is clearly a multidimensional construct and the commonly proposed tri-partite structure of well-being - life satisfaction, positive affect, and negative affect - can be sustained. The substantial increase in well-being research in the last decade has included a considerable amount directed at issues concerned with the structure of well-being. Various proposals have been made for the factorial structure
of well-being, distinctions have been suggested between various components of well-being, and a number of issues related to well-being structure have received attention. The review of literature reveals a number of major distinctions between dimensions of well-being that are as follows:

1. **The Affect-based Versus Cognitive-based Well-Being:** Individually experienced well-being can be characterized by emphasizing the affective (emotional) or cognitive (rational) aspects of it. Various studies using factor analysis to identify well-being dimensions have often labeled their resultant factors in terms of this affective-cognitive distinction. The affective concept takes well-being as an individual’s personal feeling or emotion with respect to those aspects which are relevant to his/her life, resulting from his/her situation or background and personality. On the other hand, in the cognitive approach, individual well-being is conceived of as being created on the basis of a comparison of aspects of the actual situation with an ideal or desirable situation. Thus here relevant aspects are defined by the individual himself.

2. **The Positive – Negative Distinction:** Since Bradburn (1969) published *The Structure of Psychological Well-being*, a distinction between positive and negative components of well-being has been widely used. Bradburn postulated that pleasant affect and unpleasant affect are not polar opposites rather each correlates with a distinct set of personality traits. These findings have been replicated and supported by Costa and McCrae (1980), Diener and Emmons (1985), and Watson, Clark, and Tellegen, (1988). However, some theorists (Russell, 1980; Green, Goldman, and Salovey, 1993) suggest that pleasant and unpleasant affect
are really two poles along a single dimension. This debate about whether pleasant and unpleasant affect are independent dimensions or opposite poles of a single dimension continues without any resolution yet.

3. **The Frequency – Intensity Dimension**: In seeking to resolve the debate about the independence of pleasant and unpleasant affect, Diener, Larsen, Levine, and Emmons (1985b) proposed a distinction between the frequency and intensity of affect. Diener, Sandvik, and Pavot (1991) reported that judgements of well-being are based primarily on the frequency of pleasant affect, and less so on the intensity of affect. They argued that intense positive emotions are less important to the experience of long-term emotional well-being because such intense emotions are so rare, and also because they are often counterbalanced by costs. Moreover the frequency of positive and negative affect covaried inversely, whereas the intensity of positive and negative affect was highly positively correlated.

4. **The Inner – Outer Distinction**: A re-examination of the variables influencing positive and negative affect suggests that negative affect tend to be most strongly influenced by inner-directed variables (e.g., perceived stress and symptoms), whereas positive affect is more strongly influenced by outer-directed variables (e.g., social support). To summarize, the interior and exterior dimensions of Lawton (1983) are also suggested as general dimensions of well-being from a variety of sources. However, some evidence also suggests that inner and outer are simply alternative labels for negative and positive affect.
5. **Momentary versus Long-Term Mood:** It is clear from time-sampling and observational studies that human emotions fluctuate over time (Diener and Larsen, 1984). Although emotions fluctuate, however, they move around a mean level that varies across individuals. That is, life events produce upward or downward shifts in a person's momentary or daily affect, but when moods are averaged over several weeks or months, these shifts average out to reveal the person's mean level of emotion. It is this mean level that exhibits a degree of stability over time and across situations, and forms the core of well-being. This stability in the average emotional life of individuals transcends the momentary fluctuations in mood. Moreover, this coherent pattern is related to other variables in interesting and theoretical ways, thus making long-term well-being an important scientific construct.

6. **Discrete Emotions versus Global Pleasantness:** In many studies of affect, discrete emotions such as joy, anger, or anxiety are the focus. Although studying long-term average levels of discrete emotions is certainly worthwhile, there are also reasons for studying well-being as the global or average level of pleasant and unpleasant emotions for some reasons: First, *situations* that produce an unpleasant emotion (such as fear) also usually produce other unpleasant emotions (such as anger or sadness; Polivy, 1981). Second, there is a *tendency* for individuals who often experience specific unpleasant emotions to frequently experience other unpleasant emotions as well (Watson and Clark, 1984; Diener and Emmons, 1985). Third, many of the cognitive and action tendencies that occur with specific emotions are likely to occur with other emotions of the same hedonic valence. Thus there seems to be a degree of covariation among the specific pleasant emotions and among the discrete unpleasant
emotions, which justifies study at a more global level.

**A General Dimension of Well-Being:** If the case can be made for different dimensions of well-being, "each having its own, different correlates," then is it useful to invoke a global construct of well-being? Can a single score summarize well-being? These issues have received considerable attention in the literature. Bradburn (1969) finding his dimensions of positive and negative affect to be uncorrelated, postulated that general well-being was best conceived as a balance between the negative and positive affects experienced. This notion of an overall balance score has been widely used in research, and often found to be a useful summary measure of general well-being (Costa and McCrae, 1980; Kammann and Flett, 1983; Headey, Holmstrom, and Wearing, 1985). Several other researchers have postulated the value of an overall global score for well-being.

Viet and Ware (1983) presented a factor structure for their Mental Health Index. This identifies two sub-global factors (which they labeled psychological distress and psychological well-being respectively) and an overall global factor (labeled Mental Health). Beneath the sub-global level, more specific factors, such as anxiety, depression, and positive affect were derived. Tanaka and Huba (1984) using confirmatory factor analysis supported this structure. Taken together, these results support the proposals for a general second-order dimension of well-being, which can be usually indexed with a single summary score.

In conclusion, no doubt, well-being is clearly a multidimensional construct it appears that the dimensions are not independent, and the existence of a second-order factor of general well-being receives strong empirical support (Chamberlain, 1988). A consensus is emerging on a
hierarchical structure of well-being, with one global and several sub-global components. This suggests that well-being can be assessed at either level, depending upon the requirements of the research. However, it is recommended that, since sub-global components have been shown to have their own, different correlates, it can be more appropriate to obtain sub-global assessments wherever possible. In this way, a better understanding of underlying processes which influence well-being is likely to be attained. However, psychologists are paying full attention on one more issue of debate whether well-being in itself is a "stable" response.

Well-being researchers have an implicit assumption that well-being is relatively stable (Andrews and Withey, 1976; Campbell, Converse, and Rogers, 1976). If well-being were a transient response, there would be little reason to develop policy implications based on empirical research with such variables. Various researches support this stability argument (Diener, 1984; Diener and Larsen, 1984; Veenhoven, 1984; Costa, McCrae, and Zonderman, 1987). It would appear that the concept of well-being is considered by these researchers to be a stable response. Such stability can be the product of either personal characteristics, or stable environmental conditions.

On the other hand, there are findings which concluded that judgements of well-being are often made on the basis of mood and transient influences (Schwarz and Strack, 1985; Moun, 1988). These studies established a relationship between mood and well-being. For example, Schwarz and Clore (1983) found that subjects in positive affect conditions (happy recall condition) reported significantly greater well-being than the subjects in negative affect conditions (sad recall
condition). It would appear that the concept of well-being is considered by these researchers to be an unstable response. Such instability can be the product of either changes in personal characteristics, or changes in environmental conditions.

The above discussion suggests two apparently inconsistent positions about the relative stability of well-being. On the one hand, well-being appears to display considerable stability over time and across situations. On the other hand, well-being appears to be susceptible to transient factors. To resolve this controversy, Yardley and Rice (1991) conducted a study and concluded that well-being shows stability over time and that it is influenced by transient variables. The stable character of well-being is supported by the significant relationship between prior well-being and current well-being. The unstable character of well-being is supported by the significant relationship between current well-being and current mood.

The results of their study, in conjunction with prior research, suggest a two-component model of well-being. Within such a model, the responses of individuals to well-being measures at any particular point in time are a function of (1) stable personal characteristics and stable life conditions, and (2) changes in personal characteristics and changes in life conditions.

Methodological Implications of These Findings: The two-component model of well-being suggested by this research has important methodological implications. To assess the stable component of well-being more accurately, the researchers should control for momentary variance in well-being. For this purpose, two approaches should be considered. One approach involves statistical controlling for the effects of
mood and other transient variables. By partialling out the effects of transient variables from any relationship between well-being and some third variable, researchers may have a truer picture of the relationship between the stable component of well-being and the third variable.

A second approach involves repeated assessment of well-being at regular intervals over some specified period of time. Presumably, the mean of repeated well-being responses would be less strongly influenced by mood and other momentary factors than a single well-being response collected at just one point in time. The effects of any momentary factors should balance out over the period during which the repeated measurements are collected. As a result, the mean of repeated well-being responses might be a more valid estimate of the stable component of well-being than is any single measure within the longitudinal series. As a consequence of improved validity, correlations involving the mean of repeated well-being responses may provide a more theoretically meaningful pattern of empirical correlates than is the case for well-being responses collected at any single point of time. Besides, it is also crucial to note that adaptation also highly influence the well-being of the people.

**Well-Being and Adaptation**

In a classic 1971 article, Brickman and Campbell suggested that all people labor on a "hedonic treadmill." Gain and/or loss have a strong but temporary effect and people soon adapt to the changed circumstances. Hence people are destined to hedonic neutrality in the long run. Since then, this notion of adaptation has been supported by various researches conducted under different circumstances (Silver, 1982).

Researchers have accumulated the evidence that many life circumstances surely correlate with well-being but at only modest levels,
again supporting the idea of adaptation (Campbell, Converse and Rogers, 1976; Okun and George, 1984; Diener, Sandvik, Seidlitz, and Diener, 1993; Diener, Diener, and Diener, 1995). Certainly, the changes in life circumstances do bring variance (little or much) in positive or negative affect, most people very quickly return toward the baseline conditions of mood experienced (Stone and Neale, 1984; Suh, Diener and Fujita, 1996). Brickman and Campbell’s (1971) basic idea has stuck: People do react strongly to good and bad events, but they then tend to adapt over time and return to their original level of happiness.

Brickman and Campbell’s (1971) theory, however, has been refined in several ways. First, people may not adapt back to neutrality but may instead return to a positive set point. Diener and Diener (1995) noted that most well-being reports are in the positive range, above the neutral points of the scales. Cacioppo, Gardner, and Berntson (1999) suggested that there is a “positivity offset,” meaning that there is a weak approach tendency in the absence of stimulation. Thus, the set point first postulated by Brickman and Campbell actually might be in the positive range because humans are predisposed to feel predominantly pleasant affect if nothing bad is happening.

Another refinement of the hedonic treadmill idea is that the baseline level of happiness to which people return is influenced by their temperament. One reason to integrate personality with the concept of adaptation is that personality predispositions appear to be one of the strongest factors influencing long-term levels of well-being. Greatest support of this concept is the Dynamic Equilibrium Model of Headey and Wearing (1992) which combines adaptation with personality. They proposed that people maintain levels of pleasant affect and unpleasant affect that are determined by their personalities. Events and
circumstances do influence happiness, but in the long-term, the impact of personality will also exert itself and over time individuals will return to their personal baselines.

Lastly, one must remember that, although personality is undoubtedly an important contributor to long-term levels of well-being, it is an exaggeration to conclude that circumstances have no influence. People's set points appear to move up or down, depending on the favorability of long-term circumstances, in their lives. It gives the idea that there might be various correlates of well-being - the knowledge of which is necessary to understand the nature of well-being.

CORRELATES OF WELL-BEING

One of the most fundamental problems in research on well-being is uncertainty about which variables cause well-being and which are consequences. Almost all previous research has been about the causes of well-being. However most of the variables described as causes have only been shown to be "correlates" of well-being, and might conceivably be consequences, or perhaps both causes and consequences. Diener (1984) has distinguished between bottom-up and top-down theories of well-being. Bottom-up causation is where particular variables cause well-being and top-down causation is where well-being produces certain outcomes. Simply put, in the top-down model well-being is a cause, while in the bottom-up model it is an effect.

In 1967, Wilson presented the first major review of empirical evidence regarding the "correlates of avowed happiness." He concluded that the happy person is a "young, healthy, well-educated, well-paid, extroverted, optimistic, worry-free, religious, married person with high self-esteem, job morale, modest aspirations, of either sex, and of a wide
range of intelligence”. In the more than 30 years since Wilson’s review, thousands of studies have been conducted, and we now know much more about the correlates of well-being and the same can be discussed in the following paragraphs.

1. AGE: Although Wilson’s (1967) description of the happy individual was accurate in a number of respects, a few of Wilson’s conclusions have been overturned by subsequent research. In his review, Wilson concluded that youth is one of the most important demographic factors influencing well-being - younger people report more happiness than older people. Since the time of Wilson’s review, others addressed the question of age and well-being using sophisticated methodologies and large, representative, international samples. Interviews with representative samples of people of all ages reveal that no time of life is notable happier or unhappier than others (Latten, 1989). This conclusion is reinforced by a 1980s survey of 169,776 people representatively sampled in 16 nations (Inglehart, 1990; see Figure 1).

Figure 1. Showing Age and Well-Being in 16 Nations:

(Source: Inglehart, 1990)
2. **SEX:** Wilson (1967) discusses only one study regarding sex differences in well-being: Gurin, Veroff and Feld’s (1960) survey in which no differences were found. In a recent meta-analysis of 146 studies, Haring, Stock and Okun (1984) showed that men were slightly happier than women, but the magnitude of this difference was very small (mean r = .04). Inglehart (1990), on the basis of the data collected from 169,776 people in the 1980s collaborative survey of 16 nations, reported that 80% of men and 80% of women said that they were at least “fairly satisfied” with life (Figure 2).

**Figure 2.** Showing *Gender and Well Being in 16 Nations:*

![Gender and Well Being in 16 Nations](image)

(Source: Inglehart, 1990)

3. **HEALTH:** Recent research also suggests that Wilson overemphasized the relation between health and well-being. He concluded that health is strongly correlated with well-being. This association, however, holds only for self-reported health measures where an emotional component creeps in (George and Landerman, 1984; Okun, Stock, Haring, and Witter, 1984). The correlation weakens considerably when objective health ratings by physicians are examined (Watten, Vassend, Myhrer, and Syveren, 1997).
4. INCOME: Wilson was correct that income plays a role in well-being, though this relation is more complex than he could have known. In poor countries such as India, where low income threatens basic human needs more often, being relatively well off does predict greater well-being (Argyle, 1999). Wealth, it seems, is like health: Its absence can breed misery, yet having it is no guarantee of happiness. In one survey, people on Forbes’s list of wealthiest Americans reported only slightly greater happiness than other Americans; 37% were less happy than the average American (Diener, Horwitz, and Emmons, 1985).

5. EDUCATION: Small but significant correlations between education and well-being have often been found (Campbell, Converse, and Rogers, 1976; Diener, Sandvik, Seidlitz, and Diener, 1993). Education may contribute to well-being by allowing individuals to make progress toward their goals or to adapt to changes in the world around them. On the other hand, education may raise aspirations. Clark and Oswald (1994) found that the highly educated were more distressed than less educated persons when these groups were unemployed. Being out of work may be more aversive to the former group because of their higher expectations. Thus, education may interfere with well-being if it leads to expectations that cannot be met.

6. INTELLIGENCE: As Wilson (1967) observed, intelligence per se probably does not have a direct impact on well-being. The relation between well-being with other types of intelligence such as social intelligence (Cantor and Kihlstrom, 1989) and emotional intelligence (Mayer and Salovey, 1993) is also worth investigating, although the
concept of emotional intelligence is controversial (Davis, Stankov, and Roberts, 1998). It seems likely that the relation of intelligence to well-being will depend on the degree to which intelligent people share higher expectations that counterbalance their advantages.

7. RELIGION: Marx described religion as the "opiate of masses," suggesting that it leads to greater feelings of well-being. A number of large studies, often based on national samples, also show that well-being correlates significantly (although the effect sizes are not large) with religious certainty (Ellison, 1991), strength of one's relationship with the divine (Pollner, 1989), prayer experiences (Poloma and Pendleton, 1991), and devotional and participatory aspects of religiosity (Ellison, Gay, and Glass, 1989), even after controlling for demographic variable such as age, income, and marital status.

8. MARRIAGE: The positive relation between marriage and well-being noted by Wilson (1967) has been consistently replicated in national and regional surveys conducted in the US (Glove and Shin, 1989), Canada (White, 1992), and Norway (Mastkaasa, 1995). The large-scale surveys reveal that married people report greater happiness than those who were never married or are divorced, separated, or widowed. A meta-analysis by Haring-Hidore, Stock, Okun, and Witter (1985) found an average correlation of .14 between marital status and well-being.

9. RACE: Knowing someone's race also gives little clue to the person's well-being. Despite discrimination, people in disadvantaged groups maintain self-esteem by valuing the things at which they excel, by making comparisons within their own groups, and by attributing
problems to external sources such as prejudice (Crocker and Major, 1989).

10. **CULTURE:** Interestingly, nations differ strikingly in happiness. In general, collectivist cultures report lower well-being than do individualistic cultures, where norms more strongly support experiencing and expressing positive emotions. National differences appear not to reflect mere differences in the connotations of the translated questions. For example, regardless of whether they are German-, French-, or Italian-speaking, the Swiss rank high on self-reported life satisfaction—significantly higher than their German, French, and Italian neighbors (Inglehart, 1990).

11. **EMPLOYMENT STATUS:** Work is the key factor in not only providing social and financial support but also in keeping the person psychologically fit. However, with the increasing size of the giant of population, and with the expansion of education which not only make more and more people educated but also make them eligible and aspirant to get a job, chances of getting employment and/or employment opportunities are gradually becoming dimmer. India has a backlog of approximately 1000 lakh unemployed citizens, and especially in Haryana only, in April 1999 there were 8,09,150 “registered” jobless individuals. The problem of unemployment must not be taken as an economic issue only because it also has its own social, psychological and medical consequences. Socio-psychological research on unemployment generally reveal lowered life satisfaction, self-esteem, psychological well-being, or increased psychological distress and cognitive problems in the unemployed persons (Mohal, 1991).
12. **SOCIAL SUPPORT:** Accumulated research in this area as a whole reveals that social support is related to various indicators of health and well-being. Indeed, people report happier feelings when with others (Pavot, Diener, and Fujita, 1990). Other findings confirm the correlation between social support and well-being. For example, those who enjoy close relationships cope better with various stresses, including bereavement, rape, job loss, and illness (Perlman and Rook, 1987).

13. **LIFE EVENTS:** The effect of life events on well-being was explored by Suh, Diener, and Fujita (1996) in a 2-year longitudinal study of 115 participants. It was found that only life events during the previous 3 months influenced life satisfaction, and positive and negative affect. Only recent life events influenced well-being, distal life events did not correlate with well-being. However, many researchers have shown that well-being is primarily determined by *enduring individual characteristics* rather than by external life circumstances (Costa and McCrae, 1980, 1984; Costa, McCrae, and Zonderman, 1987; Diener, Sandvik, Pavot, and Fujita, 1992).

These are some of the highly researched correlates of well-being. In fact, research suggests that very few demographic factors have strong effects on well-being. Campbell, Converse, and Rodgers (1976), for example, found that all the demographic factors they measured (e.g., age, sex, income, race, education, and marital status) accounted for less than 20% of the variance in well-being. Andrews and Withey (1976) could only account for 8% of the variance using demographic variables. In a recent review of the literature, Argyle (1999) concluded that external
circumstances account for about 15% of the variance in reports of well-being. Although external situations and circumstances matter, it appears that individual reactions to these circumstances are more important in determining well-being. It is in these individual reactions to events that personality is presumed to have its effect.

14. PERSONALITY: Demographic variables fail to account for substantial amounts of variance in individual's perceptions of their well-being (Diener, 1984). 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.

There are some words, like personality, in the English language that have such a fascination for the general public. However, one must take special care to give it a strictly scientific meaning while using it in psychology. A scientific view represents that each one of us unique. We all have our particular ways of thinking, feeling, and behaving which distinguish us from others. These long-standing patterns of thought, emotion, and behaviour constitute personality.

Defining Personality: Although it is hard to define personality, but when Psychologists use this word, they intend to refer to qualities within a person, characteristics of one's behaviour, or both. The most famous definition of personality in the field of psychology has been provided by Gordon Allport (1937) who mentioned both the inner qualities and behaviour with an overemphasis on the inner qualities.

Allport (1937) wrote, "Personality is the dynamic organisation within the individual of those psychophysical systems that determine his unique adjustments to his environment".
In a more recent definition, Cantor and Kihlstrom (1981) stated that, "the field of personality may be defined as that subdiscipline of psychology which is concerned with the distinctive patterns of thought, behaviour, and experience which characterise the individual's unique adjustment to his or her life situation".

Psychologists are also of a particular view that personality is the key factor influencing all behaviour. The same can be easily proved by a very general definition provided deliberately by a great personality theorist - R. B. Cattell (1950), "Personality is that which permits a prediction of what a person will do in a given situation". He further adds, "The role of psychological research in personality is thus to establish laws about what different people will do in all kinds of social and general environmental situations. . . . Personality is . . . concerned with all the behaviour of the individual, both overt and under the skin".

It is, at the same time, interesting to note that no single definition of personality is acceptable to all the psychologists. They, however, agree and argue that there are consistent patterns of differences among people. Secondly, they agree that, in a scientific view, personality can be defined as an integrated pattern of traits. Including the trait approach, there are some influential approaches to personality that highlight the nature of this complex concept. A brief description of the four major approaches to personality is as follows.

1. The Psychoanalytic Approach: This particular school of thought was founded by Sigmond Freud (1920, 1938, 1940/1949). This approach to personality emphasizes the importance of unconscious forces and biological instincts in shaping complex human behaviour. According to Freud, the human personality is organised into three interrelated
structures: id, ego, and superego. The id is a primitive force of inborn biological urges. The ego develops from the id to distinguish between the subjective world of the mind and the objective world of physical reality. The superego is developed by restrictions on id impulses that come from parents and authority figures.

2. The Social-Learning Approach: In this approach (Bandura, 1977) sees personality as a pattern of learned responses produced in part by a history of rewards and punishments and in part by more cognitive processes such as observational learning.

3. The Humanistic Approach: This approach to personality (Maslow, 1968) emphasizes such positive human qualities as the freedom to pursue rational and spiritual goals. According to Maslow, normal human being is motivated by a "hierarchy of needs" - a series of biological and psychological requirements that must be satisfied in a particular order.

4. Type and Trait Approaches: Describing personality structure on the basis of body structure or body types has been a very old practice. One of the first type theorist was Hippocrates, who about 400 B.C. proposed the first such theory of personality. He believed that people can classified as per their four temperament types: sanguine (cheerful, confidently optimistic, vigorous people); melancholic (depressed, morose); choleric (hot-tempered); and phlegmatic (calm, unexcitable, slow-moving people).

Another best - known topologist is William H. Sheldon (1942), a physician and psychologist. He believed that the type of "constitution" (or physical makeup) one was born with determined the type of personality he/she ended up with.
Sheldon (1942) writes in his book, "How shall we observe men, classify them, and measure them? . . . In this book we present a system for treating the problem of individual differences in terms of what appear to be basic components of temperament. These components in turn are tied back to and interpreted in terms of basic components of morphology".

Morphology is a derivation of Greek word - morph (shape or form) and morphology is the study of biological forms, shapes or body types. Hence, by morphology, Sheldon meant "body type", and according to his theory, there are three major morphologies:

1. The **endomorphs**, who have soft, rounded bodies and big stomachs. Sheldon believes that because of this body type, one might have a temperament of becoming very social, enjoy relaxing and lazing about, he/she talks a lot, and prefers the "sweet life" of physical comfort.

2. The **mesomorphs**, who have hard, square, bony bodies with over-developed muscles. Because of this body type, one might like sports, competitiveness, power, be energetic and assertive, courageous and sanguine.

3. The **ectomorphs**, who have tall, thin bodies with over-developed heads. Because of being ectomorph, one might be introvert, inhibited, intellectual, and might prefer being alone to being in the crowd. So, Sheldon believes that our temperaments arise from our body types.

So, a **type** can be conceived of a class of individuals believed to be sharing some common characteristics. For example, Eysenck (1967) found that each personality type is a sum of some personality characteristics. His **extraverts** share characteristics such as a tendency to
be outgoing, talkative, friendly, and having a tendency of sociability, whereas introverts share characteristics such as social withdrawal, shyness, a tendency to be alone than in a crowd, and a tendency not to talk much.

However, the scientific evidence gathered so far, does not provide encouraging support to type approaches with some exception of Eysenck's theory. On the other side, trait theories are much more popular these days than are typologies - and the reason is quite obvious. Thinking of all the different persons in the world, how can these all be described in terms of just three body types or four temperaments. Trait theories have supplanted typologies because as many as traits can be thought of as one's imagination can conceive of.

It is interesting to note that modern-day trait theory is a direct descendent of Charles Darwin's theory of evolution. Given that fact, it is not surprising that one of the first people to start taking interest in assessing traits was Francis Galton, who was Darwin's cousin. Galton published his first book on trait theory in 1869, and defined traits as measurable and consistent patterns of human performance and character. Besides, traits are predispositions to respond to a variety of situations in similar ways. From the point of view of individual differences, a trait can be regarded as a consistent way of thinking, feeling, or behaving that distinguishes one person from the other.

Even after excluding obvious synonyms, Allport and Odbert (1936) found that the English language contains more than 4500 trait names. However, many trait theories attempted at reducing that number to a manageable level.
**Allport's Theory:** Gordon Allport (1937), an early trait theorist, rejected the viewpoint that just a few trait dimensions could be used to describe everyone. He believed that everyone could best be described by some subset of the whole array of traits. He identified mainly three types of traits. *Cardinal traits*, according to him, are those that affect many aspects of one's behaviour, in most situations. For Einstein, curiosity might have been a cardinal trait; and for Hitler, it may have been a rage for power. *Central traits*, such as altruism or ambition, although don't have the broad effects like cardinal traits, yet explain large portions of one's behaviour. And lastly, *secondary traits*, such as preferences and likings for chocolates, affect only small domains of one's behaviour and life.

However, Allport's approach has been criticized on mainly two grounds: - first deals with *consistency*, and second criticism has to do with the number of traits that are needed to explain behaviour. Although Allport thought of as many as 5,000 traits, current research estimates as high as 20,000. With the goal of describing people in fairly simple and scientific terms, it seems highly difficult to deal with a list of 20,000 traits. One possible solution to this problem has been offered by R. B. Cattell.

**Cattell's Factor Analytic Approach:** Now a days, the priority of trait theorists is to find out the basic dimensions of personality that underlie specific groups of traits, and a marvelous tool, *factor analysis* has been used to fulfil this purpose of identifying the basic dimensions of traits. Using this technique, Cattell reduced Allport's listed thousands of traits to a mere 16. Cattell's pioneering work in this field has resulted in a world-famous theory of personality (Cattell, 1946, 1950, 1957, 1966).
Cattell began his search of the basic dimensions of personality on the basis of an assumption that there are just a few "common factors" underlying all the traits that various scholars had described. He started excluding the approximate synonyms of the traits, leaving just 171 adjectives. And, soon he found that many of the traits clustered together. Cattell identified about 35 "trait clusters". Considering these just as mere "surface" expressions of more fundamental personality patterns (thus labeling these clusters of related behaviour surface traits), he tried to factor out, using factor analysis, the basic relationships among these surface traits. Finally, he identified 16 factors (or groupings, among the items). Assuming that these 16 factors represented the key characteristics of personality, he labeled these as source traits. Cattell believed that these 16 source traits are the key dimensions by the help of which personality structure of everyone can be assessed.

Cattell, Eber, and Tatsuoka (1970), then, developed a paper-and-pencil test, known as the 16 Personality factors Questionnaire (or popularly known as 16 PF Test) to measure these 16 source traits. It is important to note that Cattell's source traits are bi-polar, means each trait has two extremes, e. g. reserved vs. outgoing, etc. The trait names are presented in Table 2.
### Table 2. Showing The Primary Source Traits Covered by the 16 PF Test:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Low Sten Score Description</th>
<th>High Sten Score Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Reserved</td>
<td>vs.</td>
</tr>
<tr>
<td>B</td>
<td>Less Intelligent</td>
<td>vs.</td>
</tr>
<tr>
<td>C</td>
<td>Affected by feelings</td>
<td>vs.</td>
</tr>
<tr>
<td>E</td>
<td>Humble</td>
<td>vs.</td>
</tr>
<tr>
<td>F</td>
<td>Sober</td>
<td>vs.</td>
</tr>
<tr>
<td>G</td>
<td>Expedient</td>
<td>vs.</td>
</tr>
<tr>
<td>H</td>
<td>Shy</td>
<td>vs.</td>
</tr>
<tr>
<td>I</td>
<td>Tough-minded</td>
<td>vs.</td>
</tr>
<tr>
<td>L</td>
<td>Trusting</td>
<td>vs.</td>
</tr>
<tr>
<td>M</td>
<td>Practical</td>
<td>vs.</td>
</tr>
<tr>
<td>N</td>
<td>Forthright</td>
<td>vs.</td>
</tr>
<tr>
<td>O</td>
<td>Placid</td>
<td>vs.</td>
</tr>
<tr>
<td>Q1</td>
<td>Conservative</td>
<td>vs.</td>
</tr>
<tr>
<td>Q2</td>
<td>Group dependent</td>
<td>vs.</td>
</tr>
<tr>
<td>Q3</td>
<td>Undisciplined self-conflict</td>
<td>vs.</td>
</tr>
<tr>
<td>Q4</td>
<td>Relaxed</td>
<td>vs.</td>
</tr>
</tbody>
</table>

Cattell believed that this 16 PF test would specify each respondent's location on all 16 of the source-trait scales. Cattell was not, however, overconfident with his 16 PF test. He emphasized that to reach a complete portrait of personality, some additional information should also be collected, mainly from (i) records of people's lives and from reports by significant others; (ii) asking people what they thought they were like; and (iii) the scores on 16 PF test. Only the analysis of all these three types of data, Cattell believed, could provide one with a complete description of a respondent's personality. And, only after that, one could be able to predict what that particular respondent would do in the future.

Although this theory of Cattell is the most comprehensive approach to the study of personality, this theory has been criticized on a number of grounds. First, he overemphasized that one's thoughts and behaviour are determined almost entirely by the particular structure of his/her personality. However, people tend to be more effected by their present
environmental inputs and surroundings. Secondly, Cattell heavily relied on self-reports. But there is generally a great difference between what one says and what one does. Thus, test scores often poorly predict future behaviour. Thirdly, although Cattell postulated that traits are partially hereditary and partially learned but he spoke nothing on how these traits develop during the building blocks (early years) of life. Last but not the least, Cattell found 16 traits and other factor analysts found a different number of traits. Which list is the best? Unfortunately, there is no scale to measure this.

Despite these criticisms, Cattell's theory is by far the most comprehensive, fully developed, and highly researched theory for studying personality. The current developments in the field of personality theory reveal that use of factor analysis further led McCrae and Costa (1987) to the emergence of five basic dimensions of personality. Two of these are similar to Eysenck's emotional stability and extraversion. The other three dimensions are openness to experience, agreeableness, and conscientiousness. However, taking into account (i) the comprehensiveness of the Cattell's approach, and (ii) the recommendations of Mershon and Gorsuch (1998) regarding use of the largest number of personality factors, the present investigation is based on the Cattell's approach in which an attempt has been made to study the personality correlates of well-being. A brief description of earlier studies, finding relationships between personality traits and well-being measures, is as follows.

**Traits and cognitive dispositions associated with well-being:** The traits that have received the most theoretical and empirical attention in relation to well-being are *extraversion* and *neuroticism*. Costa and McCrae
(1980) posited that extraversion influences positive affect, whereas neuroticism influences negative affect. Lucas, Diener, Grob, Suh, and Shao (2000) replicated the strong extraversion-pleasant affect relation: In their study the latent traits of positive affect and extraversion correlated .74 in an international sample. However, Diener, Suh, and Oishi (1997) state, "what is not yet clear is whether extraversion predicts pleasant affect to the same extent in different cultures such as in India or Nepal".

Extraversion and neuroticism are clearly not the only traits that relate to well-being. For example, Wilson (1967) concluded that self-esteem is related to well-being. People in Western societies use many and diverse cognitive strategies to maintain their self-esteem (Dunning, Leuenberger, and Sherman, 1995). The finding that self-esteem measures are strongly correlated with well-being is often replicated in Western samples (Lucas, Diener, and Suh, 1996), but Diener and Diener (1995) provided evidence that the relation is not universal. In a cross-cultural investigation of the relation between self-esteem and life satisfaction, they found that the correlation between the two constructs is lower in collectivist cultures. Reporting high self-regard may not be an all-powerful predictor of well-being in cultures that value the group above the individual.

With a few caveats, researchers agree with Wilson's statement that the happy individual is one who is extraverted, optimistic, and worry-free. Personality traits exhibit some of the strongest relations with well-being, and it appears that genes may be partly responsible for these relations. Diener, Suh, Lucas, and Smith (1999) admit, "we are unsure how many additional personality traits are needed to provide a complete picture of the happy individual. Identifying which personality traits are related to well-being, the direction of causality, and the mechanisms
responsible for these relations have emerged as important goals in personality and well-being research”.

Also, Diener, Suh, and Oishi (1997) conclude, “Although many personality predispositions have been correlated to well-being in Western cultures, most of this work has not yet been replicated across diverse societies. Without such cross-cultural replication, we do not know whether the relations uncovered between personality and well-being are due to environmental rewards or to universal biological systems”.

Since Diener, Suh, and Oishi (1997), and Diener, Suh, Lucas, and Smith (1999) stress the need of some much more research to understand fully the relation of these personality traits with well-being deeply and minutely, therefore, the present study was conducted to uncover the relationships between various personality traits and well-being in Indian context.

With this much background, we may now pass on to the next chapter dealing with the Historical Resume.