Chapter-II

REVIEW OF THE LITERATURE
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The concept of "well-being" has now been taking due importance in the field of scientific psychology. Psychologically, we must expand or enrich the sense of well-being into the experience of really enjoying life, being satisfied with life, as having a high preponderance of positive feelings and few if any negative ones. Global life satisfaction and the balance of affect constitute the "sense of well-being." It should be well recognized that well-being is a degree word and that people may experience any number of gradations between the extremes of well-being, between complete happiness and total misery. Past three and half decades have witnessed a gradual progress of research in this field. A few of the highly important ones are discussed in this chapter.

In constructing the first true well-being inventory, Bradburn and Caplovitz (1965), and Bradburn (1969) thoroughly rejected the health-illness framework and all other remnants of the medical model in redefining the focus of research as 'psychological well-being'. According to Bradburn's model, well-being is a quality of experience (not of behaviors) that arises from the relative prevalence of good and bad feelings or positive or negative affect. It is a subjective experience, and unless we have good reason to believe that people are lying, we can do naught else but to take their word for what they feel. Bradburn (1969) found that dimensions of positive and negative affect are uncorrelated. Hence, he postulated that general well-being was best conceived as a balance between the negative affect and positive affect 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.

In 1967, Wilson reviewed the empirical evidence regarding the "correlates of avowed happiness." He found 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 now much more is known about the correlates of well-being.

Although some put an objection on the "subjective" nature of well-being, yet theorists such as Campbell, Converse and Rogers (1976) have suggested that subjective assessments of various psychosocial states and sociological statuses are more important determinants of well-being than objective assessments. Larson (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). Later on Davis, Davis and Meehan (1982) also found in their study that self-report measure of health was highly correlated with a wide variety of measures of actual health.

Further working on the issue of objective vs. subjective measures of well-being, Fletcher and Lorenz (1985) also admit that early attempts to monitor the well-being of the nation have focused on objective measures such as gross national product or per capita income figures, as economic characteristics of the population. The early emphasis on objective indicators was founded on the implicit assumption that a given physical and economic environment exercised a specific influence upon the individual and did so independently of the social context. But
objective measures fail to take into account quality components and mental processes that are important to individual perceptions, which suggests the use of subjective indicators for the different information they may provide. They further cite that there are several advantages of the use of subjective measures of economic well-being compared to objective indicators. Subjective data are simple and easy to obtain, and relatively inexpensive to collect. Objective data, such as income and expenditure surveys, on the other hand, are time-consuming, expensive, and require more simplifying assumptions for analysis.

Bhogle and Parkash (1993) compared self-report measures of well-being with objectively derived indices to identify indicators of well-being that could discriminate between people high or low on well-being. A sample of 232 adults (aged 20-58 years) rated themselves on scales indicating satisfaction in significant life domains. They also completed the General Health Questionnaire, Life Satisfaction Index, Perceived Personal Control Scale, Self-Esteem Scale, Positive Affect Scale, and Meaninglessness Scale. They found that self-report measures could be safely used for assessing well-being, as the correlations between subjective and objective measures were high. The indicators used in this study discriminate well between subjects high and low on well-being. The percentage of subjects correctly classified on the basis of objective indicators was as high as 96.55% where as 83% of subjects with low well-being were correctly classified.

While studying various correlates of well-being, in an earlier study, Larson (1978) and other researchers have reported that life satisfaction and well-being have been found to relate to health, socio-economic-status, degree of social interaction, social and sexual activity, informal participation in voluntary associations, gender and marital status etc.
As far as the relationship between personality traits and well-being is concerned, Costa and McCrae (1980) posited that extraversion influences positive affect, whereas neuroticism influence negative affect. Since then, the personality traits have been studied in relation to well-being, and the traits that have been received the most theoretical and empirical attention in relation to well-being are extraversion and neuroticism.

Campbell (1981) concluded that happy people like themselves. Most happy people do express positive "self-esteem." Secondly he found that happy people typically feel "personal control." Those who feel empowerment rather than helpless typically do better in school, cope better with stress, and live more happily. When deprived of control over their own lives—an experience studied in prisoners, nursing home patients, and people living under totalitarian regimes—people suffer lower morale and worse health. Severe poverty demoralizes when it erodes people's sense of control over their life circumstances.

Davis, Davis and Meehan (1982) conducted a study to examine the cross-cultural generalisability of the influence of demographic variables (sex, age, income, background i.e. rural vs. urban, and tenure i.e. owner of a house or renter) on three global measures of perceived well-being: Self-Assessed Health, Satisfaction with Housing, and life satisfaction. This study was carried out in eight member countries of the European Community: Germany, France, Italy, the Netherlands, Belgium, the United Kingdom, Ireland, and Denmark.

Firstly, the main effects of four independent variables on Self-Assessed Health for the eight countries were as follows: Of the demographic variables, age was constantly and most strongly related to self-assessed health across the eight countries. There was linear
relationship between age and health in the direction of older age being associated with poorer health. *Income* was also a highly significant predictor of self-assessed health in all eight countries, showing a consistent trend of lower income being associated with poorer health. *Sex* was a significant determinant of self-assessed health in six of the eight countries. In all of the six cases, females reported significantly poorer health than males. And, *background* (rural vs. urban residence) had little effect on reported health. Slightly significant effects for this variable were obtained for only two countries.

Secondly, the main effects of four independent variables on overall Satisfaction with Housing were as follows: The most notable finding was that *tenure* was the strongest predictor of Satisfaction with Housing. In all eight countries, owners were significantly more satisfied than renters. And, in all cases, the level of significance was well beyond the $p<0.001$ level. *Income* would appear to be the second best predictor of Satisfaction with Housing in five countries, showing that those with lower incomes tended to be more dissatisfied with their housing. *Age* was a consistent significant predictor of Satisfaction with Housing in seven countries. The data showed that consistently greater satisfaction with housing was expressed by the old and greater dissatisfaction by the younger. *Location* (rural vs. urban) was not a significant predictor of housing satisfaction in most (five) countries.

Lastly, they found that the main effects of four independent variables on the dependent measure of Life Satisfaction for eight countries were as follows: *Income* was notably the single most important predictor of life satisfaction, being highly significant ($p<0.001$) in seven of the eight countries. Except in the cases of two countries where it was non-significant, *rural/urban location* was also found to be a consistent
(albeit moderate) predictor of overall life satisfaction in six European countries, with rural respondents expressing somewhat greater life satisfaction than urban respondents. Though clearly less significant than income, **age** was also a significant determinant of life satisfaction in five of the eight countries. While the general trend was for greater dissatisfaction to be associated with older age, this trend was neither consistent nor in all cases linear. For example, in UK, greater life satisfaction was expressed by those over 55. **Sex** was not a significant predictor of life satisfaction in any of the eight countries.

Headey, Holmstrom and Wearing (1984) presented evidence for regarding well-being and ill-being as distinct, although not orthogonal dimensions. Using data from an Australian panel study (N=942), four measures of well-being (Life-as-a-whole index, Self-fulfillment index, Index of Positive Affect, and 3-point happy scale) and three measures of ill-being (Index of Negative Affect, Index of somatic complaints, and Worries index) were factor analyzed, confirming the existence of distinct dimensions. The value of the distinction was underlined by findings indicating that well-being and ill-being have different correlates and causes. Well-being depends more than ill-being on the personality traits of extraversion and optimism, and also on the existence of supportive social networks. Ill-being is more strongly related to socio-economic-status, poor health and low scoring on the trait "personal competence."

Studying various correlates, Headey, Holmstrom, and Wearing (1985) integrated research dealing with the impact of personality, social background, social networks, and satisfaction with particular domains of life. They report that two key personality traits which influence both well-being and ill-being are self-esteem and personal competence. **Social background** has greater influence on ill-being than well-being. Having a
well-developed social-network, on the other hand, contributes more to enhancement of well-being than relief of ill-being. This is largely because a rich social network is associated with satisfaction with leisure, friends and marriage, which themselves are the life domains most closely connected to feelings of well-being. By contrast, the domain of health is relatively closely associated with ill-being. It may be interpreted as meaning that ill-health and consequent dissatisfaction with one's physical condition can lead to feelings of anxiety and ill-being. However people who enjoy good health and are satisfied with their physical condition simply take it for granted and don't experience a positive sense of well-being.

In one another study, Emmons and Diener (1985) studied personality correlates of three dimensions of subjective well-being: positive affect, negative affect, and life satisfaction. They asked two sample of undergraduate students to complete daily mood reports and a number of personality inventories, including the 16 PF Questionnaire. Their major findings indicated that positive affect was significantly correlated to and contributed by the second order extraversion factor of the 16 PF: warmth, surgency and social boldness. Secondly, they found that negative affect was significantly correlated to the second order anxiety factor: tenderminded, guilt proneness, and tense. Further, they reported that extraversion related traits seemed to be most related to life satisfaction.

There is some more evidence that affective and cognitive dimensions of well-being have different correlates. Michalos (1986), for example, found quite different domain satisfactions to be the best predictors of these different measures in an elderly sample. For overall happiness (affective dimension), satisfaction with spouse was the best
predictor, whereas for overall life satisfaction (cognitive dimension) the best predictors were satisfactions with health and finances.

After identifying components of well-being, several researchers have considered the cross-classification of the dimensions, and suggested taxonomies of well-being. For example, Chamberlain (1988) quotes a study in which Headey and Wearing proposed a cross-classification based on their dimensions of well-being (WB) and ill-being (IB), essentially sub-grouping individuals on the basis of their perceived extent of positive and negative experience. They emphasized that it could be formulated into a classification like the one as follows:

<table>
<thead>
<tr>
<th>Sub-group</th>
<th>Interpretation</th>
<th>Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. high WB-low IB</td>
<td>extraverted, competent</td>
<td>Happy</td>
</tr>
<tr>
<td>2. low WB-high IB</td>
<td>introverted, incompetent</td>
<td>Unhappy</td>
</tr>
<tr>
<td>3. high WB-high IB</td>
<td>extraverted, incompetent</td>
<td>Volatile</td>
</tr>
<tr>
<td>4. low WB-low IB</td>
<td>introverted, competent</td>
<td>Dour</td>
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Authors proposed that the type of individual would be differentiated by the personality variables of extraversion and competence, and by the way that favourable and unfavourable events were experienced. Essentially, extraverted individuals are considered to deal successfully with social situations, and thus gain high well-being, whereas being introverted relates to a lack of well-being. Personal competence acts to protect individuals against negative life experiences, and keep ill-being at bay. They further reported that individuals classified by their levels of ill-being and well-being differed in predicted ways.

McNeil, Stones and Kozma (1986) assumed that well-being is a trait and this suggestion was supported by four features of the data
reviewed in their research: (a) high temporal stability, (b) the evidence for the cross-situational consistency, (c) findings from the second order structural analyses of well-being which support a one factor solution of well-being, and (d) the inability of any other objective predictor yet studied in the gerontological literature to account for any more than 16% of the variance in well-being. Together, these four features of the data were best explained if well-being was viewed as a trait, with its prediction being intrinsically determined, and its function changing from one of the "predicted" to "predictor."

Costa, McCrae and Zonderman (1987) also noted that both laypersons and social scientists typically assume that well-being or happiness is a response to objective circumstances or events. Their present study contributes to recent literature showing that stable individual differences are more useful than life circumstances in predicting well-being. Results showed substantial stability for well-being scales for total group and demographically defined subgroup, and stability coefficients were as high for those who had experienced changes in marital or employment status or state of residence as for those who hadn't. These findings point out the need for caution in interpreting well-being scores as indices of the quality of life, because well-being is strongly influenced by enduring characteristics of the individual.

Working on these lines, Headey and Wearing (1989) found that very stable personality traits (neuroticism, extraversion, and openness to experience) predispose people to experience moderately stable levels of well-being. However, contrary to the implications of previous researches, life events influence well-being over and above the effects of personality. A dynamic equilibrium model is outlined, in which each person is regarded as having "normal" equilibrium levels of life events and well-
being, predictable on the basis of age and personality. Only when events deviate from their equilibrium levels does well-being change. Unusually favourable events enhance well-being, unusually adverse events depress it.

McCrae and Costa (1991) correlated self-reports and spouse ratings on the NEO Personality Inventory with 3 measures of well-being in a sample of 429 Ss (aged 24-87 years). The inventory measured 5 factors viz. Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. Consistent with previous research, neuroticism was negatively and extraversion was positively related to well-being. Both agreeableness and conscientiousness were also significant independent predictors of well-being.

It is also interesting to note that the dynamic equilibrium model of Headey and Wearing (1992) combined adaptation with personality. They proposed that people maintain levels of well-being that are determined by their personalities. Advantageous and disadvantageous events move individuals temporarily away from their personal baselines, but over time they return to them. The researchers further maintained that the separate baselines for positive affect and negative affect are determined by personality predispositions to extraversion and neuroticism, respectively. They argued that events and circumstances do influence happiness, but in the long-term, the impacts of personality will also exert itself.

As a means of integrating bottom-up and top-down theories of well-being, Brief, Butcher, George and Link (1993) proposed a framework that, in part, posits that both objective life circumstances and global personality dimensions indirectly affect well-being through their effects on the interpretation of life circumstances. This proposition was tested both cross-sectionally and longitudinally among a sample of
approximately 375 men and women. Personality was operationalized in terms of the dispositional trait negative affect, and the life circumstance investigated was health. Strong support was obtained for the hypothesized indirect effect of negative affect and objective health on well-being.

Shams (1993) studied different forms of social support in their impact on psychological health in a sample of 71 unemployed British Asian men in the north of England. Social support was measured in terms of 5 different forms of help from others. Measures were also obtained on psychological distress, financial strain, employment commitment, and unemployment stigma. Family support and especially support immediately after loss of job were found to have positive effects on unemployed men's psychological health. Material support was also correlated with well-being, as measured by General Health Questionnaire.

Nathawat and Mathur (1993) compared marital adjustment and well-being in 200 adult women working outside the home. Ss were administered a Marital Adjustment Questionnaire and 8 measures of well-being (e.g., General Health Questionnaire, Self-Rating Depression Scale, etc.). Results indicate significantly better marital adjustment and well-being for the subjects working outside the home than for housewives. Subjects working outside the home reported higher scores on general health, life satisfaction, and self-esteem measures and lower scores on hopelessness, insecurity, and anxiety. However, housewives had lower scores on negative affect than did Subjects working outside the home.

Collings (1994) compared the psychosocial well-being of adults with epilepsy from 3 Nations: 420 subjects from the US, 392 from the UK, and 138 from New Zealand. Subjects completed a questionnaire battery measuring self-esteem, life fulfillment, social and interpersonal difficulty, general physical health, worries, and emotional well-being.
subjects from the US showed significantly lower levels of well-being than did subjects from either NZ or the UK. Scales that were especially predictive of nationality were life fulfillment, worries, negative affect, and (to a lesser extent) general physical health. Differences between the 3 national groups were not apparent with regard to self-esteem, social difficulty, and positive affect. Possible explanations for the results include factors relating to economics, politics, and differences in the availability of and access to health care and social support facilities.

Diener (1994) concludes that well-being comprises people's long-term levels of pleasant affect, lack of unpleasant affect, and life satisfaction. Well-being self-report measures show adequate validity, reliability, factor invariance, and sensitivity to change, but more sophisticated approaches to defining and measuring well-being now are possible. Affect includes facial, physiological, motivational, behavioral, and cognitive components. Self-reports assess primarily the cognitive component of affect and are unlikely to yield a complete picture of respondents' emotional lives. Differences in memory retrieval, mood as information, and scaling processes can influence self-reports of well-being. Measuring negative reactions gives an incomplete picture of well-being. It is imperative to measure life satisfaction and positive emotions as well.

Huebner and Dew (1996), in order to study the structure of well-being, applied 2 self-report well-being measures - the Positive and Negative Affect Schedule and the Students' Life Satisfaction Scale on a sample of 266 ninth - twelfth graders (92 males). Their findings support multidimensional models of well-being. Similar to findings with adults and younger children, 3 separate factors of well-being were identified: Positive Affect, Negative Affect, and Life Satisfaction. Demographic
variables correlated differentially with the 3 factors. Considered together
with findings from other research, the results suggest the structural
invariance of well-being from middle childhood through adulthood.

Myers and Diener (1995) present the elements of an appraisal­
based theory of happiness that recognizes the importance of adaptation,
cultural worldview, and personal goals. A flood of new studies explores
people's well-being. Frequent positive affect, infrequent negative affect,
and a global sense of satisfaction with life define high well-being. These
studies reveal that happiness and life satisfaction are similarly available to
the young and the old, men and women, Blacks and Whites, and the rich
and the working class. Four inner traits appear to mark happy people:
self-esteem, sense of personal control, optimism, and extraversion. Links
between religion and mental health are impressive. Better clues to well­
being come from knowing about a person's traits, close relationships,
work experiences, culture and religiosity.

However, Seedhouse (1995) presents the view that the term "well­
being", as used in health promotion literature is an extremely vague
notion. Psychologists believe that well-being is constructed out of 3
components: life satisfaction, positive affect, and negative affect. Further
he concludes that judgements of well-being are irreducibly subjective.
The meaning and content of the term fluctuate, dependent on who is
using it and why it is being used.

Colbry (1995) examined whether socio-economic-status, social
support systems, self-esteem, family environment, and length of time as a
single parent were associated with the general well-being of 51 female
single parent college students (aged 21-56 years). Significant
relationships were found between social support systems, self-esteem,
family environment, and the general well-being of the subjects.
In a different kind of study, Newcombe and Boyle (1995) tested the hypothesis that outstanding athletes demonstrate greater positive mental health than nonelite athletes do. A demographic questionnaire and 3 self-report pencil-and-paper tests (the State-Trait Anxiety Inventory, the Eysenck Personality Questionnaire, and the Profile of Mood State) were administered to 184 male and 128 female Australian adolescents who were completing Grade 11 or 12 during a regularly scheduled 40-min class. A MANOVA and several ANOVAs were performed. Participants in competitive sports activities were found to be less anxious, less neurotic, less depressed, less confused, and more extraverted and vigorous than nonparticipants. Males and females exhibited distinctly different personalities at the participation level, for each type of sport, and at each level of success. Elite athletes were shown to have significantly greater positive mental health compared with nonelite athletes.

In an Indian study, Nathawat and Khan (1995) examined differences in measures of well-being of long-term and short-term devotees of the "Osho" cult. A sample of 25 long-term devotees and 25 short-term devotees (21-70 year old) was selected from India, and administered the Positive Affect-Negative Affect Scale of Bradburn (1969), Well-Being Scale and some selected measures from the Karolinska Scale of Personality. They found that long-term devotees scored significantly lesser on the negative affect, somatic anxiety, and muscular tension than short-term devotees. However, they obtained significantly higher scores on well-being than the short-term devotees. No significant differences were observed on measures of positive affect in both groups. The emotional life of long-term devotees seemed to be healthy, due to non-conventional and democratic approach, rationality,
free-expression, spontaneity, catharsis, creativity, and fulfillment of needs and expectations.

Rosenberg, Schooler, Schoenbach, and Rosenberg (1995) examined two types of self-esteem that may have strikingly different consequences, global self-esteem (more relevant to well-being) and specific self-esteem (more relevant to behaviour). Data analysis was limited to the 1886 tenth-grade boys. Behavioral outcomes were measured as GPA (school marks), and well-being was measured in terms of depression, anomie, anxiety, tension; resentment, irritability, life satisfaction, guilt, happiness, and negative affectivity states. Although global self-esteem was more strongly related to well-being, specific (academic) self-esteem was a better predictor of school performance. The degree to which specific academic self-esteem affected global self-esteem, particularly the positive component, was a function of how highly academic performance was personally valued.

Rector and Roger (1996) studied the moderating influence of self-esteem, coping styles, emotion-control and other dimensions of cognitive style on physical and well-being. First year university students (N=121) facing a personally relevant stressor, the arrival and adaptation to university life, were first assessed, at time 1, with a battery of measures tapping components of cognitive style and baseline physical ailments and levels of psychological distress. At time 2, approximately 8 weeks later, subjects once again completed a measure of somatic health and well-being. After statistically partialling health status at time 1, self-esteem, interpersonal locus of control and emotion-oriented coping predicted poor health status, and distress. Furthermore, the self-esteem X emotion-oriented coping interaction effect superseded the individual effects, thus
suggesting that self-esteem may moderate well-being directly as well as indirectly via coping styles and emotion-control strategies.

Diener (1996) discussed the field of well-being and its use in exploring the conditions under which personality traits are likely to be important. Because of the strong influence of traits on well-being and a resurgence of interest in the "Big Five" system of traits, the area offers an object lesson in the pitfalls of a personality psychology that relies exclusively on trait constructs. It is shown that even when traits offer strong predictions, they don't offer a complete account of psychological phenomena. It is concluded, however, that traits can be very important organizing structures with which to initially classify and understand some important phenomena of psychology. Scientific understanding based on traits must be augmented by a process orientation and a study of relevant situational factors in order for the field of personality to remain an intellectually vigorous science.

Emery, Huppert and Schein (1996) evaluated predictors of well-being in a large-scale, 7-year study, using measure of personality, physical health, physical activity, and social support. Subjects included 3084 adults (aged 18-87 years) who participated in a British national survey of physical and mental health, attitudes, and lifestyle at baseline (HALS 1) and 7 years later (HALS 2). Psychological well-being was assessed with the General Health Questionnaire. Other measures included the Eysenck Personality Inventory, self-rated health, body mass index, blood pressure and heart rate, walking activity, and social support. Results indicate that neuroticism (from the Eysenck Personality Inventory) was the best predictor of HALS 2 psychological well-being, but E and social support didn't predict well-being. Self-rated health was the only health variable that entered the regression equations, and it
appeared to attenuate the relationship of neuroticism with psychological well-being.

Lu and Shin (1997) also attempted to clarify the relationship between several personality traits and well-being. A general measure of happiness of the Chinese people was developed based on results from qualitative research done with Chinese people in Taiwan, as well as, translating items from a well-established Western instrument. Using systematic random sampling, 191 community residents (aged 18-65 years) in Kaohsiung, Taiwan, completed measures of extraversion, neuroticism, social desirability, mental symptoms and happiness. LISREL analysis showed there was a positive direct relation between extraversion and happiness, both a negative direct relation between neuroticism and happiness, and an indirect one through symptoms; both a positive direct relation between social desirability and happiness, and an indirect one through symptoms, whereas there was a negative direct relation between symptoms and happiness.

Because measures of personality and well-being share common affective underpinnings and items, Schmutte and Ryff (1997) suggest that previously reported links between these domains might be tautological. To explicate the connections between personality and well-being, 2 samples of midlife adults (N=215, and N=139) completed measures of personality (NEO Five Factor Inventory) and well-being Inventory that were maximally distinct, both conceptually and methodologically. Analyses included additional controls for source overlap, common affective underpinnings, and shared item content. Distinctive personality correlates were observed for the 6 well-being outcomes: self-acceptance, environmental mastery, and purpose in life were linked with neuroticism, extraversion and conscientiousness, personal growth was linked with
openness to experience and extraversion; positive relations with others was linked with Agreeableness and extraversion; autonomy was linked with neuroticism. Psychological wellness and its personality correlates may be more complex than prior studies suggest.

In a recent review and meta-analysis, DeNeve and Cooper (1998) used 9 literature research strategies to examine 137 distinct personality constructs as correlates of well-being. Personality was found to be equally predictive of life satisfaction, happiness, and positive affect, but significantly less predictive of negative affect. They attempted to group these traits into broad categories of personality. The traits most closely associated with well-being were repressive-defensiveness, trust, emotional stability, locus of control-chance, desire for control, hardiness, positive affectivity, private collective self-esteem, and tension. When personality traits were grouped according to the Big Five factors, neuroticism was the strongest predictor of life satisfaction, happiness and negative affect. Positive affect was predicted equally well by extraversion and agreeableness.

Sumi (1997) studied the relationship between self-reported scores on optimism, social support, and stress and on physical and well-being in 176 Japanese female college students. The significant interactions found among scores on optimism, social support, and stress suggest that individuals who reported higher optimism and social support also rated themselves higher with respect to physical and well-being, regardless of their reported stress.

Sumi, Horie, and Hayakowa (1997), in an another study, examined the relations of self-report scores for optimism, Type A behavior, and stress with those for depression and anxiety, in 144 Japanese female college students. A significant interaction of scores on optimism and
Type A behavior indicated that subjects who reported higher optimism and higher Type A behavior had a lower mean for anxiety than those who reported lower optimism and higher Type A behavior did.

Lepper (1998) examined level of agreement between self-reports and other-reports obtained from a large 2-wave study of older adults. Various measures of well-being (affect, happiness, and life satisfaction) and behavioral manifestations (smoking and sleep quality) were assessed for a retired population. Results indicate that the well-being measures were highly stable over a 9-months period, and good agreement between the self-and other-reports was found for the well-being measures. In addition, well-being was related to behavioral manifestations and that these ratings were corroborated through the other-reports. This study furthers the support for the reliability of well-being over time, advances the criterion validity of well-being measures through use of collateral assessments.

Diener and Lucas (1999) found that one important moderator of situational effects on happiness is personality. They have reviewed evidence from temperament studies, heritability studies, longitudinal studies, and cross-cultural consistency studies of responding to events and circumstances. Although people may often respond similarly to similar events, the intensity and duration of their response is likely to be influenced by their personalities.

Diener, Suh, Lucas, and Smith (1999), in an another study reported that although extraversion and neuroticism are extensively studied traits in relation to well-being, but these clearly are not the only traits that relate to well-being. For example, Wilson (1967) concluded that self-esteem and optimism are related to well-being and happiness. It is also interesting to note that personality traits exhibit some of the strongest
relations with well-being, and it appears that genes may be partly responsible for these relations. Most important to note is that they admit, "We are unsure how many additional personality traits are needed to provide a complete picture of the happy individual."

In an extensive review of the three decades of progress in the field of well-being, Diener, Suh, Lucas, and Smith (1999) suggest four directions that researchers should pursue while conducting research on well-being. They admit that these are by no means the only questions left to answer, but they are the most interesting issues left to resolve. First, the causal direction of the correlates of happiness must be examined through more sophisticated methodologies. Although the causal priority of demographic factors such as marriage and income is intuitively appealing, it is by no means certain. Second, researchers must focus greater attention on the interaction between internal factors (such as personality traits) and external circumstances. As we shall see, demographic factors have surprisingly small effects on well-being, but these effects may depend on the personalities of those individuals being studied. Thus, future research must take Person X Situation interactions into account. Third, researchers must strive to understand the processes underlying adaptation. Considerable adaptation to both good and bad circumstances often occurs, yet the processes responsible for these effects are poorly understood. Finally, theories must be refined to make specific predictions about how input variables differentially influence the components of well-being. In the past, many researchers have treated well-being as a monolithic entity, but it is now clear that there are separable components that exhibit unique patterns of relations with different variables.
Lucas and Diener (2000) write that much research has been undertaken to examine the personality-well-being relation; and research from a variety of traditions supports the idea that the relation is strong. Individual differences in well-being, as with personality, appear to be partially biologically based, appear early in life, and are consistent across time and across situations. Furthermore, researchers can identify specific personality traits that consistently relate to well-being in complex ways.

Nathawat (2000) designed a study to evaluate the influence of hardiness and social support on some measures of well-being in a sample of educated old men, retired from government service. Since the role of hardiness and social support emphasized in the determination of well-being in the elderly persons, who face problems of aging after retirement. Results of the study disclosed that hardiness and social support significantly influence well-being in educated retired elderly men residing in an urban setting. It is observed that hardy aged men have significantly better well-being than the aged with low social support. Furthermore, hardiness and social support jointly and significantly affect some of the measures of well-being. By and large, hardiness appears to be good predictor of well-being in the old age because most of the measures of well-being were significantly influenced by hardiness.

Diener and Lucas (2000) conclude that a number of Wilson's (1967) conclusions have stood the test of time. Most significantly, Wilson was correct about (and probably underestimated) the importance of personality. Researchers consistently find that the personality traits of extraversion, neuroticism, optimism, and self-esteem correlate with measures of well-being. However, they further suggest that we must caution that the pattern of relations may vary across cultures.
Most of the researches report about the stability of well-being also. Kozma, Stones, and Stones (2000) found that the best explanation for the stability in well-being is a "propensity model." According to this formulation, there is a dispositional component to well-being that operates much like a trait and accounts for the stability in well-being despite environmental change. In support of their propensity model, the authors found that the best predictor of well-being—an even better predictor than environmental factors, personality variables, and satisfaction with important life domains—was past well-being.

Biswas-Diener and Diener (2001) conducted a study in the slums of Calcutta to study how people make the best of a bad condition. They concluded that the slum dwellers of Calcutta generally experience a lower sense of life satisfaction than more affluent comparison groups, but are more satisfied in all of the specific life domains than one might expect. This could be due, in part, to the strong emphasis on social relationships and the satisfaction derived from them.

It is worth important to note two conclusions drawn by the researchers in the field of personality and well-being: First, Diener and Lucas (2000) suggested that the researchers must be aware about the varied pattern of relationship between personality and well-being across cultures. Secondly, Diener, Suh, and Oishi (1997) admit, "What is not yet clear is whether extraversion predicts pleasant affect to the same extent in different cultures such as in India and Nepal." Also, in an extensive survey of the literature, the present researcher didn't find any representative work conducted in India on the relationship between personality and well-being. All this background is sufficient in itself to realize the necessity of filling in the gaps in knowledge and conducting an
exhaustive research study on the relationship between personality and well-being in India.

With this much background, we may pass on to next chapter dealing with aims and objectives of the study.