Non-communicable diseases like bronchial asthma and hypertension are the leading cause of death in our country. Today 15.20 million people are suffering from bronchial asthma and around 10-15% of the adult population is affected by hypertension in our country. 30 million people die annually from hypertension and other heart conditions.

The present study is designed to examine the role of various psychological factors like religiosity, ego-strength, and social support on subjective well-being of the bronchial asthma and hypertensive patients.

There is a close relationship between respiratory functions and psychological factors. The combined voluntary and involuntary control of breathing allows close involvement with psychological states. Asthmatics are generally nervous and hyper-irritable. In most recent studies adverse psychosocial factors have been found in between 60% and 86% of asthma deaths.

Psychological or psychosocial factors play an important role in rising of the blood pressure level of an individual. Presence of various psychological and psychosocial factors like religiosity, ego-strength, and social support helps in maintaining greater well-being and thus foster greater physical and mental health.
Subjective well-being is a broader measure of quality of life because it reflects deeper values beyond physical pleasure and ephemeral emotions. Subjective well-being, especially life satisfaction, is likely to reflect the person's fulfillment of his or her values and goals, and involves the search for meaningfulness in one's life. Health is positively related to well-being.

Religious faith can promote physical health of the patients. Praying evokes beneficial changes in the body. When people pray, they experience some decrease in blood pressure, metabolism, heart and breathing rates. Studies have shown that religious faith may provide patients with a sense of hope and well-being that things will turn out all right and thus, foster greater motivation to achieve emotional recovery.

Ego-strength is an important factor determining the capacity of an individual to perceive a challenging situation realistically, to decide the course of action rationally, and to execute the response effectively.

Health psychologists have found that family relationships play an important role for the patient's adaptation to the seriousness of illness. The family or spouse support seems to be a vital source in the overall adjustment.
The main objectives of the present study are:

1. To determine the relationship between subjective well-being and religiosity, subjective well-being and ego strength and subjective well-being and social support, religiosity and ego strength, religiosity and social support, ego-strength and social support among male and female patients of the three comparison groups.

2. To determine the partial correlations between subjective well-being and religiosity scores, subjective well being and ego-strength scores, subjective well-being and social support scores, religiosity and ego-strength scores, religiosity and social support scores and ego-strength and social support scores among male and female patients of the three comparison groups.

3. To determine the significance of partial coefficients of correlation at the .95 confidence interval among male and female patients of the three comparison groups.

4. To determine the multiple coefficients of correlation between scores actually earned and scores predicted on subjective well-being from the three variables—religiosity, ego-strength, and social support among male and female patients of the three comparison groups.

Important studies related to the variables of the present study have been reviewed and are discussed in detail in chapter two.
The sample of the present investigation comprised of two hundred patients. They were categorized into three main groups. Group I comprised of 70 hypertensive patients (male = 30, female = 40). Group II comprised of male (54) and female (46) patients of bronchial asthma, and group III comprise of male (15) and female (15) patients who have both bronchial asthma and hypertension. The patients were drawn from the O.P.D. and wards of Cardiology Center, and O.P.D. and wards of T.B. and respiratory diseases of the J.N. Medical College, A.M.U., Aligarh.

The following tools were used in the present study:

Satisfaction with life Scale (Diener, 1984), was used to measure subjective well-being of the patients. This scale comprised of 5 items with 7 point rating scale ranging form strongly agree to strongly disagree.

Religiosty Scale (Decker and Broota, 1985) : The religious scale measures the extent of an individuals dependency of the supernatural being and adherence to the doctrines of one's faith. The scale consisted of 44 items out of which 25 were positive and 19 were negative.

Ego-strength Scale  Indian adaptation of Barron's ego-strength scale (Hasan, 1974) was used to measure ego-strength. The scale comprised of 32 items with the two alternative response categories.
Significant others Scale (SOS) developed by Power, Champion and Aris (1988), it's a flexible instrument for the measurement of an individuals perceived support. The scale consisted of 10 items which were preaced with the phrase “to what extent can you.....?” Actual support of the respondents was measured in terms of the currently applicable relationship (spouse/parents) on each of the 10 support functions. A 1-7 scale was used form 1-never to 7=always.

The data were analysed with the help of some suitable statistical techniques such as Pearson Product Moment coefficients of correlation, partial coefficient of correlation and multiple coefficient of correlation.

The main results of the present study are:

- Positive relationship existed between subjective well-being and religiosity scores among male and female bronchial asthma patients.
- Significant positive correlation coefficients were found to exist between SWB and ego-strength scores among male and female patients of bronchial asthma and hypertension.
- Significant positive correlation coefficients were found to exist between scores obtained on SOS and ego-strength for male bronchial asthma patients.
- Multiple coefficient of correlations indicated that subjective well-being scores were significantly correlated with religiosity, ego-strength and social support among male and female patients of bronchial asthma and hypertension.

- Subjective well-being scores were correlated significantly with religiosity, ego-strength and social support scores in male patient suffering from both diseases (i.e. bronchial asthma and hypertension).