Chapter – II

REVIEW OF LITERATURE
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The second chapter deals with the review of literature in relation to the variables of the proposed research topic. Literature review is carried on to gather information regarding the work done in the past and also to ascertain what is being done currently in the context of variables of the study under investigation. This in turn particularly helps in gathering information about the topic which is being researched upon. Since the review of the related literature is very important requirement for the actual planning and executions of any research work, thus every well planned research is preceded by a review of related literature. It not only allows the researcher to acquaint with current knowledge in the field or area in which the investigator is going to conduct her study but explains the procedure for organizing the related literature in a very systematic manner. Keeping in view the great importance of the previous researches the investigator has attempted to review the related research works conducted to study one of the most sensitive issue of society, i.e. HIV positive patients. The aim of this chapter is to present an account of studies that are directly or indirectly relevant to the present investigation.

Hope

Johnson, Alloy, Panzarella, Metalsky et al., (2001) examined whether hopelessness mediates the association between social support and depression of HIV-infected men. Measures of hopelessness, social support and depression were administered. Findings indicate that low baseline social support predict increases in hopelessness and depression. Increases in hopelessness predict increases in depression after controlling for baseline social support.
Harris (2008) interviewed people diagnosed with HIV/AIDS in order to explore their experiences of receiving an HIV diagnosis and subsequently continuing or increasing in their high-risk behaviors (i.e. behaviors that could put them at risk, such as becoming suicidal or behaviors that could place others at risk, such as unsafe sexual practices). The focus of the study was on participants’ high-risk behaviors following diagnosis and on experiences of hope and mental health services during this difficulty time. Results showed that most participants having hope helped them to deal with the diagnosis of HIV to reduce their high-risk behaviors.

Scallon (2008) carried out a study to understand how social support, humor and hope impacted individuals who were coping with HIV/AIDS and it explored themes of participants who were living with the illness. It was hypothesized that there would be significant positive correlations between the forms of coping (seeking instrumental social support, seeking emotional social support, and humor) and the levels of hope among individuals with HIV/AIDS. The result showed no significant positive correlation between these variables.

Williams et al. (1990) studied the impact of social and personal variables on the level of hope in patients with human immunodeficiency virus (HIV), the agent that causes AIDS (homosexual men were studied). Other specific areas that were focused upon were correlations between illness status, both physical and psychological, and levels of hope in the individual. Results indicate that on the whole, these men had high levels of hope and relatively low levels of psychiatric and physical symptoms. Levels of hope were generally independent of the subjects' HIV status; only slightly lower levels of hope were reported by the HIV-positive men than by the HIV-negative men. A positive correlation was found between hopefulness and
perceived social supports. Fewer symptoms of depression were reported in subjects with a strong sense of control over the events in their life.

Ezzy (2000) undertook a combined quantitative and qualitative study of people living with HIV/AIDS, three different narratives that people used to make sense of their illness experience were identified: linear restitution narratives, linear chaotic narratives and polyphonic narratives. Linear illness narratives colonise the future, assuming that the future could be controlled through human action. Restitution linear narratives anticipated a life that will mirror the narrative. Chaotic linear narratives anticipated a life that will fail to meet the linear ideal resulting in despair and depression, in contrast, polyphonic illness narratives were oriented toward the present, emphasizing the unpredictability of the future. The results show hope in polyphonic narratives was more abstract and focused on a celebrating of mystery, surprise and creativity.

Purvis, (2008) examined gay identity formation, locus of control, hope and hopefulness among a non-probability, purposive sample of gay men diagnosed with HIV/AIDS. They found a significant relationship between, categories on locus of control and hopefulness; subjects who were LOC External scored higher on hopelessness than their LOC Internal counterparts. Study results also revealed a significant relationship between categories on hopefulness and categories of gay identity. Subjects who demonstrated identity confusion scored higher on measures of hopefulness than their identity synthesis counterparts.

Kelly, (2007) studied ethnographically personal hope from the perspective of “Matthew”, a significant other to a person with AIDS dementia (AIDS dementia is a neurological condition on which HAART has had an important impact), and how treatments influence this. And the author concluded by suggesting that hope in this
context was forked, which was suggestive of the tenacious nature of hope in the context of AIDS dementia in the era of HAART.

Kylma, Vehvillainen-Julkunen, & Lahdevirta (2003) explored the dynamics of hope in significant others of people living with HIV/AIDS and personal living with HIV (PLWH) or AIDS (PLWA) from the perspective of significant others. The dynamics of hope as it emerged from the data were constructed of three main elements: hope despair, hopefulness, and their reciprocal relationships, and an alternating balance between hope, despair, and hopefulness based on the factors contribution to them emerged as central in the dynamics of hope. The dynamics of hope were closely connected to the basic process of searching of one’s own way with HIV/AIDS in becoming HIV-positive and living with HIV/AIDS. In significant other, the dynamics of hope were closely connected to the basic process of HIV, changing from abstract to concrete in a relationship with a PLWH/PLWA.

Westburg & Guindon, (2004) conducted a study on health care providers. And the results of the study showed they had high hope levels when working with patients infected with HIV. The providers named imparting hope during the counseling process as the most important intervention for increasing patients’ treatment adherence.

Irving, Synder, Cheavens, Gravel et al., (2004) conducted a study in which Individual differences in self-reported hope assessed before and during treatment were related to outcome markers of therapeutic improvement. And they found, higher baseline hope was associated with greater client well-being, functioning and coping and regulation of emotional distress and fewer symptoms. High relative to low-hope clients also reported that the orientation group was significantly more helpful. Venberg, Synder, & Schuh (2005) conducted a study where participants with a rare
debilitating, and potentially stigmatizing health condition were recruited from readers of the Anal Fissure self Help page. Health condition specific hope scale adopted form the more general dispositional Hope Scale (Synder et al: 1991) was provided. Data were gathered anonymously using an online survey linked to the website. Consistent with hope theory, that new measures yielding a pathways factor and an agency factor. Respondents with stronger pathways thoughts reported greater benefits from website information for understanding and generating strategies for managing and fissures. Stronger agency beliefs were related to more frequent website units more reading of first-hand patient accounts, and shorter duration of fissure symptoms.

Clarke (2003) discussed the phenomena of faith and hope and their place in the course of psychiatry. Hopefulness (genuine hope as compared to false hope) and optimism were associated with positive health outcomes. Hopelessness was associated with poor outcomes. It was concluded that psychiatrists need to be able to explore issues of hope and faith with patients at times of life crises in order to facilitate adjustment. That could be an important part of the treatment of a depressed or demoralized person.

Feldman & Snyder (2005), in their article, important theories of life meaning were discussed, as were the hypothesized effects of meaning on anxiety and depression. A commonality among those theories – hopeful thinking – was highlighted in the context of goal – directed model of hope (Snyder et al. 1991). They found that hope was a component common to all theories of meaning.

Valle, Huebner & Suldo (2006) studied middle and high school students, provided evidence of (1) stability of hope reports of adolescents over a 1-year period, (2) predictive validity of adolescent hope reports, and (3) hope’s functional role as a moderator in the relationship between stressful life events and adolescent well-being.
Taken together the results provide support for consideration of hope as a key psychological strength in youth. The findings were consistent with theories of motivation in which individual differences in hopeful thinking were conceptualized to play a functional role in linking life events and psychological well being.

Chang, & De Simone (2001) examined the influence of hope on appraisals, coping and dysphoria of college students. Results indicate that hope had a significant influence on secondary appraisal and coping.

Drach-Zahavy & Somech (2002) studied the role in coping with health problems, and tested the distinctive predictions of its components: agency (goal motivation) and pathways (goal planning) with constructive thinking and resource allocation and coping. Results from exploratory path analysis demonstrated that the relations between hope and constructive thinking were primarily a function of subjects’ endorsement of agency, whereas the relationship between hope and resource allocation were primarily a function of pathways. High-pathways subjects allocated more resources to coping activities and shifted more resources away from off task and self-regulation processed.

Snyder et al. (2000) reviewed his cognitive, 2- component model of hope. According to this model hope is defined as the perceived capability to (1) derive pathways to desired goals and (2) motivate oneself via agentic thinking to initiate and sustain movement along those pathways. The roles of these pathways and agency components of hope theory were described along with similarities and differences relative to other motivational and emotional theories, including optimism, self-efficacy, self-esteem and problem solving. It was concluded that hope theory offers a valuable overarching framework for understanding common factors in behavior therapies.
Reviewed studies on hope among HIV patients showed that patients who were having high hope dealt with the disease more positively. Some studies also showed that patients having hope helped them to deal with the HIV diagnosis more positively; they were more likely to cope with the adversity. But some studies found opposite, that hope is independent of the HIV status.

Resilience

Unlike samples in studies of resilience with other chronic illness, many persons with HIV/AIDS are members of disenfranchised and marginalized groups. As such, they have experienced severe adversity in both childhood and adulthood. However, they may or may not develop resilience as a result of early trauma and/or neglect. A beginning understanding of resilience in the context of HIV/AIDS has emerged from this literature.

Hobfoll et al. (2002) investigated two questions in adult Native American women: (a) the impact of perceived child abuse history on women’s emotional well-being and AIDS risk, and (b) the influence of mastery and social support on increase in resilience. Findings showed that child physical-emotional abuse had a greater negative impact on emotional well-being in adulthood and a greater correlation with increased rates of sexually transmitted diseases than did child sexual abuse. Moreover, consistent with the communal culture of the Native Americans, social support was found to contribute more to resilience than did individual sense of mastery.

Siegel and Meyer (1999) conducted a study of newly diagnosed gay and bisexual men who initiated expressed suicidal ideation. These researchers found that an HIV diagnosis tends to provoke a process of coping with HIV disease, leading to a
greater sense of control over one’s illness and prompting a new different commitment to life and reappraisal of personal goals.

Danial, Apila, Bjorgo and Lie (2007) examined the impact of cultural silence on the resilience of children orphaned by AIDS in Uganda. Results showed, cultural silence emerged as a risk factor that increases children’s vulnerability through undermining both closeness and competence, while disclosure and openness - the breaching of cultural silence - are revealed as protective factors that may enhance resilience among children.

Bletzer (2007) in the study, contrast the disruption model against the life trajectories of two persons who used and sold drugs; considered the impact of engagement and discontinuation of substance use on their respective lives; and examined the process of life reorganization they put into motion after testing positive for HIV. And they found that departure from the world of drugs removed each from an unwanted lifestyle, facilitated the process of building resilience against the social adversity they faced in relation to their seropositivity, assisted them with securing care and services through institutional mechanisms, and generated a forum for new ideas on family continuity versus the ideal of individualism that grounds mainstream society.

Leonard, Gwadz, Cleland, Vekaria and Ferns (2008) examined the risk and protective factors and mental health problems of law SES, urban adolescents whose mothers were coping with alcohol abuse and other drug problems. Approximately half of the mothers were also HIV-infected. And results showed few differences between adolescents of HIV-infected and HIV-uninfected mothers in background characteristics, mental health issues and current substance use risk behaviours.
Current patterns of emerging risk behaviors were evident among youth in both groups as well as signs of resiliency including high levels of school attendance.

Nintachan (2008) studied the relationship among resilience, risk-taking behaviors and personal characteristics of Thai adolescents living in Bangkok and also examined the differences in risk-taking behavior by school grades or gender. In their study they included six categories of risk-taking behaviors: (1) behavior that contributes to unintentional injuries and violence; (2) tobacco use; (3) alcohol other drug use; (4) sexual behavior contributing to unintended pregnancy and sexually transmitted diseases, including HIV infection (5) unhealthy dietary behavior; and (6) inadequate physical activity. Significant positive and negative relationships between resilience and various risk-taking behaviors were found. Risk-taking behavior occurred at all grade-levels studied (Grade 7-12) and both male and females reported participating in a variety of risk behavior.

Farber, Schwartz, Schaper, Moonen, et al. (2000) examined the hardiness dimensions of commitment, challenge and control as resilience factors in adoption among persons with symptomatic HIV disease and AIDS. Results showed high hardiness was significantly related to (1) lower psychological distress levels; (2) higher perceived quality of life in physical health, mental health, and overall functioning domains; (3) more positive personal beliefs regarding the benevolence of the world and people, self-worth, and randomness of life events; and (4) lowered belief in controllability of life events. Commitment was the hardiness factors that most frequent made a unique contribution to predicting adaptation in the regression models.

Rabkin et al., (1993) examined the psychological and behavioral aspects of quality of life and medical care utilization in a population of gay men who were long-
term survivors. They found low rates of depression and psychological distress and minimal association between degree of physical impairment and life satisfaction. Overall, long-term survivors demonstrated a high degree of sustained psychological resilience and shared conviction that life continues to be worthwhile.

Landau, Mittal, Wieling (2008) present an overview of the philosophy and practical principles underlying the Linking Human System Approach based on the theory of resilience in individuals, families and communities facing crisis, trauma and disaster. It had been successfully used in combating critical public health problems, such as addiction, HIV/AIDS, and recovery from major trauma or disaster.

Gillespie, Chaboyer & Wallis (2007) identified current theoretical and operational definitions of resilience and also describe defining attributes of resilience. From their analysis, a conceptual model of resilience postulates that the constructs of self-efficacy, hope and coping are defining attributes of resilience. Resilience appeared to be a process that can be developed at any time during lifespan and thus is not an inherent characteristic of personality.

Beasley, Thompson & Davidson (2003) tested direct effects and buffering models in relation to cognitive and buffering models in relation to cognitive hardiness and coping for general health and psychological functioning. They measured life events stress and traumatic life experiences (independent variables) cognitive hardiness and coping style (moderator variables), and general health somatization, anxiety and depression (dependent variables). Results supported a direct effects model of the relationship between life stress and psychological health. Cognitive hardiness aspects of coping style and negative life events directly impacted on measured of psychological and somatic distress.
Rickwood, Roberts, Batten, Marshall, Anne et al. (2004) conducted a research that suggest that there was a connection between resiliency and successful career development in high-risk clients. Their articles described a career resiliency is best understood within the context of psychological resiliency.

Bromlay (2005) conducted a systematic study of resiliency constructs of mental health had been used in epidemiologic, population based studies of wellness. Sociability, self-efficacy, and a source of meaning appeared to be common attributes of resilient people.

Tugade, Fredrickson & Barrett (2004) examined individual differences in psychological resilience (the ability to bounce back from negative events by using positive emotions to cope) and positive emotional granularity (the tendency to represent experiences of positive emotion with precision and specificity). Results showed that positive emotions play a crucial role in enhancing coping resources in the face of negative events.

Turner, Norman and Zunz (1995), discussed resiliency in girls and boys and gender specific adolescent prevention programs. Resilience is regarded as the ability to cope in the face of adversity. This approach emphasizes on the strength and the enhancement of individual and environmental protective factors. Self esteem and self-efficacy are most important traits of resiliency. Thus prevention programs should focus on raising self-esteem and self-efficacy in pre-adolescents and adolescents. Evidence indicate that girls and boys pass through developmental stages in different ways and meet dissimilar social cultural and psychological demands. Therefore, they need different kinds of protection, support and encouragement to become adolescents. The field of intervention should design and implement strategies and program that fit both the similar and unique need for girls and boys.
Walsh (1996), discuss the concept of resilience, the ability to withstand and rebound from crisis and adversity, as having valuable potential for research and intervention and prevention approaches aiming to strengthen couples and families. The author advanced a systematic view of resilience in ecological and developmental contexts and presents a concept of family resilience, attending to interactional processes overtime than strengthened both individual and family hardiness. The author believes than concept of family resilience offers a useful framework to identify and fortify key processes that enable families to surmount crisis and persistent stresses.

Wolff (1995) discussed the nature of risk and moderating process of resilience. Notions of resilience enlighten the complexity of psychopathology clarify possibilities for prevention and keep hope alive in clinical practice. Traumatic life events and chronic adversities affect children’s resilience. Socio-economic disadvantages impairments of parenting and high delinquency neighborhoods can affect children directly or indirectly. Resilience is linked to biological self-righting tendencies in human development and buffering effects and protective mechanism that operate in the presence of stressors. An enduring aspect of the person, it evolves from interaction between the genetic and other constitutionally based qualities and is modified by life experiences. Resilience to stress and adversity can vary, depending on the situation. Ways of fostering resilience at the socio-economic, familiar and educational levels were discussed.

Stein, Fonagy, Ferguson and Wisman (2000) described and illustrate an ideographic method for the study of resilience. The method assumed that resilience is an unfolding and dynamic process in which the individual and the social environment interact to produce life course over time.
Turner (2001), had also explained, resilience as the capacity to bounce back in the face of adversity and go on to live functional lives with a sense of well-being. People can become resilience even though they may have lived in stressful, neglectful family and community environment. The author described three case vignettes of females (age 29-32 years) that illustrates how therapies and clients working together in a resilience framework can discover and bolster strengths that can lead to more enhanced and satisfying lives.

Reivich and Shatte (2002) discussed the techniques to improve the capacity to handle life’s surprises, and setbacks through resilience and individuals’ ability to preserve and adopt. It was maintained that resilience is what determines the happiness longevity of our relationships, our success at work, and the quality of our health. More than any other factor in the scheme of emotional intelligence, resilience is what determines how high we rise above, what threatens to wear no down. Practicing the skills which enhance resilience, will result improvement in how we communicate, make decisions and navigate through recognizing and changing the thoughts and beliefs that are subconsciously undermining resilience.

Tugada, Fredrickson & Barrett (2004) pointed out that theory indicates that resilient individuals “bounce back” from stressful experiences quickly and effectively. Among theories that provide empirical evidence of this theory, is the broaden and build theory of positive emotions, (Fredrickson, 1998, 2000) which is used as a framework for understanding psychological resilience. The authors used multi method approach in three studies to predict that resilient people use positive emotions to rebound from, and find positive meaning in stressful encounters. The analyses revealed that the experiences of positive emotions contributed, in part, participants’ abilities to achieve efficient motion regulation, demonstrated by accelerate
cardiovascular recovery from negative emotional arousal and by finding positive meaning in negative circumstances.

Another important variable which has been taken into account in relation to resilience factor is optimism. Is it better to be realistic or optimistic? According to Schneider (2001) realistic outlook improves changes to negotiate the environment successfully, whereas optimistic outlook places priority on feeling good.

It has been found that dispositional optimism facilitates subjective well-being and good health is mediated by a person coping behaviors. These results have been found in a study, which explored that personality affects quality life by influencing how people approach and react to critical life situations and the beneficial role played by two individual difference variables in promoting quality of life viz. dispositional optimism and goal adjustment (Wrosch and Scheier, 2003). In addition, people who confront unattainable goals were also examined. The reported evidence supports the conclusion that individual differences in people’s abilities to adjust to unattainable goals are associated with a good quality of life.

Optimists tend to use more problem-focused coping strategies than do pessimists. Coping strategies preferred by more optimistic adolescents, also followed long the problem focused strategies and less anger experienced by the teenager. Also negative life events and optimism were found to be negatively related, and positive life events and optimism were positively related. However, it was concluded that the identification of optimism may be vulnerable actor when screening adolescent mental health (Pushkar, Sereikr Lamb, Tusaie-Mumford, et al.1999).

Existing literature revealed that HIV diagnosis tends to provide the process of coping and positive attitude towards one’s illness that resulted in resilience in HIV patients. Some studies showed that social support and positive emotions played a crucial role.
Review of Literature

in developing resilience among HIV positive patients. Some studies found significant positive and negative relationships between resilience and various risk-taking behaviors. From the above literature it can be said that resilience plays an important role in dealing with the HIV disease.

Psychological Well-Being

Safren, Radomsky, Otto and Salomon (2002) examined variables relevant to psychological well-being in HIV patients receiving highly active antiretroviral therapy (HAART). The authors hypothesized that satisfaction with social support, coping styles and maladaptive attributions about HIV would explain more variance in psychological well-being than stressful life event per se. Results showed that satisfaction with social support, coping styles, and punishment beliefs about HIV were uniquely associated with depression, quality of life, and self-esteem over and above the effects of stressful life events.

Farber, Mirsalimi, Williams & McDaniel (2003) explored the relationship between meaning of illness and psychological adjustment in persons with symptomatic HIV disease and AIDS. A group of 203 participants completed self-report questionnaire measuring meaning of illness, problem focused coping, social support, psychological well-being, and depressed mood. Results showed that positive meaning was associated with a higher level of psychological well-being and a lower level of depressed mood. Further, meaning contributed significantly to predicting both psychological well-being and depressed mood over and above the contributions of problem focused coping and social support.

Gupta, Wyatt, Swaminathan, Rewari, Locke, Ranganath, Sumner, Liu (2008) conducted a study and the objective of the study was to characterize similarities and differences in the relationships, psychological well-being, and sexual behaviors
among Indian women. Both HIV positive and negative women from urban and rural areas in India were included in this study. Results revealed that in both geographic groups, HIV-positive women were significantly more likely to report marital dissatisfaction, a history of forced sex, domestic violence, depressive symptoms and husband’s extra marital sex when compared to the HIV-negative women. Findings also indicate that specific factors related to the quality of the marital relationship such as domestic violence, marital dysfunction, and depressive symptoms may be related to HIV-related risks for women.

Literature has documented the association between psychological well-being and HIV risks, but such studies were limited among female sex workers (FSWs) worldwide. Data on this area is particularly limited among FSWs in China, where millions of FSWs were playing an important role in HIV epidemic in the world’s most populous country. Hong, (2007) found the FSWs in China have poor psychological well-being with high rates of suicidal related sexual risk.

Seidl & Machado (2008) investigated the effects of HIV lipodystrophy syndrome on the psychological well-being and on the adherence to anti-retroviral treatment. Results showed that disclosure of lipodystrophy may affect the psychological well-being leading towards a decrease in self-esteem, negative perception of body image and avoidance of social relationships. It also showed that lipodystrophy experience may cause relevant emotional and psychological difficulties to affected people.

HIV/AIDS continues to be a serious public health issue. As HIV changes from an acute disease to a more chronic illness, it places increased responsibility on family caregivers to provide on-going assistance. Based on the conceptual model of caregiving resilience, Fredrickson-Goldsen (2005) found high vibration in caregiving
Review of Literature

outcomes with many caregivers demonstrating high levels of well-being despite adverse life circumstances. Factors that contributed significantly to caregiver well-being include income, caregiver health, discrimination, multiple loss, dispositional optimism and self-empowerment.

Mavandadi, Zanjani, et al. (2009) explored associations among age, various dimensions of social support, and psychological and functional well-being among adults diagnosed with HIV infection. Cross-sectional data capturing subjective and instrumental support, social interaction, behavioral health service utilization and psychological well-being (i.e., positive affect and depressive symptomatology), and physical functioning, were collected. Results showed, despite endorsing greater medical comorbidity, older adults reported significantly lower depressive symptomatology and greater positive affect and were less likely to report seeing behavioral counterparts. No age group differences emerged for instrumental support or amount of social interaction.

Heckman et al (2008) compared the psychosocial profiles of rural and urban people living with HIV disease. Compared with their urban counterparts, rural people with HIV reported a significantly lower satisfaction with life, lower perceptions of social support from family members and friends, reduced access to medical and mental health care, elevated levels of loneliness, more community stigma, heightened personal fear that their HIV serostatus would be learned by others, and more maladaptive coping strategies.

Chandra, Satyanarayana, Satishchandra, Satish and Kumar (2009) examined gender differences in Quality of Life (QOL) among people living with HIV/AIDS in South India. There was no gender difference in CD4 counts or use of antiretroviral therapy. Of the 29 facets of QOL, men reported significantly higher QOL in the
following facets-positive feeling, sexual activity, financial resources and transport, while women reported significantly higher QOL on the forgiveness and blame facet. Of the six domains of QOL, men reported better quality of life in the environmental domain while women had higher scores on the spirituality/religion and personal beliefs domain. Understanding these gender differences may provide potentially useful information for tailoring interventions to enhance QOL among people infected with HIV/AIDS.

Compton (2000) investigated whether a sense of meaning and purpose is a significant construct among the primary variables associated with subjective well-being. Results showed that meaningfulness was a significant mediator between personality variables and subjective well-being.

Keyes, Shmotkin & Ryff (2002) hypothesized that subjective well-being (SWB) and psychological well-being are conceptually related but empirically distinct and that combinations of them relate differently to sociodemographics and personality. Results confirmed the related but distinct status of SWB and PSW. The probability of optimal well-being (high SWB and PSW) increased as age, education, extraversion, and conscientiousness increased and as neuroticism decreased. Compared with adults with higher SWB than PWB, adults with higher PWB than SWB were younger, had more education, and showed more openness to experience.

Knowlton and Latkin (2007) examined multiple dimensions of social support as predictors of depressive symptoms among a highly vulnerable population. Social network analysis was used to assess perceived and enacted dimensions of support (emotional, financial, and instrumental), network conflict, closeness, and composition. Findings suggest the greater importance to this population’s psychological well-being
of received support specific to environmental demands rather than support perceived potentially available.

Chida and Steptoe (2008) reviewed systematically prospective, observational, cohort studies of the association between positive well-being and mortality using meta-analytic methods. They searched general bibliographic databases: medline, PsycINFO, Web of Science, and PubMed up to January 2008. According to results, there were 35 studies (26 articles) investigating mortality in initially healthy populations and 35 studies (28 articles) of disease populations. The meta-analyses showed that positive psychological well-being was associated with reduced mortality in both the healthy population and the disease population studies. Intriguingly, meta-analysis of studies that controlled for negative affect showed that the protective effects of positive psychological well-being were independent of negative effect. Both positive affect (e.g., emotional well-being, positive mood, joy, happiness, vigor, energy) positive trait-like dispositions (e.g. life satisfaction, hopefulness, optimism, sense of humor) were associated with reduced mortality in healthy population studies. Positive psychological well-being was significantly associated with reduced cardiovascular mortality in healthy population studies, and with reduced death rates in patients with renal failure and with human immunodeficiency virus-infection. Finally they conclude that positive psychological well-being has a favorable effect on survival in both healthy and diseased populations.

Christian (2000) examined the relationship between demographics, resilience, life satisfaction, and psychological well-being. Findings revealed that number of annual health care appointments, higher resilience and greater life satisfaction were the strongest predictors of psychological well-being.
Scannel, Allen, Burton (2002) examined the relationship between meaning in life and well-being, by asking 83 adults (aged 18-84 years) to complete measures of well-being and revised life regard index that contains affective (Fulfillment) and cognitive (Framework) subscale of meaning in life. Although there were no age differences on fulfillment, the younger groups had significantly lower score on Framework than the older group. One negative factor (Depression) and two positive factors (happiness, spiritual) significantly predicted framework. Also no negative and three positive (happiness, spiritual, self-esteem) well being measures significantly predicted fulfillment suggesting that affective meaning in life may relate to positive well-being more than it does to negative well-being on the other hand comparison of two regressions showed that well-being measures were more strongly related to affective meaning (Fulfillment) than to cognitive meaning (Framework). This suggests that although cognitive and affective meanings are associated with person’s well-being, it is more important to feel that one has meaning in life than to have a structure for that meaning.

The construct of well-being is being constantly refined and has been able to settle as a cordial concept in recent theorization as hedonic psychology (Kahneman, Diener and Schwartz, 1999) positive psychology (Seligman and Csikzentmihalyi, 2000) and health psychology (Suls and Rothman, 2004; Singh et al., 2006). Well-being is a multidimensional construct comprising of physical, mental and social components.

Subjective well-being refers to how individuals evaluate their lives, and includes variables such as life satisfaction, joy, absence of depression etc. research by Diener (1984) on subjective well-being clearly highlights that well-being should be
defined in terms of the internal states of the respondent and not through an imposed external frame of reference.

According to Diener, Suh & Oishi (1997) subjective well-being (SWB) is a field of psychology that attempts to understand people's evaluations of their lives. These evaluations may be primarily cognitive (e.g. life satisfaction or marital satisfaction) or may consist of the frequent with which people experience pleasant emotions (e.g. joy, as measured by the experience sampling technique) and unpleasant emotion (e.g. depression). Researchers in the field strive to understand not just undesirable clinical states, but also difference between people and positive levels of long-term well-being.

In a series of studies, on lay conceptions of well-being and their main determinants. Sastre (1999) observed that the most proposed definitions of WB refer to the family, the physical body, and acceptance of oneself and one's situation, the factors with the greatest impact on judgments of the WB and others are health, harmony with spouse, harmony with children, self-acceptance, positive relations, purpose in life and personal growth.

Sehgal (1999) compared self-efficacy, stress, well-being and health status between male and female college students. Results showed that males obtained higher self-efficacy psychosomatic stress scores but no significant difference was found in the well-being scores.

Ryan & Frederick (1997) showed associations between objective vitality and several indexes of psychological well-being somatic factors such as physical symptoms and perceived body functioning and basic personality traits and effective dispositions.
After examining the relationship between meaning in life and mental well-being, Moomal (1999) states, that a sense of meaning in life is a vital element in providing coherence to an individual’s world view and hence to his/ her mental well-being. Correctional analysis on data corroborated that meaning in life is associated with a wide spectrum of conventional categories of psychopathology as well as with general neurosis.

Chou (1999) found significant bivariate relationship between positive affect and dimensions of social support. ‘Helping others’ variables and ‘relationship satisfaction variables’ were negatively related to both depressive symptoms and negative effect. Satisfaction with relationship with family members and friends was consistently associated with all measures of subjective well-being, and numbers of friends were felt close to, was positively related to positive affect.

Walen & Lachman, (2000) investigated that positive and negative social exchanges were more strong exchanges were more strongly related to psychological well-being, than to health. For both sexes, partner support and strain and family support were predictive of well-being measures; partner strain was also predictive of health problems. However, family strain was predictive of well-being and health outcomes more often for women. Further, authors found evidence that supportive networks could buffer the detrimental effects of strained interactions, friends and family served a buffering role more often for women than for men.

Berger, Schad, et. al. (2008) found alleviation of depression and anxiety symptoms were most pronounced among HIV positive patients with high psychological distress at baseline.

From the readily available literature on psychological well-being the researcher found that in certain studies social support and various coping styles were
associated with psychological well-being. In some studies positive meaning was associated with higher level of psychological well-being among HIV patients. But some showed people with HIV had poorer psychological well-being. In all from the above literature, it can be said that positive well-being had a favorable effect on both diseased and healthy population.