CHAPTER – I

INTRODUCTION
# CHAPTER 1

## INTRODUCTION

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CHAPTER - 1

INTRODUCTION

1.1 INTRODUCTION

In our society, there is the greatest fear and misunderstanding about the operation, it is about the Cesarean operation among the women. The very idea of Cesarean operation, instead of Normal (Vaginal) Delivery, can frighten the women. Approximately in the year A.D. 1800, in European countries, doctors and midwives felt the need of such an operation, where the mother and the child could be saved and maintained their health.

In the present study, the aim is to find out the difference between the psychological experiences of the normal and the Cesarean operation. As the modern medical science progressed, the effective drugs, tools, facilities and the safe ways of the operation as well as the atheistic methods, came into practice. Now a days the Cesarean operation has become more safe. There is no danger to the mother in such a operation. At the same time, the child could be safely taken out from the womb in the state of the emergency. Now it is common to have a woman with more than one Cesarean operations.

In this age of science and technology, with the help of micro-analysis and various experiments the detailed information about the research is made available. The present researcher being a women, is inspired to study the problem of women. The aim is to contribute something worthwhile to the society, country and to the institution like WHO at large. With this desire I started my Ph.D. work. For this I have taken guidance from the experienced professors of psychology and has done detailed thinking on the pregnant women. For this purpose I had sittings with the pregnant women. In all I had arranged about10 meetings with them and after deciding various variables concerning with the Life satisfaction, Mental hygiene and Self analysis of the pregnant women, I studied this problem.

In Manusmriti, even God has praised the woman by pronouncing that all Gods dwell where woman is being worshiped and where there is no honor to woman all missions fail. Similarly, in the 34th Shloka of the 10th chapter of Bhagvad Gita seven abilities of the woman are described clearly, namely, fame, prosperity, speech intelligence, patience and forgiveness.

In the same manner, there is another Shloka in Manusmriti stating that, one principal is superior than 10 teachers, one father is superior than 100 principals, but
one mother is superior than 1000 fathers. This shows the importance of the woman. If the woman of to day will lead the healthy and the satisfactory life, then the best child would be created and thus she would provide a best citizen to the country.

1.2 PROBLEM OF THE STUDY:

“A Psychological Study of Life Satisfaction, Mental Hygiene and Self Analysis of Normal (Vaginal) Delivery and Cesarean Operation Delivery of Women”

1.3 WHAT IS MEANT BY LIFE SATISFACTION:

This is very old subject and it has been studied frequently. Indian philosophies of the past life Charak and others have discussed the mental state of life satisfaction. According to Navavaishik the satisfaction arises from the feelings of happiness and unhappiness. Especially the feeling of happiness is a likable state and it decides the nature and the satisfaction. Charak emphasis's the bodily aspect of the satisfaction. According to him the feelings of happiness and unhappiness are results of imbalance of certain chemicals residing in the body of an individual. Charak's view provides a good basis to means of the life satisfaction. But these are the views of the past.

The science of psychology has discussed the topic at life - satisfaction more deliberately. For example well-known psychologist Freud has discussed the topic of satisfaction in connection with the Theory of the pleasure, in his book called "Beyond Pleasure Principle" in 1950.

Similarly, another famous psychologist, Thorndike, has given us the concept of 'satisfiers and non-satisfiers' in 1919. This has been accepted by Hull, James, Dewy and other psychologists.

Slowly the concept of life satisfaction entered in the field of industry also. In America and England psychologists studied how satisfaction among workers, play important part in their daily functions around 1942. Now a day's ample emphasis is given to the life satisfaction of the worker. Recent study of Kanago and Mendola (1994) have examined the importance of the life - satisfaction of the worker as an incentive.
In short, the life satisfaction is the main thing in the life of an individual. For it affects his mental state, So, it requires detail study.

1.4 HISTORICAL BACKGROUND:

Ideologically, this line of research is rooted in 18th century Enlightenment thinking. From this perspective, the purpose of existence is life itself, rather than the service of King or God. Self-actualisation and happiness become central values. Society itself is seen as a means for providing citizens with the necessities for a good life. In the 19th century, this conviction manifested itself in the Utilitarian Creed that the best society is one which provides ‘the greatest happiness for the greatest number’. In the 20th century it has inspired large scale attempts at social reform and influenced the development of the Welfare State. Efforts towards the creation of a better society manifested themselves in attacks on the evils of ignorance, illness and poverty. Consequently, progress was measured by literacy, control of epidemic disease and the elimination of hunger. Social statistics were developed to record the extent to which progress in these areas had been achieved. Advances in the combat of these social ills were followed by efforts to create welfare-states that ensure a good life for everybody, in particular a good material standard of living. The extent of progress in that area was expressed in terms of monetary gains, security of income and the degree of income-equality. This gave rise to an abundance of social research on poverty and social-inequality, which today is still a major research tradition. In the 1960s, by which time most Western Nations had extensive Welfare-States, the new theme of ‘limits to economic growth’ appeared on the political agenda, and values came to shift to ‘post-materialism’. This called for a broader conceptualization of the good life and its measurement. As a result, the term ‘quality of life’ was introduced. The initial use of the concept was polemical, serving to denote that there is more to human existence than material welfare.

- Conceptions of quality of life

Currently, the term 'quality of life' denotes two meanings: 1) the presence of conditions deemed necessary for a good life, and 2) the practice of good living as such. When used at the societal level, only the former meaning applies. When we say that the quality of life of the people in a country is poor, we mean that essential
conditions are lacking, such as sufficient food, housing and health care. In other words: the country is not ‘live able’ for its inhabitants. At the individual level, the term quality of life can take on both meanings. When we say that somebody doesn’t have a good life, we may mean that he/she lacks things deemed indispensable and/or that this person does not thrive. These conditions may coincide, but this is not necessarily the case. A person can be rich, powerful and popular, but still be troubled. On the other hand, someone who is poor, powerless and isolated, may nevertheless be thriving both mentally and physically. I refer to these variants as respectively: ‘presumed’ quality of life and ‘apparent’ quality of life.

1.5 USE OF LIFE SATISFACTION

Life-satisfaction is one of the indicators of ‘apparent’ quality of life. Together with indicators of mental and physical health, it indicates how well people thrive. Data about life-satisfaction is used for several purposes.

Measuring quality of life:

The most elementary use of life-satisfaction data is to estimate apparent quality of life within a country or a specific social group. This is typically done to assess the extent of a social problem or issue and to recommend possible policy interventions. High satisfaction suggests that the quality of life, in the population concerned, is good. Though conditions may not be ideal, it is apparently acceptable for most of the population. Low satisfaction marks serious shortcomings of some kind. An example is the assessment of life-satisfaction among single people. In all modern nations, single persons express less pleasure with life than married persons, and the divorced and widowed frequently express the lowest levels of satisfaction with life. This difference in life-satisfaction between those who are single and those with a partner is in fact greater than that expressed between rich and poor (Veenhoven, 1984:6/4). This is commonly explained in terms of ‘deprivation’. Apparently, singles lack something essential in life. A problem is that dissatisfaction with life means that something is wrong, but it does not indicate what. The discontent of the unmarried could be due to negative labeling, but it can also be attributed to loneliness and lack of social support.
Monitoring social progress

A related application of life-satisfaction data is the monitoring through time. If average satisfaction levels increase, this suggests that the quality of life in the country or social group has improved. When satisfaction declines, this indicates possible problems. An example of monitoring at the national level is Easterlin's (1974) analysis of the development of life-satisfaction and economic growth in the post-war decades in the USA. He observed stable life-satisfaction in spite of a doubling of economic welfare, and concluded that money does not buy happiness. An example of following social groups is the study of age-differences in life-

Ruut Veenhoven 3 The study of life satisfaction

Satisfaction during 1950-1970 in the USA by Witt et al., (1979). This study showed that the aged have become relatively more satisfied during the last decades.

- Policy-evaluation

Life-satisfaction data has also been used to assess policy effects; in particular for social policy aimed at improvements in the quality of life. Effects of interventions can be measured by changes in satisfaction before and after, or by differences in satisfaction between beneficiaries and non-beneficiaries.

This success criterion is commonly applied in the evaluation of policies concerning the aged; for instance in assessing the benefits of separate housing (Hinrichsen, 1985) and judging the usefulness of activation programs (Ray et al., 1982).

Identification of conditions for a good life

One of the most interesting uses of life-satisfaction data is the empirical validation of ideas about conditions for the good life, and related ideas about the good society. Such ideas can of course be erroneous. For instance, people may derive less satisfaction from 'proper' housing than most politicians think. If so, people in good houses may appear to be about as satisfied as - otherwise comparable people - in poor houses. Life-satisfaction may also remain unaffected by moves from shoddy to good housing, and vice versa. Such checks are vital for any policy that seriously tries to surpass ideological prepossessions and vested interests. A notable study of this kind is
‘The market experience’ by Lane (1991), which tries to evaluate Western economic order by its effects on life-satisfaction.

Most studies that assess life-satisfaction aim at socio-economical differences, such as income, education and employment status. That emphasis is due to the significance of these topics in social policy. If, for example, socio-economically deprived citizens take less pleasure in life, that is an argument for egalitarian interventions. However, socio-economic differences appear to be largely irrelevant for life satisfaction; at least in modern industrialized nations. That pattern of non-difference is demonstrated in this book as well (See Chapter The greatest differences in life-satisfaction tend to be in socio-emotional matters, such as intimate relationships and mental health. The policy relevance of the latter difference in limited however, because public policy tends to refrain from interventions in private spheres of life.

1.6 KEY LITERATURE

The first survey studies which used measures of life-satisfaction were performed in the USA in the 1960's. The emphasis at that time was on mental health. The results from some of this research appeared in books by Gurin et al (1960) and Bradburn (1969). At that time, life-satisfaction was also a topic in an innovative cross-national study on human ‘concerns’ by Cantril (1965). In the 1970's, life-satisfaction was a central theme in several American Social Indicator studies. Landmark books were published by Campbell et al (1976). Outside the United States of America studies were reported from the Nordic countries by Allardt (1975). In the 1980's the first large-scale longitudinal survey on life-satisfaction was performed in Australia by Heady and Wearing (1992). Review studies have been published by Veenhoven (1984). Recently a bibliography has appeared, which includes 2475 contemporary studies on subjective appreciation of life (Veenhoven 1993a). This bibliography is part of the ‘World Database of Happiness,’ which also involves the ongoing cataloguing of new data on life-satisfaction and its correlates.
1.7 QUESTIONS ON LIFE SATISFACTION

The literature on life-satisfaction can be summarized by means of the questions that arise if one follows the utilitarian lead of creating greater happiness for a greater number of people. The first question is what life-satisfaction is precisely. One cannot create greater happiness without a clear definition of happiness. Next, a preliminary methodological question is then whether or not life-satisfaction can be measured. If not, attempts to make life more enjoyable will remain a matter of subjective belief. Without a gauge we remain uncertain about both the necessity to intervene and the effects of such interventions. Provided this question of measurement can be answered affirmatively, then the first substantive question is how satisfied people are, and whether people differ in degree of satisfaction. If everyone is satisfied with life, then there is little need to search for ways in which levels of satisfaction can be improved. Further, if people don't differ, then there would be no clues as to how life satisfaction could be improved. If people appear not to be equally satisfied with their life, the next substantive question is why. Determinants of life-satisfaction can be searched for at two levels; external conditions and inner psychological processes. If we can identify external circumstances in which people tend to be satisfied, we could potentially try to create such conditions for everybody. On the other hand, if we could understand the mental processes involved in obtaining high levels of life satisfaction, then it would be theoretically possible to assist others to acquire them. Both approaches have a long tradition.

A related substantive question is whether or not levels of life-satisfaction can be permanently raised. Two theories about its determinants suggest it cannot. The first theory is that life-satisfaction is relative. According to this theory, improvements in living conditions would raise life-satisfaction only temporarily, because the standards on which the comparison is based would simply change. The second theory is that life-satisfaction is an immutable trait, rather than a variable state; people are either satisfied or dissatisfied, irrespective of their circumstances. From this perspective, improvements in the quality of life are unlikely to be reflected in life-satisfaction. If these theories hold truth, there is little sense in trying to achieve greater happiness for the greater number. Consequently, they imply that the study of life satisfaction is of limited use.
1.8 CONCEPT OF LIFE SATISFACTION

Satisfaction is a state of mind. It is an evaluative appraisal of something. The term refers to both ‘contentment’ and ‘enjoyment’. As such it covers cognitive- as well as affective-appraisals. Satisfaction can be both evanescent and stable through time.

Definition

Life-satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as-a-whole. In other words, how much the person likes the life he/she leads.

Synonyms

Current synonyms for life satisfaction are: ‘happiness’ and ‘subjective well-being’. One advantage in using the term life-satisfaction rather than the word ‘happiness’ is that it emphasizes the subjective character of the concept. The word happiness is also used to refer to an objective good; especially by philosophers. Further, the term life-satisfaction has the advantage over the label of ‘subjective well-being’ is that life-satisfaction refers to an overall evaluation of life rather than to current feelings or to specific psychosomatic symptoms.

Scope of evaluation

The concept of life-satisfaction denotes an overall evaluation of life. So the appraisal that life is ‘exciting’ does not necessarily mean that it is ‘satisfying’. There may be too much excitement in life, and too few other qualities. An overall evaluation of life involves all relevant criteria in the mind of the individual: for example, how good one feels, how well expectations are likely to be met and how desirable various factors are deemed to be, etc. The object of evaluation is life-as-a-whole; not a specific area of life, e.g., employment. Enjoyment of work may add to the appreciation of life, but does not constitute it. This book considers four kinds of satisfaction; (1) global life-satisfaction (GLS), (2) satisfaction with housing (SH), (3) satisfaction with finances (SF) and (4) satisfaction with social contacts (SC). Only the first kind (GLS) meets this definition of life satisfaction. The others are “domain satisfactions”.
Temporal range

Appraisals of life can concern different periods in time: how life has been, how it is now, and how it will probably be in the future. These evaluations do not necessarily coincide; one may be positive about one’s past life, but negative about the future. The focus of this book is on satisfaction at the present point in time. The evaluation of present life is not the same as the way one feels at the moment. One may feel depressed one day, but still know that life is not that bad, and be confident that one will feel better tomorrow. Likewise, basically dissatisfied people can be cheerful now and then. The period depicted as ‘the present’ is not equally long for all people. Most adults seem to refer to the last few years when talking about their present life. Life-changes, such as recent illness or divorce may shorten that perspective. Someone who has lost his spouse a month ago, will focus on life since that event.

Variable aspects

Evaluations of life may differ in several respects. One difference is in their certainty; some people are fairly certain about how they appraise life, whereas others are plagued by doubts. Another difference is in how well formed various judgments are: some people judge rather intuitively, while others engage in elaborate contemplation. A related difference is the stability of the judgments. Some people keep the same evaluation over time, whereas others vacillate. Uncertain and unstable judgments are clearly less valuable as an indicator of quality of life. Still such judgments denote life-satisfaction. Furthermore, appraisals of life are probably not always equally appropriate. Like any perception they can be distorted in various ways, such as through miss-attribution and self-deceit. This is commonly referred to as ‘false happiness’. Distorted judgments of life are clearly less valuable as an indicator of apparent quality of life. Nevertheless, inappropriate life-satisfaction is still life-satisfaction. The concept of life-satisfaction is not limited to judgments which are considered to be correct by others, but in essence relies on the person’s own judgments.

1.9 MEASUREMENT OF LIFE SATISFACTION

In the 1960's, life-satisfaction became a common topic in survey research. This development was accompanied by a critical discussion regarding the validity of
survey questions about life satisfaction. It was even doubted that life-satisfaction could be measured adequately by means of standard interviews or questionnaires. Measurement has long been understood as ‘objective’ and ‘external’ assessment, analogous to the measurement of blood-pressure by a doctor. It has now become apparent that life-satisfaction cannot be measured in a similar manner. Steady physiological correlates have not been discovered, and the modern understanding of higher mental functioning does not suggest that they ever will be. Nor have any overt behaviours been found to be consistently linked to inner enjoyment of life. Like most attitudinal phenomena, life-satisfaction is only partially reflected in behaviour.

Though some social behaviours tend to be more frequent among the satisfied (active, outgoing, friendly), such conduct can also be observed among the dissatisfied. Likewise, non-verbal behaviours such as frequent smiling or enthusiastic movements appear to be only modestly related to self-reports of life-satisfaction. Consequently, estimates of someone's life-satisfaction by his peers are often wrong. Suicidal behaviour is probably more indicative of life-satisfaction than any other behaviour. Almost all people who attempt or commit suicide are dissatisfied with life. However, not all dissatisfied people resort to suicide. Since life-satisfaction cannot be inferred from overt behaviour, we have to read off inner consciousness by questioning. Questions on life-satisfaction can be posed in various contexts; clinical interviews, life-review questionnaires and through surveys. The questions can be posed in many different ways; directly or indirectly, and by means of single or multiple items. Some common questions are presented in. Life-satisfaction is commonly assessed by single direct questions within the context of a survey interview. However, that practice meets much criticism. It is claimed that such simple self-reports measure life satisfaction neither validly nor reliably. Social critics in particular refuse to believe that survey studies give a good estimate of average happiness. Elsewhere, I have considered the objections against measuring life-satisfactions by means of simple survey-questions and inspected the empirical evidence for claims about bias. I will summaries the main points below. For more detail, see Veenhoven, 1984.
1.10 PATTERN OF LIFE SATISFACTION

Assuming for the moment that life-satisfaction can be fairly well measured, we can go on to consider how satisfied people are with life and to determine the extent to which their judgments may differ.

- Level of satisfaction

Throughout time, the literature on quality-of-life is dominated by pessimists who bemoan the miseries of life. In this tradition, man is believed to be basically dissatisfied. Real enjoyment of life is projected in past paradise or future utopia. Such claims have always been denounced by optimists, who stressed human adaptability and social progress. Due to the lack of an empirical gauge, the discussion has long remained inconclusive. During the last few decades many surveys have been carried out, some drawing on world samples. These surveys support the optimist view.

The first representative surveys were carried out in Western countries and showed an uneven distribution of happy and unhappy citizens; the happy outweighing the unhappy by about 3 to 1. This finding raised much doubt about the validity of survey questions (as discussed previously). However, later cross-national studies showed that dissatisfaction prevails in third world nations, where a large proportion of the population lives at subsistence levels. This latter finding put to rest many of the aforementioned validity doubts. Presents the results of a world-survey which includes both rich and poor nations.

Nevertheless some social critics are still reluctant to believe that in modern western nations most citizens are really satisfied. Reported satisfaction-with-life is discounted as sullen adjustment. Rather than really enjoying their life, people have just given up hope for a better one and try to adjust to the inevitable (e.g. Ipsen, 1978). Various defensive strategies would be used: simple denial of one's misery, downward comparison and a tendency to see things rosier than they actually are. In addition to the above discussion on validity of current measures of life-satisfaction, two counter-arguments can be mentioned: Firstly, such resignation should give itself away in a discrepancy between the ‘adjusted’ judgment of life and ‘raw’ affective experience. The appraisal of general affect is less vulnerable to cognitive adaptation, because it is a direct experience and thus less open to defensive distortion. It is less threatening to admit that one felt depressed in the last few weeks than to admit
disappointment in life. Various Surveys have assessed both general life-satisfaction and the previous weeks’ affect-balance. The results do not suggest that people claim to be satisfied with life, but actually feel lousy (research reviewed in Veenhoven, 1984:106/113). Time-sampling of mood-states also shows that pleasant experiences are more usual than unpleasant ones (see e.g. Bless and Schwarz, 1984 for a meta-analysis of 18 studies). Secondly, people are typically dissatisfied with life when they live in miserable conditions. As we have seen, dissatisfaction is the rule in poor third world countries. In western nations life-satisfaction is typically lower where adverse conditions accumulate, such as in persons who are poor, lonely and ill (Glatzer and Zapf, 1984:282-397). Together these findings suggest that people tend to enjoy their lives once conditions are tolerable. From an adaptive-biological point of view this does not seem strange. Nature is unlikely to have burdened us with chronic dissatisfaction. Like ‘health’, happiness would seem to be the normal condition. Neither is it likely that nature has programmed us to be happy only in ideal conditions. Evolution did not take place in Utopia. This issue is discussed in the section about the determinants of life-satisfaction.

Why are there still so many complaints?

The prevalence of satisfaction with life-as-a-whole does not wash away the multitude of suffering and complaining. As noted in the foregone paragraph, even the happy are not without complaints. The German Welfare Survey found that half of the highly satisfied report frequent worries (Glatzer and Zapf, 1984:180). If not due to response distortion, what else can explain this pattern of worried satisfaction? Firstly, it is important to note that satisfaction and complaining do not exclude each other logically. One can be fairly satisfied with life-as-a-whole, but still be aware of serious deficits. In fact, both stem from a reflection on life. Secondly, worrying may to some extent contribute to overall satisfaction. Only through a realistic acknowledgement of the threats to one’s happiness can such a state be maintained.

• Differences in life satisfaction

Though most people are satisfied with their life, not everybody is equally satisfied. There are sizeable differences between individual citizens within countries, as well as disparities in average life-satisfaction between countries. See again.
Individual differences. In all countries there are citizens who are satisfied and dissatisfied. Though distributions vary, the full range between extremely satisfied and extremely dissatisfied can be found everywhere. Shows that even in Western-Europe 1% of the population marks the most negative scale category, whereas in economically poorer parts of the world (south-east Asia) only 2% report maximal satisfaction. Differences in life-satisfaction between citizens of a country result partly from dissimilarity in life-chances and partly from variation in ability to cope. We will consider this matter in more detail in the section on determinants of life-satisfaction.

Nation differences also shows that the pattern of life-satisfaction is not the same everywhere. Both level and dispersion differ considerably across various parts of the world. Within these areas, there are also noticeable differences between nations. Other questions on life-satisfaction show almost identical cross-national differences (Veenhoven, 1993b). Differences in average life-satisfaction in countries are largely a matter of variation in the quality of living conditions between countries. Below we will see that 81% of these differences can be explained by variation in material wealth, social equality, political freedom and access to knowledge.

1.11 DETERMINANTS OF THE LIFE SATISFACTION

Having established that people differ in satisfaction with life, the next question is why. The aim of creating greater happiness for the greater number requires an understanding of the determinants of life-satisfaction. So far, the determinants of life-satisfaction are only dimly understood. Still, it is clear that the matter is very complex. Various levels of human functioning are involved; collective action and individual behaviour, simple sensory experiences and higher cognition, stable characteristics of the individual and his environment as well as chance factors. presents a tentative ordering of factors and processes involved in the assessment of life satisfaction. The model presumes that we judge life by drawing on the flow of life-experiences; particularly on positive and negative experiences. This is what the utilitarian philosophers referred to as ‘pleasures and pains’. The flow of experiences is a mental reaction to the course of life-events. This includes major one-time events, such as marriage or migration, as well as repetitious mundane events, like getting up in the morning and doing the dishes. The events which happen in life are partly a matter of
good or bad luck; such as in the case of accidents. The occurrence of life-events also depends on given conditions and capacities. Traffic accidents are likely to be less frequent in well organized societies and are less likely to occur among more attentive individuals. Thus the chance of ‘rewarding’ and ‘aversive’ events are not the same for everybody. This is commonly referred to as life-chances.

Present life-chances are rooted in past events and chance-structures; in societal history as well as individual development. An example may illustrate this four-step model: A person's life-chances may be poor, because he/she lives in a lawless society, is in a powerless position in that society, and is personally neither smart nor pleasant. Such a person is likely to encounter a lot of adverse experiences. He/she may be robbed, duped, humiliated and excluded. As a result that person will frequently feel anxious, angry and lonely. Based on this flow of experience, the person will conclude “I feel lousy most of the time” and “My wife is not good”. Striking an overall balance he/she will evaluate life as-a-whole as dissatisfying.

Causality can skip a step. For instance, poor legal protection may instigate feelings of anxiety (step 3) directly, because the person anticipates events that are likely to happen, but have not occurred. Or life-chances can even enter the evaluation of life right away, when comparisons shape the judgment. Likewise, not all life-events in step 2 follow from life-chances at step 1. Some events are a matter of good or bad luck and happen irrespective of social position or psychological capabilities. Nor is the flow of life-experiences entirely shaped by the course of events. How pleasant or unpleasant we feel also depends on dispositions and interpretations as well.

- **Life chances**

  Research on determinants of life-satisfaction has focused almost exclusively on life-chances; particularly at the individual level. A lot of correlational studies have tried to identify conditions which predispose one to a positive appreciation of life. Elsewhere I have summarized the results of this literature (Veenhoven, 1984; 1994a). Below I will mention the main points.

- **Quality of society**

  As noted above, average satisfaction with life differs greatly across nations. These differences can probably not be explained by cultural bias in the measurement
of life-satisfaction. As will be seen at the end of this chapter, they cannot be attributed either to cultural variation in outlook on life. On the other hand, there is strong support for an interpretation of the variation in life-satisfaction in terms of differential quality of living-conditions. Shows that life-satisfaction is typically greater in the economically most prosperous nations. This relationship appears to be curvilinear; among poorer nations this relationship is more pronounced than in affluent societies. This is in line with the law of diminishing returns. Below we will see a similar pattern at the individual level: correlations between life-satisfaction and income-position are strong in poor countries and weak or zero in richer nations. The difference can partly be explained by sufficiency of nutrition, but not entirely. Apparently, material welfare provides more gratification’s than that of mere subsistence. Life-satisfaction also tends to be higher in more socially egalitarian societies. This difference is partly due to the greater economic prosperity in these societies. However, the relationships with gender-equality and income-equality remain quite strong even after controlling for income per capita. Social inequality involves greater risk of adverse life-events and is a source of frustration in itself. The correlation may also be a reflection of related matters, such as suboptimal allocation of human resources and a culture of intolerance. Average life-satisfaction is also greater in nations where human rights and political freedom are highly respected. The partial correlations suggest that these differences are partly due to the higher income in these countries. The effects of political freedom are also likely to result from better protection against injustice and assault. Freedom can also make people choose life-styles that better fit their personal needs and situational opportunities, which is likely to result in more rewarding life-experiences. Furthermore, life is found to be most satisfying in the countries that provide the best access to knowledge, as measured by literacy, school-enrolment and use of mass media (radio, newspapers, TV etc.). The partial correlations also show that the correlation remains after control for economic wealth.

So far, it is still unclear as to what extent knowledge itself is involved in the creation of gratifying life-experiences, and to what extent the relationship is due to related cultural effects. Together, the above mentioned characteristics explain 81% of the differences between countries in life satisfaction. One of the problems in this field is the limited number of countries on which comparable data on life-satisfaction is available. For this reason, spurious effects and conditional correlations are hard to
demonstrate empirically. A related problem is that the lack of time-series hinders the distinction between cause and effects. However, the amount of data is growing every year. World Value Study II will yield data on some 50 nations in the early 1990's. Data on life-satisfaction is gathered in the ongoing World Database of Happiness, which already involves some interesting time-series (Veenhoven, 1993b). Another problem is that current measures of societal quality are very limited; in particular the indicators of the ‘cultural climate’ in countries. As of yet there are few reports of improvement in this area.

- **Position in society**

  Numerous studies all over the world have considered differences in life-satisfaction across age and gender. The differences tend to be small and variable. At this point in time the contextual differences involved have not been identified; for example, why are males slightly happier in some countries and females in others? Another commonly investigated issue is the relationship of life-satisfaction with income. Studies in affluent Welfare Societies typically report only small correlations, but in other countries quite substantial differences are observed. The poorer the nation, the higher the correlations tend to be. See.

  This pattern does not fit the theory that life-satisfaction derives from social comparison, but rather suggests that it depends on the gratification of needs that are finite. This implication will be discussed in more detail at the end of this chapter. The pattern of correlation with education is similar. Again there are high correlations in poorer countries and weaker correlations in more prosperous ones. Recent studies in richer nations have even shown slightly negative correlations with level of education. This does not mean that education itself breeds dissatisfaction. As we have seen, the most educated countries are the happiest. The slight dissatisfaction among the highly educated is probably due to a lack of jobs at that level and possibly to the loss of earlier advantages in the process of greater social equalization. The correlation between life-satisfaction and occupation has generally been more stable. All over the world, professionals and managers tend to be those who are most satisfied with life. It is not clear to what extent this difference results from the rewards of work tasks, related advantages in income and social prestige or differential selection.
Together, the above socio-demographic variables invariably explain not much more than 10% of the variance in individual happiness; at least in richer societies.

One of the purposes of this book is to check this result. It inspects whether measurement error reduced the explained variance to this low level. If this were the case, it would mean that these variables explain in fact much more of satisfaction than so far observed. Next to social-status matters, social-participation has been considered. Life-satisfaction tends to be higher among persons who have paid work. However housewives are not less satisfied. Neither does retirement make life less satisfying. Life-satisfaction is more consistently related to participation in voluntary organizations. Life-satisfaction is also quite consistently related to the presence and quality of intimate ties. However, not all kinds of ties are equally related to life-satisfaction in all countries. In western nations, marriage is more important than contacts with friends and relatives. Studies in western nations have reported that children do not add to the life-satisfaction of married persons. However, among those who have children, life-satisfaction is closely related to quality of contacts with children. Together these variables explain typically another 10% of the variance in life satisfaction in developed nations.

**Personal abilities**

The strongest correlations invariably concern personal capability in dealing with the problems of life. Life-satisfaction tends to be greater among those who are in good physical health and who have a lot of energy. The satisfied also share characteristics of good mental health and psychological resilience. Curiously, life-satisfaction tends to be unrelated to intelligence; at least to school-intelligence as measured by current IQ-tests. However social skills do differentiate between satisfied and dissatisfied. High life-satisfaction is typically accompanied by social assertiveness and good empathy attributes. With respect to personality, the satisfied tend to be socially extrovert and open to experience. There is a notable tendency towards internal control beliefs, whereas those who are dissatisfied tend to feel they have little control over events. Many of the findings regarding individual variation in life-satisfaction can be seen as differences in ability to control one’s environment. It has not been established to what extent this pattern is universal. Possibly, the characteristics enumerated here are more instrumental to life-satisfaction in modern
individualized Western Societies than in collectivistic societies. The common variance explained by such personal variables tends to be around 30%.

There are several problems with these correlational findings. Firstly, it is not always clear whether or not the reported correlations are spurious. For instance, the positive correlation of life-satisfaction with marital status is partially produced by a selection effect; the married typically being in better mental health. This problem can be solved by systematic checks. A growing number of studies have carried out elaborate checks for spuriousness. A second problem can be seen in the direction of causality. It is not always clear what is cause and what is effect. In the example of marital status, the positive correlation could have resulted from the possible advantages of married life or, on the other hand, from the better marriage prospects for those who are the most satisfied. (In actual fact, both effects are probably involved. (See Veenhoven, 1989b). This problem can be solved by considering longitudinal data. As of yet, such data are scarce. However, the amount is growing. A final problem is that effects can be conditional. For example, married status adds more to life-satisfaction in some modern Western Societies such as Denmark and the Netherlands than in more traditional countries such as Ireland and Italy. Identification of such contingencies requires comparable data in a sizeable number of countries; preferably from different epochs. More and more of such data is becoming available. The data needed for solving these problems is gathered in the previously mentioned World Database of Happiness.

- **Course of life events**

The effect of life-events on life-satisfaction has received little attention. One of the few sophisticated studies that considered the matter is the four wave ‘Australian Quality of Life Panel Study’ by Heady and Wearing (1992). First of all, this study showed that the course of life-events is not the same for everybody. Some people encounter troubles over and over again; they have accidents, get laid off work, quarrel with family, fall ill, etc. On the other hand, there are also people who are lucky most of the time; they meet nice people, get promoted, have children who do well, etc.

These systematic differences in the course of events depend to some extent on life-chances. Favorable events appeared to happen more often to persons who were well-educated and psychologically extroverted. Adverse events were reported more
frequently among neurotics, but occurred less to people with good intimate attachments. Both favorable and unfavorable events happened more to those who were young and psychologically open. Altogether, life-chances explained about 35% of the variation in life-events over eight years. This study also demonstrated that the course of life-events affects satisfaction-with-life. First it was found that the balance of favorable and adverse events in one year predicts reported life-satisfaction in the next year. The more positive that balance, the greater the satisfaction with life. Life-events explained some 25% of the differences in life-satisfaction, of which about 10% was independent of social position and personality. Further, longitudinal analysis showed that change in the characteristic pattern of events was followed by change in life-satisfaction. Respondents who shifted to a more positive balance became more satisfied with their life.

- **Flow of experience**

  As of yet, hedonic experience is not well understood. Though feelings of disgust and delight are quite tangible, it is not always clear either how they come about or why.

**Function of hedonic experience**

Many of our likes and dislikes seem to be inborn reactions to situations that are good or bad for human survival. Evolution has probably eliminated our forefathers who did not enjoy food, shelter and company, and those too fond of danger. As such, certain life-events are likely to elicit pleasant experiences, while others invoke unpleasant feelings. Playing tennis with friends is typically more fun than sitting in jail alone. Though it is quite plausible that hedonic experience reflects the fulfillment of basic needs, it is not so clear what these needs might be. Current theory suggests that there are various ‘organic needs’ (food, shelter, sex), ‘social needs’ (belonging, esteem) and broader ‘self-actualization’ needs (mastery, control, variety, meaning, etc.). Conceptions differ however, and it is difficult to establish to what extent these strivings are inborn and how they are linked to hedonic experience. Cognitive theories suggest that pleasant experience can also be induced by perceived realization of goals. For instance, the playing of tennis may be enjoyable because we are engaging in a chosen behaviour. On the other hand, a person in prison, who does not have this freedom of action, is likely to be very dissatisfied because he/she cannot realize
desired goals. The gratifying effects of the fit between perceived reality and wants may draw on an underlying need to control.

- **Like and Dislike**

  Many adverse events evoke similar reactions in most people; particularly events that exceed human adaptability. Everybody suffers when burned or starved. However, within the limits of human faculties, reactions tend to differ. For instance, not everybody feels equally as bad when his/her house burns down. Reactions may vary depending upon (a) previous exposure to hardship, (b) the meaning attributed to the event and (c) the person’s psychological resilience. Nevertheless, most people do get upset by the loss of their property. Much greater variability is probably to be found in life’s more pleasurable experiences. Though most of us enjoy parties, this is not true for everyone. Some people lack the social skills required for parties, or have a limited capacity for enjoying themselves. The various personal characteristics that mould experiential reactions to life-events belong to the same class of ‘life-chances’ that also influence the course of events. Low social status may result in fewer invitations to parties and to feelings of unease at having to attend such an event. Nevertheless, it is life-events which evoke experiences and not life-chances. The effects of daily events on experiences has been studied by means of time-sampling. In this method, respondents note several times during the day how they feel at that moment and describe what they are doing. On the basis of such studies Csikszentmihalyi (1991) found that we tend to feel better in company than we do alone, and to feel better when engaged in leisure activities than we do at work. Also structured leisure activities such as sport appeared more rewarding than unstructured pastimes, such as television-viewing. Personality explains about 30% of the variance in pleasant affect, while the situation explains another 10% and the person-situation interaction 20%.

  Inner manufacturing of feeling Though it is clear that events evoke experiences, it is not so clear how such effects come about. In fact, little is known of how likes and dislikes are processed. We have some idea about the psychophysiology of sensations, but the inner fabrication of affective experience is hardly understood. Psychology has been more successful in grasping thinking than affect. In the 1960's the discovery of pleasure centers in the brain seemed to promise a breakthrough (Olds and Milner, 1954; Rolls, 1979). That promise has become somewhat
bleak by now. There is no such thing as a single happiness gland. Pleasurable experience seems to result from different bio-chemical signals in both the body and the brain, the interactions of which are still largely unknown.

**Capacity for enjoyment**

Wherever situated, the human capacity for enjoyment is great. Reward areas in the brain seem to be greater than areas that produce unpleasant experience and most people tend to feel good most of the time (Bless and Schwarz, 1984). Suffering may be more salient than satisfaction, but apparently it is not more frequent. There is some logic in this phenomenon. Why would nature doom us to be dissatisfied most of the time? If experiences of like and dislike serve to indicate conditions that are good and bad for the organism, we should expect that satisfaction will be the rule. Evolution tends to produce a good fit of species to its environment, which will be reflected in predominance of pleasurable experiences. Dysphonic experience has to keep us away from harmful situations; it instigates withdrawal. In this view dissatisfaction can be permanent only in adverse living conditions, from which no escape is possible. In such conditions species tend to die out. So, chronic dissatisfaction can at best be a temporary phenomenon in the declining stage. However, the human species does not seem to be drawing to its end, and if we become extinct it will be due to ecological disaster rather than to maladaptation to our living environment. The organic disposition to enjoy things may not be equally strong in everybody. There can be temperamental differences in satisfaction-proneness. Twin-studies show greater resemblance in satisfaction between monozygotic twins than dizygotic twins, even when reared apart. However, this does not necessarily mean that satisfaction is an inherited trait; the similarity in satisfaction can also have resulted from traits other than satisfaction, such as heritable variation in ‘energy’ and ‘resilience’. The results from longitudinal studies, which have followed children from a young age, have found little evidence for a stable trait of satisfaction/dissatisfaction. Babies observed to be cheerful did not appear to exhibit higher levels of life-satisfaction in adulthood. (Research reviewed in Veenhoven, 1994b.).
• **Inner process of evaluation**

What goes on inside a person’s head when he/she evaluates life? Speculation on such matters was a major theme in the study of happiness by the early philosophers. This issue has received a considerable amount of renewed interest during the present century. It is not just curiosity about the inside of the ‘black box’ which has led to renewed interest, but rather the far-reaching consequences which follow from the different perspectives on the possibility of creating greater happiness for a greater number of people (to be discussed in the next section).

**Calculus or inference?**

Utilitarian philosophers spoke of happiness as the ‘sum of pleasures and pains’, established in a ‘mental calculus’. This view on the evaluation process is still dominant today. It is believed that life-satisfaction is assessed in a similar way to accountants calculate profit. We would count our blessings and sufferings and then strike a balance. The judgment is then a ‘bottom-up’ process, in which appraisals from various aspects of life are combined into an overall judgment. Following this line, Andrews and suggested that satisfaction with life-as-a-whole is calculated on the basis of satisfactions with various aspects of life. In this view, we first evaluate domains of life, such as our job and marriage, by comparing the reality of life with various standards of success. Only then would we compute an average, weighted by perceived importance of domains and standards. Andrews and demonstrated high correlations between satisfaction with life-as-a-whole and appraisals of various aspects of life, but found no evidence for the presumed weighing. Michalos' (1985) Multiple-Discrepancy-Theory also depicts life-satisfaction as the balance of various sub-evaluations. Sub-evaluations are assessments of the discrepancy between perceptions of how one’s life is, with notions of how one would like it to be. The five main standards for comparison are: what one ‘wants’, what one ‘had’ earlier in life, what one ‘expected’ to have, what one thinks ‘other people’ have, and what one thinks is ‘deserved’. Michalos provides ample evidence that small discrepancies are accompanied by high satisfaction with life-as-a-whole. Multiple regression analysis showed that life-satisfaction is primarily a function of the perceived discrepancy between reality and ‘wants’.
Though satisfaction with life-as-a-whole is statistically correlated with appraisals of various aspects of life, it has not been established that life-satisfaction is causally determined by these sub-evaluations. The correlation could also be due to ‘top-down’ effects. For instance, when assessing one’s job-satisfaction, a person may reason “I am generally happy, so apparently I like my job”. Panel-analysis has demonstrated strong effects of this kind. Actually, the effect of life-satisfaction on the perceived discrepancy between what one has, as against what one wants, is greater than the effect on the respective life satisfaction evaluation for some domains (Heady and Veenhoven, 1989). These findings have been criticized on methodological grounds by Scherpenzeel and Saris (1996).

**Inference on the basis of feeling**

A rival theory is that evaluations of life draw on cues that provide indications of the quality of life as a whole. An internal cue of this kind is how well one generally feels. If pleasant feelings dominate, then it is assumed that life can't be bad. This could be called ‘affective inference’. An external cue is how satisfied other people think one is. This is called ‘reflected appraisal’. The available evidence suggests that internal affective cues are far more important than external social ones. Life-satisfaction is much more related to matters of mood than to reputation. Reports of daily feelings correspond closely to satisfaction with life-as-a-whole, whereas peer-ratings of life-satisfaction correlate only modestly with self-ratings. In assessing how we generally feel, we seem to focus on the relative frequency of positive and negative effects, rather than on the remembered intensity of joy and suffering (Diener et al., 1991). A typical heuristic seems to involve departing from the mood of the moment, which can be read quite vividly. If there are no reasons to assume that this mood is atypical, it is used to appraise satisfaction; “I feel generally good, hence I seem to be satisfied with life” (Schwarz and Strack, 1991).

**Differences in evaluating life-as-a-whole and life-domains**

The evaluation-process is not identical for all objects. Global inference is the rule in evaluations of life-as-a-whole, and piecemeal calculations most common in evaluations of domains of life. Schwarz and Strack (1991) showed that evaluations of
life-as-a-whole focus on how one generally feels. This facilitates the judgmental task. Most people know fairly well how they generally feel. The alternative of ‘calculating’ life-satisfaction is more difficult and time-consuming. It requires selection of standards, assessments of success and integration of the appraisals into an overall judgment. Not only does this involve more mental operations, but it also entails many arbitrary decisions. Still, people sometimes choose to follow this more difficult road. A condition which encourages people to make this choice, is the presence of ambiguity when trying to define one’s typical mood; for instance, a state of depression may not fit one's idea of how one generally feels. Another factor that encourages the calculative approach may be the availability of salient information for the purposes of comparison, such as the earlier mentioned confrontation with a person in a wheelchair. Evaluations of specific aspects of life are hard to derive from estimates of general feelings. Affect is less informative in this case. One can be satisfied with one’s job, but still feel generally dissatisfied, because of a bad marriage and poor health. On the other hand, calculating is less difficult when specific life domains are concerned. Domains of life are easier to oversee than life-as-a-whole, and standards of success are often more evident. The differences in evaluative strategies are depicted in.

**Relationship between life satisfaction and domain-satisfaction,**

Both evaluation strategies will result in a sizeable relationship between satisfaction with life-as-a-whole and satisfaction with life domains. If life satisfaction is calculated, people will probably estimate a weighted average of life-domain/aspect satisfactions as Andrews and Withey suggest. This so called ‘bottom-up’ appraisal will result in firm correlations between life satisfaction and domain-satisfactions, because the former is based on the latter. If people rather ‘infer’ life-satisfaction, life-satisfaction and domain-satisfactions will be statistically related as well. Firstly, because all satisfaction judgments draw on affect (though life-satisfaction more than most domain-satisfactions). Secondly, because satisfaction in domains is derived from general satisfaction with life (the so called top-down appraisal). Both views on the appraisal process can explain differences in correlations across domains, but for different reasons. If general life-satisfaction is ‘calculated’ from domain satisfactions, we can expect stronger correlations with more important domains. If life-satisfaction
is ‘inferred’ from how well one feels generally, life-satisfaction will correspond most closely with domain-satisfactions that are most likely to draw on affect level. This means that life-satisfaction will correlate stronger with marriage-satisfaction than with government-satisfaction and life satisfaction will also correlate stronger with domain-satisfactions that are most likely to be appraised in the top-down way.

The two views on the appraisal process also imply differences in strength of correlations across nations, but again for different reasons. If life-satisfaction is ‘calculated’ from domain-satisfactions, and if important domains get a greater weight in that computation, we can expect the strongest correlations with those domains satisfactions which rank the highest in a country, while the ranking can vary from country to country due to the situation the country is in. If life-satisfaction is ‘inferred’ from affect, the strength of the correlation will depend on the degree to which domain-experience elicits affect. In the case of correlation between life-satisfaction and income-satisfaction that could mean that a stronger correlation in poor countries where the poor really suffer more, than in rich nations, where differences in income are of less consequence for affective life. Later in this book we will inspect the relationship between life-satisfaction and domain-satisfaction in more detail. We will do so on the basis of correlations that we corrected for correlated measurement error.

1.12 POSSIBILITY OF MAXIMUM LIFE SATISFACTION

Much of the research on determinants of life-satisfaction is prompted by the hope of finding ways to create greater happiness for a greater number. However, the search could also lead to the conclusion that this hope is false. For instance, further research may confirm theories of satisfaction which imply that the improvement in living conditions does not reduce discontent.

One such theory is that life-satisfaction is relative. Another is the theory that life-satisfaction is a stable trait.

- **Is life satisfaction relative?**

As we have seen above, one theory of how we evaluate life assumes that satisfaction is the result of a comparison between life-as-it-is to conceptions of how-
life-should-be. Standards of how-life-should-be are seen to draw on perceptions of what is feasible and on comparison with others. These standards of comparison are thought to vary. The more money we earn and the more our neighbors have, the higher the amount of money we would deem necessary for a decent living.

Together these assumptions imply that it is not possible to create lasting satisfaction; neither at the individual level, nor the societal level. At the individual level, this theory predicts that satisfaction is a short lived phenomenon. We would be satisfied when life comes close to ideal, but as we come closer to our ideal we would tend to set higher demands and hence end up as dissatisfied as before. Likewise, social comparison would not provide lasting satisfaction. When we have surpassed the Jones, reference drifts upwards to the Petertons, and we again feel dissatisfied. At the societal level, this theory implies that average satisfaction tends to neutral as well. If satisfaction and dissatisfaction balance out in the lives of individual citizens, the average in the country cannot be far from zero. Social comparison is also likely to result in a neutral average; the satisfaction of the citizens who do better is neutralized by the dissatisfaction of the ones who do worse. Another implication of this theory is that life-satisfaction should be approximately the same in all countries.

**Empirical evidence**

Elsewhere, I have reviewed the empirical evidence for the theory that life-satisfaction is relative (Veenhoven, 1991; 1995). The main points are summarized below.

The study reported in this book provides another check. One implication of this theory is that changes in living conditions, from good to bad, or vice versa, will have no lasting consequences for life-satisfaction. However there is good evidence that we do not adjust to everything; for instance, we don't adjust to the misfortune of having a handicapped child or the loss of a spouse. Another implication which appears questionable is that earlier hardship favors later satisfaction. This is not supported by the evidence. For example, survivors of the Holocaust were found to be less satisfied with life than Israeli’s of the same age who had not undergone this experience. One further empirical check to be mentioned is the correlation between life-satisfaction and income. The theory that life-satisfaction is relative should predict
a strong correlation in all countries, irrespective of their wealth. Income is a salient criterion for social comparison, and one on which we typically make comparisons with others. As we have seen in, this prediction is not confirmed by the data. In several rich countries the correlation is close to zero. This book shows that the correlations between satisfaction and income are also modest in not-so-rich countries, see Chapter 16. (The data presented in that chapter are corrected for measurement error and confirm earlier studies without such a correction). Predictions at societal level are not confirmed either. Average life-satisfaction is typically positive, rather than neutral and differs widely between nations. Contrary to prediction it is higher in rich countries than in poor ones. The cross-national study reported in this book confirms that pattern (Chapter 15). It can therefore be concluded that there is so far little or no empirical support for the theory that life-satisfaction is relative.

- **Theoretical flaws**

The theory that ‘life-satisfaction is relative’ assumes that life-satisfaction is a purely cognitive matter and does not acknowledge affective experience. It skips step 3 in, and acknowledges only one of the evaluation strategies mentioned in step 4. Thereby, it focuses on conscious standards and neglects less conscious needs. The basic fault in this theory is that the evaluation of life is assumed to be a piece meal mental calculus (the route on the right in), rather than a global inference on the basis of general mood (the route on the left in).

As argued above, affective experience signals the gratification of basic needs. Contrary to ‘wants’, ‘needs’ are not relative. Needs are absolute demands for human functioning, that do not adjust to any and all conditions; in fact, they mark the limits of human adaptability. To the extent that it draws on need-gratification, life-satisfaction is not relative.

- **Difference with domain satisfactions**

There is good evidence that satisfaction with income is largely a matter of comparison and that standards of comparison in this domain tend to shift (Van Praag, 1989). This is further supported by research on satisfaction with health and work.
Thus, the theory that satisfaction is relative does apply to some domain-satisfactions. As argued above, the evaluation of specific life-domains tends to follow the right-hand route in. However, the evaluation of life as a whole typically follows the left-hand route. Therefore, the theory does not apply to global life-satisfaction.

- **Is life satisfaction a trait?**

  Another theory, which suggests that the hope of creating greater happiness for the greater number is futile, holds that satisfaction is a fixed disposition. This theory figures at the individual level as well as the societal level. Both variants imply that an improvement of society does not make people more satisfied.

**Personal character trait?**

The individual level variant sees satisfaction as a personal trait; a general tendency to like or dislike things. This tendency can stem from an inborn temperament as well as early experience. This trait is believed to shape the perception of life-experiences as well as the overall evaluation of life. In this view, improvement of living conditions will not result in greater satisfaction with life. The evaluative reaction will remain the same; the discontented will always be disgruntled while the satisfied will always see the better side of things. Elsewhere, I have taken stock of the empirical evidence for the theory that life-satisfaction is a trait (Veenhoven, 1994b; 1995). In this previous work I examined whether or not life-satisfaction is 1) temporally stable, 2) cross-situationally consistent and 3)

Internally caused. Life satisfaction does not appear to be a stable trait. The results can be summarized as follows: Firstly, life-satisfaction does not remain the same over a period of time; particularly not over the length of a lifetime. Individuals revise their evaluation of life periodically. Consequently life-satisfaction changes quite often; both absolutely (f.e. happy persons becoming unhappy) and relatively (f.e. the most happy person in a group becomes the least happy). Secondly, life-satisfaction is not insensitive to change in living conditions. The improvement or deterioration in living conditions is typically followed by a rise or decline in the appreciation of life. This appears for instance in the aftermath of widowhood and
divorce. Thirdly, satisfaction is not entirely an internal matter. It is true that evaluations of life are influenced by personal characteristics and collective orientations. However, these inner alignments modify the impact of environmental effects rather than overshadow them.

- National character trait?

The societal variant of this theory (folklore-theory) assumes that this tendency to like or dislike life is part of a common national-character. Some cultures would tend to have a gloomy outlook on life, whereas others are optimistic. France is often mentioned as an example of the former kind, and the USA as an example of the latter. Even if the quality of life in France would be improved substantially, French character would prevent the French from taking more pleasure in life. Elsewhere I have examined the empirical evidence for this theory (Veenhoven, 1993: ch5; 1994b; 1995). In this previous work I examined whether the differences in subjective satisfaction were indeed unrelated to variation in the objective quality of life. I considered five qualitative differences: economic affluence, social equality, political freedom and access to knowledge. I found strong correlations. Improvements in these societal conditions tend to be followed by an increase in average life-satisfaction. Not all improvements produce greater satisfaction however: economic growth adds to life-satisfaction in poor countries, but not in rich ones. I also examined the residual variances for any indication of cultural patterns, such as possible underrating of life-satisfaction in Mediterranean nations or an overstatement in Anglo-Saxon countries. However, no such patterns appeared. Latin countries are not systematically less satisfied than their standard of living would predict. Nor is satisfaction in Anglo-Saxon countries typically higher. Furthermore, I have compared the life-satisfaction of migrants with satisfaction in the country-of-settlement and in the country-of-origin. If life-satisfaction reflects the quality of the conditions in which one lives then the life-satisfaction of migrants in a country must be close to the level of others in their adopted society. If however, life-satisfaction is a matter of socialized outlook, the satisfaction of migrants should be closer to the level reported in their former country. First generation migrants in two nations were considered: In Australia, migrants from Britain, Greece, Ireland, Italy, Netherlands and former Yugoslavia. In Germany, migrants from Greece, Italy, Spain, Turkey and the former Yugoslavia. The ‘outlook
hypothesis’ failed this test as well. Together these findings seriously undermine the argument that life-satisfaction is a static phenomenon.

In summary then, there is sense in trying to make life more satisfying for a greater number of people. Although, it is not quite clear how this can be achieved, there is nevertheless little doubt that it is possible in principle.

1.13 WHAT IS MEANT BY MENTAL HYGIENE?

The development and happiness of any society depends on the standard of its Mental Health. The Mental Health of society or a cultural group in turn depends on Mental Health of its members. Mental Health of individuals depends on the availability of favorable social situations and his ability to utilize them. Abilities are almost inherited but their development depends upon individual's efforts and social environment. No achievement is without any cost what so ever Achieving all these at the cost of Mental Health is really a loosing proposition and not a profitable one.

In the course of developing one's abilities and achieving unusual heights if one loses one's Mental Health then all his efforts are worthless.

In short our abilities and achievements are meaningful and adequately useful only if we are able to sustain our Mental Health in the process of getting them. In this age of cut throat competition we blindly run like a sheep after the lure of development. In this process, without thinking about our capacities, our interests, our resources, our nature and our Mental readiness, we are swept away by the competitive flow, and as a result, after attaining the so called achievements, we might get ourselves tumbled down.

Respect, social status, popularity, power, money, achievements, is desirable in certain respects but they become meaningless if one breaks down under tension. If the individual suffers from attacks of acute anxiety, or if he feels insecure and without any reason, he loses his initiative. Our ability to utilize our mental & material powers depends ultimately upon our Mental Hygiene.

The meaning of Mental Hygiene is so broad that physical and Mental Health are automatically included in it. Hurbert Carol says that the Mental Health of the society can be good if its physical health is good. Skinner say that "Mental Hygiene is
primarily related with the development of more wholesome human relationships. It means applying to everyday living what has been learned with regard to the behaviour of human beings.

- **MENTAL HEALTH :**

  Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

- **HISTORY**

  In the mid-19th century, William Sweetzer was the first to clearly define the term "mental hygiene", which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Isaac Ray, one of thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development. Johns Hopkins (2010) An important figure to "mental hygiene", would be Dorothea Dix (2006), a school teacher, who had campaigned her whole life in order to help those suffering of a mental illness, and to bring to light the deplorable conditions into which they were put. This was known as the "mental hygiene movement". Before this movement, it was not uncommon that people affected by mental illness in the 19th century would be considerably neglected, often left alone in deplorable conditions, barely even having sufficient clothing. Dix's efforts were so great that there was a rise in the number of patients in mental health facilities, which sadly resulted in these patients receiving less attention and care, as these institutions were largely understaffed. Barlow, D.H., Durand, V.M., Steward, S.H. (2009) At the beginning of the 20th century, Clifford Beers founded the National Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States of America. Clifford Beers Clinic. (2006).

  The mental hygiene movement, also known as the social hygiene movement, had at times been associated with advocating eugenics and sterilization of those
considered too mentally deficient to be assisted into productive work and contented family life. Taylor R. Francis.

- **DEFINITION:**

  “Mental Health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

  “Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of ‘positive psychology’ or ‘holism’, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.”

  The World Health Organization (2013) defines mental health as "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.

  There are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and bipolar disorder. Kitchner, BA & Jorm, AF (2002).

  “Good mental health is more than the absence of mental illness; it is a positive sense of well-being. For children and young people, it is the ability to learn, play, enjoy friendships and relationships, and deal with difficulties experienced during childhood, adolescence and early adulthood. “Normally, a child’s well-being is the result of healthy individual development within a sympathetic, nurturing environment. In the early years of life, infants make emotional attachments and form the first relationships that lay the foundations for future mental health.”
“As the child grows, his or her emotional, cognitive and social development is nurtured by good relationships with family, peers and community. The mentally healthy child should emerge from this with a clear sense of identity and self-worth, the ability to recognize and manage emotions, problem-solving and communication skills, motivation and a respect for the feelings of others.”

“Mental health is therefore just as important as physical health. It influences how we feel, perceive, think, communicate and understand. Without good mental health, it is difficult for children and young people to fulfill their potential, or play an active part in everyday life.”

According to a W.H.O. expert committee on mental health “Mental health implies the capacity in an individual to form harmonious relations with others, to participate in or contribute constructively to change in his social and physical environment and fully realize his potentialities”

A healthy person is one who has syntaxes (non-parataxis) relationships with others and who react to people as they really are, not as symbols of past relationships. Thus emphasis is on interpersonal relationships. Alder defined a healthy personality as one which experiences a sense of identification or one-ness with mankind pathology involves neurotic striving for power as a compensation against feelings of inferiority and helplessness.

Allport (1961) gave six salient features for a sound healthy personality.

1. Extension of the sense of self
2. Capable of intimacy, respect and compassion when relating to others.
3. Emotional security (self-acceptance)
4. Realistic perception and skills
5. Self-objectification, i.e. insight and humor
6. A unifying philosophy of life a sense of direction and purpose in life.

The concept of psychological health must focus on the ideal state, i.e. emphasis on the “positive well-being” rather than on disease, statistical or conformity criteria. Health must be defined as a state of physical, social and psychological wellbeing rather than simply as an absence of illness or infirmity. They also stressed
the importance of development of human potentials illness is considered to be a reflection of individual response to stress and change in the social cultural, economic and psychological environment.

Mental health has been defined in different ways by different psychologists. For Dubos health implies “a modus vivendi enabling imperfect men to achieve a rewarding and not too painful existence; while they cope with an imperfect world” whereas, disease connotes, “Failure or disturbance in the organism as a whole or any of its systems” Thus it is believed that if signs of adjectival failure are absent a person is psychologically healthy.

Positive striving as the most important quality of health and outlined three basic features of mental health-mastery of environment, a unified or integrated personality and the accurate perception of oneself and the external world.

Emphasized interpersonal competence, that is the social skill which give the individual effective control over his interpersonal affairs and help him develop optimally along self-chosen lines. Maslow has given more importance to the kind of society in which a healthy personality can grow according to him there are universal criteria of mental health valid for human race. A number of basic human needs sense of belonging transcend vice, sense of being an integral part of the world and identity) must be gratified in order for man to reach optimal functioning.

Proposed a model of “integrative adjustment” which is characterized by self control” personal responsibility, social responsibility, democratic social interests and ideals. Emphasized on the capacity for awareness and openness to experience, as criterion for a fully functioning person.

Freud lays importance on a persons’ ability “to love and work” as evidence of a balanced and healthy personality by love Freud meant generosity, intimacy, trust, pleasure in the happiness of others and sexual love “work” means productive efforts which give meaning to life and makes one’s existence meaningful more in terms of the absence of pathology, than the presence of valuable attributes. Reich (1949) shared with Freud the tendency to think of health as the absence of pathology. The implicit Freudian concept of psychological health is usually expressed as the “genital character” as contrasted with the oral or anal character. In the Freudian view of genital character the ego emerges as the powerful controlling agent of the personality
with full control over the primitive impulses. The prudential sexual urges are not repressed but transformed into safe and acceptable expression, due to which the person is capable of rational behaviour in accord to the realities of the situations. Thus Freud’s concept of mental health lays emphasis on sexual adequacy also as a sign of health.

Systematically analyzed development from infancy to adulthood and at each psychosexual stage presented a polarity of pathology and health, based on the manner in which the infertile erotic needs and the social attitudes connected with them are expressed. In defining the concept of health, Erikson used the term ego identity. According to him only that person who was emerged positively from every development crisis at each psycho-sexual stage can develop a healthy ego identity, which further leads to a balanced person.

From her many definition of mental health gave the following as criteria of positive mental health.

1. Attitude towards the self-it includes acceptance by the individual of his own self.
2. Growth, development and self-actualization-the extent to which the individual utilizes his abilities.
3. Integration the extent to which the psychic forces are balanced.
4. Autonomy person is self reliant and is able to decide what suits his own needs best.
5. Perception of ability freedom from need distortion and existence of empathy.
6. Environment mastery adequacy in interpersonal relationships adoption and adjustment and efficiency in problem solving.

- Mental well-being

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Jetesm Corey (2002) Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed
mental health condition. This definition of mental health highlights emotional wellbeing, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Positive psychology is increasingly prominent in mental health.

A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and developmental psychology.

An example of a wellness model includes one developed by Myers, Sweeney and Witmer. It includes five life tasks—essence or spirituality, work and leisure, friendship, love and self-direction—and twelve sub tasks—sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity—which are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning. The population of the USA in its' majority is considered to be mostly uneducated on the subjects of mental health. Myers, J.E., Sweeny, T.J., Witmer, J.M. (2000) Another model is psychological well-being.

- Prevention

Mental health can also be defined as an absence of a mental disorder. Focus is increasing on preventing mental disorders. Prevention is beginning to appear in mental health strategies, including the 2004 WHO report "Prevention of Mental Disorders", the 2008 EU "Pact for Mental Health" and the 2011 US National Prevention Strategy. (National Research Council & Institute of medicine (2009).
• **Cultural and religious considerations**

Mental health is a socially constructed and socially defined concept; that is, different societies, groups, cultures, institutions and professions have very different ways of conceptualizing its nature and causes, determining what is mentally healthy, and deciding what interventions, if any, are appropriate. Weare, Katherine (2002) Thus, different professionals will have different cultural, class, political and religious backgrounds, which will impact the methodology applied during treatment. Research has shown that there is stigma attached to mental illness. In the United Kingdom, the Royal College of Psychiatrists organized the campaign Changing Minds (1998–2003) to help reduce stigma.

Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the American Psychiatric Association. Richards, P.S., Bergin, A.E. (2000).

**1.14 CHARACTERISTIC OF MENTAL HEALTH**

It has always been easier to define mental illnesses than to define mental health. In the United States the American Psychiatric Association has traditionally been the organization to define mental disorders (beginning as early as 1917 when it was known as The Association of Medical Superintendents of American Institutions of the Insane). More recently many have recognized that mental health is more than the absence of mental illness. Even though many of us don't suffer from a diagnosable mental disorder, it is clear that some of us are mentally healthier than others. Here are a few ideas that have been put forward as characteristics of mental health:

**The ability to enjoy life** - The ability to enjoy life is essential to good mental health. James Taylor wrote that "The secret of life is enjoying the passing of time. Any fool can do it. There ain't nothing to it." The practice of mindfulness meditation is one way to cultivate the ability to enjoy the present. We, of course, need to plan for the future at times; and we also need to learn from the past. Too often we make ourselves
miserable in the present by worrying about the future. Our life metaphors are an important factors that allow us to enjoy life

**Resilience** - The ability to bounce back from adversity has been referred to as "resilience." It has been long known that some people handle stress better than others. Why are some Vietnam combat veterans handicapped for life, while others become United States senators? Why do some adults raised in alcoholic families do well, while others have repeated problems in life? The characteristic of "resilience" is shared by those who cope well with stress.

**Balance** - Balance in life seems to result in greater mental health. We all need to balance time spent socially with time spent alone, for example. Those who spend all of their time alone may get labeled as "loners," and they may lose many of their social skills. Extreme social isolation may even result in a split with reality. Those who ignore the need for some solitary times also risk such a split. Balancing these two needs seems to be the key - although we all balance these differently. Other areas where balance seems to be important include the balance between work and play, the balance between sleep and wakefulness, the balance between rest and exercise, and even the balance between time spent indoors and time spent outdoors.

**Flexibility** - We all know people who hold very rigid opinions. No amount of discussion can change their views. Such people often set themselves up for added stress by the rigid expectations that they hold. Working on making our expectations more flexible can improve our mental health. Emotional flexibility may be just as important as cognitive flexibility. Mental healthy people experience a range of emotions and allow themselves to express these feelings. Some people shut off certain feelings, finding them to be unacceptable. This emotional rigidity may result in other mental health problems.

**Self-actualization** - What have we made of the gifts that we have been given? We all know people who have surpassed their potential and others who seem to have
squandered their gifts. We first need to recognize our gifts, of course, and the process of recognition is part of the path toward self-actualization. Mentally healthy persons are in the process of actualizing their potential. In order to do this we must first feel secure.

These are just a few of the concepts that are important in attempting to define mental health. The ability to form healthy relationships with others is also important. Adult and adolescent mental health also includes the concepts of self-esteem and healthy sexuality. How we deal with loss and death is also an important element of mental health. Please consider sharing your own ideas about mental health in the Forum.

1.15 TYPES OF MENTAL HEALTH ASSESSMENTS

Mental health assessments are used to determine whether or not a person has a mental illness. Mental health assessments usually work by exclusion, arriving at the conclusion of mental health after ruling out the possibility of mental illness. There are several types of mental health assessments, including personality disorder tests, mental illness tests and cognitive assessments.

**Personality**

Personality tests can be used to assess mental health and determine personality disorders, such as avoidant personality disorder and antisocial personality disorder. A personality disorder is a highly persistent and continuous mental health issue that affects a person's ability to interact normally with others. Many people who have personality disorders fail to seek out medical help, thinking that their behavior is normal and that other people are wrong.

**Disability**

Mental disabilities are not the same as mental illnesses, but are assessed using mental health instruments. Many patients with Asperger's syndrome are initially screened for schizophrenia, as the two conditions have some symptoms in common.
Patients who show certain symptoms, such as paranoia, excitability and social withdrawal, are tested using medical history reviews, IQ tests and personality tests, and are categorized as disabled or mentally ill, depending on the results.

**Neuropsychological**

Mental health can be tested using neurological assessment tools, such as brain scans, electric brain imaging and MRIs. Certain mental illnesses, such as schizophrenia and depression, have strong physiological correlation in the patient's brain, such as under or overactive dopamine receptor site activity. A comprehensive brain scan, using various imaging technologies, can add considerable weight to a diagnosis of schizophrenia or depression.

**Cognitive**

Cognitive assessments are sometimes used to assess mental health. In most cases, cognitive assessments, such as IQ tests and aptitude tests, are used to rule out physiological conditions, such as brain damage, before a diagnosis of mental illness is given. Certain conditions, including schizoid personality disorder, correlate reasonably well with average to above average IQ. Cognitive assessments can be useful in distinguishing between mental impairment and mental illness, and thus are essential tools in thorough mental health testing.

**Situational Problems**

Some mental health problems are temporary or situational in nature. Conditions such as trauma and post-traumatic stress disorder are often assessed by reviewing events in the patient's life, as they can only be diagnosed with reference to an external cause. Other tools, such as personality testing and cognitive testing, are used in addition to the case history approach. Thus, the assessment process for situational problems is very much holistic in nature.
1.16 EMOTIONAL MENTAL HEALTH ISSUES AROUND THE WORLD

Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity of untreated emotional mental disorders throughout the world is a top priority of the World Mental Health (WMH) survey initiative, which was created in 1998 by the World Health Organization (WHO).

“Neuropsychiatric disorders are the leading causes of disability worldwide, accounting for 37% of all healthy life years lost through disease. These disorders are most destructive to low and middle-income countries due to their inability to provide their citizens with proper aid. Despite modern treatment and rehabilitation for emotional mental health disorders, “even economically advantaged societies have competing priorities and budgetary constraints”.

The World Mental Health survey initiative has suggested a plan for countries to redesign their mental health care systems to best allocate resources. “A first step is documentation of services being used and the extent and nature of unmet needs for treatment. A second step could be to do a cross-national comparison of service use and unmet needs in countries with different mental health care systems. Such comparisons can help to uncover optimum financing, national policies, and delivery systems for mental health care.”

Knowledge of how to provide effective emotional mental health care has become imperative worldwide. Unfortunately, most countries have insufficient data to guide decisions, absent or competing visions for resources, and near constant pressures to cut insurance and entitlements. WMH surveys were done in Africa (Nigeria, South Africa), the Americas (Colombia, Mexico, U.S.A), Asia and the Pacific (Japan, New Zealand, Beijing and Shanghai in the Peoples Republic of China), Europe (Belgium, France, Germany, Italy, Netherlands, Spain, Ukraine), and the middle east (Israel, Lebanon). Countries were classified with World Bank criteria as low-income (Nigeria), lower middle-income (China, Columbia, South Africa, Ukraine), higher middle-income (Lebanon, Mexico), and high-income.

The coordinated surveys on emotional mental health disorders, their severity, and treatments were implemented in the aforementioned countries. These surveys assessed the frequency, types, and adequacy of mental health service use in 17 countries in which WMH surveys are complete. The WMH also examined unmet
needs for treatment in strata defined by the seriousness of mental disorders. Their research showed that “the number of respondents using any 12-month mental health service was generally lower in developing than in developed countries, and the proportion receiving services tended to correspond to countries’ percentages of gross domestic product spent on health care”. “High levels of unmet need worldwide are not surprising, since WHO Project ATLAS' findings of much lower mental health expenditures than was suggested by the magnitude of burdens from mental illnesses. Generally, unmet needs in low-income and middle-income countries might be attributable to these nations spending reduced amounts (usually <1%) of already diminished health budgets on mental health care, and they rely heavily on out-of-pocket spending by citizens who are ill equipped for it”.

EMOTIONAL MENTAL HEALTH IMPROVEMENT

Being mentally and emotionally healthy does not preclude the experiences of life which we cannot control. As humans we are going to face emotions and events that are a part of life. According to Smith and Segal, “People who are emotionally and mentally healthy have the tools for coping with difficult situations and maintaining a positive outlook in which they also remain focused, flexible, and creative in bad times as well as good Smith, M; Segal, R. Segal, J. (2011). In order to improve your emotional mental health, the root of the issue has to be resolved.

“Prevention emphasizes the avoidance of risk factors; promotion aims to enhance an individual’s ability to achieve a positive sense of self-esteem, mastery, well-being, and social inclusion”. It is very important to improve your emotional mental health by surrounding yourself with positive relationships. We as humans, feed off companionships and interaction with other people. Another way to improve your emotional mental health is participating in activities that can allow you to relax and take time for yourself. Yoga is a great example of an activity that calms your entire body and nerves. According to a study on well-being by Richards, Campania and Muse-Burke, “mindfulness is considered to be a purposeful state, it may be that those who practice it believe in its importance and value being mindful, so that valuing of
self-care activities may influence the intentional component of mindfulness”

1.17 THERAPIES

- **Activity therapies**

  Activity therapies, also called recreation therapy and occupational therapy, promote healing through active engagement. Making crafts can be a part of occupational therapy. Walks can be a part of recreation therapy.

- **Expressive therapies**

  Expressive therapies are a form of psychotherapy that involves the arts or art making. These therapies include music therapy, art therapy, dance therapy, drama therapy, and poetry therapy.

- **Alternative therapies**

  Alternative therapy is a branch of alternative medicine, which includes a large number of therapies imported from other cultures. It also includes a number of new medicines that have not yet passed through the process of scientific review. Alternative therapies include traditional medicine, prayer, yoga, traditional Chinese medicine, Ayurvedic medicine, homeopathy, hypnotherapy, and more.

- **Meditation**

  Increased awareness of mental processes can influence emotional behavior and mental health. A 2011 study incorporating three types of meditative practice (concentration meditation, mindfulness meditation and compassion toward others) revealed that meditation provides an enhanced ability to recognize emotions in others and their own emotional patterns, so they could better resolve difficult problems in their relationships.

- **Biofeedback**
Biofeedback is a process of gaining control of physical processes and brainwaves. It can be used to decrease anxiety, increase well-being, increase relaxation, and other methods of mind-over-body control.

- **Group therapy**

  Group therapy involves any type of therapy that takes place in a setting involving multiple people. It can include psychodynamic groups, activity groups for expressive therapy, support groups (including the Twelve-step program), problem solving and psycho-education groups.

- **Pastoral counseling**

  Pastoral counseling is the merging of psychological and religious therapies and carried out by religious leaders or others trained in linking the two.

- **Psychotherapy**

  Psychotherapy is the general term for scientific based treatment of mental health issues based on modern medicine. It includes a number of schools, such as gestalt therapy, psychoanalysis, cognitive behavioral therapy and dialectical behavioral therapy.

1.18 **TRAITS OF MENTAL HEALTH**

Mental health like physical health is also a condition. And this condition can be recognized by its characteristics features. Roughly speaking a mentally healthy individual would exhibit the following symptoms.

**Adjustability**:

It has been painted out earlier also that one special characteristics of a mentally healthy individual is that he adjusts to a new situation with least delay and disturbance. He makes the fullest possible use of existing opportunities and adjusts to every new situation that presents itself. This does not mean that he is a rolling stone that gathers no moss, but has his own ideas, notions, opinions, is a cell individual who deals coolly and patiently with every novel circumstance, without fear, disturbance, anxiety, complaint or desire to avoid them. He is aware of the fact that change is the principle of life, he is ever prepared for change and always finds some suitable mode of adjustment.
Self-Evaluation:

A mentally healthy individual evaluating himself properly is aware of his limitation. He easily accepts his faults and makes efforts to get rid of them. He introspects so that he may analyze his problems, prejudices, difficulties etc and reduces them to a minimum.

Maturity:

Intellectual and emotional maturity is another peculiar sign of a mentally healthy individual. The mature mind is constantly engaged in increasing his fund of knowledge, behaves responsibly, expresses his thoughts and feelings with clarity and is prepared to sympathize with others' feeling and viewpoints. The healthy individual behaves like a balanced, cultured and sensible adult in all matters.

Absence of Extremism:

Aristotle believed that the ideal man lacks excess in any and every direction and the principle that excess of anything is bad is a golden rule as far as mental health is concerned. Whatever the instinct, if it is allowed to dominate an individual, it will bring him to harm and endanger his mental health. Hence, in order to maintain mental health, one’s life should be integrated, interests should be wide and the personality balanced extremism is no well wishes of mental health.

Regular Life:

Habits are an important element in maintaining mental health. Forming proper habits in matters of food, clothing and the normal routine of daily life leads to their becoming systematic and regulated, which in the long run, economizes upon energy and time. Healthy persons perform most of the common function of life with quick assurance and show of neutrality, without any bother and fuss. Their life is a model of regularity, balance and measured calculation.

Satisfactory Social Adjustment:

A healthy individual maintains good adjustment with social situations, and is engaged in some or the other project intended to benefit society. And this is because in modern society the proper development of everyone's personality can take place only if there is mutual cooperation. The greater the balance of these social relationships and the greater simplicity the better will be the individual's mental health.
Satisfaction From Chief Occupation:

For mental health it is essential that everyone should find satisfaction from his chief occupation, his vocation. Money is the result of work but if one works only for it, that much time is obviously a waste. If the work interests an individual, it will yield more money, but the same time, a proper illustration of time will bring an increase in his pleasure and happiness. In fact, if one works for interest and maintains it even in the event of a loss in trade or at least the pain of loss is considerably lessened. Health is always, in a given context, dependent upon existing condition, which are themselves related to the changes taking place in the environment. There are two schools of thoughts concerning mental health. The first largely represented by the medical profession, thinks about mental health as the absence of mental disease, the second school is represented by psychologists, the teaching profession and the psychoanalysts, who have a more positive approach and regard mental health as the presence of certain psychological characteristics and their effective use. However, broadly three major ideas have been suggested as criteria’s for a healthy when he understand himself and his own motivations, drives, wishes and desires. This leads a person to accept himself and recognize his liabilities and assets, his past and present behaviour in a socio-culturally approved way. The second criteria about a healthy self, views the person from a long time perspective, embracing his entire life span. It has to do with what a person makes of himself, and is often described as self actualization, growth or acquiring his self the third idea is concerned with the process called integration of personality.

1.19 MODELS OF MENTAL HEALTH

A brief review of the basic models of mental health is given below.

- **Medical or Biological Model:**

  Many contemporaries have used the model of physical illness as the basis for defining deviant behaviour as has noted “Deviant behaviour is termed pathological and is classified on the basis of symptoms the classification being called diagnosis. The progress designed to change the behaviour are called therapies and are applied to patients in mental hospitals. If the deviant behaviour ceases, the patient is described as cured”, However in later years, this mode has undergone a barrage of criticism initiated by S2 a S2 (1960) and supported. have also questioned the validity of the medical model.
• **Psycho-Analytical or Dynamic Model:**

The concept of mental health has been related to a balanced personality. As a result, balanced id-ego-superego triad with ego holding a firm grip on external reality, is considered to be tantamount to mental health. Fraud conjectured that personality development can be traced to the expression of biological or sexual energy (libido) and the sources of gratification towards which that energy is directed. He explained psychological development as passing through a series of psychosexual stages. The stages were determined primarily by the focus on the expression of libidinal energy on various parts of the body (i.e. oral anal and genital areas), as a source of gratification, as well as, by the psychic mechanisms assumed to be operative during these stages.

Other psychoanalytic system include the individual psychology of the analytic psychology of, the interpersonal theory of psychiatry of Sullivan, the humanistic psychoanalysis of, and the neo. The most vigorous critics of the dynamic approach are the behavioristic, who hold that Freudian concepts can neither be proved or disproved, i.e. it can’t be empirically tested Mowrer (1961), holds that the impulse or repression theory of neurosis as given by Simund Freaud is erroneous as the feels that the feeling of guilt is the central concept in the development of neurosis.

• **Statistical Model:**

This approach measures specific characteristics of people, such as personality traits, syndromes and ways of behaving, and the distribution of these characteristics in the population curve which depicts the majority of people being in the middle as far as any particular characteristic is concerned and very few people fall in at either of the extremes. A normal person implies that he/she does not deviate from the average in a behaviour patterns who deviate, i.e., are judged abnormal utilizing a dimensional approach with in the statistical model measured three dimensions of personality introversion-extroversion neuroticism and psychotics, terms this approach as multivariate experimental psychology and has applied it is measuring anxiety and neuroticism gave the type factor approach. They applied factor analytic techniques to define behaviour patterns and syndromes, with a precision unobtainable by other psychiatric methods. However the statistical methods by itself is inadequate; because it just analyses the data and does not decide what type is to observed.
• **Learning Theory Model:**

This model views psychopathology as a set of learned maladaptive or faulty behaviour which a person develops because the environment reinforces them., for example, maintains that neurotic behaviour is essentially based on persistent habits of learnt or conditioned un-adaptive behaviour which is acquired in situations which generate anxiety. Have effectively synthesized Freud’s dynamic model with that of learning theory in his “principles of psychopathology” has also successfully related learning model to psychopathology. Also explained maladaptive behaviour through social learning theory. This theory has been criticized on a number of grounds including, failure to include data on subjective experience failure to tackle more complex dimensions of behaviour such as love, courage, faith, hope despair etc. failure to deal with the problems of values and meaning in human existence and failure in initiating personality restructuring in the process of behaviour therapy.

• **Humanistic Model:**

The humanistic model is characterized by its general orientation towards human beings and their potentialities as by any coherent test of principles of personality development and functioning. According to this model, psychopathology is essentially the blocking or distortion of personal growth, which is generally due to one of the given factors.

1. The exaggerated use of ego-defense mechanisms, due to which, the individual becomes increasingly out of touch with reality.

2. Unfavorable social conditions and faculty learning.

3. Excessive stress.

The humanistic model has been criticized for diffuseness and lack of scientific rigor in its conceptualizations.

• **Socio-Cultural Model:**

The chief exponent of this model is states that, by the beginning of the present century, sociology and anthropology had emerged as independent scientific disciplines and were making rapid strides in understanding the role of socio-cultural factors in human development and behaviour though the efforts Mead and other contributors like, Ruth Benedict, Ralph Linton, Abraham kurdiner and Franz boas, it
became clear that there is a relationship between socio-cultural factors and mental disorders it was also seen that patterns of both physical and mental disorders in a given society may change overtime as socio-cultural conditions change.

- **Existential Model**:

  This model emphasizes on our uniqueness as individuals, our quest for values and meaning, and our freedom for self-direction and self-fulfillment. However, the existential model represents a somewhat less optimistic view of human beings, and places more emphasis on the irrational tendencies of human nature and the difficulties inherent in self-fulfillment, particularly in our bureaucratic and dehumanizing impersonalizing mass society. The existentialist place more faith in the inner experience of the individual, than modern science, in their attempt to understand human problems constructed the existential theory of anxiety. Other prominent existentialists are.

- **Moral Model**:

  The chief exponent of the moral model of psycho-pathological behaviour is Mower. According to him “so long as we subscribe to the view that, neurosis is a bonafide illness, without moral implications or dimension our position will, of necessity, continue to be an awkward one. And it is here that I suggest, that as between the concept of sin (however unsatisfactory it may be in some ways) and that of sickness, sin is indeed lesser of the two evils”.

  As long as a person lives under the shadow of real unpack knowledge guilt, he cannot “accept himself” and all our efforts to reassure him will avail nothing. But, the moment (with or without assistance) he begins to accept his guilt and sinfulness, the possibility of radical reformation opens up, and with this individual passes from deep pervasive self-rejection and self-hatred to a new freedom of self-respect and peace.

  We will find that, with in psychology, the philosophy about the basic nature of man has undergone a change from the negativistic view of humanists. However, each has, its impact on searches for etiological as well as therapeutic and preventive searches. Each has demonstrated its efficiency for specific problems. Which are, psychoanalysis for maladaptive behaviour caused by inaccessible factors, behaviouristic and existential models focus for everyday coping problems, while the humanistic and existential models focus on the value problems of contemporary life.
Thus, it becomes safer to adopt a global approach in which all different models are incorporated. However, the integrative approach is more innovative, which is echoed in the policy of W.H.O. too, which laid down the guiding principle of a “sound mind in a sound body, and a sound body in a sound society”. The interdisciplinary view requires a need for and acceptance of a unified synergetic view of man and his world. Such an approach has been advocated by when he proposes a “general system theory”, which does not view individual as distinct from their environment but, rather as integral and interacting part of a whole, which is larger and more potent than its components. This theory does not deal with current problems but also forecasts the type of future problems and provides a sound basis for shaping a ‘good’ future of man (Fostering and helping to ensure his well-being and fulfillment. It appears to be an extension of the interdisciplinary view and goes beyond their view in terms of explanatory principles and capabilities of prediction and control.

1.20 WHAT IS MEANT BY SELF ANALYSIS?

Self analysis is a special case of social cognition in which we, rather than others, are the objects of perception. As a result of social interaction we learn a great deal about ourselves. Our self-concept, that is, the content of our knowledge and beliefs about our personal attributes and our self-esteem, that is, how we evaluate ourselves, are influenced by the processes like self appraisal, social comparison and self-attribution.

There are several aspects of self-analysis such as, self-esteem, self-efficacy, perception of control, self-complexity, self-discrepancies etc. People make many self-attributions, including those explaining why they succeeded or failed. People's experiences regarding their action or the outcomes of these actions lead them to develop generalized expectancies that outcome are internally or externally controlled and accordingly they are called internals or externals. People with an external locus of control (ELC) perceive their fate as controlled by factors outside themselves and that they have no control over what happens to them, they don't put much effort into their lives and become passive and feel helplessness. Saligman and his colleagues coined this phenomenon as "learned helplessness". Revised learned helplessness model
suggests that people who make internal, stable and global attribution for failures and other negative outcomes become depressed.

1.21 IMPORTANCE OF THE STUDY:

The findings of the present research would be useful in many ways. As said above the aim is to contribute something worthwhile to the society, country and to the institution like WHO at large. The study would give new facts especially about the pregnant woman waiting for the cesarean operation. These facts will prove valuable to the surgeons and the gynecologists as well as to the women.

1.22 ORGANIZATION OF THE STUDY MATERIAL:

(CHAPTERIZARION)

The contents of the thesis are organized in the five chapters as follows.

Chapter 1: Introduction

First chapter under the title “INTRODUCTION” In this chapter the investigator has shown how she selected the topic for research. She has discussed the historical background and specified the topic of her research and has clarified the objectives of her studies. Than she has presented the basic null hypotheses in detail. The three main concept of Life satisfaction, Mental Hygiene and Self analysis are explained appropriately. Operational definitions of important terms are provided along with the specifications of various variables of the study and at last the importance and the scope of the present study are properly brought in to light.

Chapter – 2 : Review of Relevant Literature:

The second chapter under the title “REVIEW OF LITERATURE” In this chapter the researcher has taken a plunge in to the vast ocean of the scientific endeavor that has already been put forth in the past. Various studies that have been undertaken with regard to Life satisfaction, Mental Hygiene and Self Analysis are reviewed in detail studies carried out with regard to certain personal and social factors that contribute are being reviewed. The review points out the gaps in the previous
research. There is no doctoral investigation carried out with respect to Life satisfaction, Mental Hygiene and Self Analysis of the women. Hardly any such study is, so far undertaken especially no psychologist has taken the trouble of finding out the women.

Thus, this is one of the pioneer researches in this field.

Chapter – 3 : Methodology

The third chapter titled as “Research Design, Procedure and Analysis Method” discusses the research design of the present study. It includes aims and objectives, hypotheses, variables, selection of sample, the research tools used and the statistical techniques used to analyze the data.

Chapter – 4 : Result and Discussion

The fourth chapter under the title “Result and Discussion” In this chapter, the row scores on dependent variables are analyzed according to independent variables in to various table as well as according to different groupings of the sample. Than the various null hypotheses are tested and verified by the help partial correlation and with the help of ANOVAs techniques. The results are discussed in light of these verifications and the information is interpreted in view of the various objectives of the study and ultimately the conclusions various suggestions to improve the level of Life satisfaction, Mental Hygiene and Self Analysis of the women are made.

Chapter – 5 : Conclusion, Suggestions, Implications and Limitations:

The chapter deals with “Conclusion, Suggestions, Implications and Limitations” Overall summary of the research and the essence of conclusion are presented in nut shell in this chapter. Here the limitations of the present study are shown and suggestions for future research are presented properly.

A detailed bibliography is given at the end of the all chapters. Gujarati versions of Life satisfaction, Mental Hygiene and Self Analysis questionnaires are attached as appendix.

Now, the researcher wants to explain about review of related literature in Chapter no. 2.