INTRODUCTION

The turn of century has witnessed a great movement in the field of Psychology, known as ‘Positive Psychology’. Positive psychology is an umbrella term for work that investigates the conditions and processes that foster happiness, optimal functioning, and mental wellness in people (Seligman and Csikszentmihalyi, 2000). However, scientific inquiry in psychology has focused more on the treatment of mental illnesses than on how individuals can be mentally well (Keyes and Lopez, 2005). Myers (2000) performed a search of psychological abstracts since 1987 and found that articles on negative emotions outweighed those on positive emotions (happiness) by a 14:1 ratio. Therefore, recently there has been increased efforts to investigate concepts such as Happiness, Human strengths, Satisfaction with Life and Flourishing with the aim of contributing to a more complete understanding of human experience (Norrish and Vella-Brodrick, 2008). There has been quite a flurry of activities and research in India also (Mohan, 2010, 2011).

Positive psychology is defined as a movement that seeks to create more understanding of human happiness and optimal functioning, by encouraging new research on human strengths and the processes that foster human flourishing (Gable and Haidt, 2005). Importantly, positive psychology does not assume that the rest of psychology is negative, but instead directs scientific attention to aspects of human experience that are not yet well understood (how individuals can become happier) (Linley et al., 2006). Central concepts in the field of enhancing mental health are subjective well-being, psychological well-being, and flourishing. Subjective well-being research (SWB) focuses on how people evaluate their immediate and ongoing life circumstances (Diener, 2000). Some researchers conceptualize SWB as comprised of three related, but distinguishable components: positive affect, negative affect, and global life satisfaction (Lucas and Diener, 2000). Positive and negative affect refer to the long-term frequencies of positive emotions (joy, pride) and negative emotions (anger, sadness) experienced by individuals. Global life satisfaction refers to a cognitive appraisal of the overall
quality of a person’s life, based on self-selected standards (Diener et al., 1999).

According to Proctor et al. (2008) the burgeoning field of positive psychology has re-illuminated the need for psychology to address areas associated with optimal functioning and happiness. From the time of Aristotle (1925), the pursuit of happiness and the achievement of the ‘good life’ has been a major concern among philosophers and theologians, and was included as a foundational mission of psychology (Seligman and Csikszentmihalyi 2000; Seligman 2002). Within the field of psychology the study of ‘happiness’ generally falls under investigations of subjective well-being (SWB). The Subjective well being construct is a tripartite category of phenomena, which includes: emotional responses and negative affect domain satisfactions, and global judgements of life satisfaction (Life Satisfaction) (Diener et al. 1999). In the research literature the components of SWB are often used interchangeably with each other and considered synonymous with term ‘happiness’ (Seligman 2002); despite that the term ‘happiness’ is not consistently defined and is associated with many varied meanings, including: hedonic level, joy, positive affect, satisfaction with life, and pleasantness. Considered to be the key indicator of SWB, Life Satisfaction is a subjective evaluation of overall quality of life (Diener and Diener 1995). Throughout the research literature, scores on measures of Life Satisfaction are often used to indicate happiness or unhappiness. In general, positive evaluations of Life Satisfaction are linked with happiness and the achievement of the ‘good life’, whereas negative evaluations of Life Satisfaction are associated with depression and unhappiness.

According to Gilman and Huebner (2006) the most commonly accepted model of Subjective Well Being conceptualizes it as comprising an emotional component (long-term frequency of positive and negative affect, such as sadness, anxiety, and joy) and a cognitive component (life satisfaction; Diener et al., 1999). Although not orthogonal, the components are distinct in adults and children (McCullough, Huebner, and Laughlin, 2000). Given the degree of independence between affect and Life Satisfaction, discussions of SWB focus on each component separately. In this
article, the findings and implications related to Life Satisfaction among school-aged children are reviewed. Although the affective components of SWB are important, Life Satisfaction was chosen for review for several reasons. First, defined as an individual's overall appraisal of the quality of her or his life, Life Satisfaction incorporates but also transcends the immediate effects of life events and mood states (Diener et al., 1999). Thus, Life Satisfaction reports add unique variance to SWB that is not accounted for by affect alone. Second, Life Satisfaction is not an epiphenomenon, but influences other important behaviors. For example, in a longitudinal study with adults, Lewinsohn et al. (1991) found that low Life Satisfaction reports predicted the onset of depression two to three years later. Further, changes in Life Satisfaction have also been related to health status (Frisch, 1999), occupational functioning, effective interpersonal relationships and school dropout (Furr and Funder, 1998; Frisch et al., 2002). Given these findings, Life Satisfaction is considered by some to be the key indicator of Subjective Well Being (Veenhoven, 1988).

Oberle et al. (2010) also opined that subjective well-being is an umbrella term concerned with an individual's evaluation of his or her own life for understanding psychological well-being and overall mental health. Subjective well-being can include either cognitive judgments, such as life satisfaction, or emotional responses to events, such as feeling positive emotions (Diener and Diener 2009). Life satisfaction is an important construct in the field of positive psychology because it is closely associated with happiness as well as a range of positive personal, behavioral, psychological, and social outcomes (Diener, 2009).

Richard et al. (2011) concluded that Satisfaction with life, a cognitive global evaluation of one's life satisfaction, constitutes one of the three core dimensions of hedonic well-being and is well-established as a pivotal index of psychological health (Pavot and Diener, 2008). Additionally, recent evidence indicates that life satisfaction predicts other important health-related outcomes. Higher life satisfaction has predicted lower mortality after controlling for age, sex, marital status, education, and health status and appears to do so independently of depression (Collins et al., 2009).
Confirming such findings, a recent meta-analysis revealed that life satisfaction and other positive traits inversely predicted mortality among both healthy persons and persons with diseases, and that this effect was independent of the effect of negative affect (Chida and Steptoe, 2008).

**Life satisfaction thus is an important construct in positive psychology.** Measures of Life Satisfaction are sensitive to the entire spectrum of functioning, and thus, provide indicators of both well-being and psychopathology. This contrasts with traditional mental health scales that require respondents to indicate the presence or absence of problems, and rate existing problems according to frequency and symptoms, with no option of reporting the characteristics or presence of positive feelings or behaviours (Gilman and Huebner 2003). Further, as a key indicator of SWB, Life Satisfaction is integral to the science of positive psychology which focuses on identifying strengths and the building of them as buffers against the development of psychopathological problems (Veenhoven 1988).

**NEED TO FOCUS ON LIFE SATISFACTION AMONG ADOLESCENTS**

Conceptualizations of adolescent mental health have expanded to incorporate positive psychological constructs (Keys, 2006), Life Satisfaction being an important area. Research investigating adolescent life satisfaction has flourished over the last decade and has yielded a number of significant findings. For example, life satisfaction has been shown to be relatively stable, yet sensitive to change, Further, life satisfaction is not simply a bye-product of life circumstances but can influence and/or moderate subsequent emotions, cognitions, and behaviors. Adolescent life satisfaction reports have been shown to predict depression (Lewinsohn et al., 1991), externalizing behaviors (Suldo and Huebner, 2006), treatment outcomes (Gilman and Barry, 2003), and interpersonal difficulties (Martin, 2007). Paralleling findings among adults (Diener, 2000), adolescent life satisfaction thus appears to be a necessary, although not entirely sufficient component of positive mental health and is the construct of interest in this study.
ADOLESCENCE

Adolescence, the transition from childhood to adulthood, is an important developmental phase, marked by a multitude of significant physical, psychological and social changes. Today it is known that most of the young people progress relatively unaffected through the years of adolescence, formerly described as a period of “storm and stress”, and characterized by extreme mood-changes and difficult behavior (Hall, 1904).

Adolescents have a special place in any society, for they are the future of society. Adolescence is one of life's fascinating and perhaps most complex state, a time when young people take on new responsibilities and experiment with independence. When adolescents are supported and encouraged by caring adults, they thrive in unimaginable ways, becoming resourceful and contributing members of families and communities. This is a stage when they are bursting with energy, curiosity and spirit that are not easily extinguished. Young people have the potential to change negative societal patterns of behaviour and break cycles of violence and discrimination that pass from one generation to the next. With their creativity, energy and enthusiasm, young people can change the world in astonishing ways, making it a better place not only for themselves but for everyone (Goodburn and Ross, 1995).

The period of adolescence, spans ages 11–21 and is divided roughly into early (years 11–14), middle (years 15–18), and late adolescence (years 19–21) (Holmbeck et al., 1995).

Early adolescence includes the onset of puberty. The rapid biological changes can affect adolescents' emotions as well as relationships with parents and peers, and may result in significant conflicts with parents. Furthermore, adolescents experience changes in self-perceptions, cognitive maturity, social interests, and expectations (Holmbeck et al., 1995). These multiple, inter-active changes may exert considerable stress during this time. Nevertheless, adolescence may result in positive experiences (Arnett, 1999). Adolescence is probably the most turbulent, challenging, stressful and uncertain of all phases in life, both for adolescents themselves and for their parents, teachers, and Health professionals. Yet, adolescence is also a period
of great joy, excitement and optimism during which the delights of autonomy, intimacy and the future are fresh and possibilities are created for happiness, success and psychological growth throughout the remainder of life. Adolescent health reflects a similar interplay between difficult challenges and exciting new achievements and opportunities (Mohan, 2000).

Adolescence is a distinct developmental stage, separable from both childhood and adulthood, which presents specific challenges and opportunities. Although adolescence can be a time of health and well-being, special vulnerabilities associated with self-discovery and emerging independence pose significant threats to adolescents’ health (Antaramian et al., 2008). Adolescents undergo through multiple transitions during this period: the transition to puberty, and transitions involving parent–child relationships, school, peers, and cognitive and emotional abilities. These transitions shape maturity of cognition, emotion, and behavior. The early period of adolescence is characterized by the onset of puberty. The acute and rapid biological changes involved affect adolescent feelings as well as relationships with parents and may result in conflicts and emotional distancing. As adolescents mature, they experience emotional changes linked to perceptions of self and others, with increases in negative emotionality from the early to middle adolescence periods (Holmbeck et al., 1995). Other changes typical of the developmental sequence of adolescence include alterations in cognitive and thinking patterns, which are also reflected in social relationships. The biological shifts may be, challenging developmental tasks and cognitive maturation can affect adolescent’s emotional well-being and may cause a considerable amount of stress. The tremendous increase of suicide attempts between the ages of 15 and 19 provides evidence for the vulnerability of adolescents to psychological crisis (Anderson and Smith, 2003). The biological changes of puberty, preceding the further developmental processes, mark the beginning of adolescence. Neuroendocrine and neurobiological changes should be taken into account as a background to alterations in adolescents’ emotional well-being. Recent neurobiological findings indicate fundamental age-related changes in the morphological structure of the brain and in the neurotransmitter system during adolescence.
(Anderson et al., 1997). Ernst et al. (2006) proposed a neurobiological model of motivated behaviour, assuming the predominance of a strong reward system and a much weaker harm-avoidance system during adolescence, which cannot be balanced by a still immature supervisory system. In contrast to the neurobiological theories, psychological theories of adolescence relate individual development to social and cultural factors. Over the years adolescents face a series of age- and gender-specific challenges, which have been conceptualized as developmental tasks by Havighurst (1966). The major task is to create and maintain a stable identity and to move towards independence, through separation and individuation. This explains the increased orientation towards peers and peer-related activities (Steinberg, 1993).

Life Satisfaction During Adolescence

Life satisfaction can be defined as an individual’s overall appraisals of the quality of his or her life (Diener et al. 1985), including the perception that one is progressing towards important life goals (Diener et al. 1999). Shin and Johnson (1978) defined life satisfaction as a global assessment of a person’s quality of life according to his or her chosen criteria, and Frisch (2000) defined it as a person’s subjective evaluation of the degree to which his or her most important needs, goals, and wishes have been fulfilled. Over the years much research has been devoted to examining the determinants of successful development over the course of adolescence (Lerner and Steinberg 2004), and recent reviews have (Gilman and Huebner 2003; Huebner 2004) highlighted the importance of life satisfaction on adolescents’ positive adjustment.

Definitions of Life Satisfaction

There have been many attempts to define and develop scope of Life Satisfaction. Campbell et al., (1976) extensively discussed similarities and differences among life satisfaction, happiness, and psychological well-being. According to their arguments and findings, while life satisfaction and psychological well-being are very closely related to each other, happiness is somewhat different. They argue: a term like ‘happiness’ seems to evoke
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chiefly an absolute emotional state, whereas ‘satisfaction’ implies a more cognitive judgment of a current situation laid against external standards of comparison.

Life satisfaction which is referred to an individual’s overall cognitive appraisal of the quality of his/her life (Diener, 1984), is an important indicator of positive psychological well-being (PWB). It has been defined as a cognitive evaluation of one’s overall life or important domains (Diener, 1994), including the perception that one is progressing towards important life goals (Diener et al. 1999).

Life satisfaction is conceived as the degree to which an individual judges the overall quality of his/her life as a whole favourably (Veenhoven 1991); the term is thus used synonymously with happiness (Veenhoven 1991) and subjective well-being (Diener 1994).

Shin and Johnson (1978) defined life satisfaction as a global assessment of a person’s quality of life according to his or her chosen criteria, is stable because an individual’s outlook on life is based more on cognitive references than on emotional reactions to short-term events (Pavot and Diener, 1999).

Liang (1984) stated that “Life satisfaction has been defined in at least two different ways”. The first definition is a more broad one, often called psychological well-being, conceptualized by Neugarten et al. (1961). According to this conceptualization, the life satisfaction is a composite of five factors; zest, resolution and fortitude, congruence between desired and achieved goals, positive self-concept, and mood tone. This conceptualization was replicated and produced mixed results. Hoyt and Creech (1983) argued that their data analysis produced three dimensions instead of five, and they each correspond to satisfaction with the past, satisfaction with the present, and future orientation/optimism. Liang (1985), on the other hand, claimed that Neugarten et al. (1961) broad measures are factor-analyzed into congruence, happiness, positive affect, and negative affect. The second definition of Life satisfaction by Liang (1984) is more restricted and refers to the congruence between the attained
and desired goals. Defining life satisfaction in this fashion, he claims that one can place this variable well in the existing social psychological literature on satisfaction. In psychological literature, there seems to be consensus that psychological well-being has two components, affective and cognitive, and the cognitive component is usually called life satisfaction (Diener 1984; Ryff 1989). As a cognitive aspect of psychological well-being, life satisfaction is found to be more stable than the affective aspect of psychological well-being including happiness, which is often influenced by the mood swing of the respondent (Ryff, 1989).

Although the importance of specific facets of life satisfaction has been debated, (Seligson et al., 2003) life satisfaction has been studied from a multidimensional perspective as well. For example, measures of a variety of domains have been developed, such as satisfaction with school life, friends, self, parents etc.

According to Frisch (2000), quality of life focuses on “excellence or goodness in aspects of life that go beyond mere subsistence, survival, and longevity”. Although early work in the field focused on objective indicators of quality of life (income, access to health, educational, and recreational resources), researchers have turned their attention to subjective indicators, including subjective well-being (SWB). The importance of SWB is underscored by Csikszentmihalyi (1990) who asserts that “subjective experience is not just one of the dimensions of life, it is life itself”. SWB is generally considered to be comprised of three domains of experience: positive affect (the frequency of positive emotions, such as joy and pride), negative affect (the frequency of negative emotions, such as anger or sadness), and PQOL. Although the three domains are related, they represent distinct constructs (Diener et al., 1999). According to Frisch (2000), Perceived Quality Of Life refers to “a person’s subjective evaluation of the degree to which his or her most important needs, goals, and wishes have been fulfilled”. PQOL has been studied both with respect to an overall or global evaluation of quality of life as well as evaluations of specific life domains (family, peers, school). Whether based on “life as a whole” or specific domains, PQOL
measures typically provide the opportunity to respond across the full-range of experience, from “very low” through “neutral” to “very high.”

According to Gilman and Huebner (2003) Life satisfaction (L.S) is an important construct in positive psychology. Measures of Life Satisfaction are sensitive to the entire spectrum of functioning, and thus, provide indicators of both well-being and psychopathology. This contrasts with traditional mental health scales that require respondents to indicate the presence or absence of problems, and rate existing problems according to frequency and symptoms, with no option of reporting the characteristics or presence of positive feelings or behaviours. Further, as a key indicator of SWB, Life Satisfaction is integral to the science of positive psychology which focuses on identifying strengths and the building of them as buffers against the development of psychopathological problems (Veenhoven 1988).

Life satisfaction, or perceived quality of life, is one broad construct, which encompasses the full range of functioning from “very low” to “OK” to “very high”, and has received increasing attention as an indicator of optimal functioning among youth. Life satisfaction has been defined as a subjective appraisal of the quality of one’s life overall or with specific domains (Diener et al., 1999). In contrast with conceptualizations of health as the absence of illness, studies have identified youth who display few psychological symptoms but still have low life satisfaction (Greenspoon and Saklofske, 2001). These students demonstrate lower levels of social functioning, physical health, and school achievement than youth with low pathology and high life satisfaction, suggesting the need for comprehensive models of health that incorporate negative and positive indicators. The importance of adolescent life satisfaction has been revealed in longitudinal studies showing that lower levels of life satisfaction predict future externalising and internalising behaviors and peer victimization experiences (Martin et al., 2008). Furthermore, Suldo and Huebner (2004) found that adolescents with high satisfaction were less likely to exhibit future externalising behaviors after experiencing significant life stressors. Accordingly, life satisfaction can be viewed as an important psychological strength that helps to facilitate adaptive development.
Satisfaction with life, a cognitive, global evaluation of one’s life satisfaction, constitutes one of the three core dimensions of hedonic well-being and is well-established as a pivotal index of psychological health (Pavot and Diener, 2008). Additionally, recent evidence indicates that life satisfaction predicts other important health-related outcomes. Higher life satisfaction has predicted lower mortality after controlling for age, sex, marital status, education, and health status and appears to do so independently of depression (Collins et al., 2009). Confirming such findings, a recent meta-analysis revealed that life satisfaction and other positive traits inversely predicted mortality among both healthy persons and persons with diseases, and that this effect was independent of the effect of negative affect (Chida and Steptoe, 2008).

THEORIES OF LIFE SATISFACTION

DISCREPANCY THEORIES OF LIFE SATISFACTION

In 1985, Michalos advanced the multiple discrepancy theory of satisfaction, which borrowed from the ideas of the ancient Greeks, Wilson (1967), Campbell et al. (1976), and others. According to Michalos’s (1985) theory, individuals compare themselves to multiple standards including other people, past conditions, aspirations and ideal levels of satisfaction, and needs or goals. Satisfaction judgments are then based on discrepancies between current conditions and these standards. A discrepancy that involves an upward comparison (i.e., where the comparison standard is higher) will result in decreased satisfaction, whereas a downward comparison will result in increased satisfaction. Early models of social comparison emphasized contrast effects in explaining social comparison influences on SWB (Diener and Fujita, 1997). The idea was that one should be happy if proximate others are worse off, and unhappy if proximate others are better off. In recent years, however, theories of social comparison have become more intricate, allowing for variation in the type of information that is used in comparison as well as the way that the information is used. In a recent definition of social comparison, Wood (1996) stated that social comparison is simply "the process of thinking about information about one or more other people in relation to the self". Three major processes involved in social
comparison are (a) acquiring social information, (b) thinking about social information, and (c) reacting to social comparisons. The social information one acquires can come from proximate individuals, individuals that one reads about, or even imagined individuals (Wood et al., 1985). The process of thinking about social information includes observing similarities, differences, or both, between the other and the self. Finally, reactions to social comparison scan involve a variety of cognitive, affective, or behavioral responses and do not necessarily involve perceiving a contrast between oneself and others. According to Wood's definition, the choice of a comparison target is a flexible process and is not determined solely by proximity or accessibility of relevant others. In fact, social comparison may be used as a coping strategy and can be influenced by personality or performance (Diener and Fujita, 1997). Gibbons et al. (1994), for example, found that students who performed poorly on a test reduced the amount of social comparisons in which they engaged. Brown and Button (1995) stated that people "compare themselves with others when they think it will make them feel good, but shy away from comparing with other when they think it will make them feel bad". In addition Lyubomirsky and Ross (1997) found that happy people tended to use only downward comparisons, whereas unhappy people tended to compare upward as well as downward.

WARR’S MODEL OF WELLBEING

Warr (1982) proposed a model of wellbeing derived from an integration of the Jahoda’s (1982) five categories of psychological experience and the Fryer's (1995) principle of personal agency. Warr identified nine environmental features, which he called principal environmental influences (PEIs), considered to act in conjunction with personal factors to influence wellbeing and mental health. These PEIs are opportunity for control, opportunity for skill use, variety, environmental clarity, externally generated goals, availability of money, physical security, opportunity for interpersonal contact, and valued social position. Strong associations have been found between each of the PEIs and established measures of mental health (Haworth, 1997). Warr’s model includes affective wellbeing, considered along three principal axes: a pleasure dimension, covering a range of feelings from
contented to discontented; an anxiety dimension, ranging from anxious to comfortable; and a depression – enthusiasm dimension. Warr’s model has proven useful in the study of the impact of different environments on wellbeing and mental health. In particular, it is applicable to, and has empirical support in, the environments of employment and unemployment. It also provides a systematic framework for examining other environments such as family life and retirement (Warr, 1987).

**FREDRICKSON’S (2001) BROADEN AND BUILD THEORY**

This theory postulated that the experience of frequent positive emotions serves to broaden humans’ thoughts and behaviors, resulting in accrual of resources, including coping resources, which catalyze upward spirals toward future well-being. The broaden and build theory explicates the role of positive and negative emotions in the process of human adaptation flourishing or languishing (Fredrickson and Losada, 2005). The experience of positive emotions like process of is hypothesized to broaden humans’ thoughts and behaviors and facilitate more adaptive responses to environments, which create greater learning opportunities and accrual of resources, further facilitating future well-being. Positive emotions are indicators or markers of well-being; however, these emotions also produce future well-being (Fredrickson, 2001). Contentment, a positive emotion, creates the urge to sit back and savour current life circumstances, and integrate these circumstances into new views of self and the world. The broadening function of this model builds enduring personal resources, which help individuals as they come across future challenges. In other words, positive emotions create upward spirals toward well-being (Fredrickson and Joiner, 2002). In contrast, frequent negative emotions are believed to narrow thoughts and behaviors (fight or flight), reducing learning and adaptation resources. Positive and negative emotions each may be adaptive, depending on the circumstances. In life-threatening situations, narrowed thought-action patterns facilitate swift action, with immediate benefits to the individual such as survival (Fredrickson, 2001). Positive emotions, however, are adaptive in circumstances that are not life threatening.
RYAN AND DECI’S (2001) HEDONIC AND EUDAIMONIC WELL-BEING PERSPECTIVES

Well-being is a complex construct that concerns optimal experience and functioning. Ryan and Deci’s (2001) research on well-being has been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning. These two views have given rise to different research foci and a body of knowledge.

THE HEDONIC VIEW

Equating well-being with hedonic pleasure or happiness has a long history. Aristippus, a Greek philosopher from the fourth century B.C., taught that the goal of life is to experience the maximum amount of pleasure, and that happiness is the totality of one’s hedonic moments. His early philosophical hedonism has been followed by many others. Hobbes argued that happiness lies in the successful pursuit of our human appetites, and DeSade believed that pursuit of sensation and pleasure is the ultimate goal of life. Utilitarian philosophers such as Bentham argued that it is through individuals’ attempting to maximize pleasure and self-interest that the good society is built. Hedonism, as a view of well-being, has thus been expressed in many forms and has varied from a relatively narrow focus on bodily pleasures to a broad focus on appetites and self-interests. Psychologists who have adopted the hedonic view have tended to focus on a broad conception of hedonism that includes the preferences and pleasures of the mind as well as the body (Kubovy 1999). Indeed, the predominant view among hedonic psychologists is that well-being consists of subjective happiness and concerns the experience of pleasure versus displeasure broadly construed to include all judgments about the good/bad elements of life. Happiness is thus not reducible to physical hedonism, for it can be derived from attainment of goals or valued outcomes in varied realms (Diener et al 1998). In a volume that announced “the existence of a new field of psychology,” Kahneman et al (1999) defined hedonic psychology as the study of “what makes experiences
and life pleasant and unpleasant”. Its title, Well-being: The Foundations of Hedonic Psychology, clearly suggests that, within this paradigm, the terms well-being and hedonism are essentially equivalent. By defining well-being in terms of pleasure versus pain, hedonic psychology poses for itself a clear and unambiguous target of research and intervention, namely maximizing human happiness. Accordingly, the volume is replete with evidence about how people calculate utilities, maximize the density of reward, and optimize inputs associated with pleasure versus displeasure. Although there are many ways to evaluate the pleasure/pain continuum in human experience, most research within the new hedonic psychology has used assessment of subjective well-being (SWB) (Diener and Lucas 1999). SWB consists of three components: life satisfaction, the presence of positive mood, and the absence of negative mood, together often summarized as happiness.

THE EUDAIMONIC VIEW

Despite the currency of the hedonic view, many philosophers, religious masters and visionaries, from both the East and West, have denigrated happiness per se as a principal criterion of well-being. Aristotle, for example, considered hedonic happiness to be a vulgar ideal, making humans slavish followers of desires. He posited, instead, that true happiness is found in the expression of virtue that is, in doing what is worth doing. Ryff and Singer (1998, 2000) have explored the question of well-being in the context of developing a lifespan theory of human flourishing. Also drawing from Aristotle, they describe well-being not simply as the attaining of pleasure, but as “the striving for perfection that represents the realization of one’s true potential” Ryff and Keyes (1995) thus spoke of psychological well-being (PWB) as distinct from SWB and presented a multidimensional approach to the measurement of PWB that taps six distinct aspects of human actualization: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness. These six constructs define PWB both theoretically and operationally and they specify what promotes emotional and physical health (Ryff and Singer 1998). They have presented evidence, for example, that eudaimonic living, as represented by PWB, can influence specific
physiological systems relating to immunological functioning and health promotion.

SELF-DETERMINATION THEORY (SDT) (Ryan and Deci, 2000)

Self-determination theory is another perspective that has both embraced the concept of eudaimonia, or self-realization, as a central definitional aspect of well-being and attempted to specify both what it means to actualize the self and how that can be accomplished. Specifically, SDT posits three basic psychological needs autonomy, competence, and relatedness and theorize that fulfillment of these needs is essential for psychological growth (intrinsic motivation), integrity (internalization and assimilation of cultural practices), and well-being (life satisfaction and psychological health), as well as the experiences of vitality (Ryan and Frederick, 1997) and self-congruence. Need fulfillment is thus viewed as a natural aim of human life that delineates many of the meanings and purposes underlying human actions (Deci and Ryan, 2000). SDT posits that satisfaction of the basic psychological needs typically fosters SWB as well as eudaimonic well-being. This results from one’s belief that being satisfied with one’s life and feeling both relatively more positive affect and less negative affect do frequently point to psychological wellness.

EVENT-ORIENTED PERSPECTIVE

Life events such as marriage, parenthood or divorce, and fluid changes such as related to one’s income position (Blanchflower and Oswald, 2004) elicit permanent changes in well-being. This is referred to as the ‘event-oriented’ perspective. Personality is less important in this perspective, and is largely thought to have a moderating effect. Recently, theoretical attempts have been made to reconcile or integrate these two viewpoints (Headey, 2007). (Hobfoll, 2001) takes both life events and personality into account, but clearly assumes a larger influence of life events and a smaller influence of personality than the personality-oriented theories. The conservation of resources theory offers a general approach to the explanation of well-being and stress. Resources are defined as “those entities that either are centrally valued in their own right or act as means to obtain centrally valued ends”
(Hobfoll, 2002). They can be either material (income) or non-material (extraversion). Resources are related to well-being because they enable or disable someone to fulfill physical and psychological needs. The more access people have to valued resources, the higher their sense of well-being (Diener and Fujita, 1995). Fulfilling needs enhances well-being and losing resources creates stress, and thus reduces well-being. Hobfoll considers personality traits to be key resources because they affect how someone manages the loss and gain of other resources (Thoits, 1994).

HUEBNER’s MULTIDIMENSIONAL MODEL OF LIFE SATISFACTION (2004)

Life satisfaction measures have been derived from a number of alternative models of life satisfaction. The models can be organized within three major conceptual frameworks, including unidimensional (i.e., global or general life satisfaction) and multidimensional ones. The two unidimensional models converge in the assumption that single, total score can represent different levels of life satisfaction. The models diverge with respect to the method of aggregation. The general model assumes that the total score should consist of the sum (weighted or unweighted) of satisfaction reports across different life domains, such as satisfaction with friends, family, school, neighborhood, and so forth. In contrast, the global model assumes that life satisfaction judgments are best assessed through items that are context-free (I have a good life vs. I have a good family life). In this manner, respondents are free to derive their responses based on their own, unique criteria rather than having the criteria imposed by the researcher (Pavot and Diener, 1993). The multidimensional framework deemphasizes the assessment of global or general life satisfaction, focusing more on the derivation of profiles of life satisfaction judgments across key life domains.

The present study is using a Multidimensional perspective of Life Satisfaction as reported by Huebner (2004).
SOCIAL COGNITIVE MODEL OF WELL BEING

Lent (2004) developed a model of well being based on the principles of social cognitive career theory (SCCT), personality theories, and theories of well being. It unites cognitive, behavioral, social, personality, and affective variables to determine well being. Lent suggested that (a) personal control beliefs, (b) outcome expectations, and (c) goals are significant contributors to well being. The model proposes that (a) personality traits and affective dispositions are related to environmental supports and resources, self-efficacy, domain-specific satisfaction, and overall life satisfaction; (b) environmental supports and resources are linked to self-efficacy, outcome expectations, and goal progress; (c) self-efficacy is related to outcome expectations, goal progress, and domain-specific satisfaction; (d) outcome expectations are proposed to influence goal progress and domain-specific satisfaction; (e) goal progress is related to domain-specific satisfaction and overall life satisfaction; and (f) domain-specific satisfaction is linked to overall life satisfaction. In addition, Lent posited bidirectional paths in that overall life satisfaction would relate to domain-specific satisfaction and that goal progress would influence self-efficacy and outcome expectations.

DYNAMIC EQUILIBRIUM THEORY

One important perspective on changes in life satisfaction across the life course is offered by the revised dynamic equilibrium theory (Headey, 2006). The original dynamic equilibrium theory was developed by Headey and Wearing (1989) and closely resembles the set-point theory, that was based on Helson’s adaptation level theory (1964). The original theory assumes that everyone has a certain set-point or equilibrium level of well-being, determined by genes and personality (Headey, 2007). Genes are supposed to explain as much as 50–80% of the variation in well-being. Moreover, genes determine personality to a large extent, which makes personality a very stable construct as well (Fujita and Diener, 2005). Life events may cause a temporary fluctuation in Life Satisfaction, but a set-point level will be reached within a few months after the event has taken place (Suh et al., 1996). This quick and complete return to the prevent level of Life Satisfaction is called the adaptation effect. Because of the adaptation effect
and the stable factors that determine Life Satisfaction, long-term changes in Life Satisfaction are unlikely. The revised version of the set-point theory, Diener et al., (2006) conclude among other things, that people can have several set-points. In addition, the likelihood of change was expected to depend upon personality and the experience of very important life events. In the revised version of the dynamic equilibrium theory, Headey (2006) maintains that personality is still the starting point for predicting development in well-being. Personality traits like neuroticism, extraversion and to a lesser extent openness to experience, are supposed to affect well-being both directly and indirectly, by determining the number of positive and negative events that a person experiences and the intensity of these events. However, it is still assumed that almost all of these events have a temporary effect on well-being. Soons and Liefbroer (2009) called it 'Personality-oriented' perspective - Although important life events may have some lasting effect on well-being, personality is expected to have a larger impact, leading to relative high levels of long-run stability in well-being.

FOCUSING ON LIFE SATISFACTION AND WELL-BEING OF ADOLESCENTS IS MEANINGFUL

Life satisfaction is viewed as key component considering that it (a) transcends momentary emotional fluctuations (Diener and Diener, 1996), (b) can influence changes in behaviors (Lewinsohn et. al., 1991), and (c) is relatively free of social desirability bias (Diener, 1994). Life satisfaction has also been viewed as construct worthy of specific attention because it provides a global index of well-being that is based on criteria determined by individuals rather than researchers (Diener, 2000). Thus the most commonly accepted model of subjective well-being conceptualizes the construct as comprising an affective component (positive and negative emotions) and a cognitive component labeled life satisfaction. Both components, although not orthogonal, are shown to be distinct from each other (Diener, 1994). Diener (1994) reported that the affective component tends to become easily influenced by physical states (pain, illness), whereas life satisfaction does not.

Child and youth life satisfaction research has focused on the study of life satisfaction as an outcome variable, that is, most studies have
investigated assumed determinants of individual differences in life satisfaction. Such studies have revealed a wide ranging network of associated variables (Gilman and Huebner, 2003). These variables include family, peer, neighborhood, and self-related (personality, cognitive attributions), and activity (participation in structure extra curricular activities) variables. Suldo and Huebner (2004) found that adolescents with high satisfaction were less likely to exhibit future externalising behaviors after experiencing significant life stressors. Accordingly, life satisfaction can be viewed as an important psychological strength that helps to facilitate adaptive development.

Gilman and Huebner (2006) investigated the characteristics of adolescents who report high levels of life global satisfaction. A total of 485 adolescents completed the Students’ Life Satisfaction Scale (SLSS) along with self-report measures of intrapersonal, interpersonal, and school-related functioning. Based on their SLSS scores, students were divided into three groups: “low” (bottom 20% of the distribution), “average” (middle 50%), and “high” (upper 20%). Youth in the high satisfaction group reported significantly higher adaptive functioning on all dependent variables than youth in the low satisfaction group. Relative to students with average life satisfaction, students with high life satisfaction reported superior scores on a measure of social stress, a measure of attitudes toward teachers, and on all measures of intrapersonal functioning. Also, no adolescents in the high life satisfaction group demonstrated clinical levels of psychological symptoms, whereas 7% of the average group and 42% of the low satisfaction group reported clinical levels of symptoms. Taken together, the findings suggested that high life satisfaction is associated with some mental health benefits that are not found among youth reporting comparatively lower satisfaction levels. They demonstrated that youth reporting high global life satisfaction also reported significantly higher scores on all measures of academic, interpersonal, and intrapersonal functioning than youth reporting low life satisfaction. Youth reporting high global satisfaction reported more positive relationships with others (including peers and parents), less intrapersonal distress (such as anxiety and depression), higher levels of hope, and a greater sense of personal control than youth reporting low
global satisfaction. Such findings suggest that high levels of life satisfaction and various indices of positive behavioral and psychological adjustment are interrelated. These findings also parallel to previous studies investigating global satisfaction levels among adults (Diener and Seligman, 2002) suggesting that this interrelationship begins as early as adolescence.

Suldo and Huebner (2006) examined whether extremely high life satisfaction was associated with adaptive functioning or maladaptive functioning. Six hundred ninety-eight secondary level students completed the Students’ Life Satisfaction Scale, Youth Self-Report of the Child Behavior Checklist Child Behavior Checklist and Youth Self-Report, Abbreviated Junior Eysenck Personality Questionnaire, Personality and Individual Differences, Self-Efficacy Questionnaire for Children and the Child and Adolescent Social Support Scale. Three groups of students were created based on their life satisfaction reports: very high (top 10%), average (middle 25%), and very low (lowest 10%). Compared to students with average life satisfaction, students with very high life satisfaction had higher levels on all indicators of adaptive psychosocial functioning, except extraversion. Moreover, students with very high life satisfaction had the lowest scores on all measures of emotional and behavioral problems. However, rates of clinical levels of behavior problems did not differ significantly between the very high and average groups. Taken together, the findings supported the notion that very high life satisfaction is associated with positive psychosocial functioning. Furthermore, adolescents’ reports of their life satisfaction revealed differences in adjustment that were not captured by measures of psychopathology. They found that adolescents with the highest life satisfaction were superior to adolescents in the average range of life satisfaction on seven of eight positive indicators of social, intrapersonal, and cognitive functioning. Moreover, very satisfied youth had the lowest scores on all five indicators of emotional and behavior problems. In sum, significant adjustment differences exist between moderately happy and very happy students. The finding that clinical rates of psychopathology did not differ between these two groups suggests that the benefits of extremely high life
satisfaction may be more subtle than that for which psychologists typically screen (presence or absence of clinically significant pathology). Differences are manifested in terms of improved social, intrapersonal, and cognitive functioning, not entirely different categories of adjustment. Nevertheless, given the superior adjustment profile, perhaps “happy enough” should be defined as extremely high life satisfaction. The profile of adolescents with very high life satisfaction is, for the most part, consistent with previous findings from correlational research. With respect to social relationships, very high life satisfaction co-occurred with high social support from parents, close friends, classmates, and teachers, results in line with previous research that found high correlations between life satisfaction and parental support and positive peer relations (Suldo and Huebner, 2004). The intrapersonal profile of very satisfied youth is consistent with previous research showing that life satisfaction is inversely related to neuroticism, internalizing psychopathology and externalizing behavior problems (Huebner et al., 2000; Valois et al., 2001; McKnight et al., 2002). The cognitive characteristics of adolescents with extremely high life satisfaction is in line with previous research that revealed positive relationships between life satisfaction and children’s perceptions of social competence (Fogle et al., 2002) and academic competence (Leung et al., 2004). Suldo and Huebner (2006) elucidated the role of another perceived competence domain (that is, emotional self-efficacy) in subjective well-being. Specifically, the extent to which adolescents perceived they could cope with negative emotions increased in each successively happier group of students. The importance of adolescent life satisfaction has been revealed in longitudinal studies showing that lower levels of life satisfaction predict future externalising and internalising behaviors and peer victimization experiences (Martin et al. 2008). Life Satisfaction is thus, found as a relevant indicator of successful Psychological development, Well-being and Functioning during adolescence (Goldbeck et al., 2007).
PSYCHOSOCIAL CHARACTERISTICS OF ADOLESCENTS WITH LIFE SATISFACTION

Many researches investigated correlates of Life Satisfaction among youth:

1. Happiness and Life Satisfaction - Similar to findings with adults (Diener and Diener, 1996) most children and adolescents view their overall lives positively. These results have been replicated across various cultures including American, Australian, Portuguese, Chinese, Canadian, Spanish, and Korean students (Huebner et al., 2000; Leung and Zhang, 2000). A recent study of 5,544 U.S. adolescents found that 73% rated their global Life Satisfied in a positive manner (ranging from “mostly satisfied” to “delighted”) (Huebner et al., 2000). These findings are inconsistent with some developmental theories (Erikson, 1968) that characterize adolescence as fraught with emotional upheaval. Nevertheless, these findings do not minimize the plight of the many students who fail to rate their lives positively 11% of the Huebner et al. (2000) sample rated their global Life Satisfaction negatively (“mostly dissatisfied” to “terrible”).

2. Demographic Variables and Life Satisfaction - Similar to adults, relationships among global Life Satisfaction and demographic variables are modest at best. The most consistent findings have been obtained for age and gender, with global Life Satisfaction remaining invariant across age and gender. These findings have been observed among American and Australian children (Gilman et al., 2000). Slight gender differences have been reported in samples of Portuguese and Turkish students, with male students reporting higher Life Satisfaction than females (Neto, 1993). Research investigating differences in global Life Satisfaction across SES and race has yielded equivocal results. With respect to SES, some studies have reported no differences whereas some have reported small differences in favor of higher SES students (Gilman et al., 2000; Ash and Huebner, 2001).

3. Life Events, Experiences and Life Satisfaction - Positive and negative experiences, both those that are acute events (e.g., death of a loved one) and chronic, daily experiences (e.g., ongoing family discord) influence
Life Satisfaction reports. Proponents of the view that personality controls most of the variance in SWB, such as Costa and McCrae (1980), suggest that SWB is highly stable over time even though research with adults has shown only moderate stability in SWB scores. Recently, research has been put forth demonstrating that changes in SWB are the result of major life events and experiences. Headey and Wearing (1989) found that life events during a two year period significantly effected SWB over and above the effects of personality. McCullough et al. (2000) found that positive daily experiences were the most crucial among those contributors \( (r = .40) \) to adolescent positive global LS. Further, the cumulative effects of daily experiences (e.g., enjoying a hobby, interacting with peers) were more influential than major life events, positive or negative \( (rs = .30 \text{ and } .22 \text{ respectively}) \). Support for the influence of multiple life contexts was provided by Ash and Huebner (2001), who reported that adolescent Life Satisfaction was uniquely related to a variety of ongoing life experiences in the family, peer, and school environments. Positive family experiences correlated strongly with child and adolescent global LS, even more strongly than positive peer experiences (Dew and Huebner, 1994). High global Life Satisfaction was more prevalent in children experiencing authoritative parenting than unengaged parenting (Petito and Cummins, 2000). Family composition (marital status, number of adults living in the home), parental social support, and parent-child conflict are also significantly related to Life Satisfaction (Zullig et al., 2001). Furthermore, Life Satisfaction mediated the relationship between parenting style (social support, autonomy provision, and supervision) and adolescents' externalizing and internalizing behaviors (Suldo and Huebner, 2004).Thus, Life Satisfaction is more than simply a by-product of life experiences; it also plays a functional role in the development of interpersonal behavior. The relationship between Life Satisfaction and positive environmental experiences has also been demonstrated. Gilman (2001) reported that school satisfaction was associated positively with participation in structured extracurricular activities (SEAs). SEAs are discretionary activities that are physically and/or mentally stimulating that contain structural parameters (peer tutoring, participation in athletics, volunteering). These activities are differentiated from those containing little structure, in which the individual is passive or a
Adolescents who participated in greater numbers of SEAs also reported higher school Life Satisfaction than students who participated in very few or no activities.

4. **Personal Characteristics and Life Satisfaction** - Personality and temperament variables have been demonstrated to account for most of the variance in Subjective Well Being (Fogle et al., 2002). Therefore, the effects of personality and temperament variables on Life Satisfaction and the way in which these variables influence it are of great importance. As discussed by Diener (1996), the genetic and heritable effects of personality, including positive and negative affect and the influences of temperament, are evidenced from infancy and predispose individual levels of SWB (DeNeve and Cooper, 1998). Moreover, these heritable traits remain throughout life and thus have their greatest effect due to their stable long-term impact. Findings from adult studies which have examined the relationships among happiness, extraversion, neuroticism, and self-reported social competence, such as that by Argyle and Lu (1990), suggest happiness is positively associated with extraversion and negatively associated with neuroticism, and that self-reported social competence acts as a mediator between temperament variables and happiness. Similar findings have been reported among children and adolescents (McKnight et al., 2002). Hepburn and Eysenck (1989) found that people high in neuroticism are more unstable in their moods, and high neuroticism is associated with low Life Satisfaction. Huebner (1991) investigated the correlates of one dimension of children's subjective well-being (global life satisfaction). Seventy-nine students in grades 5-7 of a rural school district in the Midwest completed a life satisfaction scale and selected personality tests. Individual differences in global life satisfaction were not associated with demographic variables (age, grade, gender, parental marital status, parent occupational status), but were associated with personality characteristics. **Students who reported high life satisfaction** tended to rate themselves higher on measures of self-esteem, internal locus of control, and extraversion and lower on measures of anxiety and neuroticism. At this age, satisfaction with family life was more strongly
associated with high overall satisfaction than satisfaction with friends. Also, recent school grades did not correlate significantly with global life satisfaction. Fogle et al. (2002) found Life Satisfaction to be positively correlated with extraversion and social self-efficacy, negatively correlated with neuroticism, and to mediate the relationship between Life Satisfaction and extraversion, but not between Life Satisfaction and neuroticism. Overall results suggested that adolescents’ perceptions of their ability to be competent in social settings lead to increased sociability, which in turn is related to greater LS.

5. Character Strengths and Life Satisfaction - Examinations into the relationships between character strengths (i.e. virtues) and life satisfaction are still just beginning. However, findings from initial studies in this area have illuminated particular strengths of character to be associated with increased Life Satisfaction among both adults and children. In a study designed to further the development and validation of the Values In Action Inventory of Strengths for Youth (Park and Peterson 2006) found that similar to the findings of adult studies (Park et al., 2004) the strengths of hope, love, gratitude, and zest were found to be linked to greater Life Satisfaction among children. Further, examination of the parental strengths of character that predicted the Life Satisfaction of their children revealed that the same strengths of character associated with greater Life Satisfaction among children (i.e. hope, love, gratitude, zest) were the strongest parental predictors. Expanding on previous hope work, Gilman et al. (2006) investigated various psycho educational and psychological indicators of school adjustment and their relationships to adolescent students’ levels of hope and found that both the Pathways and Agency subscales of the CHS were positively correlated to global Life Satisfaction, personal adjustment, grade point average (GPA), and SEAs, but negatively correlated to indicators of psychological distress, and school maladjustment. Values moderate the association between specific domain satisfaction and global life satisfaction (Oishi et al.,1999) and pursuing goals aligned with implicit needs is associated with enhanced subjective well-being (Brunstein et al., 1998). Similarly, across diverse cultures commitment to values emphasizing positive
interpersonal relationships is related to life satisfaction only among individuals with a strong implicit need for affiliation-intimacy (Hofer et al., 2006).

6. Health and Life Satisfaction - Evaluations of Life Satisfaction have become an important part of health outcome evaluations of medical treatment, such as health-related quality of life (HRQOL) evaluations targeted on patient groups suffering with mild physical disorders (Langeveld et al., 1999). They found that adolescents suffering with headache and migraine reported lower overall HRQOL, including: decreased psychological functioning, increased physical symptoms, lower Life Satisfaction, and less general health. Moreover, changes in headache and migraine activity in adolescents has been shown to be related to parallel changes in the HRQOL sub-domains of LS, health, and psychological functioning (Langeveld et al., 1997). Further, additional studies have shown that increased head-ache suffering is associated with lower Life Satisfaction and that the experience of stress moderates the effects of headache on psychological functioning and Life Satisfaction in adolescents; i.e. increases in experienced stress is accompanied by poorer psychological functioning and lower global Life Satisfaction (Langeveld et al., 1999). Similar findings have been reported by Zullig et al. (2005), where negative associations were found between Life Satisfaction and poor self-rated health, poor physical health, poor mental health, and activity limitation among adolescents; similar findings have been reported by Shek (1998). Positive links have been shown to exist between youth Life Satisfaction and exercise. Gilman (2001) found that students who either rated themselves higher in social interest, or as participating in greater numbers of structured extracurricular activities (SEAs), also reported significantly higher global Life Satisfaction than those who reported less social interest, and/or minimal or no participation in SEAs; similar findings have been found among adults (Argyle and Lu 1990).

7. Risk-Taking Behaviour and Life Satisfaction - Life Satisfaction relates to various risk behaviors. Studies have shown that nicotine, marijuana, cocaine, and alcohol use were significantly associated with reduced Life Satisfaction among adolescents. In addition, average age of first use of these substances (i.e., 13 years or younger) was significantly related to lower Life
Satisfaction (Zullig et al., 2001). Lower Life Satisfaction has also been associated with higher rates of weapon carrying, drinking and driving, being injured or threatened with a weapon, and physical fighting (Valois et al., 2001). Substance abuse is typically considered the use of substances, such as alcohol or drugs, in ways that adversely affect life functioning. Out of all the substances used and abused by children and adolescents, alcohol, cigarettes, and marijuana remain the most widespread and prevalent (Forman et al., 2006). In a recent cross-cultural study of smoking behaviour among adolescents throughout Europe and America, it was found that 22.1% of American, 23.6% of Turkish, 57.6% of Polish, and 58.7% of Hungarian adolescents are self-reported smokers. Overall, results revealed that Life Satisfaction, academic achievement, future orientedness, and social comparison orientation negatively correlated with smoking among adolescents across cultures (Piko et al. 2005). The results of a study by Valois et al. (2001) have demonstrated that Life Satisfaction is negatively associated with many adolescent risk behaviours, including: physical fighting, fighting requiring medical treatment, carrying a gun, carrying a weapon, and carrying a weapon at school; similar results have been reported by Valois et al. (2006). Similarly, MacDonald et al. (2005) also reported similar findings.

8. Mood Related Disorders and Life Satisfaction- Global Life Satisfaction has also been shown to be associated negatively with a number of mood-related disorders. Depression shares a robust relationship with Life Satisfaction with correlations ranging between the .50–.60 range across various age ranges (Gilman et al., 2000). Relatedly, negative relationships between global Life Satisfaction and measures of anxiety (Huebner, 1991) and social stress have been reported, with correlations typically in the −.30 to −.40 range (Gilman et al., 2000). One factor that is known to predict decreases in life satisfaction is trait negative affect. Although construed by many well-being theorists as a component of well-being, negative affect has also been conceptualized as a personality trait that predicts life satisfaction (Lent, 2004). Consistent with this thesis, negative affect has been uniquely and inversely associated with life satisfaction across the life span (Siedlecki et al., 2008) and has inversely predicted life satisfaction in various
populations (Singh and Jha, 2008). Similarly, neuroticism, which overlaps significantly with trait negative affect, has inversely predicted life satisfaction over time (Tyssen et al., 2009). Negative affect not only predicts lower life satisfaction but also has proven to be a powerful vulnerability factor for a wide range of mental and physical problems, including depression and anxiety (Anderson and Hope, 2008); tension-related diseases, such as high blood pressure, migraines, and neck pain and coronary disease (Johnson, 2003). Recent evidence in fact suggests that trait negative affect may be the unifying toxic element that links individual forms of negative trait emotions (anger) to autonomic nervous system dysfunction (Bleil et al., 2008). Both theory and empirical evidence, then, support the idea that trait negative affect constitutes a vulnerability factor that may shape mental health, physical health, and life satisfaction. Trait negative affect has a unique inverse relationship with life satisfaction across the life span. Because lower life satisfaction predicts mortality and higher suicidality, ascertaining malleable psychological factors that attenuate the effects of negative affect on life satisfaction is particularly important. Lightsey et al. (2011) tested the hypothesis that self-efficacy for ability to regulate one’s negative emotions, and general self-control, would moderate the relationship between trait negative affect and life satisfaction. Among 191 college students, self-efficacy for ability to regulate anger moderated, but self-control did not moderate, the relationship between negative affect and life satisfaction. At high levels of self-efficacy, the relationship between negative affect and life satisfaction was non-significant. At mean and low levels of self-efficacy, negative affect was strongly and inversely related to life satisfaction.

Many demographic and psychosocial variables have been studied in relation to life satisfaction. People under 24 years and over 44 years of age have been reported as more satisfied with their lives than young adults (Helliwell, 2001). Both comparable and actual levels of income have been found to be significant factors predicting the level of life satisfaction; so too is economic status (Blanchflower and Oswald, 2004). Employed persons are more satisfied with their lives than unemployed persons. Marital status and good relationship with one’s children and social support in general are related
to life satisfaction (Daly and Rose, 2007). Life satisfaction is also strongly related to one’s personality (Furham and Cheng, 2004) and especially to one’s sense of personal competence (Campbell et al., 1976). In addition, various kind of life events are important in explaining differences in life-satisfaction levels (Diener et al. 2006).

In an International conference on enhancing human potential: Bio psychosocial perspectives. The above review clearly shows that Adolescence is a distinct developmental stage, presenting specific challenges. It can be a time of growth and happiness, a phase of self discovery and yet full of vulnerabilities if not handled appropriately given that life satisfaction has been identified as a significant psychological factor associated with positive growth, health and well-being. Research needs to be done conducted with Adolescents, their life satisfaction and its correlates This has been a neglected area of research as much research in life satisfaction has been done in adults .This type of research assumes great important as dissatisfaction with life has been linked to a lot of negative outcomes like depression an anxiety, violence, drug abuse and negative peer interaction among adolescents. Conversely, high life satisfaction has been associated with a variety of positive outcomes like high self esteem, self concept, self-mastery. Realizing this, the present investigation was planned to study Adolescent Life Satisfaction in relation to stress, coping, family dimensions viz parental bonding and family conflict.

The study was expected to be highly meaningful as it has studied Life Satisfaction in a multidimensional perspective. The findings are likely to extend the understanding of life satisfaction in adolescents. Unestahal, Linley, Mohan, and others (2010) presented methodology, strategies and latest research work in the area of applied positive psychology.
STATEMENT OF THE PROBLEM

The primary aim of the present investigation was to study the relationship of Total Multidimensional Life Satisfaction in adolescents with Perceived Happiness, Perceived Health Status, Perceived Parental Bonding, Stress dimensions viz Stress Symptoms, Life Event Stress, Academic Stress and its dimensions, Coping Styles, Family Conflict and its dimensions and Academic Achievement.

REVIEW OF LITERATURE

A. CONCEPTUAL FRAMEWORK

LIFE SATISFACTION

An area of increasing interest among researchers in positive psychology is concerned with how and why people experience their lives in positive ways i.e., Subjective well-being (SWB). Subjective well-being is an individual's summary of the positive experiences in life, consisting of three components: global life satisfaction, positive affect, and negative affect. Positive Psychology does not ignore the existence of suffering, pain, weakness, damage and selfishness, but instead hopes to nurture what is best in life rather than always focusing on fixing what is broken (Seligman and Csikszentmihalyi, 2000). Positive Psychology moves beyond the study of weakness by encouraging what is good in life. Life satisfaction comprises fundamental topic within the field of Positive Psychology. Life satisfaction is a person's evaluation of his or her life as a whole, which may be over and above judgments about family, friends, and school (Huebner, 1991).

Pavot et al. (1991) defined Life Satisfaction as a "global evaluation by the person of his or her life". They argued that individuals construct a standard, which they perceive as appropriate for themselves, and compare the circumstances of their life to that standard. Therefore, it is a subjective judgment rather than a judgment based on some externally imposed objective standards. More specifically, life satisfaction is defined as an individual's conscious, cognitive appraisal of the quality of his or her life (Headey and
Wearing, 1992) and may reflect a global appraisal as well as appraisals within specific life domains (friends, family, school).

Life satisfaction generally refers to the summation of evaluations regarding a person's life as a whole. For the most part there is consensus throughout the literature that measures of life satisfaction are cognitive (Crooker and Near, 1998).

Henrich and Herschbach (2000) defined Life Satisfaction as the subjectively perceived quality of life based on the individual preferences of multiple life domains and the satisfaction in these domains.

Huebner et al. (2006) defined Life Satisfaction as a global evaluation of the quality of an individual’s overall life or with specific domains. He gave Multidimensional Perspectives of Life Satisfaction. The domains of Life Satisfaction are family, friends, school, self, and living environment:

Family Satisfaction: Close relationships are also a major contributor to resilience and well-being, the most pronounced of these being the effects of a warm, supportive family environment, marked by a close relationship with at least one parent (Huebner, 1991).

Friends Satisfaction: Peer relationships and adult support systems outside the family are also correlated with resilience and life satisfaction (Huebner, 1991).

School Satisfaction: Suldo et al. (2008) opined that School Satisfaction is influenced most directly by cognitions in two important areas: (1) ability and motivation to achieve academically in general (personal academic beliefs) and (2) attitudes toward current school (attachment to school).

Self Satisfaction: Self Satisfaction generally refers to a summary evaluation of one’s self-worth with one’s behavior and personal characteristics (Harter, 1996).

Living Environment Satisfaction: Living Environment Satisfaction: refers to contentment with the Neighborhood, the house one lives in.
Neighborhoods have an enormous influence on health, wellbeing, and quality of life (Barton, 2000).

In the present study, a multidimensional perspective as given by Huebner et al. (2006), was taken.

PERCEIVED HAPPINESS

Many Psychologists and philosophers have defined Happiness in their own way. Kahneman (1999) said Happiness is “a hedonic experience brought about by evaluations of what is good or bad in life”. Two perspectives of Happiness have been well documented in the past are-Hedonism and Eudiamonism perspective. Hedonic perspective says that happiness is composed of three related components: positive affect, absence of negative affect and satisfaction with life as a whole (Argyle, et al., 1989). The Eudiamonic perspective added a fourth component of happiness that concerns self-fulfillment and other “depth” elements such as purpose in life and personal growth (Ryff, 1989).

Diener’s (2000) model of subjective well-being has been one of the most widely accepted definitions of happiness. His model is comprised of three components including the cognitive appraisal of one’s life (i.e., life satisfaction) as well as positive and negative affect (i.e., emotions), which are viewed as two separate dimensions. The combination of these three components creates a holistic view of the overall perception of happiness (Pavot and Diener 1993).

A newer conceptualization of Happiness has been Seligman’s (2002) definition which consists of three components including: experiencing positive emotion (the pleasant life), being engaged in life activities (the engaged life), and finding a sense of purpose or meaning (the meaningful life). Happiness is a situation-dependent evaluation of hedonic experiences, specifically the valence and activation of current mood (Vastfjall and Garling 2006). Happiness is synonymous with or the result of living a virtuous and fulfilling life (Diener et al., 2009).
PERCEIVED HEALTH STATUS

Health is an indispensable entity in human beings. Health can be defined in variety of ways and definitions have undergone substantial change over the years. According to Bhatia (1982), “Health is a state of being hale, sound or whole in body and mind”. Health has been conceptualized as a complete state consisting of not merely the absence of illness but the presence of something positive (Ryff and Singer, 1998).

According to The World Health Organization (2002), “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

According to the Comprehensive Textbook of Psychiatry (Kaplan and Sadok, 2005), Health refers to a reasonable, optimal state of functioning. Health is not the absence of negative but the presence of positives.

Good health sets the stage for later longevity and resilience, but its bottom line may well be in the here and now. The person in good health feels alive, exuberant, and vital and reaps of all the psychological and social benefit of feeling good (Peterson, 2006).

PARENTAL BONDING

The concept of a bond between a parent and child is generally accepted despite the lack of a satisfactory definition of the concept. Theoretically it might be proposed that parent child bonds could be broadly influenced by characteristics of individual differences in attachment behavior; characteristics of the parent or care taking system (for example, psychological and cultural influences) or by characteristics of the reciprocal dynamic and evolving relationship between the child and the parent (Parker et al. 1979).

Research has shown that adolescents who report a history of self-harming behavior or ideation perceive their parents as less caring and more controlling than do their peers (Martin and Waite, 1994). Such adolescents are two to three times more likely to characterize at least one of their parents as low in care and high in control a style termed "affectionless control" (Parker, 1984) or "authoritarian" than as high in care and low in control, or
what has been termed “optimal” parenting (Parker, Tupling, and Brown, 1979).

Studies suggest that the parental contribution to bonding may be influenced by two principal source variables i.e. the first variable as “Care” dimension and the second variable as “psychological” control over the child or “Overprotection” dimension (Parker et al., 1979).

Care has been associated with affection, emotional warmth, empathy and closeness. Overprotection has been associated with control, intrusion, excessive contact, infantalization and prevention of independent behavior (Parker et al., 1979.). Psychological control refers to parental attempts to control behavior by manipulating adolescents’ emotions, feelings, thoughts, or ideas, or through the parent–child relationship, applying such techniques as guilt induction, love withdrawal, and excessive shaming (Barber and Harmon, 2002).

Even during adolescence, teenagers continue to value and depend on relationships with their parents, turning to them in times of stress (Steinberg, 1990). Early adolescence has been described as a significant developmental transition that requires parents and adolescents to renegotiate their relationship in order to accommodate changes that involve adolescents’ physical maturation as well as competencies in the cognitive, social, and emotional areas (Smetana, 2005).

**FAMILY CONFLICT**

Family conflict is defined as the amount of openly expressed anger and conflict among family members (Moos and Moos (1994). The spillover model provides an explanation for the relation between family conflict and adolescent emotional distress. It posits that negative moods transfer from one setting to another, affecting the quality of interactions that occur in that setting (Repetti, 1987). For instance, when parents experience conflict with a spouse, they are more likely to show hostility, rejection, and withdrawal in a subsequent interaction with their children (Margolin et al., 2004). In addition, studies drawing from this model have found evidence that it is partly through parent–adolescent conflict that interparental conflict brings about emotional
distress among adolescents (Gerard et al., 2006). That is, conflict between parents heightens the probability of conflict between adolescents and their parents, which in turn leads to higher levels of adolescent distress.

Family conflict, in the form of interparental conflict as well as parent-adolescent conflict, is highly consequential for adolescents’ emotional distress. Specifically, when adolescents are exposed to a high level of marital conflict compared to their peers from non-conflictual families, they exhibit significantly higher levels of emotional difficulties over time (Gerard et al., 2006).

STRESS

Stress refers to a state of the organism resulting from some interaction with the environment. The modern world which is said to be a world of achievements, is also a world of stress. One finds stress everywhere, whether it be within the family or organizations.

Stress is a general term to describe tense situations and reaction to stress usually has a strong emotional content. Selye (1950) defined stress as the nonspecific results of any demand upon the body, the effect mental or somatic. Stress is defined neither by the conditions acting on the persons nor by the state of the person (coping resources, ego strength etc.) nor by his reactions (stress responses) but rather by the interplay of the three (Korchin, 1986).

Stress is perceived to be interaction between the person and environment. Lazarus (1966) defined stress as an organizing concept that includes a number or variables and processes relationship between person and the environmental that is appraised by the person as taxing or exceeding his/her resources and endangering his/her well being. He postulated that an individual’s perception of stress was significantly more important than the event per se in determining the impact of the stressor. He referred to these perceptions as appraisal and divided them into primary and secondary. Primary appraisal is concerned with the cognitive process of evaluation whether negative outcomes can occur in the encounter. Secondary appraisal follows primary appraisal and is the individual’s attempt to define what coping
options and resources are available for dealing with the environmental demands and also the constraints present.

The process of the primary and secondary appraisals are determined by:

1. The individual’s previous experience with such demands and situations,
2. The general beliefs about the self and the environment,
3. The breadth of the individual’s repertoire of coping, the mastery of specific coping skills, and the expectation that the skills will be effective (Dimsdale et al., 2000).

Larsen (2000) opined that stress is the subjective feeling that is produced by events that are perceived as overwhelming and beyond one’s control. Events that typically elicit stress are called stressors. There are individual differences in response to stress. Stress really lies in the transaction between the person and the characteristics of the environment.

**STRESS SYMPTOMS**

When faced with a stressful situation, there are some internal and surface reactions that occur which may be seen as the symptoms of stress. Heilbrun and Pepe (1985) opined that stress symptoms checklist is a response defined measure of stress in distress or stressful conditions.

**Types of Stressors**

Stressors can be grouped into two categories: Life event stressors and Daily hassles and Uplifts.

**LIFE EVENT STRESS**

Solanki and Ganguli (1987) stated that life stress refers to a state of imbalance with an organism that i) is elicited by an actual or perceived disparity between environmental demands and the organism's capacity to cope with these demands, and ii) is manifested through variety of psychological, emotional and behavioral response.
Daily Hassles and Uplifts

Hassles are defined as “irritating, frustrating, distressing demands that to some degree characterize everyday transaction with the environment”, whereas Uplifts are “events that act as uppers in daily life, uplifting the spirit and counterbalancing some of the daily hassles one experiences. Uplifts make one feel good, joyful, glad or satisfied” (Kanner et al., 1981).

ACADEMIC STRESS

Academic stress includes the student’s perception of the extensive knowledge base required and the perception of inadequate time to develop it (Carveth et al., 1996). Students report experiencing academic stress predictably, with the greatest sources of academic stress being found in taking and studying for exams and with respect to grade competition and the large amount of content to master in a small amount of time (Abouserie, 1994). Rajendran and Kaliappan (1990) opined “Academic Stress is a set of academic demands of school situation which cause a disturbance in the psycho-physical state of an individual”.

Schafer (1996) observed that the most stressful daily hassles reported by adolescents were school-related, including writing term papers, taking tests, and the constant pressure of studying. For many students the end results of these stressors are elevated levels of anxiety and depression, more frequent incidents of illness, poorer academic performance (Struthers et al., 2000), or departure from academia (Daugherty and Lane, 1999).

Ang and Huan (2006) found that adolescents experienced academic stress arising from both their own expectations to excel as well as expectations arising from their parents and teachers.

COPING

Individuals cannot remain in a continuous state of tension. According to Pearlin and Schooler (1978), Coping referred to “things that people do to avoid being harmed by life strains”, Coping referred to people’s reactions to external life strains, with the aim of avoiding, preventing, or controlling emotional stress. Coping behavior can be exercised by (a) eliminating or modifying the conditions giving rise to difficulty, (b) perceptually controlling the
meaning of experience in a manner that neutralizes its problematic characteristics, and (c) keeping the emotional consequences of problems within manageable bounds.

Lazarus and Folkman (1984), defined Coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person”. Coping responses are a dynamic series of transactions between the individual and the environment, the purpose of which is to regulate internal states and / or after person environmental relations. They defined and investigated coping as a dynamic process, initiated and affected by appraisals and reappraisals of the stressful encounter. Coping represents behavioral and cognitive efforts to deal with stressful encounters (Lazarus, 1999). Lazarus and Folkman (1984) classified coping modes by function as either Task Focused or Emotion Focused, thereby delineating coping as dealing mainly with the problem or with its emotional and physiological outcomes, respectively. Task Focused Coping is employed when the situation is appraised as changeable. These Coping methods are directed at defining the problem, generating alternative solutions, weighing the alternatives, choosing among them, and acting. Task-Focused strategies are intended to influence environmental conditions by altering the source of stress, reducing symptoms associated with the situation, or changing one’s self. Changes in one’s self include motivational or cognitive changes such as shifting the level of aspiration, reducing ego involvement, finding alternative channels of gratification, or developing new standards of behavior. It is any response that is aimed at doing something to alter the source of the stress – removing, defusing or avoiding the threatening event or altering its impact on the person. Another type, Emotionally-Focused Coping, refers to the thoughts or actions taken to relieve the emotional toil of the stressful event, yet does not actually remove the condition (Monat and Lazarus (1991). Emotion-Focused Coping occurs when nothing can be done to modify harmful, threatening, or challenging person-environment transactions. This strategy is directed toward lessening emotional distress through avoidance, distancing, selective attention, positive comparisons, and finding positive value in negative events.
Other forms of coping include defense mechanisms such as denial, which may help a person keep from feeling overwhelmed.

**Avoidance Coping:** Avoidance Coping is in which people try to avoid stress or maybe hope that time alone will resolve the problem. According to Endler and Parker (1994), engaging in a substitute task (distraction, e.g., watching TV) or seeking out other people (social diversion, e.g., phoning a friend) are examples of Avoidance Coping. Avoidance Coping might be considered a less useful response to stress because it does not resolve the stress-generating problems. In line with this, previous studies have shown that Avoidance Coping often leads to greater strain, impaired health, or well-being in a stressful situation (Ben-Zur, 2009).

Coping refers to cognitive and behavioral efforts to manage disruptive events that tax the person’s ability to adjust (Mohan 2003).

Coping is a complex multidimensional process that is sensitive to the demands and resources of the environment, to personality dispositions that influence the appraisal of the stressors and to the appraisal of the individual’s available resources. Coping can be defined as the thoughts and behavior an individual uses to manage internal and external demands of situations that are appraised as stressful (Folkman and Moskowitz, 2004).

**ACADEMIC ACHIEVEMENT**

Pressy, Robinson and Harrocks (1967) said that “Academic achievement refers to the achievement made by the pupils in their subjects of study. It is the accomplishment or proficiency of performance in a given skill or body of knowledge. It can be visualized as ‘status on level of a person’s learning and his ability to apply what he has learnt’.

Terry and Thomas (1977) defined Academic Achievement as the ability to perform well in academic courses.

Singh (1996) defines academic achievement as “the ability of an individual, which can be used for performing the task with essential Knowledge” (in the Dictionary of Education).
B. REVIEW OF PSYCHOSOCIAL CORRELATES OF LIFE SATISFACTION

One of the notable developments within the field of psychology in the past decade has been the emergence of a broad perspective termed “Positive psychology” (Seligman and Csikszentmihalyi 2000). Its' proposed mission was the scientific study of human strengths, resilience, and optimal human functioning. Positive Psychology as described by Diener (2009) conceptualizes ‘Life satisfaction is an important construct in the field of positive psychology because it is closely associated with happiness as well as a range of positive personal, behavioral, psychological, and social outcomes.

PROFILE OF ADOLESCENTS WITH HIGH LIFE SATISFACTION

Although numerous cross-national studies have assessed life satisfaction among adults, similar studies using adolescent samples have been rare. To address this shortage of research, a total of 1338 youth adolescents from two individualistic nations (Ireland, USA) and two collectivistic nations (China, South Korea) were administered the Multidimensional Students' Life Satisfaction Scale (MSLSS: Huebner, 1994) to assess general life satisfaction and satisfaction with family, friends, school, self, and living environment. Responses were analyzed to assess potential cross-national differences in (a) mean levels of life satisfaction, and (b) response styles, specifically acquiescence and extreme responding. Mean scores revealed positive ratings by adolescents from all four nations across all domains, with the exceptions of satisfaction with school experiences (Ireland, South Korean, USA), living environment (China, South Korea), self (South Korea), and general life satisfaction (South Korea). Results also revealed significant response style differences across all MSLSS domains. Significant gender and gender-by-nation effects were observed for both mean score and response style differences, although the effect sizes were small.

Huebner et al. (2001) Life Satisfaction was found to be positively related with high social support from parents, close friends, classmates and teachers. Life Satisfaction among youth was inversely related to neuroticism and internalizing psychopathology (McKnight et al., 2002; Suldo and
Huebner, 2004). The cognitive characteristics of adolescents with extremely high life satisfaction reported by Suldo and Huebner, (2006) were in line with previous research that revealed positive relationships between life satisfaction and children’s perceptions of social competence and academic competence elucidated the role of another perceived competence domain (that is, emotional self-efficacy) in subjective well-being. Specifically, the extent to which adolescents perceived they could cope with negative emotions increased in each successively happier group of students (Fogle et al., 2002; Leung et al., 2004; Suldo and Huebner, 2006).

In another study, Gilman and Huebner (2006) investigated the characteristics of adolescents who report high levels of life global satisfaction. A total of 485 adolescents completed the Students’ Life Satisfaction Scale (SLSS) along with self-report measures of intrapersonal, interpersonal, and school-relate functioning. Based on their Students’ Life Satisfaction Scale Scores, students were divided into three groups: “low” (bottom 20% of the distribution), “average” (middle 50%), and “high” (upper 20%). Youth in the high satisfaction group reported significantly higher adaptive functioning on all dependent variables than youth in the low satisfaction group. Relative to students with average life satisfaction, students with high life satisfaction reported superior scores on a measure of social stress, a measure of attitudes toward teachers, and on all measures of intrapersonal functioning. Also, no adolescents in the high life satisfaction group demonstrated clinical levels of psychological symptoms, whereas 7% of the average group and 42% of the low satisfaction group reported clinical levels of symptoms. Taken together, the findings suggested that high life satisfaction was associated with some mental health benefits that were not found among youth reporting comparatively lower satisfaction levels.

LIFE SATISFACTION, PERCEIVED HAPPINESS AND PERCEIVED HEALTH STATUS

Recently the burgeoning field of positive psychology has re-illuminated the need for psychology to address areas associated with optimal functioning and happiness. From the time of Aristotle (1925), the pursuit of happiness and the achievement of the ‘good life’ has been a major concern among
philosophers and theologians, and was included as a foundational mission of psychology (Seligman and Csikszentmihalyi, 2000; Seligman, 2002). Within the field of psychology the study of 'happiness' generally falls under investigations of subjective well-being (SWB). The Subjective well being construct is a tripartite category of phenomena, which includes: emotional responses and negative affect domain satisfactions, and global judgements of life satisfaction (Life Satisfaction) (Diener et al., 1999). In the research literature the components of SWB are often used interchangeably with each other and considered synonymous with term 'happiness' (Seligman, 2002); despite that the term ‘happiness’ is not consistently defined and is associated with many varied meanings, including: hedonic level, joy, positive affect, satisfaction with life, and pleasantness. Considered to be the key indicator of SWB, Life Satisfaction is a subjective evaluation of overall quality of life (Diener and Diener, 1995). Throughout the research literature, scores on measures of Life Satisfaction are often used to indicate happiness or unhappiness. In general, positive evaluations of Life Satisfaction are linked with happiness and the achievement of the ‘good life’, whereas negative evaluations of Life Satisfaction are associated with depression and unhappiness.

Werner (1989) concluded from his longitudinal studies that except for perhaps the most persistent circumstances, at-risk children evidenced healthy self-righting resources that moved the vast majority toward normal adult development. Outcome studies of several national prevention programs focusing on substance abusers, dropouts, and delinquents, who were satisfied in various domains of life, who had positive relationships with adults, teachers, and peers, began to display healthier psychological functioning, as predicted by Health Realization (Larson, 2000). Youth involved in such relationships showed significant improvement in positive attitudes, rational problem-solving ability, pro-social behavior, and motivation to attain educational goals and non-deviant lifestyles.

Huebner and Diener (1996) reported that the concept of well-being is sometimes used interchangeably with the term happiness and consists of different emotional and cognitive components, identified as positive affect,
absence of negative affect, and a cognitive judgment of satisfaction with life as a whole.

Ryff and Singer (1998) reported positive functioning to be an indicator of healthy living.

Salovey et al. (2000), in discussing the literature on the relationship between emotional states and physical health, postulated that physical health could be improved by increasing desirable life events, avoiding the suppression of positive and negative feelings, working through and managing negative emotions, and changing and correcting one’s environment.

Ryan and Deci (2001) asserted that association between health status and well-being seems intuitively clear. Sickness is often associated with displeasure or pain, so the presence of illness might directly increase negative affect. Further, illness often presents functional limitations, which can detract from opportunities for positive affect and life satisfaction. An early meta-analysis by Okun et al. (1984) relating self-reported physical health to SWB found an average correlation of 0.32.

Ryff et al. (2001) reviewed evidence that positive relations predicted physiological functioning and health outcomes, including the secretion of oxytocin, which is associated with positive mood and stress relief. Their view was also supported by Uchino et al. (1999) earlier who showed that social support influences mortality via changes in cardiovascular, endocrine, and autoimmune systems.

Zullig et al. (2001) explored the relationship between perceived global Life Satisfaction and selected substance use behaviors among 5032 public high school students. The 1997 South Carolina youth risk behavior survey, substance abuse and Life Satisfaction variables were used. Regression analysis revealed a significant race/gender interaction. Cigarette smoking, chewing tobacco, marijuana, cocaine regular alcohol use, binge drinking, injection drug and steroid use were significantly associated with reduced Life Satisfaction for specific race / gender groups. In addition, age (at or less than 13)of first alcohol drink, first marijuana use, first cocaine use, and first
cigarette smoked were also significantly associated with reduced Life Satisfaction.

**Keyes (2002)** introduced and stated operationalization of mental health as a syndrome of symptoms of positive feelings and positive functioning in life. Dimensions and scales of subjective well-being were reviewed and conceived of as mental health symptoms. A diagnosis of the presence of mental health, described as flourishing, and the absence of mental health, characterized as languishing, was applied to data from the 1995 Midlife in the United States study of adults between the ages of 25 and 74 (n = 3,032). Findings revealed that 17.2 percent fit the criteria for flourishing, 56.6 percent were moderately mentally healthy, 12.1 percent of adults fit the criteria for languishing, and 14.1 percent fit the criteria for DSM-III-R major depressive episode (12-month), of which 9.4 percent were not languishing and 4.7 percent were also languishing. The risk of a major depressive episode was two times more likely among languishing than moderately mentally healthy adults, and nearly six times greater among languishing than flourishing adults. Multivariate analyses revealed that languishing and depression were associated with significant psychosocial impairment in terms of perceived emotional health, limitations of activities of daily living, and workdays lost or cutback. Flourishing and moderate mental health were associated with superior profiles of psychosocial functioning.

**Bradley and Corwyn (2004)** examined contextual and personality factors and their relation to perceived life satisfaction among adolescents in five sociocultural groups (European Americans, African Americans, Chinese Americans, Mexican Americans, and Dominican Americans). Variations in the contribution of specific predictors were noted for the five groups, but no one factor accounted for a large amount of variance in any group. Among the most consistent predictors were marital status, self-efficacy beliefs, and adolescent health status. Somewhat surprisingly, neither the amount of family conflict, adolescent academic achievement, nor observed socio emotional support from parents was strongly correlated with life satisfaction.

**Valois et al. (2004)** explored relationships between perceived life satisfaction and physical activity behaviors in a statewide sample of
adolescents in South Carolina (n = 4,758) using the CDC Youth Risk Behavior Survey (YRBS) and the Brief Multidimensional Student Life Satisfaction Scale (BMSLSS). Adjusted logistic regression analyses and multivariate models constructed separately revealed significant race by gender results. Not exercising for 20 minutes over the past 7 days (sweating and hard breathing), not performing stretching exercising (past 7 days), not exercising to strengthen or tone muscles (past 7 days), spending < 20 minutes actually exercising or playing sports in Physical Exercise class, not playing on sport teams run by school, and not playing on sport teams run by outside school organizations were associated (p = .05) with reduced life satisfaction for specific race/gender groups. This study demonstrated a meaningful linkage between Life satisfaction, adolescent health and health-risk behavior.

Zullig et al. (2005) explored the relationship between perceived satisfaction with life and health-related quality of life (HRQOL) in a state-wide sample of 13–18-year-old adolescents (n = 4,914) in South Carolina, USA. Questions were added to the self-report Centers for Disease Control (CDC) Youth Risk Behavior Survey (YRBS) asking about perceived life satisfaction in six domains (self, family, friends, living environment, school, and overall) and HRQOL (self-rated health; and the number of poor physical health days, poor mental days, and activity limitation days during the past 30 days). Adjusted logistic regression analyses and multivariate models constructed separately revealed that self-rated health, poor physical days (past 30 days), poor mental health days (past 30 days), and activity limitation days (past 30 days) were significantly related to reduced life satisfaction, regardless of race or gender. Moreover, as the number of reported poor health days increased, the greater the odds of reporting life dissatisfaction. This is the first study to document the relationship between poor physical health and perceived life satisfaction. This adds to the mounting evidence that life satisfaction is related to a variety of adolescent health behaviors and that life satisfaction may add additional information in longitudinal databases that track adolescent health because it appears to be related to HRQOL.

Mohan and Sehgal (2006) reported that people who perceived themselves to be happy led a healthy life and enjoyed higher quality of life.
According to Peiro (2006), with respect to health, the literature is clearer. Better health has been consistently found to be associated with higher subjective well-being or happiness.

Jaggi (2008), investigated psychological aspects of happiness. She found happiness to be positively and significantly correlated with Satisfaction with Life.

Siahpush et al. (2008) employed longitudinal data from a representative population-based sample in Australia to examine the association of baseline happiness and life-satisfaction with self-rated health, absence of limiting, long-term health conditions and physical health, after adjusting for health measures and relevant socioeconomic and behavioral factors at baseline among 9981 respondents aged 18 years and older. Happiness was assessed with the following question: "During the past four weeks, have you been a happy person'? Life satisfaction was determined with the following question: "All things considered, how satisfied are you with your life'? This study showed, that happier people and those who were more satisfied with their lives at baseline reported better health (self-rated health; absence of limiting, long-term conditions; and physical health) at the two-year follow-up when adjusted for baseline health and other relevant covariates.

Howell et al. (2009) proposed that psychological well-being correlates positively with psychological need satisfaction primarily the needs of autonomy, competence, and relatedness. Howell et al. (2009) explored momentary happiness (defined as experienced enjoyment minus experienced stress over the course of an hour) as a function of momentary psychological need satisfaction. Results demonstrated that hour-by-hour ratings of psychological need satisfaction were correlated with momentary happiness, with individual differences in life satisfaction moderating this relationship. Ratings of autonomy and relatedness correlated positively with momentary happiness, while competence was negatively correlated with momentary happiness. Thus, engagement in competence-promoting behaviors may come at an affective cost, at least in the moment. When autonomy and relatedness needs were met, individuals with high levels of life satisfaction experienced...
greater increases in happiness than individuals with low levels of life satisfaction.

**Holder and Coleman (2009)** examined the contribution of social relationships to children’s happiness in 9 to 12-year-old children. Participants included 432 children and their parents. Children’s happiness was assessed using self-rating scales, parent’s ratings, and the happiness and Satisfaction subscale from the Piers-Harris children’s self-concept scale. Children’s social relations were assessed with items from the Piers-Harris scale and questionnaires given to the children and their parents. These items were grouped into two positive (i.e., family and friends) and two negative categories (negative relations with peers and behaving badly toward others). They found role of positive social interactions involving the family satisfaction (children agreeing that they are important members of their family) and friends satisfaction (parents reporting that their children visit with friends more frequently) in children’s happiness. Negative social interactions also explained variance in children’s happiness including negative relations with peers and behaving badly toward others. Demographic variables related to the family (number of siblings, age of parents, and marital status of parents) were only weakly, or not at all, associated with children’s happiness. The results concluded that satisfaction in social relationships are significant correlates and predictors of Happiness and Life Satisfaction.

**Lin et al. (2010)** explored the wellbeing perception and its determinants of caregivers who caring for people with disability. They employed a cross-sectional, self-administrative structured questionnaire survey to recruit 88 caregivers in this study. Those caregivers were defined as staff who working in residential care or day care services for people with disabilities in social welfare settings. Wellbeing was measured using two scales which included Subjective Happiness Scale (SHS), and Satisfaction with Life Scale (SWLS). With respect to the determinants of respondent's SHS in a multiple linear regression, they found the factors of Perceived Health Status and Satisfaction with Life Scale were variables that significantly predicted the Subjective Happiness score.
Sanjuan (2011) opined that Well-being is a multidimensional construct which includes hedonic and eudaimonic aspects. Hedonic well-being was focused on happiness, while eudaimonic well-being was focused on developing of human potential. Most hedonic psychologists have used measures of subjective well-being (SWB), which have two components: a cognitive evaluation of the satisfaction with one’s life as a whole, and an affective component that refers to predominance of positive over negative affect (or affect balance). Eudaimonic well-being, sometimes labelled psychological well-being (PWB), includes subjective evaluations of effective psychological functioning. Ryff’s (1989) model of PWB, which is included within the eudaimonic perspective, conceives well-being as a multidimensional construct made up of life attitudes like self-acceptance, positive relation with others, autonomy, environmental mastery, purpose in life, and personal growth. Research has revealed that SWB and PWB are related, but, they are also distinguishable, since they were differentially related to various criteria. Sanjuan (2011) explored how these two different aspects of well-being are related. Two hundred and fifty-five individuals (114 male and 141 female, mean age = 36.46, standard deviation = 10.83) participated in the study. All the components of well-being were strongly interrelated, and mediational analysis showed that affect balance mediated the relationships between some positive life attitudes and satisfaction with life.

TOTAL MULTIDIMENSIONAL LIFE SATISFACTION AND PARENTAL BONDING

Early investigations of the association between parent-child relations and adolescent well-being focused on parental support. Specifically, Burke and Weir (1979) examined the role of parental responses to adolescents’ requests for assistance. Parents who offered concrete support, giving explicit advice or suggestions, had children with higher levels of self-reported Life Satisfaction, while parents who were domineering or critical of their child’s problems negatively impacted their Life Satisfaction. Furthermore, Life Satisfaction was elevated in adolescents satisfied with the informal help/support offered by their parents (Burke and Weir, 1978). Recent research with pregnant teenagers revealed that young women who both
received support from, and provided support to, their parents reported significantly higher Life Satisfaction than pregnant teenagers who did not perceive this bidirectional parental support (Stevenson et al., 1999). Interestingly, this study also found that varying levels of social support to and from friends did not affect the Life Satisfaction of the pregnant teenagers.

Focusing on parental support, Young and colleagues (1995) examined the differential impact of three types of social support on adolescent well-being and found that intrinsic support (i.e., the child’s perception that the parent loves, appreciates, and cares about him or her) correlates more strongly with adolescents’ Life Satisfaction than extrinsic support (monetary support and physical contact) or closeness (i.e., the child’s perceived emotional bond to the parent).

Steinberg et al. (1989) compared different parenting practices such as authoritative parenting, level of parental involvement in school activities and encouraging their children to succeed. It was found that authoritative aspect of parenting facilitates academic performance and Life Satisfaction. In fact he found that parenting was by far the best predictor of later school success among students. Moreover, parental encouragement and school involvement was greatest among authoritative parents. Lamborn and colleagues (1991) found authoritative parenting to be associated with emotional well-being and academic competence in youth while Shucksmith and Colleagues (1995) found positive attitudes to school among children with authoritative parents.

Some authors have studied the parental bond undifferentiated (Lamborn and Steinberg 1993) whereas others have emphasized that children as a rule have closer relationship with their mothers than with their fathers (Thornton et al., 1995). The influence of the mother may be more important than that of the father but the effects of the bond with the mother and the father on the well-being and performance of adolescents usually point in the same direction. Research to date indicates that adolescents’ life satisfaction is associated with a range of different family characteristics including parental involvement, positive parent child relationship, and parental social support (Wenk et al., 1994; Storksen et al., 2005; Gilman and Huebner, 2006).
Sarason et al. (1993) stated that from a developmental perspective, it was likely that receiving support, affection, and positive feedback from parents during the childhood years was a central source of positive self-image. And, in fact, research has demonstrated that self-esteem and depression in children were impacted by levels of support from parents. Depression has been consistently predicted by low levels of social support from family members whereas self-esteem is bolstered by high levels of support.

Grossman and Rowat (1995) found that perceived poor parental relationships, rather than family status, predicted low Life Satisfaction in adolescents from both married and divorced homes. Thus, witnessing a loveless parental relationship appears to be more detrimental to children’s well-being than does divorce. In a longitudinal study over 3 years,

Conger et al. (1997) observed that psychological control in parents and siblings predicted increase in adolescent adjustment problems and decrease in adolescent self-confidence over time.

Petito and Cummins (2000) published the first study to link authoritative parenting to a positive measure of adolescent well-being, i.e., overall subjective quality of life (SQOL). Children who perceived authoritative parenting, defined as a relationship in which decision making is a joint process between parent and child but with parents’ reserving the final judgment, had significantly higher SQOL scores than children who perceived their parents to be unengaged (adolescents responsible for decision making).

Chang et al. (2003) proposed that subjective well-being across the life span may be affected by both age-specific and age-general factors within a cultural context. They explored both developmentally invariant and variable predictors of life satisfaction among 115 second-graders and 74 eighth-graders from Hong Kong. In a regression model, general self-concept and ratings of parental warmth and autonomy/detachment predicted life satisfaction equally across the two age groups. However, social self-concept was a strong predictor of life satisfaction among adolescents only, whereas actual academic test scores predicted life satisfaction only among the children. Mean group differences emerged as well, with adolescents scoring
significantly lower in life satisfaction and self-concept and higher in emotional detachment than children.

According to Barber et al. (2003) Parent-child relationship plays an important role in the healthy psychological adjustment of adolescents. Research indicates that authoritative parenting has been found to be most strongly associated with academic achievement and life satisfaction while authoritarian and permissive styles are not.

Grych et al. (2004) reported that youths’ triangulation in parental disputes has a significant association with internalizing problems and lower levels of subjective well-being. They tested for moderating effects of adolescents’ perceptions of parental acceptance but found significant direct effects only between acceptance and problematic conflict-related appraisals.

Soenens et al. (2004) reported that psychological control predicted severity of depression, self-esteem, and maladaptive perfectionism based on surveys of 171 Dutch-speaking Belgian educational science students.

Bogaerts et al. (2005) conducted a study on recalled parental bonding, adult attachment style, and personality disorders in child molesters and reported on the findings of two separate studies. The first study examined the differences between a group of 84 child molesters and 80 matched normal control subjects. This study found that the antisocial and the schizoid personality disorders are typical for the molester group, and that at an interpersonal level this group can be typified by recollections of an uncaring father and mother, recollections of an elevated level of autonomy emanating from the father, and insecure current attachment patterns. The second study compared a subgroup of personality-disordered child molesters to a subgroup without personality disorders. This study revealed that recollections of the role of the father in parenting are decisive. The personality-disordered group reported that their father was both more uncaring and granted more autonomy. Regarding current adult attachment style, an avoidant and anxious-ambivalent attachment style characterised the disordered subgroup.

Casas et al. (2008) explored the relationship between the subjective well-being of parents and their children in a Spanish sample of n = 266
families (12-16 year old children). They reported in terms of Personal well-being index a relationship between standard of living, health and future security was found to be significantly related between parents and children.

Hair et al. (2008) examined the continued importance of quality parent - adolescent relationships on adolescent well being. Data from rounds 1-5 of the National Longitudinal Survey of Youth, 1997 were used. Using structural equation modeling, They found that the influence of positive residential parent-adolescent relationships on better mental well -being and fewer delinquency was entirely mediated by family routines, parental monitoring and parental supportiveness, net of socio demographics controls.

Ha et al. (2009) examined direct and indirect associations between marital quality, parenting, and adolescent internalizing problems, taking into account bidirectional associations between these concepts. They used data from 428 Dutch families, consisting of two biological parents and two adolescents with mean ages of 13.4 and 15.2 years (at Time 1). Results from structural equation modeling analyses showed that there is a direct association between marital quality and adolescents’ internalizing problems. It has a small but significant impact on adolescents’ internalizing problems. Furthermore, the results showed that the relationships were not moderated by birth order, suggesting that the older sibling in families is not necessarily more susceptible to internalizing symptoms arising from the parents’ marital difficulties. However, support was not found for any indirect associations through parenting or for longitudinal associations from adolescent internalizing problems to parents’ marital quality.

Nishikawa et al. (2010) examined the associations between perceived parental rearing, attachment style, self-concept, and mental health problems among Japanese adolescents. About 193 high school students (143 boys and 50 girls, mean = 16.4) completed a set of self-report questionnaires including EMBU-C (My Memories of Child Upbringing for Children), AQC (Attachment Questionnaire for Children), SDQII-S (Self-Description Questionnaire II-Short) and YSR (Youth Self-Report). There seems to be a unique influence on mental health problems from parent–adolescent relations depending on the gender of parents and adolescents. PLS (Partial Latent Squares Regression)
analysis showed that insecure attachments (Avoidant and Ambivalent) and Rejection from parents were predictors of internalizing and Externalizing Problems among boys, while all dysfunctional parenting (Rejection, Overprotection and Anxious Rearing) were determinants of these problems among girls. Nonacademic self-concept (social, emotional, and physical) was a predictor of Internalizing and Externalizing Problems. Power of the prediction of these problems was greater for girls than boys.

TOTAL MULTIDIMENSIONAL LIFE SATISFACTION AND FAMILY CONFLICT

Foster and Robin (1988) asserted that family plays an important role in shaping child and adolescent development. In particular, parent–adolescent conflict has been regarded as an important family factor which affects the development of the parent–adolescent relation. Parent–adolescent conflict has been found to be related to adolescent maladjustment, including depression, unacceptable behavior and anxiety (Montemayor, 1983; Forehand et al., 1988).

According to Stern and Zevon (1990), youth who saw their family as more supportive, independent, socially integrated used less of avoidance coping. These aspects of family climate were associated with a greater focus on the positive aspects of the situation when the youth experienced family or interpersonal stressors. In contrast, high family conflict was associated with adolescent boys’ reliance on aggression to resolve conflict (Rubenstein and Felldman, 1993).


Grych et al. (1992) found that relative to parents’ reports of their own marital conflict, children's report of interparental conflict were more strongly related to their own adjustment. Despite these findings, the data show that irrespective of the source of report (adolescent or parent), parent–adolescent conflict is associated with adolescent mental health.

In a study, Jacob et al. (1996) tested the hypothesis that family environments characterized as non-supportive, unaccepting and conflictual
lead to development of hostile traits in adolescent boys. Negative behavior during parent-son discussions aimed at resolving disagreements which were observed in lab setting in 51 intact families. Sons’ hostile traits were assessed at the time of the interactions and then three years later. Results showed that high frequency of negative behavior exhibited by both parents and sons predicted sons’ later hostile attitude and outward expression of anger after adjustment for their initial levels of hostile attitudes and anger expression.

Matthews et al. (1996) tested the hypothesis that family environments characterized as non-supportive, unaccepting, and conflictual lead to the development of hostile traits in adolescents. Negative behaviors during parent-son discussions aimed at resolving disagreements were observed in a laboratory setting in 51 intact families by the authors. Sons’ hostile traits were assessed at the time of the interactions and then reassessed three years later. Results showed that a high frequency of negative behaviors exhibited by both parents and sons predicted sons’ later hostile attitudes and outward expression of anger after adjustment for their initial level of hostile attitudes and anger expression respectively. A low frequency of positive behaviors exhibited by the father and son predicted sons’ later potential for hostility ratings after adjustment for their initial level. They reported that sons who experienced low rates of positive behaviors reported high levels of negative emotions and low conflict resolution.

Tsusha et al. (1997) investigated the relationship between martial conflicts and young childrens’ social problem solving. They found that parenting has significant impact on children’s social behavior practices and life satisfaction. Research concerning the association between parenting styles and practices and children’s social behavior has consistently documented that parental warmth, responsiveness, and at least some degree of control are crucial in terms of the development of children’s social competence and life satisfaction. Tsusha et al. (1997) carried out interviews four to six year olds as a means of determining their social problem solving strategies. Parents completed scale measuring their marital adjustment tactics to resolve conflict. They rated parenting behavior also. The results showed that marital discord was not related to young childrens social problem solving.
Parents’ tactics of resolving spousal conflicts and parent behaviours were predictive of children's social problem-solving strategies. Boys displayed social problem-solving strategies similar to those used by their fathers, whereas girls' social problem solving revealed more links to maternal involvement with their children. In addition, parents’ marital adjustment was associated with their strategies for resolving spousal conflicts and their parenting behaviors.

In a longitudinal study, Shek (1997) examined the relationships between parent-adolescent conflict and adolescent psychological well-being were examined in a sample of Chinese adolescents (N = 378) via children's and parents' reports of parent-adolescent conflict. The results indicated that parent-adolescent conflict based on ratings obtained from the different sources was concurrently related to hopelessness, life satisfaction, self-esteem, purpose in life, and general psychiatric morbidity at Time 1 and Time 2. Longitudinal and prospective analyses (Time 1 predictors of Time 2 criterion variables) suggested that the relations between parent-adolescent conflict and adolescent psychological well-being were bidirectional. Although the strengths of association between parent-adolescent conflict and adolescent psychological well-being were similar for male and female adolescents, father-adolescent conflict, relative to mother-adolescent conflict, was found to exert a stronger influence on adolescent psychological well-being.

Colarossi and Eccles (2000) reported that many studies have linked the quality of spousal relationships to parents’ interactions with their children and to outcomes of low self-esteem and depression in children later on. Most studies found that the impact of conflict in the spousal relationship on depression and self-esteem in children is mediated by the extent to which the parent–child relationship is disrupted or impaired as a result of the spousal conflict (Barber, 1994). Therefore, the extent to which parents’ relationships enhance or disrupt parental support to the child will influence the child’s mental health. Kerr and Stattin (2000) proposed that adolescents who refrain from disclosure, because there is conflict in family and no warmth in relationship with their parents, tend to spend relatively less leisure time in
parental company and are relatively more attracted by unsupervised peer settings. In these unsupervised settings, such as street corners and cafeterias, the risk of becoming involved in problem behavior is higher (Kerr et al. 2003).

**Bergman and Scott (2001)** have shown that adolescent dissatisfaction with family life as a whole increases from the age of 11–15 years: teenage children perceived lower levels of family cohesion and significantly less open and more problematic communication in the family than did their parents.

**Phinney and Ong (2002)** concluded that differences between adolescents and their parents were negatively correlated with adolescent wellbeing. Adolescent-parent disagreements in the endorsement of family obligations influenced life satisfaction through its impact on relationships within the family. When adolescents reject values regarding family obligations that are important to their parents, the resulting differences may lead to family disagreements that can, in turn, detract from life satisfaction.

**Cummings et al. (2003)** reported that for adults, perceived life satisfaction varied as a function of the amount of conflict present in the household. They also found that marital discord was related to adjustment among Chilean adolescents, with Chilean adolescents being even more sensitive to discord than their American counterparts. Because conflict engenders negative emotions, there is reason to believe that living in households where there is a high degree of conflict will increase the likelihood of low life satisfaction among most groups of adolescents. With adolescents, conflict within the family sometimes arises as a function of the imposition of rules the adolescent finds oppressive. If rules are deemed too strict, they may lead to feelings of dissatisfaction and resentment (Eccles et al., 1993).

**Barber (1996)** argued that the effect of parental control during adolescence is broad and complex. Because the intent of parental control is to constrain, invalidate, and manipulate the adolescent's psychological and emotional experience, the effect is likely to be negative (Steinberg and Morris, 2001). Although bickering between parents and children tends to increase during adolescence, there is limited research on how much arguments with parents influence adolescent life satisfaction (Shek, 1998). Moreover, the theoretical
propositions proferred by Harris (1995) regarding the relative importance of family versus peer group cast doubt on likelihood that strictness is strongly determinative of perceived life satisfaction.

Bradford et al. (2004) conducted a large U.S. national study of 9,050 adolescents from 11 different nationalities, including Colombia, to examine cross-cultural differences between youth in the sample. Adolescent self-reports were used to assess interparental conflict, parental support, and adolescent outcomes. Overall, they found that adolescents' reports of interparental conflict were associated with poor behavioral outcomes, regardless of the national-origin of the participants. When looking at the effect of different types of interparental conflict on Latino youth outcomes, the largest association found was between covert parental conflict that involves passive-aggressive behaviors and triangulating children and child depression. Overt conflict, such as yelling and arguing, had a less significant association with the child outcomes of depression and antisocial behavior.

Singhal and Rao (2004) found that literature on transformations in family relations indicated that there is some genuine increase in bickering and squabbling between parents and teenagers during the early adolescent years. They also reported that the increase in mild or moderate conflict is accompanied by a decline in reported closeness, especially in the amount of time spent together. The changes in parent - adolescent relationships are found bothersome by parents resulting in anxiety, and can adversely impact the psychological development of adolescents.

Valois et al. (2004) have found that adolescents living in intact families had higher global well-being and general life satisfaction than those who had experienced parental separation or divorce, while adolescents not living with either of their parents were at the greatest risk for Life dissatisfaction.

Wei et al. (2004) reported that the construct of attachment appeared to be similar across African American, Asian American, Hispanic American, and White American college students and clinical implication of attachment construct is that therapeutic interventions focused on promoting feelings of parental attachment, particularly in the context of perceived family conflict,
might be helpful in reducing feelings of depression in African American female adolescents who present for treatment accordingly. Diamond et al. (2002) attachment-based family therapy (ABFT) intervention, which focused on rebuilding adolescent-parent trust and communication, encouraging parents to become better caregivers, and promoting adolescent competency by encouraging an appropriate degree of relational autonomy, was successful in achieving its goals in a largely urban African American adolescent female sample.

Constantine (2006) carried out a study, the purpose of which was to test a hypothesized model that explored the degree to which parental attachment mediated the relationship between perceived family conflict and depression in a sample of 283 African American female adolescents. Results revealed that perceived family conflict had both a direct and an indirect effect on depression with parental attachment mediating 28% of the effect of perceived family conflict on depression. Prior research has suggested that perceptions of parent-adolescent conflict could have a detrimental effect on the psychological and physical well-being of African American female adolescents (Bradley and Corwyn, 2000; Clark and Armstead, 2000). A plethora of researchers have indicated that parent-adolescent relationships characterized by secure mutual attachments and high emotional closeness are related to positive adolescent psychological outcomes (Muris et al., 2001; Meyerson et al., 2002). Spencer et al. (1993) reported that African American adolescents’ perceptions of family conflict were negatively associated with their academic self-esteem. In a sample of Black parents and their children Magnus et al. (1999) found that overall warmth and soundness of the parent–child relationship were the strongest predictors of positive child outcomes on child self-ratings of adjustment. The afore-mentioned studies highlight the importance of considering family relationship issues that could influence various psychological outcomes, such as depression, in urban African American female adolescents.

Shaunessy et al. (2006) compared the school and psychological functioning of 122 gifted and high achieving students to that of 176 general education students educated in the same school. Relative to their peers in
general education, gifted and high-achieving students served in the school’s International Baccalaureate (IB) program reported more positive perceptions of school climate, had higher grade point averages and academic self-efficacy, and reported less externalizing psychopathology and affiliation with negative peers. IB and general education students reported comparable levels of global life satisfaction and internalizing symptoms of psychopathology. The psychosocial adjustment of intellectually gifted students within the IB program was similar to that of their high-achieving IB peers on all indicators except satisfaction with friends. The univariate test for global life satisfaction failed to reach statistical significance, indicating students from the three groups reported comparable levels of overall happiness with their lives. Regarding satisfaction with important domains of life, groups differ on two domains (satisfaction with friends and satisfaction with living environment. Gifted students (enrolled in the IB sample only) reported significantly higher levels of satisfaction with their friendships than their peers in general education. Students in general education reported lower satisfaction with their living environments than both groups of students in the IB program.

Antaramian et al. (2008) assessed the presumed determinants of life satisfaction in adolescents. In addition to demonstrating the roles of individual factors (e.g. temperament, attributional style differences), a variety of contextual factors have been shown to relate to adolescent life satisfaction. Across the full range of adolescence, students’ ratings of the quality of their family relationships have been shown to be of greater significance to their overall life satisfaction than peer, school, or community-level ratings (Dew and Huebner, 1994). Despite increasing amounts of time spent with peers, the quality of family relationships appears to be most important to adolescents’ lives. Thus, it seems critical to determine which specific features of families serve as determinants of optimal well-being, including their life satisfaction. Research to date indicates that adolescents’ life satisfaction is associated with a range of different family characteristics, including parental involvement, positive parent–child relationships, and parental social support (Suldo and Huebner, 2006). Such research clearly indicates that family processes and relationships are linked to youth satisfaction. Family structure
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has also been investigated as a correlate of youth well-being. Defined by the parents with whom children primarily live, family structures can be considered either intact or non-intact. Intact families consist of children living with both their mother and their father, while non-intact families can consist of either single-parent families, reconstituted stepparent families, or other non-parent adults. Because of recent changes in the US and other nations, children are spending less and less time living in traditional, married families (Bumpass and Lu, 2000). As such, recent research has addressed the impact of family structure on children’s and adolescents’ development, and it has been linked with a variety of youth outcomes. Compared with youth in non-intact families, adolescents in intact families demonstrate higher achievement, exhibit fewer aggressive behaviors and less delinquency, and maintain healthier lifestyles (Carlson, 2006). In addition to these behavioral outcomes, youth psychological well-being seems to be affected by family structure as well. Children from non-intact families tend to exhibit increased internalising behaviors and more negative emotions, and adolescents living in single-parent families report a lower overall self-concept than adolescents in intact families (Carlson, 2006). As might be expected, parent–child relations are related to family structure as well. Studies show that compared to individuals from intact families, children and adolescents who have experienced parental separation or divorce tend to have poorer relationships with their parents (Grossman and Rowat, 1995). Thus, youth living in non-intact families seem to be at risk for a range of negative behavioral, psychological, and relational outcomes that could contribute to decreased well-being.

Arslan et al. (2010) conducted a study by using a survey model to analyze 306 university students to investigate relationship between Life Satisfaction, self-esteem and conflict communication. Data were collected from the Rosenberg Self-Esteem scale, the Satisfaction with Life Scale and Conflict Communication Scale. They found Life Satisfaction was positively correlated with confrontation, emotional expression and self-disclosure.

Johnson et al. (2010) examined the influence of functional impairment, stable marital status, and family satisfaction on life satisfaction.
trajectories for 609 individuals (435 men, 174 women) over the first five years after traumatic brain injury (TBI). Participants completed the Family Satisfaction Scale (FSS), Functional Independence Measure (FIM), and the Life Satisfaction Index (LSI) at years one, two, four and five after sustaining a Traumatic Brain Injury. Trajectory modeling revealed that higher family satisfaction was associated with increases in life satisfaction for individuals with less functional impairment. Stable marital status was not significantly associated with life satisfaction trajectories. They concluded that family satisfaction appears to have pronounced beneficial effects on life satisfaction for persons with less functional impairment after TBI regardless of marital status. In contrast, a stable marriage appears to have no apparent benefits to self-reported life satisfaction over the first five years post-TBI. Emotional bonds between family members and the ability of family members to adapt to changes in roles, relationships, and rules in times of stress may have more influence on life satisfaction (Olson et al., 1983).

TOTAL MULTIDIMENSIONAL LIFE SATISFACTION AND STRESS MEASURES

Gilliock and Reyes, (1998) suggested that some proportion of minority adolescents are at high risk for school failure, which is associated with their increased exposure to the stressors often associated with low-income status. The results of their study revealed that low income adolescents experienced stressors that was characteristics of their development level. Their report of many severe stressors reflected the circumstances of their resource poor communities. Generally, males and females endorsed equal numbers of stressors both overall and within various contexts. However, gender differences were observed in terms of the kinds of stress these groups experienced. In examining the relationship between stressors and academic achievement, gender differences also were revealed in the type of stressors that was related to concurrent grade point average. Contrary to much of the literature that established a relationship between stress and social support, the presence of caring and emotional support was not sufficient to offset the negative effects of stress for this urban low-income minority sample.
Lavigne et al. (1998) defined adolescents behavior has been defined in terms of positive and negative characteristics and relations between social and family environment. Childhood behaviors are relatively stable, and typical behavior problems may continue into the early years. Researchers have tried to identify related factors in children’s behavior problems in order to prevent them and to intervene with children at risk.

Cotton et al. (2002) found that students with highly demanding work, with low control over it, and with low social support exhibited an overall decline in the levels of general well-being, which in turn resulted in poor academic performance. On the other hand, students who felt satisfied with their academic life and had low levels of anxiety and depression performed better, not only because they achieved better results but also because they were more satisfied with the school and actively contributing to its effectiveness.

In a study of psychosocial correlates of adolescent health, Sehgal (2003) found that stress symptoms and life stress events were negatively related with perceived happiness and life satisfaction among adolescents. Results also indicated that Task-focused coping and Emotion-focused coping were positively related with perceived happiness and life satisfaction among adolescent boys and girls.

Chambel and Curral (2005) assessed the relationship between work characteristics, student well-being and performance. A sample of Portuguese university students (n = 825) answered a questionnaire comprising measures of academic work demands and control, peer support, satisfaction with academic life, anxiety/depression and academic performance. Results suggested that, similar to other work contexts, student satisfaction with academic life and anxiety/depression levels were strongly dependent on their perceptions of work characteristics. Levels of satisfaction had a direct impact on student performance and mediate the relationship between academic work control and performance. High job demands, low control and low peer support do appear to have a negative impact on students’ well-being. They suggested that one can promote student satisfaction and reduce student anxiety/depression by reducing demands, and increasing control and peer support.
Pedersen and Revenson (2005) examined the direct effects of parental illness on family functioning and youth well-being. They offered a family ecology framework that illustrated the interrelationships among parental illness characteristics, family functioning, and adolescent well-being. Some scholars have suggested that parental illness exerts devastating effects on the behavioral and psychosocial well-being of adolescents (Patenaude, 2000). They examined three domains of youth well-being that have been addressed in the empirical literature: psychological distress, problem behaviors, and positive well-being. Pedersen and Revenson (2005) examined mediators of illness effects on youth Well-Being. Parental illness may impact youth well-being by creating a surplus of daily hassles experienced by the adolescent. Daily hassles are “stresses and strains of daily life” and have been associated with depression, anxiety, antisocial behavior, and academic achievement (Rowlison and Felner, 1988). Parental illness increases the difficulties associated with daily life and illness demands may lead directly to increased hassles when youth are asked to adopt new roles associated with the illness, such as accompanying the ill parent to medical appointments. Alternately, the redistribution of existing family roles, such as household responsibilities, may lead to greater daily hassles for adolescents. These new or increased familial responsibilities may then affect adolescent well-being by interfering with the development of peer relationships and attachment to important others outside the family system (Weihs and Reiss, 2000). The stress response pathway suggests that parental illness contributes to youth maladjustment to the degree that parental illness represents, and is appraised as, a discrete, negative, and uncontrollable life event (Masten et al., 1994). Appraisals of the event’s stressfulness create feelings of threat and helplessness (and even decreased immune function). In other words, the mediating process driving the association between parental illness and youth well-being is cognitive–emotional. The extent to which the adolescent appraises the parent’s illness as stressful determines his or her response to the illness (Contrada and Guyll, 2000).

Hayes and Weathington (2007) evaluated relationship between dispositional optimism, stress, overall life satisfaction, and job burnout in a
sample of restaurant managers. Results indicated that stress and job burnout were significantly related; however, their relationship was not moderated by dispositional optimism, as would be suggested by the results of past research. The diminished personal accomplishment dimension of job burnout mediated the relationship between optimism and life satisfaction. Also, stress significantly impacted perceptions of diminished personal accomplishment and life satisfaction. They concluded that decreased levels of stress lead to decreased feelings of diminished personal accomplishment and increased life satisfaction. Higher levels of optimism lead to decreased levels of diminished personal accomplishment, which increases overall life satisfaction.

In a study Kwon (2007) examined the relationship between Korean mothers’ parenting stress, parenting intelligence and child behavior problems and low Life Satisfaction as well as the mediation effects of parental intelligence which tested the association between parenting stress and child behavior problems. A sample of 136 typically developing children and their mothers participated and were assessed by the Parenting stress-index short form, the Parental intelligence scale and the Korean-child behavior checklist. Results indicated that parenting stress, parental intelligence and child behavior problems were related; especially parenting stress significantly predicted child behavior problems and low Life Satisfaction. Despite its substantive relationship, parental intelligence did not appear to mediate this relationship.

Brougham et al. (2009) found that college stress levels were often associated with cognitive deficits (attention and concentration difficulties), illness, increased rates of depression and anxiety, and decreased life satisfaction.

TOTAL MULTIDIMENSIONAL LIFE SATISFACTION AND COPING STYLES

Lazarus (1981) gave theory of coping as a conceptual framework, maintaining a positive outlook on life may serve as a signal against the backdrop of ongoing cognitive appraisals and environmental circumstances. According to Brown et al. (1981) Individuals who handle conflict constructively are likely to report low family conflict. Suldo and Huebner
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(2004) found that adolescent with high satisfaction were less likely to exhibit future externalizing behaviors after experiencing significant life stressors. Accordingly, life satisfaction can be viewed as an important psychological strength that helps to facilitate adaptive development and coping.

Herman-Stahl et al. (1995) found that approach copers reported the fewest depressive symptoms, while avoidant copers reported the most. Subjects who changed over time from approach to avoidant coping displayed a significant increase in depressive symptoms, whereas depression decreased in subjects who switched from avoidant to approach coping over a one year period. Similarly, Seiffge-Krenke and Klessinger (2000) were able to establish long-term links between a more dysfunctional coping style and symptomatology.

Moskowitz et al. (1996) found that some kinds of coping were associated with negative and positive moods pre and post-bereavement, but other kinds were associated primarily with either positive mood or negative mood. Problem-focused coping and positive reappraisal, for example, were consistently associated with positive mood, but inconsistently and more weakly associated with negative mood.

Wan et al. (1996) investigated the discriminant validity of four types of social support (emotional, tangible, instrumental, and companionship). They also explored the utility of distinguishing support from qualitatively distinct referents and how social support in a parenting context is related to life satisfaction. The respondents were 512 parents, including 176 married mothers, 172 married fathers, and 164 single mothers. Results corroborated the importance of distinguishing who provides the social support. A cluster analysis revealed five primary referents that most individuals provided ratings for: partner, child’s grandparents, other relatives, close friends, and coworkers. An analysis of mean levels of support indicated that individuals tended to receive more support from some referents than from others. In addition, the correlations of social support with life satisfaction differed depending on the referent providing the support. Wan et al. (1996) hypothesized that support from familial referents would tend to exhibit stronger correlations with life satisfaction than support from non-familial
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referents. Family was found to be more influential than support from extra familial sources in deriving sense of satisfaction. For married mothers, this was evident. Only one non-familial referent (companionship support from friends) showed a statistically significant correlation with life satisfaction that exceeded correlations on the same support type for familial referents.

In a study, Barrera and Stice (1998) hypothesized that two coping strategies problem solving and social support seeking will differentially moderate the effects of intergenerational family conflict on well-being and adjustment in a college sample of 117 Asian American young adult children. Results indicated that social support served as a protective stabilizing factor that buffered the effects of family conflict on positive affect and somatic distress. Problem-solving coping served as a protective reactive factor that had a positive effect on positive affect on well being. They suggested that these two types of coping buffer the negative effects of family conflict. Some Asian American young adult children might report high levels of family conflict but still feel satisfied and supported by their parents.

In a study, Demerouti et al. (2000) evaluated how stressful working conditions affected the overall life satisfaction of 109 German nurses. Participants were evaluated using measures to test life satisfaction, burnout, job demands, and job resources. The researchers found that stressful working conditions did have a negative impact on overall life satisfaction, and that “working conditions influenced life satisfaction by changing characteristics of the person or environment” such as increased burnout and lack of motivation.

Fredrickson’s (2001) Broaden and build theory postulated that the experience of frequent positive emotions serve to broaden humans’ thoughts and behaviors, resulting in accrual of resources, including coping resources, which catalyze upward spirals toward future well-being. Reschly et al. (2008) explored the role of positive emotions during school, coping, and student engagement among a sample of 293 students in grades 7 to 10. They found positive emotions, but not negative emotions, were associated with adaptive coping, which was then associated with student engagement. The association between positive emotions and engagement was partially mediated by
adaptive coping. They suggested that one possible link by which positive emotions are related to resiliency and future well-being is through their effect on coping. Essentially, if the frequent experience of positive emotion broadens thinking and actions, which result in enduring personal resources, it is also likely that there is a concomitant broadening and growth in durable coping resources (Fredrickson, 2001). Coping resources, then, enhance functioning during and recovery from the experience of adversity, leading to well-being and future positive emotions. A study by Fredrickson and Joiner (2002) partially confirmed this hypothesis. Participants were administered measures of affect and coping on two separate occasions, 5 weeks apart. As expected, positive, but not negative affect predicted improved broad-minded coping. Initial coping was related to later positive, but not negative, affect. Mediational analyses provided support for the spiraling effects of positive affect and coping over time.

Jones et al. (2003) indicated that physical health and social support have substantial influences on subjective well-being among older adults. However, little research has examined the influences of coping style and cognitive functioning on subjective well-being among older adults. This study investigated cognitive and psychosocial predictors of subjective well-being among 129 adults, ages 65-89 years. Canonical correlation indicated that subjective well-being was characterized by two dimensions: life satisfaction and affective balance (happiness). The use of emotion-focused coping strategies and poor perceived health were associated with diminished perceptions of life satisfaction, whereas task-oriented and avoidance-oriented coping were positively related to happiness. Cognitive functioning was positively related to life satisfaction and pleasant emotions independent of education and income. They reported the adverse influence of emotion-oriented coping on mental and physical health. They suggested that directing energy towards the source of stress is better strategy for coping with health issues than is solely on an emotional reaction.

McGowan et al. (2006) emphasized that stress can be loosely defined as “the relationship between the person and the environment that is appraised by the person as taxing and endangering to his or her well-being”
Engin and Erkan (2010) investigated positive and negative affect, life satisfaction, and coping with stress in relation to attachment styles. Undergraduate students (N=421) completed the Relationship Scales Questionnaire, the Positive and Negative Affect Scale, the Satisfaction with Life Scale, and the Coping with Stress Scale. Results indicated that secure attachment style was the unique predictor of positive affect while fearful and preoccupied attachment styles significantly predicted negative affect. Regarding life satisfaction, a positive correlation with secure attachment style and a negative correlation with fearful and preoccupied styles were seen. However, the unique predictor of life satisfaction was preoccupied attachment style. In terms of coping with stress, there was no significant association between attachment variables and avoidance coping style, but significant links were observed between problem-focused coping and dismissing, and fearful and preoccupied attachment styles.

TOTAL MULTIDIMENSIONAL LIFE SATISFACTION AND ACADEMIC ACHIEVEMENT

Huebner et al. (2000) linked life satisfaction among adolescents with behaviors, attitudes, and experiences in the school setting and found that low life satisfaction was correlated with negative attitudes towards teachers and schools. Previous research has shown that adolescents’ perceptions and experiences of school were associated with various adjustment outcomes. Poor academic performance and academic failures were related to psychological stress and negative affect while high academic achievement was related to high emotional well-being and protects against maladjustment (Gerard and Buehler 2004).

According to Lefkowitz (2005), individuals are faced with more transitions and life-decisions in adolescence than at any other stage of life including transitions related to school. Transition from comprehensive school to either an academic or a vocational track is a key educational transition in middle adolescence and a challenge for later school adjustment. School also provides an important developmental context for adolescents’ psychological functioning (Eccles, 2004). Understanding positive psychological functioning in adolescence is crucial, because it influences later events and experiences.
It might be assumed that positive psychological functioning in terms of high life satisfaction provides a basis for success in dealing with challenges at school, whereas low life satisfaction is reflected in difficulties in making the educational transition. High life satisfaction might broaden adolescent’s focus and lead to positive outcomes (Reschly et al., 2008).

Schulenberg et al. (2005) asserted that a successful school life plays an important role in adolescents’ lives and is an important developmental task of adolescence. The resolution of school-related challenges is thus necessary for a later successful transition to adulthood, while failure might lead to risk for subsequent developmental disadvantages and problems. Life satisfaction during adolescence can be expected to lead to success in dealing with the major school-related challenges: a successful transition to school-life could be seen as a potentially important consequence of life satisfaction. High life satisfaction among adolescents may help them to meet challenges in terms of dealing with school issues, managing resources, and finding a suitable educational track, while adolescents with low life satisfaction may begin to avoid challenges and adopt a negative attitude towards schooling. Consequently, high life satisfaction might have value in causing adolescents to persist longer in the face of failure, and also to know when to quit.

GENDER DIFFERENCES

Studies regarding gender differences in L.S are equivocal. Some studies have found no gender differences among adolescents in life satisfaction, while others have found slight gender differences, boys experiencing higher life satisfaction than girls (Dew and Huebner 1994). Previous research has shown gender differences in academic achievement and school adjustment. Girls tend to perform better at school than boys and to attribute greater importance to academic achievement compared to boys. However, girls also experience higher levels of stress and school burnout, and internalized symptoms. As adolescents make the transition to an academic track they might perceive their classrooms as more competitive. There is some evidence to suggest that girls respond more negatively to competitive learning conditions and attribute greater importance to academic achievement. In line with this, research shows that girls not only are more
exposed to stressful life events, but also are more vulnerable to their negative effects (Ge et al., 1994; Pomerantz et al., 2002; Murberg and Bru, 2004; Salmela-Aro et al., 2008).

Gender differences may be important in attachment Life Satisfaction linkages during adolescence. Sons and daughters react differently to parenting behaviors. Although the majority of the research shows that parent attachment is stronger in girls, girls may also be more likely than boys to draw support from other sources, such as peers. This is so because girls may be more active in the pursuit of relatedness in the context of their peer relations (Cross and Madson, 1997).

According to Peterson et al. (1991), previous, research has indicated that adolescent girls tend experience stressful life events more negatively than do adolescent boys, girls are also at higher risk for depression and other psychological problems. Moreover, some investigators have speculated that adolescent girls tend to gain independence from their families more slowly than do boys.

Claes (1992) found that adolescent males and females had similar number of peer relationships, but females were more attached to peers. There is evidence to suggest that boys and girls exhibit different behavioral patterns in their relationships, with boys stressing independence and girls stressing relatedness. Given these gender differences in peer relationships, it seems plausible that gender-specific pathways to Life Satisfaction may also emerge at different ages.

According to Cicchetti et al. (1995) adolescent girls who lack confidence in the stability of interpersonal relationships often avoid assertions of psychological autonomy for fear of reprisal and these insecure attachments may reinforce negative self schemas and make them vulnerable to depression.

Davies and Windle (1997) found that adolescent daughters exposed to both maternal depressive affect and marital distress were at greater risk for depression, conduct disorders, and poor academic functioning than were sons.
Claudia and Huebner (2008) examined the extent to which the quality of parent and peer attachments related to early adolescents’ life satisfaction (Life Satisfaction). They also examined whether peer attachment served as a mediator between parent attachment and Life Satisfaction and potential gender differences. A total of 587 middle school students in grades six through eight participated. Although both parent and peer attachment positively related to LS, parent attachment was the stronger unique predictor. There were no significant differences between males and females in levels of parental attachment however, females reported higher levels of attachment to peers. This study also found that early adolescents were more attached to their mothers than their fathers. Finally, peer attachment partially mediated the relationship between parent attachment and LS, but only for females.

Rueger et al. (2008) investigated perceptions of early adolescents’ social support from parents, teachers, classmates, and close friends, and how that support was related to measures of students’ adjustment on a range of behavioral indices. Data was collected on a sample of 246 students in Grades six through eight using the Child and adolescent social support scale (CASSS), and the Parent rating scale of the behavior assessment system for children (BASC-PRS). Analyses using the social support subscale scores (Parent, Teacher, Classmate, and Close Friend) replicated past research in finding gender differences on mean levels of perceived social support, with girls perceiving higher levels of classmate and close friend support than boys. In addition, girls reported significantly more support from close friends than any other source, whereas boys reported significantly less support from classmates than any other source. More specifically, for girls, there were small to moderate and significant relations between Parent Support and most of the student adjustment scores. Fewer significant relations were found between the Teacher support scores and adjustment scores, and no significant relations were found between Close friend support scores and adjustment scores. For boys, significant relations with parent support were found only with the indices of adaptive functioning. In addition, moderate, significant relations were found between Teacher support scores and the Internalizing scores, and Close Friend support scores were significantly and
moderately related to depression and anxiety. Classmate support scores were significantly and moderately related to almost all adjustment scores for both boys and girls (Cohen, 1992).

Brougham et al. (2009) investigated relationship between gender, sources of stress (academic, financial, family, social, and daily hassles) and coping strategies (self-help, approach, accommodation, avoidance, and self-punishment) of 166 college students. Students completed a stress assessment inventory and a stress coping inventory based on a 5-factor revised COPE model. They found that college women reported a higher overall level of stress and greater use of emotion-focused coping strategies than college men.

In a recent study, Yadav (2010) found that on subjective well being scale, male adolescents scored higher on satisfaction with life and negative affect whereas, female adolescents scored higher on positive affect. This review provides a good basis for formulating the aims and hypothesis of the present investigation.