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1.5 Summary
1.1 Introduction

Modern life is fast paced and competitive. Everyone is looking for success, money, fame and glory. And one burns the candle at both ends to live a successful life. This battle of achievement is made more difficult by constantly occurring changes around the world that is technological, mechanical, industrial and economical. These changes have forwarded quality and way of life through advancement but on the darker side it places an adjustive demand on our part to go beyond our lines and achieve everything possible. The list of basic necessities for living is extending. To cope with these ascending standards of life it becomes inevitable for both the partners to earn in order to make the ends meet. Since 1900 a new socio – economic phenomenon has been developed: women's participation in out –of – house economic activities. This has caused fundamental changes in social, economic and cultural factors of the society. There seems to be an increase in the number of women working in recent times. The report “Global employment trends for women – March 2003” says that the number of employed women grew by almost 200 million over the decade, to reach 1.2 billion in 2007 compared to 1.8 billion men. According to the Registrar General of India, the work participation rate of women increased from 19.67% in 1981 to 25.68% in 2001, with a higher rate in rural areas. The survey conducted in 2009- 2010, the share of females employed on usual status basis was
26.1% in rural area and 13.8% in urban area. Educated women now seek employment in the sectors which were pre-dominated by men. In the organized sector, women workers constituted 18.4% as per the data collected on March 31, 2003, of which about 49.68 lakh women were employed in the public and private sectors (The financial express, March 2006).

The employment of women seems to be associated with certain factors like her age, financial demands, self-esteem and intellectual needs. Not all women work because she is compelled to. Some work because they are young and unmarried. For some Family and socio-economic status determine whether or not she seeks employment, for example women who are married but do not have children are more likely to work then the ones who are mothers, also among mothers those with elder children may be more engaged in working as compared to the ones with younger children. Similarly those who are educated and belong to liberal type of family have greater chances of working. However irrespective of her employment status our society still visualizes her as primary carriers of children and family members. Thus a woman who is working has to play dual role, as a home maker and also as an employee of the organization. Working women often have to shoulder household responsibilities and often at the same time child rearing ones. The question is whether employment outside the home interferes with her role as ideal wife and mother.

While fulfilling these dual responsibilities a women faces problem with time management to do adequate job as wife, mother, and handling difficulties on the job as an employee which results in role conflict.
Bloustein (1968) points out that on one hand the modern woman is told that she can combine marriage and family life with a career, but on the other hand “she encounters on every level obstacle of prejudice, discrimination and lack of institutional supports. Besides this other problems working women confront are gender bias on the job, Wage Discrimination, Sexual harassment, threat to job security, Unemployment and temporary work, Health problems like frequent headaches, back pain, circulatory disorders, fatigue, and emotional and mental disorders, Poor nutritional status, anemia etc. sometimes resulting in to psychosomatic disorders(Ms. M. Eswari,2001). Working women had to face several Problems even before the era of globalization; but these have grown intense with the advent of the neo-liberal policies of globalization, liberalization and privatization. But In the modern era, working women have become more susceptible to intense exploitation; they are exposed to more risks and are compelled to endure more stress, both physical and mental.

However listing down the problems of working women does not end the debate. There are also certain benefits of the same. It can gain financial independence, exposure to new challenges; decrease in population due to personal and social awareness and it improves intelligence and self-esteem, improvement in living standards. The time that was spent for nothing can be utilized constructively and enhance her sense of responsibility, confidence and knowledge. Her individual income can gain her liberty to take her own decisions without being dependent on her father or husband. She can give best quality of life to her children and share her skills among them as children grow in themselves by imitating
elders and hence try to imitate their mothers also. Moreover children of working mothers grow up to be more independent because they learn to do many things themselves right from the childhood as mother is not available always.

Though in spite of this contemporary revolution in the sex and occupational roles of women, there exists a part of society which believes that even if a woman is highly educated her primary and only responsibility in life is to look after her family. This brings into picture the other part of women who do not work outside their house that is “Housewives”. It is believed that considering Woman’s nature and divine creation and their ability to communicate emotionally with children, primary responsibility of motherhood and bringing up children rest on her shoulder. On the other hand women’s participation in social and cultural activities is of high importance. Some women themselves are not motivated to get a job outside home. Some with low level of education and expertise never realize the importance of being independent. Nevertheless there is no perfect role or perfect life, thus like working women there are pros and cons of being a housewife as well. Listing down pros; they have time for themselves, husband and their family and they are always available for children. The free time they are left with can be utilized to pursue their interests and hobbies; they can also travel more as they don’t need to apply for leaves before planning schedule. They are less burdened with stress and related health problems; can use all this extra time to manage their house which makes it a nicer place to be.

Considering the cons non-working women are dependent and do not earn any individual income. The family has to plan finances very
carefully because only Man is the earning member. Staying home all the time may make them bored and irritable and life becomes monotonous. Many housewives complain feeling meaningfulness, taken for granted and less satisfaction with their life. Sometimes financial dependence can reduce her confidence and self-esteem, she is less exposed to the new changes that occur outside the house daily. She cannot support her husband financially in the time of crisis. Thus working as well as non-working women face bright and dark side irrespective of their employment status.

1.2 Problem clarity

Until now we have discussed an outline of the problems faced by working and non-working women. All women, more or less, encounter problems in their daily life. But often due to the rapid changes occurring in the world around us; it becomes even more difficult to cope with these problems and environmental demands, especially when they are multiple. And if these demands remain persistent for a longer period of time it can impair an individual’s coping ability resulting into stress. In this era the term is familiar to everyone; however there is much disagreement about the meaning of the term “stress”. Another factor closely related to stress is stressful life events. Every person in their course of life time comes across situations that demands changes, these events can be major or minor and desirable or undesirable, for example natural calamities, death of a loved one, marriage, divorce etc. Often victims of such disasters and stressful life events suffer with Post-traumatic Stress Disorder (PTSD) and other health complaints like cardiovascular, respiratory and gastrointestinal problems which have its etiology in psychological events. It is
now being accepted largely that stressful life events can be one of the components of any disease either physical or mental.

Another concept important from the point of view of this study is “life satisfaction”. Life satisfaction is a mental state where an individual experiences a positive feeling about what he has done or has been able to achieve. Many factors to gather determine person’s satisfaction with his life, economic status, education, religious and social values, personality, health, family circumstances are some of them. One major use of measuring life satisfaction data is to estimate quality of life with in the given social group. If the life satisfaction scores for group of women are high then apparently they are enjoying a good quality of life in reference to current situation. A happy and satisfied woman can make better adjustment and modify the internal and external environment, reduce the tension and increase harmony at home. A satisfied woman gives due regards to other people’s feelings, is kind and tolerant to others and in general is more healthy, mentally as well as physically. Thus happy women can be better home maker, mother or employee.

The above discussion suggests that Life events stress has negative effects on mental and physical health and Life satisfaction has positive effects on various parameters in life. We have also discussed the pros and cons of working and non-working women. The central idea of current study is to discover life events stress and life satisfaction among working and non-working women in order to compare their quality of life and health. Irrespective of her employment status, every woman works in order to improve her quality of life or family’s well-being. With the help of data from this study we can answer questions like “who is happier,
working women or homemakers”, “Can individual income improve quality of woman’s life”, “Does employment intensify life events stress and increases health risk for working women”? There are also other variables which play important role in determining life satisfaction, namely education or qualification, family income and number of dependents. As we know education of women can be one reason behind her decision to earn and make her independent career. The rise in employment of women in last decades correlates positively with education rates among them. Similarly family income and number of dependents in the family determine socio-economic status and the burden of responsibility, and in turn life satisfaction. Thus this research is aimed at exploring different facts in relation to women’s employment status, education, income, life satisfaction and life events stress. Moreover during the course of study we would also like to unearth relationship between life event stress and life satisfaction, if there exists any. Thus the central aim of this study is to measure and compare life stress and life satisfaction among two groups of women, working and non-working.

**Problem** - “Comparing Life stress and Life satisfaction among working and non-working women”

### 1.3 Definition and specification of variables

In order to study life events stress it is important to clarify the term stress. Numerous definitions have been provided, each of them varies in the importance it places on the stressful event, response or individual’s own appraisal of the situation as the characteristic of stress and there has been no resolution to this as yet. Some definitions of stress are listed below.
1.3.1 Stress
Schwarzer & Schulz (2001)

"Stress is usually understood as the process where a person and the environment interact."

Lazarus Folkman 1984:

“A general term describing psychological and bodily response to a stimulus that alters an existent state of equilibrium”

C. T. Morgan & King:

“Internal an internal state which can be caused by physical demands on the body or by environmental and social situations which are evaluated as potentially harmful, uncontrollable or exceeding our resources for coping”

Stress is a pattern of physiological, behavioral, emotional, and cognitive responses to real or imagined stimuli that are perceived as blocking a goal or endangering or otherwise threatening our well-being. “Stress” is a broad and general concept describing the organism’s total reaction to environmental demands (selye 1956). Stress can be either biological (physical) or psychological; pneumonia virus produces stress on biological level where as guilt and anxiety result in to stress on psychological level. Most of the stress situations we encounter in our day to day life are minor and easy to cope with. However not all stress are harmful, small amounts of stress can be beneficial, desirable, and even healthy. Such stress improves performance plays an important factor in motivation and adaptation and reaction to the environment Prolonged and excessive amount of stress can cause serious problems like physical and psychological disorders.
1.3.1.1 Theoretical perspectives on stress

Basically, three broad perspectives can be chosen when studying stress: (a) the response-based perspective, (b) the stimulus-based perspective, and (c) the cognitive-transactional process perspective. We will briefly address this distinction in order to provide a better understanding of the role of stressful life events

The Response-Based Perspective

According to the response-based perspective Stress is a “response” or a dependent variable. When people say, “I feel a lot of stress,” they refer to their reaction to some situation which is adverse and uncomfortable for the organism. Over here the focus is on the way organism responds. Selye (1956) has distinguished between a stressor (the stimulus) and stress (the response). Selye was not interested in the nature of the stressor, but rather in the physiological response and the development of illness. The Response-Based Perspective is exemplified in the writings of Hans Selye who was one of the pioneer researchers to explain the process of stress related illness in terms of generalized adaptation syndrome (GAS).

According to Selye, the immune system is compromised, and some typical “diseases of adaptation” develop under persistent stress, such as ulcers and cardiovascular diseases. This is associated with parasympathetic activation that leads to illness, burnout, depression, or even death.

This response-based perspective of stress has some merits, and it is still dominant in the biomedical sciences, but not in psychology. The main reason that it is no longer supported in psychology is that Selye has
neglected the role of emotions and cognitions by focusing solely on physiological reactions in animals, including humans. Selye claimed that all these organisms show a nonspecific response to adverse stimulations, no matter what the situation looks like. In contrast, modern psychological theories highlight the individual’s interpretation of the situation as a major determinant of a stressful encounter.

**The Stimulus-Based Perspective**

This model of stress has borrowed its fundamental concepts from physics. The stimulus-based model views stress as a stimulus or an independent variable. Thus the stimulus characteristics of the environment are seen as disrupting in some way (Cox, 1978: 12, Cox and Mackay, 1981: 97, Sutherland and Cooper, 1990: 15). As this perspective explains, when someone says, “I have a stressful marriage,” they refer to a trying situation, not to their response to that situation. The stimulus-based perspective takes this approach, paying more attention to the particular characteristics of the stressor. It is argued that each critical episode has its unique demands, be it physical, social, role, or task that specifically tax the individual coping resources, thus triggering a particular stress response. The research question establishes relationships between a variety of distinct stressors and outcomes, including illness. This line of research emerged when Holmes and Rahe (1967) attempted to measure life stress by assigning numbers, called life-change units, to 43 critical life events (see below). Today, research in this tradition continues, but it is often flawed by a number of problems.
The Cognitive-Transactional Perspective

This model of stress emphasizes the role of perceptual and cognitive characteristics, which are important in explaining individual difference regarding organism’s reactions to stress (Cox and Mackay, 1981: 99). It further exemplifies psychological-based approaches to stress. The cognitive-orientation model explains stressfulness of environmental events as heavily dependent on as person’s perception of those events (Johnson & McCutcheon, 1980; Swearingen & Cohen, 1985; Zautra & Reich, 1983). Based on this view, stress may result from experiencing a variety of pleasant and unpleasant events, including anniversaries and holidays as well as divorce or death of loved one. Cognitive-transactional theory (Lazarus, 1966, 1991) defines stress as a particular relationship between the person and the environment that is appraised by the person as being taxing or exceeding his or her resources and endangering his or her well-being.

There are three metatheoretical assumptions: transaction, process, and context. It is assumed that (a) stress occurs as a specific encounter of the person with the environment, both of them exerting a reciprocal influence on each other, (b) stress is subject to continuous change, and (c) the meaning of a particular transaction is derived from the underlying context.

Research has neglected these metatheoretical assumptions in favor of unidirectional, cross-sectional, and context-free designs (Schwarz and Schulz, 2001). But it is seldom possible to study composite phenomena like emotions and coping, in the grounds of methodologically sound empirical research, without any restraints.
1.3.1.2 Effects of stress on health

In health psychology, joint effects of the person and environment on pathology are studied, along with mediating and moderating factors, such as coping and social support (Hobfoll, Schwarzer & Chon, 1998). Most definitions of stress under health psychology emphasize its effects on the biology and body mechanism (Selye, 1974).

It can be defined as “the wear and tear that body produce as a result of any exposure or the non-specific response of the body to any demand.” (Kagan, 1983)

“Stress is the physiological state that prepares the organism for action.” (Edwards, 2003)

It can be stated as a combination of physical, mental & emotional feelings that results from pressure, worry and anxiety.

In general, negative emotional states and stress are associated with unhealthy habits and patterns of physiological functioning. Two findings related to stress and immune system illustrates the complexity of mind and body relationships involved in psychophysiologival disorders. One is that that is a considerable individual difference between the responses of immune system to stress. The other is that acute and chronic stress may have different impacts on the immune system. Chronic stress generally suppresses important aspects of immune system, whereas acute stress, for some people, may have activating effect on immune system (Olff, 1999). Thus there is a close link between environment (stress) and organisms coping in form of mental and physiological changes. When these
demands surpass the level of organisms coping resources, it stars precipitating in various forms. Subjective sensations commonly experienced in conjunction with “feeling stressed” are headache, shortness of breath, light-headedness or dizziness, nausea, muscle tension, fatigue, gnawing in the gut, palpitations, loss of appetite or hunger, and problems with sleep. Behavioral indicators of stress commonly informed are crying, smoking, and excessive eating, drinking alcohol, and trembling. It impairs their mental concentration, problem solving, decision making, and the ability to get work done in an efficient and effective manner (Barling, Kelloway, & Frone, 2004; Goleman & Gurin, 1993; Ornstein & Sobel, 1988; Pelletier, 1992, 1995; Thompson, 2010).

More serious manifestations of stress are psychosomatic disorders. In psychology the term **psychosomatic disorder** Physical pathology and actual tissue damage that result from continued emotional mobility in the body during periods of stress (Sarason and Sarason, 2001). Some instances of such disorders are migran headaches, gastrointestinal problems like ulcer and some forms of cardiovascular diseases. With the increase of stress levels in our fast moving life, modern man is much more vulnerable to psychosomatic disorder. As Dodge and Martin (1970) have expressed it, “the diseases of our times are etiologically linked with excessive stress and, in turn, this stress is a product of specific socially structured situations inherent in the organization of modern technological societies”. Even susceptibility to microbial infectious diseases is thought to be a function of environmental conditions culminating in physiological
stress on the individual, rather than simply of exposure to an external source of infection.

A stressor is any event, experience, or environmental stimulus that causes stress in an individual. These events or experiences are perceived as threats or challenges to the individual and can be either physical or psychological. Stressors can make individuals more prone to both physical and psychological problems, including heart disease and anxiety. Stressors are more likely to affect an individual's health when they are "chronic, highly disruptive, or perceived as uncontrollable". In psychology, generally stressors are classified into four different types of categories: 1) crises/catastrophes, 2) major life events, 3) daily hassles/micro stressors, and 4) ambient stressors. With reference to this study we will focus on life events stress.

1.3.2 Life stress

Life stress is a term that refers to the changes that occur suddenly in someone's life. They don't necessarily have to be bad, and so can be viewed as being either desirable or undesirable. Like stress, stressful life events also have a profound effect on organism’s physiology. A similar though less consistent relationship between the onset of psychiatric illness and life events has been reported (Brown and Birley, 1968; Eisler Polak, 1971; Paykel, 1974). Various definitions of life events stress are as follows:-

1.3.2.1 Definition

Life stress often termed as “life events stress” as defined by Dohrenwend & Dohrenwend (1974)
“Stressful stimuli or situations to which everyone is exposed to a greater or lesser extent in the natural course of life”

“A major event that places adjutive demand and changes a person's status or circumstances, such as giving birth, marriage, divorce, death of spouse, loss of job.”

According to Holmes and Rahe

“Any set of circumstances, the advent of which signify or require change in the individual's ongoing life pattern.”

1.3.2.2 Historical background

A number of studies have suggested a positive relationship between stressful life events and subsequent illness. Interest in the role of life events started with the work of Adolf Meyer in 1930s. Meyer proposed that physicians must fill up a life chart of patients as a part of their medical examination (Lief, 1948; Meyer 1951). Meyer believed that life events information gathered in this way can be shown to have etiologic significance in a variety of physical illness. Meyer’s ideas being highly influential led to a substantial body of research. This data by 1940s had predicted that stressful life events were associated with variety of physical illness. As a medical resident, Dr. Selye in 1950s had noted that many minor physiological and psychological symptoms appeared to be associated not with the occurrence of a specific disease, but rather with the occurrence of any disease. Although early research in this area was not based empirically sound research method, some of the studies were quite impressive. Accordingly Studies in this area continued (Wolf, 1950; Schmale and Engel, 1972; Grant et al 1974). Another important work in this area was done by Wolf and his associates, a study on telephone
operators. Wolf and his team followed a large sample of telephone operators for many years and documented that illness was much more likely to occur in the periods of inordinate demands, frustrations and losses than at other times.

An important advancement in this zone of research occurred with the development of *Schedule of Recent Experiences* (SRE) by Hawkins, Davis and Holmes in 1957 in an effort to systematize Meyer’s life chart. The scale was further revised in to *Social Readjustment Rating Scale* (SRRS). Beginning in the 1970s, a new generation of stressful life events researchers began to challenge many of the basic assumptions involved in the construction and scoring of SRRS. Gersten et al. (1974) regarded “undesirability” of an event as a better predictor of life stress than simply the sum of life change units. He concluded that a balanced scale (sum of undesirable events minus desirable life change events), may be better predictor of a stressor. New ideas were advanced about the implications of different ways of weighing and summing multiple events into cumulative scales. Such improvements will be discussed in the later part of the chapter.

1.3.2.3 Theoretical perspectives on life stress

Many psychologists have accomplished researches on stress and its effects. Depending upon these researches we can discuss some theories relevant to our topic below. One of the most important theory is the one depicted by Selye.

While Selye's model is primarily physiologically oriented and derived from research on animals, the others focus on and derive from research concerning the physical and psychological effects of life stress
on humans. Selye (1956, 1974, 1975) conceptualizes stress essentially as a demand for activity on the part of the organism. The occurrence of a stressor, any noxious situation to which the organism must respond, sets in motion a three stage reaction. In the first few moments following application of the stressor, specific physiological and biochemical reactions take place which resemble the defensive physiological reactions to physical trauma. Thus, this stage is called the *Alarm Reaction*. If the stress persists over time, the organism enters the Stage of *Resistance* which is characterized physiological reactions essentially opposite to those of the first stage. This stage is associated with a marked elevated resistance to disease and physiological dysfunction. It seems to represent the organism's attempt to cope with the stress by accommodating to it. When the accommodation of the second stage fails and the stress persists for a long period of time, the organism enters the Stage of *Exhaustion*. This final stage is characterized by physiological and biochemical reactions resembling those of the Alarm Reaction. Persistence of this stage leads to physiological dysfunction and the eventual death of the organism. This three stage reaction is called the *General Adaptation Syndrome* as it occurs in response to any stressor, internal or external, physical or psychological in nature. Essentially, then, stress consists of the wear and tear on the body as a result of continuous internal and environmental demands for adjustive activity on the part of the organism (Selye, 1956, 1974, 1975).

B.P. Dohrenwend (1961) abstracted and modified Selye's theory in applying it to humans. He asserts four main elements involved in stress situations: 1) an antecedent stressor, 2) conditioning or mediating factors
such as climate or diet which increase or decrease the impact of the stressor, 3) the General Adaptation Syndrome of non-specific physical and chemical changes, and 4) the consequent adaptive responses of the organism to the situation. The stressor is defined as any agent that produces stress. The mediating factors consist of internal (self-prescriptive) and external (societal) constraints to a course of action called for by the stressor. The subjective experience of stress is a state intervening between the antecedent constraints and consequent efforts to reduce constraint and adapt to the stressor event or situation. The general paradigm involves the stressor and mediating factors interacting to produce stress which impels the General Adaptation Syndrome and action, which may be adaptive or maladaptive, oriented toward reducing constraint and meeting the demands of the stressor (B.P. Dohrenwend, 1961).

Howard and Scott (1965; Scott & Howard, 1970) point out that physiological models of stress, such as Selye's, cannot account for the intricacies of psychological and sociocultural phenomena in humans. They conceptualize stress, and human functioning in general, in problem solving terms. A problem is "any condition which is posed to the organism for solution" (p. 144). Two assumptions underlie the view that human functioning is problem-solving. First, a human is comfortable only when he has reduced all environmental and self-induced threats to a minimum. Secondly, when a human experiences a threat in one or more of its environmental fields, he is motivated to reduce the threats. In essence, this model assumes a dynamic equilibrium in threat-free environmental fields, and disequilibrium in fields which contain a threat.
The organism, then, is motivated to attain dynamic equilibrium in all environmental fields.

The threats or demands made upon the individual can arise in four possible ways: 1) problems can be posed to the individual from his own internal (biochemical) environment, 2) problems can be posed from the individual's external physical environment, 3) problems can be posed from the individual's own psychological environment, and 4) problems can be posed from the individual's sociocultural background. Thus, problems can be posed as an internal or external stimulus in a symbolic or non-symbolic dimension. For the efforts at problem-solving to result in mastery, three conditions must be met. First, the individual must have an adequate supply of energy. Second, the individual must have the general and specific resources necessary for the problem's resolution. Third, the problem must be formulated in such a way that is solvable. Given these conditions, the individual's response can take one of three forms: assertive, divergent, or inert, only the first of which can lead to true mastery. Mastery of the problem leads to reduction in tension and re-establishment of the dynamic equilibrium in the field of question. Additionally, "the state of the organism will be superior to its state prior to the time it was confronted with the problem". If the same problem arises again, the organism will solve it more quickly and with less expenditure of energy, analogous to the body's increased immunity to a disease contracted and from which it has recovered. Thus, a person's problem-solving efficiency is proportional to the degree of previous demands and success at solving these demands.
Failure to achieve mastery results in the generation of tension. Part of the tension comes directly from the disequilibrium remaining after unsuccessful problem-solving. An additional measure of energy must also be expended in binding and maintaining the status quo of the remaining tension. This double expenditure of energy necessitates the individual being in a constant state of mobilization. To the extent that excess maintenance tension exists, the individual is said to be experiencing stress. The consequences of this continuing stress is maladaptive behaviors and physical and psychological dysfunction (Howard & Scott, 1965; Scott & Howard, 1970).

Another research into life stress-illness relationship was done by Coleman (1973). He defined stress as “an adjutitive demand placed on the organism by”. He differentiates stress into three types namely frustration, conflicts and pressure. He proposes that severity of stress depends on four things - characteristics of the adjutitive demand, characteristics of the situation and characteristics of the individual and availability of external resources and supports. And the success of the individual’s coping pattern can be evaluated in terms of adaptive or maladaptive behavior where in maladaptive behavior is categorized by physiological and psychological malfunctioning.

The last model was proposed by Rahe et al. (1974). Based on his past research, Rahe has constructed a model of life stress and illness utilizing the principles of optics. Different intensities of life change, expressed in life change unit scores, are represented by light rays of different intensity. These rays are altered as they pass through the "polarizing filter" of the individual's past experience, which may alter his
perception of the importance of certain of the events. The altered rays then pass through a "negative lens" representing the individual's employment of certain defense mechanisms such as denial which "differfct away" the impact of certain of the experienced events. The light rays (life events) which remain activate a myriad of physiological reactions. These physiological reactions are then modified by a "color filter" which absorbs some, by effective coping, and pass some on, by not coping with them. The model assumes that prolonged, "unabsorbed" physiological reaction will result in dysfunction of the given organ system and bodily disease. The dysfunction may be perceived by the person as a bodily symptom and, once this happens, the person may or may not consult a physician regarding the symptom(s). This is translated into a medical diagnosis on the "illness rule" of medical records, which are often the dependent measure. Thus, the life events which occur are mediated by the individual's perception, past experience, psychological defenses, coping with specific physiological reactions, attention to bodily symptoms, and tendency to consult a physician before demonstrable "illness behavior" is seen (Rahe et al., 1974). This process of mediation is underlying by the concept of readjustment. Stress is seen as the readjustment in an individual's routine necessitated by the life change event, with no consideration of desirability as an important dimension (Holmes & Rahe, 1967).

Despite differences in many aspects of the theories presented above, there is a common element of demand represented in all. For Selye (1956), the demand is a demand for activity on the part of the organism. The demanded activity is the Alarm Reaction as the first reaction to a
stressor. For Howard and Scott (1965), demand is seen as the
disequilibrium which arises from problems being posed in one of the
individual's environmental fields. For Coleman (1973), stress is an
adjustive demand, and for Rahe and his research associates (Rahe, 1972;
Rahe et al., 1974), stress results from the demand for social readjustment.
Research by Paykel and his associates, cited earlier, have shown that exits
from the social field present not only demand but a threat to self-esteem
which is highly related to depression (Paykel, 1974).

However, the single concept of demand cannot adequately account
for the stress-illness relationship. There is still the problem of individual
differences in the relationship between life changes and illness. Hinkle's
research (Hinkle et al., 1958; Hinkle & Wolff, 1958; Hinkle, 1974)
showed clearly that those people who perceive life changes as demanding
and challenging are more likely to experience stress and the resultant
negative changes in health status. This finding supports the factor of
individual perception as an important determinant of life stress.

**Life events stress model**

Early research on stress and illness tended to regard its relationship
as direct and sometimes unicausal, thus restricting its field. However, as
the field evolved this simple stimulus-response type model was refined to
include coping and other adaptation variables. Nevertheless in spite of
including other factors models have their own deficiency. The limitations
of these early approaches led Warheit (1979) to formulate the model that
encompasses the systematic relationships which exist between life events,
coping resources, stress and stress outcomes. Since this model embodies
many of the theoretical stress postulates used in constructing the research guidelines, it is important to detail its assumptions before proceeding.

The model conceptualizes stressful events as arising from these sources 1) the individual’s biological constitution; 2) the individual’s psychological characteristics; 3) the culture; 4) the social structure, including interpersonal relationships; and 5) the geophysical environment. Thus the model has capacity to

1.3.2.4 Factors affecting intensity of life events stress

At some point in their lives virtually every one of us experience stressful events or situations that overwhelm our natural coping mechanisms. However there is marked discrepancy in individual susceptibility to such events. Some people are simply biologically prone to stress but for others additional environmental situations intensify it. Many outside factors influence susceptibility to life events stress. Some of them are as follows:-

Genetic factors

Some people have genetic factors that make them more or less prone to stressful events. For example it has been discovered that a genetic abnormality in serotonin regulation is connected with a heightened reaction of heart rates and blood pressure in response to stress. Similarly some are less prone to stress effects such as having a more or less efficient relaxation response.

Early nurturing (parenting)

Early experiences with parents and care givers can create long-term effects on child’s coping abilities. A mother's response to stress affects her baby; Research shows that if a mother is stressed or very depressed
during the early weeks of her baby's life, she may not establish a good relationship with her child. Worse, there could be long-term consequences on the child's stress response, behavior and intelligence. Also there is evidence regarding the fact that abusive behavior toward children may cause long-term abnormalities in the hypothalamus-pituitary system, which regulates stress.

**Personality**

We have certain features to our personality that make us unique as people; however there are many aspects of our personality that are similar to other people. These similar personality factors are called Personality Traits. Research has indicated that certain personality traits can make us more vulnerable to stress. Certain people have personality traits that cause them to over-respond to stressful events. Some of them are Angry personalities (people who are less emotionally stable or have high anxiety levels) tend to experience specific events as more stressful than others. People with such traits are known as Type A personalities. Type A's tend to be more competitive, more impatient, have time urgency when compared to the more relaxed and laid back Type B personalities. Also neurotics tend to experience more life stress in comparison to other normal individuals.

**Nature of the event**

To a great magnitude the degree of strain or disequilibrium produced depends on the severity of life event. Life events may differ from one another on the basis of intensity, duration, importance, familiarity or suddenness, multiplicity and quality of stressors: firstly the severity of stress depends on relative importance of the event. Major
events case greater stress then minor ones. Similarly, the longer the duration of the event, more severe will be strain caused by it. Also coping becomes difficult with events that are new sudden and unanticipated. In contrast if we anticipate and prepare for a stressful event even a potentially catastrophic one loses its power to throw us “off base”. Therefore we can consider that the amount of stress and threat created by situation depend also on the characteristics of the event.

**Social support**

Social support system, that is having close and meaningful relationships with other people, can be helpful in moderating the effects of life stress. It consists of enduring interpersonal ties to a group of people who can be relied upon to provide emotional sustenance, assistance and resources in times of need and share standards and values (Caplan, 1974). The support system in itself does not contribute to the stress susceptibility and illness in absence of social stress but the converse is possible; i.e. life stress in presence of support system will have only minor effects (Cassel, 1975).

There has been a great deal of research in effects of social support on stress and its effects on health. In a study by Swank (1949) it was observed that breakdown did not necessarily occur in soldiers exposed to combat but tended to occur when they experience loss of social support i.e. when 65% of their companions had become casualties. One possible explanation of why might social networks protect people from the harmful effects of stress lies in a person’s ability to perceive stress. A person may not see a potentially harmful event as stressful if he believes that his social network will help him to cope (Cohen et. al., 1995). It is
possible that having social ties reduces the amount of stress a person experiences and therefore, reduces his risk of infectious illness. Hence there is considerable evidence from both experimental studies and observation that social support reduces the effects of intensely stressful life events.

**Coping styles**

Intensity of life events stress also depends on the way individual perceives it and his coping styles. Coping has been defined as the behavioral and cognitive efforts a person uses to manage the demands of a stressful situation (Chang & Strunk, 1999). There are several methods of coping.

**Feeling in Control**

People cope better with a painful or threatening situation when they can exercise some sort of control over the situation (Rubin, Paplau, & Salovey, 1993). Even when you cannot control unpleasant events, they tend to be less stressful if they are predictable, that is if you know they are coming (Rubin, Paplau, & Salovey, 1993). In a study of an extensive series of clinical cases it was found that people who feel helpless to anticipate and control their world are particularly likely to suffer serious illness and even death when stressful events impinge on them (Schmale et al, 1972). Thus there is experimental evidence that where a subject is able to anticipate the stressful stimulus or has a degree of control it the noxious effects stimulus are found to be mitigated.

**Optimism and Pessimism**

Some people seem predisposed to believe that they can maintain control over stressful situations. These people are said to have an
optimistic coping style (Rubin, Paplau, & Salovey, 1993). Other people have a pessimistic coping style, they view the world as an uncontrollable, unpredictable place in which they will never be able to gain control over things that bother them (Rubin, Paplau, & Salovey, 1993).

**Approach and Avoidant coping**

Approach coping is when the person focuses on both the sources of the stress as well as the reactions to it (Chang & Strunk, 1999). Avoidant coping means that the person neither focuses on the source of the stress nor does he focus on his reactions to stress (Chang & Strunk, 1999).

**Appraisal and Coping**

A key component to people's reactions to stress is how they appraise or think about a potentially stressful situation (Rubin, Paplau, & Salovey, 1993). What may be stressful for one person may not be stressful for another person. When faced with potential stressors we appraise the situation to determine if it is threatening to our well-being (Rubin, Paplau, & Salovey, 1993). If there is a threat, we need to evaluate the personal resources at our command in order to meet the demands of the situations (Rubin, Paplau, & Salovey, 1993). In other words, when faced with a stressful situation, we need to determine if we have the ability to cope or not.

**Other factors**

As we know Life event stress does not operate on individual independently. It also interacts with variables other than those mentioned above. Some obvious ones are effects of age, education, sex socio-economic status. We have very little resources in hand to clarify the relationship between these demographics and life stress. However it is
easy to conceive that women may perceive some events as more or less stressful than men do and respond differently to the situation. Similarly with age number of stressful events occurring in one’s life vary. Dohrenwend and Dohrenwend (1969) found that lower socio-economic class members have more severe though not very frequent stressful events than do middle class members. Also there are hardly any studies to delineate the role of education in perception of stressfulness and adaptive capabilities to specific life events.

1.3.2.5 Measurement of life stress

In consideration with the above literature, there arises a necessity to develop an instrument to allow one to predict specific occurrences of illness in individuals following a certain number of life changes. Thus development of scales of life changes provided for the quantification of the amount of stress resulting from each of a number of life change events should be constructed.

An important advancement in this zone of research occurred with the development of Schedule of Recent Experiences (SRE) by Hawkins, Davis and Holmes in 1957 in an effort to systematize Meyer’s life chart. This schedule was used by various researchers for the next decade to discover relationship between life events stress and a wide range of diseases like cardiovascular diseases, skin irritations and other. The scale was further revised in to Social Readjustment Rating Scale (SRRS). In The revised form each event was assigned a standardized weight based on judges’ ratings of the degree of difficulty required to adjust to the event (Holmes and Masuda, 1974). These weights were called life change units (LCU). The sum of LCUs reported by the subject was considered as the
summary of environmental stressors present in his life. The new instrument created vast impact in the area of research. It also had an important conceptual impact on the field in advancing the action of life change units and the conceptual model underlying the creation of this metric, which argued that the effect of stressors operate largely through the creation of excessive adaptive demands. This conception made users of SRRS preoccupied with the magnitude of life change rather than the direction of change that is whether the change is negative or positive.

Paykel and his colleagues, along with George W. Brown and his associates, have conducted extensive research into the relationship between life change stress and psychiatric/psychological disorder. Numerous studies focusing on the effect on general psychiatric status or mental health of stressful life changes have shown, again, clear evidence for a correlation between life changes and psychiatric/psychological symptomatology. Studies by Paykel and his colleagues have focused on the effect of life change stress on depression (Paykel, 1974; Paykel, Myers,). Recent research has also begun to focus on anxiety and related states resulting from life changes.

Beginning in the 1970s, a new generation of stressful life events researchers began to challenge many of the basic assumptions involved in the construction and scoring of SRRS. Gersten et al. (1974) regarded “undesirability” of an event as a better predictor of life stress than simply the sum of life change units. He concluded that a balanced scale (sum of undesirable events minus desirable life change events), may be better predictor of a stressor. New ideas were advanced about the implications of different ways of weighing and summing multiple events into
cumulative scales. Another major difficulty often faced concerns was the subjectivity or objectivity of the scale. Over this issue Hudgen (1974) reported that 29 out of the 43 items on the list are often the symptoms or consequences of illness rather than its cause. A number of other authors (Brown, 1974; Dohrenwend, 1974) have also pointed out; this kind of bias in the sample of life events seriously limits the kinds of inferences that can be made from the number or magnitude of events experienced and illness undergone. Brown (1974) has referred to the problem of “retrospective contamination” where respondents may exaggerate past events from a need to justify subsequent illness. And the major difficulty with the scale was that it did not justify individual differences (education, social support system, personality, age etc.) in perception of stressful life events.

In order to overcome some of the above mentioned limitations, a subjective element was introduced in some modifications of SRRS by having individuals estimate the stressfulness of their own experiences as a way of generating measures that are more sensitive indicators of event stressfulness than judges’ ratings (e.g. Sarason, Johnson and Siegel, 1978). More drastic differences are reflected in the development of a life event interview in which investigators rate the importance of events while taking in to account the context in which they occur (Brown and Harris, 1978). The investigator-based rating is an attempt to estimate the impact of an event in a specific context for the average person, avoiding individual subjective reactions. New concerns were also raised during this period that existing life event scales may not include an adequate and representative sample of the major events that occur in people’s life.
Newer checklists were developed to expand the range of experiences evaluated (Dohrenwend, Askenasy, Krasnoff, and Dohrenwend, 1978). Scales were also developed to assess stressful events in specific populations whose experiences might be different from those represented on the more general SRRS. These included scales for children, adolescents and the elderly.

And the newly developed scales were tested and retested to prove its validity. Lauer (1973) conducted a cross-cultural study of Americans and Britons which found significant relationships between life change scores and scores on the Taylor Manifest Anxiety Scale. Dekker and Webb (1974) found similar results correlating S.R.R.S. and T.M.A.S. scores for both patients and "normal" controls. Reavley (1974) found very high correlations between S.R.R.S. scores and manifest anxiety and a measure of state anxiety in a sample of British subjects. Morgan (1977) found a similar, although attenuated, relationship using a sample of American university students and the college modified form of the S.R.R.S. However, despite evidence which strongly confirms the construct validity of life change scales, there has been frequent and mounting criticism of the scales as screening devices. On the practical side, there has been a continuation of basic research to document the effects of stressful events on a variety of physical and mental health outcomes using newer stressful events measures.

**Problems in measurement of life events stress**

**Statistical Issues**

The most immediate issue, and one which has received only cursory attention from investigators in this field, concerns the size and
practical significance of the correlation between number and nature of life events and subsequent illness episodes. The vast majority of life events studies have, until very recently, relied on statistical methods of the most elementary nature to analyze this relationship. Between-group differences are often reported only in percentages, or else exclusively in terms of statistical significance (P levels). Given the very large sample sizes characteristic of life events research, even very small correlations of no practical utility may pass tests of statistical significance.

Reports of obtained correlation coefficients are often conspicuously missing. When present, they are typically below .30, suggesting that life events may account at best for 9 percent of the variance in illness. In Rahe's naval data, coefficients of correlation between life events and illness were consistently around .12 (7), and other investigators have reported equally low, albeit statistically significant, correlations (11, 14, 15). Similarly, when statistically significant differences in illness rates are reported for groups classified in terms of prior life event scores, or groups of differing health status are compared with respect to number of prior life events, attention is often focused exclusively on group means. Variability of scores within groups tends to be overlooked, even when it is extreme, as observed by Wershon and Reinhart (16). In practical terms, then, life events scores have not been shown to be predictors of the probability of future illnesses.

**Psychometric Issues**

It seems likely that stronger relationships between life events and illness episodes might be obtained if the psychometric properties of the measuring instrument were improved and the outcome criteria refined.
Although few studies of the reliability and validity of life events checklists have been published, available evidence suggests weaknesses in both these respects. Rahe reports correlations ranging from 0.26 to 0.90 in test-retest reliability of the SRRS. He attributes such wide variation to variations in intervals between questionnaire administrations, differences in sample characteristics, and complexity of wording used in the questions. As Sarason have concluded, by any reasonable standard the reliability of the SRE is low.

Rahe reports that wife's independent scores of their husbands' recent life changes show correlations with the husbands' self-reports ranging from .50 to .75. Other questions about validity concern respondents' errors of omission or commission and definition of the criteria of illness with which checklist scores are correlated. Brown has referred to the problem of "retrospective contamination" where respondents may, exaggerate past events from a need to justify subsequent illnesses. He cites a study of mongolism, published in 1958 before chromosomal abnormalities were associated with the syndrome, which "demonstrated" the etiologic importance of stressors of the mother during pregnancy. On the other hand, Rahe reported that in studies of patients with coronary heart disease where recent life changes were gathered both by questionnaire and interview, the patients rarely if ever listed life changes in the questionnaires that were not substantiated in the interviews.

Another form of contamination that may be a more significant source of error is that a given life event and an illness perceived or reported shortly thereafter may be products of the same phenomenon, so
that one cannot be said to distinctly precede or precipitate the other. This problem may arise when the cause and the effect of a life event are both at least a partial result of the actor's behavior, as, for example, in the case of a college student who drops out of school and then manifests psychiatric symptoms. Divorce can be regarded as a life change contributing to depression, but depression in some cases may be a contributory factor in divorce. Although the problem of clearly differentiating between life change and observed outcome has not been ignored in the literature, satisfactory solutions have not yet been achieved. According to Hudgens (19), 29 of 43 events on the SRRS checklist are often the symptoms or consequences of illness, and as such are possible sources of contamination.

Several investigators have wondered whether life event checklist scores are actually associated with care-seeking behavior rather than with the onset of illness. Since care-seeking—that is, the fact of a medical record—is frequently used as the operational definition of illness onset in college populations, naval shipboard studies, and elsewhere, the issue is not easily resolved. Cadoret and Hudgens in their studies of life events and psychiatric depression, both suggest that mounting life changes precipitate psychiatric hospitalization, not the appearance of symptoms. Hudgens noted that while causal relations have been found between stressful life events and worsening of psychiatric conditions already existing, and between life events and subsequent admission to treatment facilities, he has not found it convincingly demonstrated that ordinary life events cause illness. Instead, it may be that life changes lead people to seek medical treatment that they are equivalent, perhaps, in their
etiological role to availability of medical facilities or funds with which to pay for treatment.

Content Validity

Investigators using the life events approach have differences of opinion about the nature of the events to be included in check lists. Though the various instruments in use have overlapping items, they vary in length, content, relative number of positive and negative items, and number of items over which respondents have no control (such as "death of a friend," in contrast to "marriage"). Most checklists selectively emphasize events of young adulthood, undesirable events, and subjectively evaluated this may make it difficult to interpret findings when various groups are being compared. Holmes and Masuda, Dekker and Webb, found, for example, that young adults aged 20 to 30 reported as many life changes as those over 60, and throughout the age range a significant inverse relationship prevails. It is unclear, however, whether this finding is due to the character of the scale or to degrees of stress in early adulthood.

The former possibility is supported by data from the Midtown Manhattan Community Survey of 1660 adults which showed that stresses accumulated with age. The "common" events represented on life events checklists may be largely irrelevant to certain groups, or else those groups experience far fewer changes than are usually reported. For example, findings of very few life changes were reported by Wershow and Reinhart in their study of 88 chronically ill, marginally employed men who were consecutively admitted for medical reasons to a southern Veterans Administration hospital. In this study, the mean LCU score for
the year preceding hospitalization was very low, and 19 percent of the sample reported absolutely no life events at all, apart from Christmas. Before concluding that this population in deed experienced few ordinary life changes, it is necessary to verify the appropriateness and relevance of the checklist items for these particular respondents. This question can be extended to consider the appropriateness of various life event items for members of different socioeconomic and ethnic groups.

Considerable attention has been devoted to the question of whether an event must be unfavorable to evoke stress. In their original work, Holmes and Rahe scaled life events in terms of "the intensity and length of time necessary to accommodate to a life event, regardless of its desirability"; B. S. Dohrenwend also endorses this position, which is supported by extensive clinical work on normal life events such as engagement and marriage. Gersten et al., however, disagree; they regard undesirability rather than simply total amount of change as the better definition of stressor. Another unresolved issue concerns the scoring of life event checklists. Some investigators assume that there is only one population of events and so measure stress additively by counting number of events that have occurred in a specified time interval. Others believe that subcategories and weights are preferable. The most common method, noted earlier, is to apply weights derived from judge samples that showed strong convergence of opinions regarding appropriate weighting for particular items. More recently some investigators have asked subjects to rate events in terms of the subjective distress these caused and to indicate the number of times each occurred within the period under study. These subjective ratings were then used as weights in arriving at a total score.
Finally, the factorial structures of the most commonly used checklists have not been adequately explored; it would be useful to determine empirically how many dimensions are included in their scope and whether separate factor scores may be more useful than the single total score currently employed.

**Con founding Variables**

Another issue in life events research that warrants further attention is the possibility of interaction between life changes and other factors, such as availability of social support systems to serve as protective buffers for the affected individual. As defined by Caplan (29), social support systems consist of enduring interpersonal ties to a group of people who can be relied upon to provide emotional sustenance, assistance, and resources in times of need, who provide feedback, and who share standards and values. Ideally, one belongs to several supportive groups situated at home, at work, in church, and in a series of recreational or a vocational site. Cassel (30) has observed that deficiencies in support systems will not in themselves contribute to susceptibility to illness in the absence of social stressors.

The converse is also probable: social stressors in the presence of strong social support systems will have only minor effects on health. An excellent illustration of the value of measuring the interaction of these sets of variables is provided by Nuckolls et al. (31), who studied life changes and social supports for women during pregnancy, in relation to complications of later pregnancy and delivery. Neither the life change score alone nor the social support score alone was related to complications. When the two scores were considered jointly, however,
significant findings emerged: 90 percent of the women with high life change scores but low social support scores had one or more complications, whereas only 33 percent of women with equally high life change scores but with high social support scores had any complications. The social support scores were irrelevant in the absence of high life change scores. These results clearly document the need for more analytical approaches.

Questions have been raised about the composition of samples in many life events studies. Wershow and Reinhart (16) refer to the common failure to "disaggregate groups," as in the study where patients attending a dermatology clinic and those with coronary heart disease are together classified as suffering from chronic disorders, or where protocols of respondents with vastly different backgrounds and life styles are combined for analysis. In the earlier naval studies of Holmes and Rahe, for example, the only distinction made between respondents was based on the ship to which they were assigned. Draftees, career military men, officers and enlisted men, newcomers and old-timers, and those with hazardous and not hazardous jobs were all grouped together. (In recent publications some of these distinctions have been taken into consideration.)

Another design issue concerns the advisability of controlling the variables of socioeconomic status and ethnicity in sample selection and data analysis. Preliminary work by Holmes and Rahe suggests that respondents grouped by social class or color rank life events similarly in terms of their perceived impact or magnitude. More direct evidence has been compiled by Dohrenwend and Dohrenwend, who addressed the
issue of a possible relationship between class, ethnicity, and differential experience of life events. After reviewing a wide variety of published studies on class and ethnic differences, they concluded that both class and ethnicity influence exposure to stressful events. They found that lower-class members experience more severe though not more frequent stressful events than do middle-class members. Within social class, stressful situations are both more frequent and more severe for blacks than for whites. Thus far such relationships have been only tentatively explored.

In life events research, however, communication channels are evidently effective. The quality of recent work surpasses that of earlier studies, and many suggestions have been incorporated into research programs. With these improvements in design and methods, investigators may be able to demonstrate more accurately the nature of the relationship between life events and subsequent illness episodes than has been done to date. We would conclude that the life events approach to the measurement of stress and subsequent illness offers a method that is attractive in its simplicity, directness, ease of data collection, and common sense appeal or "face validity." Much work remains to be done in a psychometric sense as well as conceptually, to improve the reliability and validity of the measuring instruments. In short, instead of trying repeatedly to answer the question whether life events play a precipitating role in illness, the next step in the progressive development of this field entails examination of the circumstances under which such effects occur and do not occur.
Mediating Factors

Some people develop chronic diseases and psychiatric disorders after exposure to stressful conditions, and others do not. Indeed, most people do not become disabled even when terrible things happen to them, as Hudgens has observed. Exposure to stressors alone is almost never a sufficient explanation for the onset of illness in ordinary human experience, and other factors that influence their impact require consideration. These may be grouped in three broad categories: characteristics of the stressful situation, individual biological and psychological attributes, and characteristics of the social support systems available to the individual that serve as buffers. However, most of the findings so briefly summarized here have been reported by several investigators working independently, with different populations. The results are therefore cumulatively persuasive, and open a variety of areas for future exploration.

Life event stress tools

Some tools prevalent to measure life events stress among subjects are as follows.

1 Life Events Checklist (LEC)

The Life Events Checklist (LEC) is a brief, 17-item, self-report measure designed to screen for potentially traumatic events in a respondent's lifetime. The LEC assesses exposure to 16 events known to potentially result in PTSD or distress. The LEC was developed concurrently with the Clinician Administered PTSD Scale (CAPS) and is administered before the CAPS. The LEC has demonstrated adequate psychometric properties as a stand-alone assessment of traumatic
exposure, particularly when evaluating consistency of events that actually happened to a respondent.

2 Stressful Life Events Screening Questionnaire (SLESQ)

The Stressful Life Events Screening Questionnaire (SLESQ) developed by Goodman, Corcoran, Turner, Yuan, & Green in 1998, is a 13-item self-report measure for non-treatment seeking samples that assesses lifetime exposure to traumatic events. Eleven specific and 2 general categories of events, such as a life-threatening accident, physical and sexual abuse, witness to another person being killed or assaulted, are examined.

3 Social readjustment rating scale (SRRS)

SRRS already mentioned above has been developed by Holmes and Rahe (1967) for identifying major stressful life events. Each one of the 43 stressful life events was awarded a Life Change Unit depending on how traumatic it was felt to be by a large sample of participants. A total value for stressful life events can be worked out by adding up the scores for each event experienced over a 12 month period. If a person has less the 150 life change units they have a 30% chance of suffering from stress. 150 - 299 life change units equates to a 50% chance of suffering from stress. Over 300 life units means a person has an 80% chance of developing a stress related illness.

This scale was one of the pioneers in life events stress measurement. Many scales and questionnaire that we see today are either inspired or revised from the one in discussion.
4 Presumptive stressful life events scale (PSLES)

A new stressful life events scale, especially for use with Indian population, is a derivative version of SRRS. It is developed by Gurmeet Singh, Dalbir Kaur, M.A., D.M. & S.P., 2 and Harsharan Kaur. Using an open ended question along with Holmes’s and Rahe's Social Readjustment Rating Schedule on a sample of two hundred adult subjects, a suitable scale of stressful life events experienced by the Indian population was constructed and standardized for two time spaces, that is, last one year and life time.

For the current study we will use the presumptive stressful life events scale as the study is to be conducted on the Indian population residing in Gujarat. Thus it will be discussed in detail in further chapters.

1.3.3 Life satisfaction

Life satisfaction is an important concept in positive psychology. Positive psychology is the branch of psychology that uses scientific understanding and effective intervention to aid in the achievement of a satisfactory life, rather than merely treating mental illness. It emphasizes to use the scientific method to study and determine positive human development, this area of psychology fits well with the investigation of how human development can falter.

Positive psychology began as a new area of psychology in 1998 when Martin Seligman chose it as the theme for his term as president of the American Psychological Association, though the term originates with Maslow, in his 1954 book Motivation and Personality, and there have been indications that psychologists since the 1950s have been increasingly focused on the promotion of mental health rather than
merely treating illness. In the first sentence of his book Authentic Happiness, Seligman claimed: "for the last half century psychology has been consumed with a single topic only - mental illness", expanding on Maslow’s comments. He urged psychologists to continue the earlier missions of psychology of nurturing talent and improving normal life.

Positive psychology has roots in the humanistic psychology of the 20th century, which focused heavily on happiness and fulfillment. Several humanistic psychologists—such as Abraham Maslow, Carl Rogers, and Erich Fromm—developed theories and practices pertaining to human happiness and flourishing. As scientific psychology did not take its modern form until the late 19th century, earlier influences on positive psychology came primarily from philosophical and religious sources. More recently, positive psychologists have found empirical support for the humanistic theories of flourishing. In addition, positive psychology has moved ahead in a variety of new directions.

Topics of interest to researchers in the field of pare: states of pleasure or flow, values, strengths, virtues, talents, as well as the ways that these can be promoted by social systems and institutions. Positive psychologists are concerned with four topics: (1) positive experiences, (2) enduring psychological traits, (3) positive relationships and (4) positive institutions. This field brings attention to the possibility that focusing only on disorder could result in a partial, and limited, understanding of a person's condition. Research from this branch of psychology has seen various practical applications. The basic premise of positive psychology is that human beings are often, perhaps more often, drawn by the future than they are driven by the past. Seligman and Csikszentmihalyi define
positive psychology as "the scientific study of positive human functioning and flourishing on multiple levels that include the biological, personal, relational, institutional, cultural, and global dimensions of life."

The concept of happiness is the corner stone of the assumptions of positive psychology. Happiness is characterized by the experience of more frequent positive affective states than negative ones as well as a perception that one is progressing toward important life goals (Tkach & Lyubomirsky, 2006). Identifying factors that contribute to happiness has proven to be challenging. Interestingly though, one thing that does stand out in the research to date is that the attainment and pursuit of pleasure may not always lead to happiness.

Certain kinds of environmental factors or conditions have been found to be associated with happiness and include such things as: individual income, labour market status, health, family, social relationships, moral values and many others (Carr, 2004; Selim, 2008; Diener, Oishi & Lucas, 2003).

Ultimately, in the pursuit of understanding happiness, there are two main theoretical perspectives which focus on addressing the question of what makes people feel good and happy. These are the hedonic and eudemonic approaches to happiness (Keyes, Shmotkin, & Ryff, 2002).

**Hedonic well-being** is based on the notion that increased pleasure and decreased pain leads to happiness. Hedonic concepts are based on the notion of subjective well-being. Subjective well-being is a scientific term that is commonly used to denote the ‘happy or good life’. It comprises of an affective component (high positive affect and low negative affect) and a cognitive component (satisfaction with life). It is proposed that an
individual experiences happiness when positive affect and satisfaction with life are both high (Carruthers & Hood, 2004).

Eudemonic well-being, on the other hand, is strongly reliant on Maslow’s ideas of self-actualization and Roger’s concept of the fully functioning person and their subjective well being. Eudemonic happiness is therefore based on the premise that people feel happy if they experience life purpose, challenges and growth. This approach adopts Self-Determination Theory to conceptualize happiness (Keyes et al., 2002; Deci & Ryan, 2000). Self determination theory suggests that happiness is related to fulfillment in the areas of autonomy and competence.

From this perspective, by engaging in eudaimonic pursuits, subjective well being (happiness) will occur as a byproduct. Thus, life purpose and higher order meaning are believed to produce happiness. It appears that the general consensus is that happiness does not result from the pursuit of pleasure but from the development of individual strengths and virtues which ties in with the concept of positive psychology (Vella-Brodrick, Park & Peterson, 2009). The differences between eudaimonic and hedonic happiness are listed below.

Hedonic (Subjective Wellbeing)
1. Presence of positive mood
2. Absence of negative mood
3. Satisfaction with various domains of life (e.g. work, leisure)
4. Global life satisfaction

Eudaimonic (Psychological Wellbeing)
1. Sense of control or autonomy
2. Feeling of meaning and purpose
3. Personal expressiveness
4. Feelings of belongingness
5. Social contribution
6. Competence
7. Personal growth
8. Self acceptance

Positive Psychology views happiness from both the hedonistic and eudaimonic view in which they define happiness in terms of the pleasant life, the good life and the meaningful life (Norrish & Vella-Brodrick, 2008). Peterson et al., identified three pathways to happiness from the positive psychological view:

1. **Pleasure** is the process of maximising positive emotion and minimising negative emotion and is referred to as the pleasant life which involves enjoyable and positive experiences.

2. **Engagement** is the process of being immersed and absorbed in the task at hand and is referred to as the good life which involves being actively involved in life and all that it requires and demands. Thus the good life is considered to result from the individual cultivating and investing their signature strengths and virtues into their relationships, work and leisure (Seligman, 2002) thus applying the best of self during challenging activities that results in growth and a feeling of competence and satisfaction that brings about happiness.

3. **Meaning** is the process of having a higher purpose in life than our selves and is referred to as the meaningful life which involves
using our strengths and personal qualities to serve this higher purpose. The meaningful life, like the good life, involves the individual applying their signature strengths in activities, but the difference is that these activities are perceived to contribute to the greater good in the meaningful life.

Ultimately, it is a combination of each of these three elements described above that positive psychology suggests would constitute authentic and stable happiness (Vella-Brodrick, Park & Peterson, 2009; Carruthers & Hood, 2004).

The subject of life-satisfaction is part of a broader field of enquiry, commonly referred to as Quality Of Life (QOL), which is one of the prime areas of interest in positive psychology. The prime concern in that field is to develop criteria for the ‘good’ life. Further aims are to assess how well reality fits these standards and to establish what would be required to come closer to the ideal. The push of much of this work is to create a better society. It is part of a wider tradition in social research; that of social engineering. Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well-being as well as a cognitive, global judgment. It is having a favorable attitude of one's life as a whole.

### 1.3.3.1 Historical background

Ideologically, this line of research is rooted in 18th century Enlightenment thinking. From this perspective, the purpose of existence is life itself, rather than the service of King or God. Self-actualization and happiness become central values. Society itself is seen as a means for providing citizens with the necessities for a good life. In the 19th century,
this conviction manifested itself in the Utilitarian Principles (a theory in normative ethics holding that the proper course of action is the one that maximizes overall "happiness"). In the 20th century it has inspired large scale attempts at social reform and influenced the development of the Welfare State( a system where by the government undertakes to protect the health and well-being of citizens especially those in social or financial need). Efforts towards the creation of a better society manifested themselves in an active movement against the problems of ignorance, illness and poverty. Consequently, progress was measured by literacy, control of epidemic disease and the elimination of hunger. Social statistics were developed to record the extent to which progress in these areas had been achieved. Advances in the combat of these social evils were followed by efforts to create welfare-states that ensure a good life for everybody, in particular a good material standard of living. The extent of progress in that area was expressed in terms of monetary gains, security of income and the degree of income-equality. This gave rise to an abundance of social research on poverty and social-inequality, which today is still a major research tradition.

**Social indicator movement**

Disillusionment with the traditional economic criteria of welfare led to the development of ‘social’ indicators. And since economic indicators guide economic policy, it was argued that social indicators were required to guide social policy. The search for suitable indicators of non-economic welfare began in the early 1970's. Various pioneering studies were initiated at that time. International agencies organized expert conferences (OECD, UN). In many Western Nations social-indicator
study centers emerged; either as semi-government foundations (USA, Netherlands), or as departments added to the bureaus of statistics (Sweden), or as long term research-programs at universities (Germany). In several countries periodical quality of life surveys were started; for example the ‘Level of Living Survey’ in Sweden and the ‘General Social Survey’ in the USA. Results from such activities are regularly presented in Social-Indicator-Reports, such as the three annual ‘Socio-Cultural Report’ in the Netherlands. These developments are frequently referred to as the ‘Social Indicator Movement’. The economic recessions of 1975-76 and 1980-82 and the related development of mass unemployment soon diverted attention from non-economic goals. Though policy interest and funding dwindled, the field matured scientifically. In the 1980’s the fruits of the early studies started in the early 1970’s began to be harvested. Several important books in this area were published, such as ‘The Quality of American Life’ (Campbell et al., 1976), ‘Social Indicators of Well-being’ (Andrews and Withey 1976), and ‘The Social Progress of Nations’ (Estes 1984)

Thus two types of social indicators were considered. Objective social indicators like employment rate, poverty rate, literacy rate etc. and subjective social indicators like measures of subjective well-being, value survey and life satisfaction. Even today the field of social indicator research can be characterized as one of many well established social scientific specializations. There is an international journal, called ‘Social Indicators Research’, which publishes contributions from economists, sociologists and psychologists. There is also an international newsletter, entitled ‘Social Indicator Network’ (SINET). These antecedents has now
grown interest of social research in the field of quality of life and hence in measurement of life satisfaction.

1.3.3.2 Life satisfaction and related concepts

Currently, the term 'quality of life' denotes two meanings: 1) the presence of conditions deemed necessary for a good life, and 2) the practice of good living as such. When used at the societal level, only the former meaning applies. When we say that the quality of life of the people in a country is poor, we mean that essential conditions are lacking, such as sufficient food, housing and health care. In other words: the country is not ‘liveable’ for its inhabitants. At the individual level, the term quality of life can take on both meanings. When we say that somebody doesn't have a good life, we may mean that that the person lacks things deemed indispensable and/or that this person does not thrive. These conditions may coincide, but this is not necessarily the case. A person can be rich, powerful and popular, but still be troubled. On the other hand, someone who is poor, powerless and isolated, may nevertheless be thriving both mentally and physically. These variants as respectively: ‘presumed’ quality of life and ‘apparent’ quality of life (Ruut Veenhoven, 1996).

Quality of life can be evaluated in terms of subjective well-being and life satisfaction. Subjective well-being (SWB) refers to how people experience the quality of their lives and includes both emotional reactions and cognitive judgments. Happiness is a combination of life satisfaction and the relative frequency of positive and negative affect. Subjective well-being therefore encompasses moods and emotions as well as evaluations of one's satisfaction with general and specific areas of one's
life. Concepts encompassed by Subjective well-being include positive and negative affect, happiness, and life satisfaction. And Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well-being as well as a cognitive, global judgment. It is having a favorable attitude of one's life as a whole.

**Life Satisfaction vs. Subjective Well-Being**

According to Ed Diener and his colleagues (1999), subjective well-being, or happiness, has both an affective (i.e., emotional) and a cognitive (i.e. judgmental) component. The affective component consists of how frequently an individual reports experiencing positive and negative affect. Life satisfaction is considered to be the cognitive component of this broader construct.

**Life Satisfaction vs. Life-Domain Satisfaction**

Researchers differentiate between life-domain satisfaction and life-as-a whole (or global) life satisfaction. Life-domain satisfaction refers to satisfaction with specific areas of an individual’s life, such as work, marriage, and income, whereas judgments of global life satisfaction are much more broad, consisting of an individual’s comprehensive judgment of his/her life.

**1.3.3.3 Definition of life satisfaction**

SATISFACTION is a Latin word that means to make or do enough. Satisfaction with one’s life implies contentment with acceptance of one’s life circumstances, or the fulfillment of one’s wants and needs for one’s life as a whole. In essence, life satisfaction is a subjective assessment of the quality of one’s life. Because it is inherently an
evaluation, judgments of life satisfaction have a large cognitive component.

“Contentment with life, particularly in regard to the fulfillment of one's needs and expectations.”

“A sense of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life.”

“Life-satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as-a-whole. In other words, how much the person likes the life he/she lives?” Saris, (W. E. Veenhoven, R. Scherpenzeel, A.C. & Bunting B.)

“Life satisfaction is defined as having a favorable attitude towards one’s life as a whole.” Muzamil Jan and Tasia Masood)

1.3.3.4 Determinants of life satisfaction

Studies have shown that people who are satisfied with their lives are positive about other aspects of their lives such as their health. So it is important to examine the factors that can lead to life satisfaction. Life satisfaction depends on various factors like religion, age, health, personality, values, education, marital status, employment status and income etc. There have been various studies regarding these factors. According to analysis of the data from the World Values Survey for countries in the Organization for Economic Co-operation and Development (OECD), life satisfaction is marginally higher among men, among those under 25 years of age, and among those over 65 years of age. It is significantly higher among those who are married, among those
with more education, among those with higher incomes, and among the employed.

**Personality and genetics**

A number of studies have found that life satisfaction constructs are strongly associated with a range of personality traits, including those in the five factor model. Findings from numerous personality studies show that genetics account for 20-48% of the variance in Five-Factor Model and the variance in subjective well-being is also heritable.\(^{16}\) Specifically, neuroticism predicts poorer subjective well-being whilst extraversion, agreeableness, conscientiousness and openness to experience tend to predict higher subjective well-being. A meta-analysis found that neuroticism, extraversion, agreeableness, and conscientiousness were significantly related to all facets of SWB examined (positive, negative, and overall affect; happiness; life satisfaction; and quality of life). Neuroticism was the strongest predictor of overall SWB and is the strongest predictor of negative affect.

A large number of personality traits are related to life satisfaction constructs, although intelligence has negligible relationships. Positive affect is most strongly predicted by extraversion, to a lesser extent agreeableness, and more weakly by openness to experience. Happiness was most strongly predicted by extraversion, and also strongly predicted by neuroticism and to a lesser extent by the other three factors. Life satisfaction was significantly predicted by neuroticism, extraversion, agreeableness, and conscientiousness. Quality of life was very strongly predicted by neuroticism, and also strongly predicted by extraversion and conscientiousness, and to a modest extent by agreeableness and openness.
to experience.[5] One study found that subjective well-being was genetically indistinct from personality traits, especially those that reflected emotional stability (low Neuroticism), and social and physical activity (high Extraversion), and constraint (high Conscientiousness).[17]

DeNeve (1999) argued that there are three trends in the relationship between personality and SWB. Firstly, SWB is closely tied to traits associated with emotional tendencies (emotional stability, positive affectivity, and tension). Secondly, relationship enhancing traits (e.g. trust, affiliation) are important for subjective well-being. Happy people tend to have strong relationships and be good at fostering them. Thirdly, the way people think about and explain events is important for subjective well-being. Appraising events in an optimistic fashion, having a sense of control, and making active coping efforts facilitates subjective well-being. Trust, a trait substantially related to SWB, as opposed to cynicism involves making positive rather than negative attributions about others. Making positive, optimistic attributions rather than negative pessimistic ones facilitates subjective well-being.

The related trait of eudemonia or psychological well-being, is also heritable. Evidence from one study supports 5 independent genetic mechanisms underlying the Ryff facets of psychological well-being, leading to a genetic construct of eudaimonia in terms of general self-control, and four subsidiary biological mechanisms enabling the psychological capabilities of purpose, agency, growth, and positive social relations.

Currently, the literature suggests that personality plays a significant role in whether a woman will judge her life to be satisfying. However,
proximal environmental factors (e.g., recent life events) can influence life satisfaction judgments in the short term. In conclusion, as with many variables in the field of psychology, both nature and nurture (i.e., personality and environment) appear to be influential in determining life satisfaction, and to discount one explanation in favor of the other would not be empirically or theoretically productive. Thus environmental influence cannot be discarded.

**Culture**

Fortunately, satisfaction appears to be a universal term, and cross-cultural researcher has been possible without the interference of linguistic bias. Current research shows that members of individualist cultures (e.g., U.S., England and Australia) report greater satisfaction relative to members of collectivist cultures (e.g., China, Japan and India). Life satisfaction also appears to vary with other cultural dimensions. For example, citizens of wealthy, industrialized nations have very high levels of satisfaction overall, and citizens of poor, third-world nations have low levels of satisfaction overall.

Once subsistence levels have been reached, recent research suggests that members of different cultures reach life satisfaction judgments in distinct ways. That is judgments are culturally determined. Eunkook Suh and colleagues (1998) conducted a large international study of 61 nations, with close to 62,500 participants. Their findings suggested that members of collectivist and individualist cultures chronically rely on different types of information when assessing their life satisfaction. That is, members of collectivist cultures appear to rely on cultural norms (i.e., Am I expected to be satisfied?) to determine their life satisfaction
judgments, whereas members of individualist cultures appear to rely on emotional experiences (i.e., Do I frequently feel happy and content?) as their guide to life satisfaction judgments. Interestingly, participants from Hong Kong, a collectivist city, appear to rely on emotion to determine their life satisfaction judgments. The rapid Westernization and modernization of this continually changing culture may account for this surprising finding. Moreover, it serves as an example of our earlier point that personality and environment are both important determinants of life satisfaction -- that is, that life satisfaction judgments can be fluid and subject to the changing social environment.

Cultures that are more accepting of differences (e.g., gender, sexual orientation, age, ethnicity, religion) and those that demand equal treatment of and equal opportunity for their citizens, appear to foster greater overall satisfaction. It is not surprising that women living in patriarchal cultures in which equal opportunities are unavailable and equal value is not afforded would experience greater dissatisfaction with their lives than women living in egalitarian cultures.

**Subjective Health**

Various cross-sectional studies have shown that reports of good physical health are associated with higher levels of life satisfaction (Mroczek & Spiro, 2005). Brief, Butcher, George & Link (1993), however, argue that perceived health appears to have a strong relationship with subjective well-being, while objective health is only weakly associated. A possible explanation is provided by Diener, Suh, Lucas & Smith (1999) who mention that self-rated health measurements reflect not only one’s actual physical condition but also one’s level of emotional
adjustment. They state that people use cognitive coping strategies that induce a positive image of their health status, even if they are disabled or in poor health. They also suggest that although it is thought that adaptation partly explains the weak association between objective health status and subjective well-being, ill health may negatively influence subjective well-being as it interferes with the attainment of goals. Skolnik (2007) argues that higher levels of economic development promote better health at both the individual level and the societal level in general. He says that improvements in health indicators stem particularly from technical progress such as the development of new vaccines and drugs, and simple life saving practices, but mentions that income growth is also associated with better health and longer life expectancy. This is in line with Bloom &Canning (n.d.) who say that higher income levels give greater command over many of the goods and services that promote good health, such as better nutrition and access to safe water, sanitation, and good quality health services. Additionally, Traynor (2008) argues that regions with higher income levels are likely to have better quality emergency medical and/or trauma care, being represented by better equipped emergency rooms, hospitals with greater diversity of trauma treatment facilities, effectively staffed and professional trauma personnel, with a wider array and availability of physician specialists. Sometimes, however, it is alleged that economic development has several negative effects on health. Yach, Hawkes, Gould &Hofman (2004), for instance, indicate that the consumption of tobacco, alcohol, foods high in fat and sugar increases along with the gross national product, followed by associated increases in chronic diseases decades later (e.g. cardiovascular
disease, cancer, chronic lung diseases, diabetes, etc.). They say that unless certain high levels of wealth are attained, through which governments are able to respond to public health concerns, influencing consumption trends, chronic disease risk rates will not show any reversing trend. This suggestion, that chronic disease risk factors are significant only in relatively affluent nations, seems to be flawed as a report by the Oxford Health Alliance, (Chronic Disease: An Economic Perspective, 2006), indicates that chronic diseases, also known as ‘life style diseases’, account for the major share of the mortality burden in low-income and middle-income countries too. While the regional pattern in low-income countries is less obvious, depending on the risk factor considered, the regional pattern in high-income countries indicates that chronic disease risk factors are predominantly concentrated among the economically less affluent.

These perspectives show that health, as well as the means to improve or retain it, are generally superior in economically prosperous regions. This is in line with Beeck van, Borsboom & Mackenbach (2000), who say that general evidence shows that economic growth is associated with improvements in the health of populations. Since it is argued in a report by the World Health Organization(Primary Health Care – Now More Than Ever, 2008) that protection of health and access to care is frequently taken for granted in the more affluent societies, and Bahnke (2008), consistent with the law of diminishing marginal utility, indicates that issues which are taken for granted generally influence life satisfaction to a lesser extent, it is reasonable that even though subjective health ratings are expected to be higher among individuals living in
economically prosperous regions, they will have a greater impact on individuals living in economically deprived regions.

**Age**

Life satisfaction varies with age under the influence of some other factors like health, retirement and income. According to the Survey on Health, Ageing and Retirement in Europe to assess the effect of ageing and health on the life satisfaction of the oldest old (defined as 75 and older). A U shaped curve relationship between age and levels of life satisfaction for individuals aged between 16 and approximately 65 has been observed. Thereafter, life satisfaction declines rapidly and the lowest absolute levels of life satisfaction are recorded for the oldest old. This decline is primarily attributable to low levels of perceived health (Alfonso Sousa-Poza, March 2003).

However the relationship is more complicated then it appears. Another study by Yuval Palgi and Dov Shmotkin (2009), studied the old people who were primarily in their nineties. This subject group was found to have thought highly of their past and present. But generally the group thought lower of their future. These people were very satisfied with their life up until the point they were surveyed but knew that the end was near and so were not quite as hopeful for the future. A large factor that was talked about in life satisfaction was intelligence. The experiments talk of how life satisfaction grows as people become older because they become wiser and more knowledgeable, so they begin to see that life will be better as they grow older and understand the important things in life more.
Education

Studies on effect of education on life satisfaction across thirty-five countries show that life satisfaction is higher in countries where people have more education (Hoi Yan Cheung, Alex W.H. Chan, 2009). Generally, as education and income level increase, life satisfaction also increases (Harriett Light and Hertsgaard, 1985). But at individual level this correlation between education and life satisfaction is small. Also the correlation more or less disappears when income and occupation are statistically controlled. That is, the relationship between education and life satisfaction is probably due to the fact that higher levels of education are associated with higher incomes. Education appears to confer a lifelong advantage for healthy aging. Part of this advantage is accounted for by the relationship between education and trait negative affect. Higher educational attainment is related to lower levels of trait negative affect; lower negative affect results in better health and life satisfaction (Suzanne Meeks and Stanley Murrel, Journal of Aging and Health, February 2001).

Another study in Australia sheds some more light on the relationship between education and life satisfaction. It suggests that life satisfaction level with reference to education differs on the basis of age group. The results of the study show that the younger age group has relatively higher education but lower satisfaction level on average than the older age group. For the older age group, those with graduate diploma/graduate certificates, certificates or Year 11 or below are more satisfied with their lives on average when compared to those with university degrees, or Year 12 only (Rebecca Cassells and Marcia Keegan, 2011). Thus the relationship between education and life
satisfaction cannot be defined independently without consideration of the relevant variables.

**Employment**

Effects of employment on life satisfaction operate as a network. There are many other factors associated with employment that decide whether an individual feels satisfied and happy as a result of his work or not. Some of those factors are employment status, job satisfaction and the type of employment an individual is engaged in.

**Employment status**

An individual’s employment status, regardless of income, appears to predict life satisfaction, such that the unemployed report significantly diminished satisfaction compared with the employed. Waddell & Burton (2006) indicate that there is a strong theoretical case that work and paid employment are generally beneficial for physical and mental health, as well as for well-being. They argue that employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being, and full participation in today’s society. Moreover, they state that work is central to individual identity, social roles and social status, and meets important psychological needs in societies where employment is the norm. Thus this reasoning depicts employment as key to increasing material well-being as well as satisfying psychological needs; it is, feasible that being employed will generally have a greater impact on individuals living in economically deprived regions than on individuals residing in economically prosperous regions.
Employment is one of the requisites for satisfaction with life in Western societies. Additionally, when gender is taken into account, it appears that employment is more strongly associated with life satisfaction for men than for women. This finding is not surprising, given that there is less cultural pressure on women to work outside the home. However, this pattern may change as existing gender roles broaden. At present, men’s sense of self and identity is more strongly tied to their employment status than it is for women.

Another study by Nick Carroll (2005) focuses on the effects of unemployment on life satisfaction. The study reveals that unemployment has an adverse effect on inhibition of life satisfaction moreover; it was found that past unemployment also influences current life satisfaction. This could relate to either the long-term scarring effects of unemployment, or the fact that past unemployment is either related to lower wealth, or to lower expected future earnings (holding current income constant). Further it was consistently found that unemployment had a greater effect on lowering life satisfaction for women. While this result is by no means the usual finding in the literature thus it might be reasonable to conclude that, with the increasing participation of women in the labor force, it may be the case that women’s self-esteem is also closely related to their employment. Thus the effect of unemployment may be larger for women than it once was. Also in case of married women, the husband’s unemployment reduces substantially her life satisfaction (Namkee Ahn, 2005).

Clark & Oswald (1994) say that the effect of being jobless, at any conventional level, is statistically significant and negatively correlated
with well-being. They state: “Joblessness depresses well-being more than any other single characteristic (including important negative ones such as divorce and separation).” Besides the loss of income, Darity & Goldsmith (1996) argue that joblessness also leads to decreased self-esteem and a reduced feeling that life is under control. Additionally, they say that joblessness is related to the loss of several by-products of participating in a work environment, such as: the time structure of the working day, shared experiences and contacts, transcending goals and purposes, and personal status and identity.

According to Winkelman & Winkelman (1998) these non-pecuniary costs of unemployment by far exceed the pecuniary cost associated with loss of income while being unemployed. They say that sevenfold of income is required to compensate for the negative effects associated with personal unemployment. Although it is, based on the relative standards theory, often suggested that living in a region characterized by high unemployment will alleviate the discontent of personal joblessness, Pittau, Zelli & Gelman (2009), who examined this premise, did not find any empirical evidence for this effect. It is, alternatively, more than likely that life satisfaction is positively affected by being employed, Bouazzaoui & Mullet (2002).

Type of employment contract

Studies concerned with the impact of the type of employment contract on life satisfaction have regularly yielded inconsistent results. According to Cuyper, de & Witte, de(2006) measures for psychological well-being, such as life satisfaction, have shown insignificant differences or even poorer results for permanent employees. They say that because
employers invest less in temporary workers the perceived obligation to return hard work might also be less for these workers. Additionally, Cuyper, de & Witte, de (2006) indicate that a number of studies have demonstrated lower workload among temporary employees compared with permanent employees. Scherer (2009), on the other hand, argues that employment contracts with limited duration may constitute an additional source of insecurity and precariousness for workers and their families. She says that temporary workers face greater career instability, higher unemployment risks, lower upward mobility chances, considerable risk of remaining trapped in ‘fixed-term’ employment, poorer working conditions, lower remuneration, and lower training investments by employers. Based on ESS data from 2004, her study indicates that people in temporary jobs have significantly lower overall life satisfaction and happiness (as dependent variable she used a composite measure incorporating both life satisfaction and happiness). Based on this result it is more than likely that, in contrast to having an employment contract with unlimited duration, having an employment contract with limited duration or having no employment contract at all, will generally affect life satisfaction negatively.

**Job Satisfaction**

With regard to job satisfaction this study will adopt the definition provided by Spector (1997, p.2): “Job satisfaction is simply how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs.” Although the relationship between job satisfaction and life satisfaction has been examined extensively during the last decades, results have more
than often been inconsistent and inconclusive. According to Tait, Padgett & Baldwin (1989) it is generally assumed that job satisfaction and life satisfaction should be related to one another, because for many people, work is a significant and central aspect of their lives in terms of both time and emotional involvement. They, however, also suggest that there is a clear presumption in the literature that the strength of the observed relationship is much weaker than might be expected on the basis of existing philosophical and ideological beliefs. Consistent with this perspective Hart (1999) argues that scholars have found that work contributes relatively little to people’s overall levels of psychological well-being. A number of his reviewed studies indicate that job satisfaction accounts for just 3 percent of the variance in life satisfaction. This figure is in line with results by Rode & Near (2005). Whereas their longitudinal study suggests that the variance in life satisfaction attributed to the work domain is about 2 percent, their cross-sectional study indicates that the variance is approximately 4 percent. This number, however, remains relatively small compared to the effect of non-work domains. Scholars concerned with the relationship between job and life satisfaction are now increasingly examining the possibility that both job and life satisfaction result from common influences, and that individual dispositions, measured by core evaluations, might be responsible for the variance.

Similar to Judge, Locke, Durham & Kluger (1998), however, who say that core evaluations should be seen only as an addition to the dispositional research rather than a cure to all limitations, Johnson, Rosen & Levy (2008) argue that the underlying dynamics of core evaluations
are still not sufficiently understood and more research has to be conducted before sharp and valid inferences can be drawn from studies that incorporate these dispositions. From a more traditional viewpoint, the relationship between job and life satisfaction is frequently defined according to three theoretical models proposed by Wilensky (1960): spillover, compensation and segmentation. A positive correlation between the job and life satisfaction supports the spillover hypothesis, suggesting that individuals who are (dis)satisfied with their job will also be (dis)satisfied with their lives, and vice versa. A negative correlation supports the compensation hypothesis, implying that individuals who are dissatisfied with their job seek out more pleasurable engagement in their non-work life, and vice versa. The segmentation hypothesis asserts that job and life satisfaction are distinct and unrelated to each other.

Yet, tests of the three theoretical models have typically received mixed and weak support, suggesting that the models either operate in different situations or are inaccurate (Steiner & Truxillo, 1987). The study by Judge & Watanabe (1994) tends to support the former explanation as it indicates that from a random sample of workers the majority, 68 percent, could be classified as falling into the spillover group, 12 percent as falling into the compensation group, and the remaining 20 percent representing the segmentation group.

There is, based on the perspectives discussed, reason to believe that the type of employment contract (unlimited, limited or no employment contract) as well as job satisfaction influence life satisfaction. Since it is found that the type of employment contract also affects job satisfaction (Bohnke, 2005; Green, 2008), it is plausible that the effect of job
satisfaction on life satisfaction is, at least to a certain extent, caused indirectly by the type of employment contract. In other words, job satisfaction might operate as a mediating variable in the relationship between the type of employment contract and life satisfaction.

**Gender**

An apparently paradoxical finding in the literature is that women show higher rates of depression than men, but also report higher levels of well-being. At the same time, the majority of studies find no gender differences in life satisfaction. These conflicting findings can be resolved by considering the range of affect that men and women typically experience. Women report experiencing affect, both positive and negative, with greater intensity and frequency than do men. That is, women tend to experience greater joy and deeper sadness -- and experience these emotions more often -- than do men. Hence, measures of depression and subjective well-being, which include affective components, appear to capture the extreme lows that leave women vulnerable to depression, as well as the extreme highs that allow for greater well-being. By contrast, men and women report similar rates of global life satisfaction, which is primarily a cognitive assessment.

Despite similar levels of life satisfaction across gender, women and men appear to derive life satisfaction from different sources. For example, Ed Diener and Frank Fujita (1995) found that social resources (i.e., family, friends and access to social services) are predictive of life satisfaction for both men and women, but they are more predictive of life satisfaction for women. Perhaps women’s roles as the conservators of contact with friends and family -- both a blessing and a burden -- lead to
their relatively greater reliance on social support. By contrast, factors that may be more relevant to men’s personal goals, such as athleticism, influential connections, and authority, were found to be related to life satisfaction for men, but not for women.

A meta-analysis of the predictors of life satisfaction in the elderly conducted by Martin Pinquart and Silvia Sorensen (2000) found additional support for the assertion that men and women derive satisfaction from different sources. In their study, life satisfaction was more highly related to income for men than for women. The authors hypothesized that because men are more socialized to draw their sense of identity from work and income, they tend to look to income as a barometer of their success and satisfaction with their life. In addition, more women live in poverty than do men, so it may be easier for men to obtain satisfaction from their financial situation than it is for women. However in the current study we aim to find out the relationship between woman’s employment status, income and life satisfaction.

**Income**

The relationship between income and life satisfaction is a complicated one. It seems that within nations, wealthier individuals are more satisfied than poorer individuals. Across nations, wealthier nations also show greater levels of life satisfaction than poorer nations; however, across-nation differences are smaller than within-nation differences. Furthermore, a robust finding in this literature concerns the distribution of wealth within a nation – that is, the greater the economic disparities among income levels and classes in a nation, the greater the dissatisfaction expressed overall and the greater the disparity between
satisfaction levels of the wealthy and the poor. Thus, women who live in poorer, less egalitarian nations tend to be less satisfied with their lives overall than women who live in wealthier nations.

Despite significant correlations between life satisfaction and wealth, longitudinal research has shown that rises in people’s incomes do not necessarily coincide with related increases in life satisfaction. For example, Americans’ levels of life satisfaction before and after World War II did not increase despite significant growth in income during this time period. Several explanations have been offered to account for these results. However on personal level the positive effect of income on subjective life satisfaction is consistent with recent research findings Kahneman and Deaton (2010), Perhaps once a certain level of wealth is obtained, life satisfaction is no longer anchored to increases in wealth and in material goods. Also leveling of life satisfaction at high levels of monthly household income has been noticed (Marek Hlavac, 2011). In addition, social comparison may account for this effect — that is, comparing oneself with others as income and wealth increase may produce corresponding increases in expectations such that levels of satisfaction remain stable. Moreover income also determines socio-economic status, which might be important reason for life satisfaction. Nevertheless our research might be helpful in clarifying the relationship between life satisfaction and income to an extent.

**Religion**

According to Dorahy, Lewis, Schumaker, Akuamoah-Boateng, Duze & Sibiya (1998) research findings with regard to the relationship between religiosity and life satisfaction have generally shown a positive
relationship. They say that correlations have been found between life satisfaction and religious attitude, church attendance, closeness to God, divine experiences during prayer, and time spent on religious activities. Additionally, in an educational report (Subjective Well-being, 2005) it is argued that religious experiences may offer a sense of meaning in daily life and during major life crisis. Similarly Fauteux (1990)suggests that religion can be a way to confront the various tasks that create anxiety, and that belief in God can encourage all that is good in a person, thereby facilitating the inner confidence to manage life’s demands maturely. Although existing literature concerning the relationship between religion and life satisfaction is largely based on Christian samples in the US, Roemer (2006), who examined the association between religious beliefs, affiliation, and life satisfaction in Japan, found that Japanese religions also remain significantly correlated with life satisfaction even after controlling for socio-demographic variables. According to a report by the Pew Global Attitudes Project (World publics welcome global trade – but not immigration, 2007) there is a strong relationship between a country’s religiosity and its economic status (measured by means of GDP per capita). While religion remains central to the lives of residents of poor nations, secular perspectives are more common in rich nations. With the exception of the US, which is much more religious than its level of prosperity would indicate, this relationship is generally consistent across regions and nations. These findings are supported by Crabtree & Pelham (2009) who state that among ‘low-income’ countries 92 percent of the residents indicate that religion is an important part of their daily lives,
while this figure drops to 44 percent among the ‘highest-income’ countries.

Although Crabtree & Pelham (2009) refer to theories that link secularization to modernization too, they also indicate that a number of scholars suggest that people in poor societies live with much greater vulnerability to forces that threaten their existence, and are therefore more likely to rely on religion for hope. This is in line with Greenberg, Koole & Pyszczynski (2004), who argue that many psychologists, including Freud and Maslow, have recognized that religion can function to meet safety needs. They say that to the degree that an environment without fear for wild animals, severe weather conditions, robberies, assaults, terrorist attacks or war can be created successfully, less relevance is found in the reassurance that God is out there to save us from harm. Based on this reasoning it is to be expected that the impact of religion on life satisfaction will generally be greater for individuals living in economically deprived regions than for their counterparts living in economically prosperous regions.

**Social Support**

Numerous studies concluded that good and close relationships with other people – partners and spouses, parents and children, kinsmen, friends, neighbours and workmates – are major sources of life satisfaction (Haller & Hadler, 2006). This statement is in line with Bohnke (2005) who found that for Europeans in general, family is the most reliable form of support they can depend upon if help is needed. Friends also provide important support, but only a minority of people can count on neighbors or work colleagues if they are in need. According to Antonucci, Lansford
& Akiyama (2001) interacting with others seems to make people more integrated in society – i.e. more connected to family, friends, and community. They say that this social connectedness and integration improves one’s health mentally as well as physically. It is commonly assumed that because economic development facilitates a shift toward some of the cultural syndromes associated with individualism and away from some of the cultural syndromes associated with collectivism (Inglehart & Oyserman, 2004), less weight is given to social support and social relationships by individuals living in economically prosperous regions. Contrary to this hypothesis however, Bohnke (2005) found that in relatively affluent countries, social support influences life satisfaction more than in countries where the standard of living is generally low and people have to cope with poor living conditions. The explanation she provides is in line with Bohnke(2008) and can be reduced to the theory of post-materialism.

She states that in regions where economic prosperity is high (measured by means of GDP per capita) the material dimension of access to resources becomes less important for personal subjective well-being, while non-materialistic domains such as social support increase in significance. In addition to this explanation, it is also feasible that competitiveness among the labour force is especially fierce in economically prosperous regions, and that this competitiveness is likely to have negative effects on the frequency of socializing with friends, relatives, and colleagues, making those relationships even more important. Based on these perspectives it is to be expected that social support of, and social relationships with friends, relatives and colleagues
will generally have a greater effect among individuals living in economically prosperous regions than among individuals living in economically deprived regions.

**Marital status**

In an educational report (Subjective Well-Being, 2005) it is argued that national as well as international studies generally report a positive relationship between marriage and subjective well-being. This statement is supported by Diener, Gohm, Suh & Oishi (2000) who, based on prior literature, conclude that married individuals consistently report greater subjective well-being than never-married individuals, who in turn report greater subjective well-being than previously married individuals (i.e. divorced, separated, or widowed). A possible reason for these findings is provided by Shapiro & Keyes (2008), who say that marriage represents a social contract that bonds individuals together in an intimate relationship that can be stress-buffering and socially integrative. They also maintain that a substantial body of research indicates that married individuals do not only have additional mental benefits over their non-married counterparts, but also sizeable physical advantages. Whereas men’s earnings and employment have consistently been demonstrated to increase the likelihood of marriage, especially from cohabitation to marriage, results have been less obvious for high-earning women (White & Rogers, 2000). White & Rogers (2000), for instance, argue that a growing body of evidence suggests that women who are employed, who have higher earnings, and who have higher earning potentials are more likely to marry, while other scholars have speculated that higher levels of economic prosperity also stimulate women’s financial autonomy and
independence, thereby insinuating that women who are able to support themselves will feel less pressure to marry.

Other variables

Some factors other than those mentioned above also contribute in determining life satisfaction. Studies show that there exists a positive correlation between life satisfaction and family, marital and personal life circumstances (Muzamil Jan and Tasia Masood, 2008, Kousha and Moheen, 2004). In Western nations, marriage appears to be even more predictive of life satisfaction than relationships with friends and family. Ed Diener and his colleagues (2000) found that married women do not differ in their levels of life satisfaction from married men. However, married men reported greater positive affect than did married women, as well as did single people of both genders. Thus, men appear to benefit more from marriage than do women. Interestingly, having children does not appear to increase people’s life satisfaction. There is also evidence regarding the effect of major life events on life satisfaction, however these effects are temporary and subjects return to some base line of subjective well-being with the passage of time (Andrew Clark, Richard E. Lucas, 2006).

Life satisfaction seems to be enhanced by social relationships as Francis Bacon (1625) said that human relationships double our joys and halve our sorrows. Many studies have supported this contention. High levels of social support have been shown to be strongly associated with high levels of life satisfaction. It appears that gender is a factor in the quality of intimate relationships as well. Women tend to provide greater and more meaningful support than men. That is, both women and men
report that their friendships with women are more intimate, nurturing, and supportive than their friendships with men.

Researchers have also found that life satisfaction is greatest among prosperous nations characterized by gender-equality, care for human rights, political freedom, and access to knowledge. Thus concluding that these factors also contribute to life satisfaction will be justified.

1.3.3.5 Measurement of life satisfaction

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

Uses of measuring life satisfaction

The most elementary use of life-satisfaction data is to estimate apparent quality of life with in a country or a specific social group. This is typically done to assess the extent of a social problem or issue and to recommend possible policy interventions. High satisfaction suggests that the quality of life, in the population concerned, is good. Though conditions may not be ideal, it is apparently acceptable for most of the population. Low satisfaction marks serious shortcomings of some kind. A problem is that dissatisfaction with life means that something is wrong, but it does not indicate what.

Monitoring social progress

A related application of life-satisfaction data is the monitoring through time. If average satisfaction levels increase, this suggests that the quality of life in the country or social group has improved. When satisfaction declines, this indicates possible problems.
Policy evaluation

Life-satisfaction data has also been used to assess policy effects; in particular for social policy aimed at improvements in the quality of life. Effects of interventions can be measured by changes in satisfaction before and after, or by differences in satisfaction between beneficiaries and non-beneficiaries. This success criterion is commonly applied in the evaluation of policies concerning the aged; for instance in assessing the benefits of separate housing (Hinrichsen, 1985) and judging the usefulness of activation programs (Ray et al., 1982).

Identification of conditions for a good life

One of the most interesting uses of life-satisfaction data is the empirical validation of ideas about conditions for the good life, and related ideas about the good society. Such ideas can of course be erroneous. For instance, people may derive less satisfaction from 'proper' housing than most politicians think. If so, people in good houses may appear to be about as satisfied as - otherwise comparable people - in poor houses. Life-satisfaction may also remain unaffected by moves from shoddy to good housing, and vice versa. Such checks are vital for any policy that seriously tries to surpass ideological prepossessions and vested interests.

Measurement

Researchers’ preference for assessing life satisfaction is through self-report. Self-report measures require respondents to indicate the extent to which they are satisfied with their lives by selecting a number on a rating scale (e.g., from 1 to 7). Because life satisfaction is subjective
and its assumed to be a judgment, researchers believe that self-report is the most direct and most accurate way to measure it.

There are many self-report measures of life satisfaction. Some measures consist of a single question, such as, “How satisfied with your life are you overall?”, whereas other measures require participants to respond to multiple items. Overall, researchers agree that multi-item scales of life satisfaction are preferable to single-item scales. Although single-item scales have adequate convergent validity (i.e., the scales correlate well with other similar measures) and satisfactory reliability (i.e., the scale measures similarly over time), only multiple-item scales allow for the assessment of internal consistency, as well as the identification of errors associated with wording and measurement. Sorensen (2000) found that correlations between life satisfaction and variables such as income, education, gender, and age are significantly reduced when single-item, rather than multiple-item, scales are used. Researchers speculate that single-item scales may be more susceptible to social desirability biases than multiple-item ones because the latter request a wider range of information with more specificity. Despite these concerns, however, single-item scales have tended to correlate well with the multiple-item scales

**Problems with Life Satisfaction Measurement**

*Several concerns have been raised regarding the validity of life satisfaction measures. Critics have questioned whether people 1) are aware of their levels of satisfaction, 2) inflate their responses to appear more satisfied than they actually are, 3) confuse their own perceptions with how others perceive them, and 4) interpret the questions differently*
depending on their gender or their culture. However, the question still remains, how exactly do people make such judgments?

The conceptualizations of life satisfaction proposed by theorists in this area offer several clues. For example, Angus Campbell and his colleagues (1976) conceptualized life satisfaction as the difference between what one wants and what one has -- essentially, a comparison between reality and the ideal. Thus, a woman’s judgment of her life satisfaction involves drawing on her personal standards and expectations for herself and assessing the extent to which her life measures up.

Alex Michalos’s Multiple-Discrepancy-Theory (1986) also specifies how a woman might arrive at her personal level of satisfaction. According to this theory, satisfaction is determined by one’s perceptions of “how things are” vs. “how they should be.” Comparisons between how things are and what one wants, what one had, what one expected, what others have, and what one feels one deserves combine to determine life satisfaction. Small discrepancies among these areas result in greater life satisfaction. Large discrepancies among these areas result in greater life dissatisfaction. Michalos’s theory was supported using a sample of nearly 700 undergraduate participants, fifty-four percent of whom were women.

Joseph Sirgy’s theory (1998) similarly mentions several comparisons that women may consider before arriving at a judgment of their life satisfaction. He suggests that expectations of what one is capable of accomplishing, one’s past circumstances, one’s ideals, what one feels one deserves, what one minimally requires to be content, and what one ultimately believes will occur are comparisons that help determine overall life satisfaction.
On the contrary other researchers have investigated peoples’ life satisfaction judgments according to two main approaches “top-down” or “bottom-up”. If a woman were to use a top-down procedure, she might reflect on the value of her life as a whole, probe her sense or intuition for how happy and satisfied she is overall, and, therefore, conclude that she must have a good or not-so-good life. Alternatively, if she were to use a bottom-up approach, she might think about the various domains of her life (e.g., marriage, children, work, friendships, and income) and arrive at her life satisfaction judgment based upon the average satisfaction she obtains from each of these domains. In other words, does a woman have a good life because she is satisfied or is she satisfied because she has a good life? Preliminary research suggests that the answer is both, but additional work is needed to address this question further.

**Validity doubts**

Critics have suggested that responses to questions on life-satisfaction actually measure other phenomena. Rather than indicating how much the respondent enjoys life, answers would simply reflect normative notions and desires. Moreover there are some other issues that have been mentioned below.

*Notion of life-satisfaction*

One of the misgivings is that most people have no opinion at all about their satisfaction with life. They are, according to the critics, more aware of how satisfied they are supposed to be, and report this instead. Though this may sometimes be true, it does not appear to be the rule. Most people know quite well whether or not they enjoy life. For example, eight out of ten Americans report thinking of this issue every week.
Further, responses to questions about life-satisfaction tend to be given promptly. Non-response to these items tends to be low; both absolutely (±1%) and relatively to other attitudinal questions. ‘Don't know’ responses are also infrequent.

A related assertion is that respondents mix up how satisfied they actually are, with how satisfied other people will think they should be, given their circumstances. If this is so, people considered to be well off should typically report high life-satisfaction, and people regarded as disadvantaged should follow suit with low satisfaction-reports. That pattern does occur, but it is not general. For instance, in the Netherlands good education is seen as a pre-requisite for a good life, but the highly educated appear slightly less satisfied with life in comparison to their less educated counterparts.

_Honesty of answers_

Even if questions on life-satisfaction are interpreted correctly, may be, responses are false. In this line it is objected that responses are systematically biased. People who are actually dissatisfied with their life would tend to answer that they are quite content. Both ego-defence and social-desirability could cause such distortions. This bias is seen to manifest itself in the over-reporting of contentment; since most people claim to be very or fairly satisfied, and most perceive themselves as happier than average. Another indication of bias is seen in the finding that psycho-somatic complaints are not uncommon among the satisfied. The observations referred to are largely correct, but their interpretation is one sided. There are other explanations than dishonest reporting. Firstly, the fact that more people appear to be satisfied than dissatisfied does not
necessarily imply an over-reporting of satisfaction. It is quite possible that most people are truly satisfied with life (some reasons will be discussed later). Secondly, there are also good reasons why most people think that they are more satisfied than average. One such reason is that many people may believe that most others are dissatisfied because suffering is more salient than satisfaction. Thirdly, the occurrence of headaches and worries among the satisfied does not prove response distortion. Life can be a trial at times, yet, on balance, still is satisfying. The strongest support for bias would be the situation where the response could be shown to be distorted. Some clinical studies have tried to do just this by comparing responses to single direct questions with ratings based on intensive interviews and projective tests. The results have generally not been much different from responses to single direct questions posed by an anonymous interviewer.

Reliability doubts

Though single questions on life-satisfaction seem to measure what they are supposed to measure, they measure it rather imprecisely. When the same question is asked twice in an interview, responses are not always identical. Correlations are around .70. Over a period of a week, test-retest reliability drops to around .60. Though responses seldom change from ‘satisfied’ to ‘dissatisfied’, switches from ‘very’ to ‘fairly’ are common, indicating that the differences between response-options are often ambiguous. The respondent's notion about his/her life-satisfaction tends to be more global than the options on the rating scale. Because the choice is often arbitrary, subtle differences in interrogation can exert considerable effect. For instance: variation in the time and the place
where the interview is held, characteristics of the interviewer, sequence of questions and wording of the question. Such effects can occur in different phases of the response process; (a) when the question is first thought about and (b) when communicating a response to the question.

*Bias in appraisal*

Though most people have an idea of how satisfied they are with their life, responding to questions on this matter involves more than making a judgement based on memory. For the most part, memory can only indicate a range of satisfaction. Typically, the respondent has to make an assessment in a short period of time. This appraisal may be limited to recent change (are there any reasons to be more or less satisfied than I used to be?), but it can also involve quick re-evaluation of life (what are my blessings and frustrations?). In making such instant judgments, people use various heuristics. These mental simplifications are attended with specific errors. For instance, the ‘availability’ heuristic involves orientation to pieces of information which are readily available. If the interviewer is in a wheelchair, the benefit of good health is more likely to be salient for the respondent. In that case, respondents in good health will rate their life-satisfaction somewhat higher, and hence, the correlation of life-satisfaction ratings with health variables will be more pronounced. Several of these heuristical effects have been demonstrated by Schwarz and Strack (1991).

*Bias in response*

Once a respondent has formed a private judgment, the next step is to communicate it. At this stage reports can be biased in various ways. One source of bias is inherent to semantics; respondents interpret words
differently and some interpretations may be emphasized by previous questions. For example, questions on ‘satisfaction’ are more likely to be interpreted as referring to ‘contentment’ when preceded by questions on success in work, rather than items on mood.

Another source of response-bias is found in considerations of self-presentation and social-desirability. Self-rating of life-satisfaction tends to be slightly higher in personal interviews than in anonymous questionnaires. However, direct contact with an interviewer does not always inflate satisfaction rating. If the interviewer is in a wheelchair, modest self-presentation is encouraged. Possibly many of these biases are random, and can be balanced out through the use of large samples. In this case, the imprecision of individual observations does not affect the accuracy of satisfaction-averages, though it does attenuate correlations. However, some biases may be systematic, especially those produced by the method of inquiry and sequencing of questions. They also affect the correlations, unless the random measurement error is compensated by systematic effects due to the use of the same measurement instruments for several questions.

**Comparability across nations**

Average life-satisfaction differs markedly between nations. The first objection is that differences in *language* hinder comparison. Words like ‘happiness’ and ‘satisfaction’ may not have the same connotations in different languages. Questions using such terms would therefore measure slightly different things. But when this phenomenon was tested, no evidence for linguistic bias was observed.
A second objection is that responses are differentially distorted by desirability-bias. In countries where happiness ranks high in value, people would be more inclined to overstate their satisfaction with life. Again no evidence for a desirability bias could be found.

A third claim is that response-styles distort the answers dissimilarly in different countries. For instance, collectivistic orientation would discourage ‘very’ satisfied responses, because modest self-presentation is more appropriate within that cultural context. However in this case also hardly any difference appeared. The frequency of these responses is about 1% in all parts of the world. For this reason at present we can assume that the observed differences in average life-satisfaction between nations are not simply an artifact of cultural differences. The issue of ‘cultural bias in the measurement’ of life satisfaction must be distinguished from the question of ‘cultural influence on the appraisal’ of life. Hungarians can be truly less satisfied than the Swedes, but be so because of a gloomier outlook-on-life, rather than as a result of an inferior quality-of-life. This latter matter will be discussed in the section about the possibility of greater life satisfaction.

**Some tools of measurement**

A number of tests have been used to evaluate life satisfaction among various kinds of populations across countries. Many of these tests have been modified for use in a particular country according to the socio-economic and cultural demands of its natives.

1. Hadley Cantril’s (1965) Self-Anchororing Scale

   This is a single-item measure of life satisfaction, which instructs participants to mark one rung on a ladder, with the top of the
ladder labeled “best life for you” and the bottom of the ladder labeled “worst possible life for you,” to indicate their life satisfaction judgment.

2. Frank Andrews and Stephen Withey’s (1976) Delighted-Terrible Scale
This single-item scale requires participants to indicate their level of life satisfaction by selecting one of seven faces ranging from a happy face (smiling, delighted) to a sad face (frowning, terrible) in response to the question, “How do you feel about your life as a whole?”

3. Satisfaction with Life Scale
The 5-item Satisfaction with Life Scale (SWLS) was designed by Ed Diener and his colleagues (1985) to measure global life satisfaction. Because the authors consider life satisfaction as the cognitive component of subjective well-being, they constructed this scale without reference to affect. The language used for the scale items is relatively broad and nonspecific, allowing the respondents to evaluate their overall life satisfaction subjectively.

The scale regarding life satisfaction comprised 38 items under 5 responses i.e., never, seldom, sometimes, often and always are utilized. Never was coded as 1, seldom as 2, sometimes as 3, often as 4 and always was coded as 5.
For the current study we look forward to use the life satisfaction scale by Q. G. Alam and Srivastav in 1973. The scale has 60
items related to six areas namely health, personal, economic, marital, social and job to test life satisfaction of respondents. The responses are to be given in yes/no. Yes responses indicate the satisfaction. It takes 20 minutes to complete the questionnaire. Test Retest reliability was computed after a lapse of 6 weeks. The obtained quotient was 0.84. The validity of the scale was 0.74 and 0.82. The scale has face as well as content validity also.

Similarly there are many such other tests available in market, having different characteristics and nature, the investigator has to select most suitable to him. The suitability of the test depends on the purpose of the study, the nature of population and the type of factors included in the test. Thus it is a wise decision to be made.

1.3.4 Life events stress and life satisfaction

It has been already discussed that there are several factors that contribute towards our 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. Life satisfaction is prospectively associated with the occurrence of several major events in work and family life. Higher life satisfaction is associated with positive life events like greater occupational success, better health, and even delayed mortality (Diener & Chan, 2011; Lyubomirsky, King, & Diener, 2005; Oishi, Diener, & Lucas, 2007).
Negative life events like divorce, unemployment, death of a loved one generally reduce life satisfaction, if not permanently, at least on temporary basis. Lot of literature supports this idea. Nevertheless, we must consider anticipation and adaptation of these negative events as an important factor that interferes with changes in life satisfaction following the events (Paul Frijters, David W. Johnston, Michael A. Shields, July 2008). There are, however, differences in time scales. For some events, there is a rapid return to baseline satisfaction, while others (marriage and unemployment) have lasting effects. Similarly, the anticipation of a pleasant or unpleasant event is often a very important explanatory factor of an individual’s current level of satisfaction. This represents some of the first large-scale evidence of effects of habituation and anticipation in life satisfaction with respect to a variety of important life events. Also there are gender differences in the effects of negative events on life satisfaction (Andrew E. Clark, Ed Diener, Yannis Georgellis and Richard E. Lucas, December 2006). Also repeated negative events can cause varied effects on life satisfaction, depending upon the nature of event (Luhmann M, Eid M, 2009). However longitudinal studies confirm that effects of most life events, both positive and negative, on life satisfaction are temporary. And although the strongest life satisfaction effect is often at the time of the event, individuals return to some baseline satisfaction as time passes (Andrew E. Clark, Ed Diener, Yannis Georgellis and Richard E. Lucas, December 2006).

Thus we have evidence to maintain that life satisfaction is influenced by life events stress. The reversed effect, however, has not received much attention. The few studies that have considered prior LS
levels suggest that LS might indeed be associated with the occurrence of certain events. Specifically, these studies found negative prospective effects of LS on divorce (Luhmann & Eid, 2009; Marks & Fleming, 1999), unemployment (Graham, Eggers, & Sukhtankar, 2004; Luhmann & Eid, 2009; Marks & Fleming, 1999), and work disability (Koivumaa-Honkanen et al., 2004), and a positive prospective effect of LS on marriage (Lucas, Clark, Georgellis, & Diener, 2003; Marks & Fleming, 1999). Overall, however, the predictive power of LS on different life events has not yet been tested in a comprehensive fashion. Thus we can assume that life events and life satisfaction seem to have a mild to moderate bidirectional relationship, where in both tend to influence each other in some respect.

1.3.5 Working women

Women who work out of the house for paying jobs are generally classified as working women. Examples of working women are nurses, teachers etc. However the working women in consideration for this study fall in the age group 25 – 45 years and are full time employees (i.e. 5 to 8 working hours) in a government or private organizations like banks, educational institutes, sachivalay and other organizations. They may belong to any socio-economic class.

1.3.6 Non-working women

Non-working women in reference of the study shall be described as women not involve in any kind of paid jobs or employment and not generating fees, salary or other income from no source except family income. The age group of these women ranges from 25 to 45 years.
1.3.7 Level of Education

Graduate Women - Women who have completed their education and have bachelor’s degree in any discipline.

Under Graduate Women - Women who have not obtained a minimum of bachelor’s degree in any discipline.

1.3.8 Family Income

High Family Income – Under high family income we have considered the family that generates more than Rs.30000/- per month.

Low Family Income – Under low family income we have considered the family that generates less than Rs.30000/- per month.

1.4 Purpose of the study

Woman plays a very important role in our society. She is the foundation stone of a family. It is rightly said that “hand that rocks the cradle rules the world” as she nurtures the very basic unit of society; that is family. As women play a very crucial role their general health and well-being can contribute to growth and development of her family and society on whole. Moreover, as discussed before, a number of women have started making career outside the four walls of her house. This study tries to find out whether this change has improved or deteriorated her well-being and satisfaction levels in comparison to those who choose to stay at home. Our research also aims to find out the amount of life event stress among women, working as well as non-working. Thus the two variables life satisfaction and life event stress are examined in relation to employment, education and family income of women.

Usually work and employment is a mode directed toward improving one’s life and satisfying our needs; as we know “money can
buy u few more reasons to be happy”. But studies reveal that employment affects life satisfaction mostly for men. Through this study we can find out the role of employment and income in life satisfaction for women and resolve if employment creates positive or negative effects on women’s life. And it will also help us answer the question “whether employment of women contributes to her life satisfaction or not”. The research also helps in comparing life satisfaction between educated skilled and under graduate lower grade working women.

We shall also be able to expose some relationship between life satisfaction and education. Under this study we include graduate as well as under graduate women in order to see how education affects their perception of life. Education to a great extend also decides what type of employment women can acquire and that is how it also determines life satisfaction. We have also bifurcated groups on the basis of family income to determine the effects of income and socio-economic status on life satisfaction.

Another variable of focus is life events stress. Our research aims to unfold some important facts regarding life events stress experienced by women with reference to her employment, education and income. We have enough evidence that suggests life event stress is harmful for physical as well as mental health. This study shall support to find which group of women, working or non-working, experiencing greater life stress and consequently have greater risk to health. Common sense tells us that greater life stress indicates less well-being and satisfaction; well we shall be successful in exploring the relationship between life stress and life satisfaction as well, if any, with this study.
Studies done on life event stress and socio-economic status tell us that lower socio-economic status have more severe, though not frequent, life event stress than middle and higher class. This study shall be helpful to suggest income’s role in life event stress. Moreover, there are hardly any studies done on effects of education on perception and adaptation to life events stress. Our research, though relates education and life event stress superficially, might be helpful in clarifying if educated group or the uneducated one has greater life stress.

1.4.1 Distinction between this study and related researches

This study is exclusively based on women. Thus we might be able to draw a picture of quality of life of women. We also aim to shed some light on gender differences in determinants of life satisfaction. Over here we try to establish relationship between life satisfaction and two of its determinants namely employment status and education. However as the study focuses only on women we shall be able to illuminate sex differences in importance of the two variables as determinants of life satisfaction. Data from the study will be helpful in improvement of subjective well-being of women; especially by trying to bring reforms in education and other variables.

The study also aims to discover some parameters of life stress. It has been consistently proved that life stress has profound effect on some psychological and physiological illness (as mentioned before); thus the research will clarify the risk of illness in reference to employment status. Moreover we might also be able to share some information regarding life stress and employment status.
1.5 Summary

This is the introductory chapter of the thesis. It contains information regarding the problem being studied. It indicates aims and objectives behind selection of the topic. The chapter includes detailed description about variables included in the study, namely, Life event stress and Life satisfaction. The study is supposed to be conducted on women, both working and non-working. Both and independent and dependent variables are clarified in detail in order to establish a strong platform for further research. However under the summary we shall have a quick overview of the main concepts discussed in this chapter.

Meaning, definition and historical background of life satisfaction are discussed in the chapter. To further clarify the concept of life satisfaction I have tried to compare and differentiate with other terms like subjective well-being and quality of life. Various factors determining life satisfaction are discussed. I have also stated parameters related to life satisfaction and its uses including problems in measurement.

The chapter includes history and theoretical perspective of life event stress. It’s objective of aims of measuring life event stress and problems in it are discussed to some degree along with major tolls of measurement. Moreover, as the term “Stress” is included; I have also tried to give some idea about it.

Life events and life satisfaction seem to have a mild to moderate bidirectional relationship, where in both tend to influence each other in some respect.

Women who work out of the house for paying jobs are generally classified as working women. Examples of working women are nurses,
teachers etc. However the working women in consideration for this study fall in the age group 25 – 45 years and are full time employees (i.e. 5 to 8 working hours) in a government or private organizations like banks, educational institutes, sachivalay and other organizations. They may belong to any socio-economic class.

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