Traditionally health was defined in negative terms and implied not being sick or absence of disease. Although, healthy people are generally free from disease this state does not guarantee a satisfying life thereby implying that health is broader than simply physical well-being. Health can be conceptualized as a positive multidimensional state involving physical, psychological and social health.

The American Psychological Association created the “Division of Health Psychology” in 1978 in order to provide a distinct field which focused on the scientific study of the causes and origins of specific diseases, promote health, prevent illness and promote public health policy and improve the health care system. The major trends that shaped health psychology were, increased life expectancy, rise of lifestyle disorders, rethinking of bio-medical model and rising health care costs. Thus, focus was on the preventive aspects of health.

Positive psychology which emerged with the onset of the twentieth millennium, with a focus on making the lives of people better and optimizing their potential, provided the backdrop for emergence of the concept of Positive Health (Seligman, 2008). Positive health can be described as a state beyond the mere absence of disease and is definable and measurable. It can be operationalised by a combination of excellent status on biological, subjective and functional measures. Positive health predicts increased longevity, decreased health costs, better mental health in aging, and better prognosis when illness strikes. Positive health has direct parallels from the field of positive psychology, parallels that suggest that a focus on health rather than illness will be cost saving and life saving.

The concept of virtues which are the core characteristics of an individual and character strengths which are the positive traits reflected in thoughts, feelings and behavior was proposed by positive psychologists to provide a description and classification of traits, emotions and beliefs that enable human thriving. A number of researches have implicated the role of positive emotions and traits in life satisfaction.
and health. Adler (2000) emphasized that temperance and fortitude are required in order to meet the end goal of a good life. Further, infirmity/diseases can be treated by therapeutic treatment but removal of incapacities does not automatically lead to the making of right choices. Will power, self control and prudence are needed to choose what is really good in the long term.

Empirical evidence also supports the role of character strengths in health maintenance and coping with diseases. Optimism, humor, forgiveness, spirituality, gratitude, and social support have been found to act as protective factors against diseases and help in coping with the diseases (Anzalone, 2008; Ferrell et al., 2003; Giltay et al., 2004; Hafen et al., 1998; Jolene, 1988; Tuck et al., 2001) while positive imagery and emotions have been found to help people relax (Vitale, 2006) and help in lowering the risk of physical infection such as common cold (Cohen et al., 2006).

A number of studies show that character strengths are associated with better quality of life, faster recovery and adherence to medical regime and negatively to depression and mortality (Haten et al., 1988, Chamberlain et al., 1992, Leednam et al., 1995).

Although, some researches (Peterson et al., 2006) have reported differences in character strengths among diseased and non-diseased respondents others have not reported any differences (Eracleous, 2008). Infact, excess of any one strength has been found to compensate for the lack of others (Park et al., 2004) and situational factors such as fear, stress, insecurity etc. result in a change in the attribution of an individual toward positive traits (Peterson & Seligman, 2003).

Thus, it is probable that a conflux of some character strengths might help in dealing with chronic disorders because onset of these disorders demands a major change in the life style or perspective of the individual. Since chronic disorders have a prolonged span or are not treatable, thereby requiring a treatment regime focusing on reducing the symptoms and/or slowing down the progression of diseases, patience, perseverance, self-regulation, hope, spirituality, creativity etc. could go a long way in dealing with the stress associated with such disorders.
Elifon and Haviter (2003) proposed a strength based approach to improving job satisfaction which involved identification of strengths associated with a particular job, integration of these strengths into the worker’s self image, such that he/she defined himself/herself according to the signature themes, and lastly attribution of success by worker to these signature strengths thereby leading to satisfaction and productivity. A similar strength based approach could be applied in the area of positive health, whereby identification of signature strengths associated with health and prevention/prognosis of diseases could lead to the development of intervention programs for managing chronic disorders as use of signature strengths leads to positive emotions and well-being both in the present as well as future (Seligman et al., 2005). Park et al. (2004) reported a positive relationship between character strengths and life satisfaction while self-regulation among parents has been reported to be positively linked to the life satisfaction of their children (Park & Peterson, 2004). Tuck et al. (2001) and Ferrerl et al. (2003) found that spirituality was a good coping mechanism. Strengths, prudence, gratitude, self-worth and insight into flourishing have been helpful in understanding coping strategies and quality of life of chronic patients (Swift et al., 2002). Peterson et al. (2004) found that heart strengths (zest, gratitude, hope and love) had a stronger association with life satisfaction than the mind strengths (curiosity and love of learning). Seligman et al. (2005) reported that gratitude lead to positive changes and use of signature strengths lead to happiness. Peterson and Seligman (2003) compared the VIA scores of 4817 American respondents, 2 months after 11 September with scores of those individual who had completed the survey before September 11, seven character strengths i.e. gratitude, hope, kindness, leadership, love, spirituality and teamwork were found to be higher in the later assessed sample. These strengths were still elevated when assessed two months later although their degree was some what lesser than immediately following the attacks. Thus, it appears that elevations of some specific character strengths help in coping with a stressful situations and leads to positive consequences.

In view of the above it is felt that a study of character strengths among non-diseased and diseased respondents could help to identify the character strengths
associated with health enhancing/endangering/coping behavior. Thus, the following problem was delineated for the present study:

**PROBLEM:**

"To study the Role of Values-in-Action in health maintenance and prognosis from chronic diseases".

**OBJECTIVES:**

The objectives of the present study were as follows

1. To study the factor structure of VIA in healthy and diseased respondents.
2. Investigate the relationship of values-in-action with physical and psychological dimensions of health.
3. To identify the values-in-action which facilitate maintenance of health and prognosis from chronic diseases.

Research in the area of positive health is yet at an exploratory stage and the researches relating to the relationship between character strengths and health/disease do not provide conclusive results therefore null hypotheses were framed to provide a broad framework for the present investigation.

**HYPOTHESES:**

1. The 24 character strengths would be represented by a single factor in non-diseased and diseased sample.
2. There would be no significant relationship between character strengths and health.
3. There would be no significant association between character strengths and health maintenance.
4. There would be no significant association between character strengths and prognosis in chronic disease patients (arthritis and diabetic).

The design and methodology used for achieving the above objectives have been discussed in Chapter IV.