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.

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 which can be described as a state beyond the mere absence of disease and is definable and measurable.

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. 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.

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.

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.

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 study was conducted in two phases.

Phase I: This phase was conducted to study the role of VIA in health maintenance. The two variables i.e. VIA and Health, of a normative, non-disease adult sample were assessed.

Phase II: This phase was conducted to study the role of VIA in prognosis. Patients suffering from a chronic debilitating disorder (Arthritis & Diabetes) were divided into three prognosis groups on the basis of rating by a Medical Practitioner. VIA and Health of the respondents were assessed.

A purposive sample of 100 adults (age range: 20 to 40 years) was selected for the Phase I. The subjects were taken from the students, teaching and non-teaching faculty of colleges of Sonepat city and M. D. University, Rohtak.

A purposive sample of 200 respondents, suffering from a chronic debilitating disorder (diabetic: 100; arthritis: 100), was selected for the second phase. The sample was taken from OPD’s of private medical practitioners of Sonepat City of Haryana. Patients were categorized into three prognosis groups on the basis of rating by the Medical Practitioners.

For assessment of the respondents, the following tools were used: Personal Data Form prepared by the investigator herself to measure personal information; P.G.I. Health Questionnaire by Verma, Wig and Prasad to measures of psychological health; Values in Action Inventory by Park, Peterson and Seligman to assess values and Rating of Prognosis prepared by the investigator herself.

For Phase I the personal information data form, values-in-action inventory and P.G.I. Health questionnaire were administered to each respondent in an individual setting in a single session.

Initially, the measure of personal information was administered. Then, PGI Health questionnaire and VIA inventory were administered. The signature strength (top 5 Character strengths) of each respondent was identified and communicated to the respondent.
For Phase II patients who voluntarily agree to participate in the study and who met the inclusion-exclusion criterion were administered the measures of personal information, PGI Health questionnaire and VIA inventory as for Phase I. On the basis of the rating of the consultant medical practitioner, the respondents were placed in three prognosis groups i.e. good, medium and poor.

RESULTS AND CONCLUSION

To fulfil the first objective of the study i.e. study the factor structure of VIA in adult (healthy and diseased) population, the scores of the 100 non-disease (Phase I) and 200 diseased (Phase II) respondents were analyzed separately by applying Factor Analysis to the three groups.

The analysis revealed a four factor structure for the non-diseased sample. These factors were labeled as transcendental wisdom, perseverance and interpersonal, emotional, respectively. The present analysis revealed a three factor structure for the arthritis sample. These factors were labeled as transcendental wisdom, perseverance, humility, respectively. The analysis revealed a four factor structure for the diabetic sample. These factors were labeled as transcendental wisdom, perseverance, justice, intellectual respectively. These results do not verify the first hypothesis which predicted that the 24 character strengths would be represented by a single factor in the non-diseased and diseased sample. Thus, it appears that character strengths, which are called into action in a particular sphere of life, tend to group together.

The second objective of the present study was to investigate the relationship of values-in-action with health. To fulfil this objective, health and VIA scores (P.G.I. Health Questionnaire) of the non-diseased sample and two chronic disease groups were considered. The present results show that physical and psychological health are moderately related in the non-diseased and arthritis sample while there is no significant correlation between the two in the diabetic sample. Character strengths have no significant correlation with health scores in the non-diseased and diabetic sample while some significant correlations were observed in the arthritis sample. Thus, the second hypothesis which predicted that there would be no significant correlation between character strengths and health was verified for the non-diseased...
Summary

and diabetic sample while it was not verified for the arthritis sample. Thus, it appears that there is no significant relationship between character strengths and health / disease.

The third objective of the present study was to identify the values-in-action which are associated with maintenance of health and prognosis from chronic diseases. The non-diseased sample was divided into two extreme groups (health and unhealthy) and two disease groups were also sanctioned into three groups. Initially, 't' test / One Way ANOVA was applied. The analysis revealed a significant association between one character strength and health, as self-regulation was found to have a significant association with health status. Thus, the third hypothesis which predicted there would be no significant association character strengths and health maintenance is verified by the present results except for character strength of self-regulation.

In order to study the association between VIA and prognosis from chronic diseases, the VIA scores of the two diseased groups were analysed separately. Further identification of the character strengths associated with health maintenance and prognosis implicated a role of self-regulation in health maintenance and spirituality, fairness and creativity in coping with ill health. Further, strengths of the heart, such as spirituality, forgiveness and gratitude, were found to be associated with good prognosis, while intellectual strengths and interpersonal such as, teamwork, fairness, prudence, creativity, social intelligence were associated with medium to poor prognosis. Thus, the present research shows that values in action are susceptible to the influence of situational factors. Strengths which enable an individual to deal with present or potential stressful situations assumes greater strength, while those which have no immediate utility recede to a lower strength. Strengths such as spirituality, forgiveness and gratitude lead to better copying thereby improving prognosis, while self-regulation, by itself is an important contributor to health.

Thus, it appears that here also, intellectual and interpersonal strengths have a greater association with the poorer level of prognosis while the strengths of heart are associated with good prognosis group. The four hypotheses which predicted there would be no significant association between character strengths and prognosis is not
supported by the present results. Thus three of the null hypotheses were not verified, while one was partially verified.

The present research implicates the role of specific character strengths in health maintenance and prognosis. Further research could clarify the causal/consequential nature of the associations and help in developing a psycho-educative regime for patients with chronic diseases which could go a long way in coping with these diseases.