Adolescence is the period of transition between childhood to adulthood that involves biological, cognitive, and socio-emotional changes. It is a phase of life characterized by deep anxieties, conflicts, protests, descriptions, upheavals, creative restructuring, emotional outbursts and physical changes (Singh and Udainiya, 2009). An adolescent finds it difficult to handle and manage the identity and mental peace during this time.

During this time or stress and storm, family acts as a strong pillar for the individual, which safeguards and prepares him for all the challenges of future. Family is a source of positive relationship and unique bonds among members and also it is the first school of life. It plays a central role in the emotional and cognitive development of human beings. Family is the source of support of any individual and one of the motivating factors for human being to grow and achieve (Dona et al., 2002). Parent-child relationship is marked by biological and socio-cultural contributions. The parents act as models for the children to follow and at the same time during this phase, adolescents yearn for individuality and independence.

The present study was thus designed to study the well being and gratitude of adolescents in relation to personality, happiness and bonding of parents. Adolescents and their parents were assessed on various Well Being dimensions viz. Psychological Well Being and Subjective Well Being, Gratitude, Hope, Stress and Personality dimensions. They were also assessed on Happiness, Optimism, Anger, Forgiveness, Coping, Mental Health, Perceived Health and Happiness Status.

A. CONCEPTUAL FRAMEWORK

Following are the definitions of the variables being used in the study.

PSYCHOLOGICAL WELL BEING

Ryff and Keyes (1995) spoke of Psychological Well Being (PWB), as a component of quality of life. It has been a field of important
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developments during the last two decades (Mohan, 1999). Ryff and Keyes (1995) further elaborated and explained that Psychological Well Being is distinct from Subjective Well Being (SWB) and presented a multidimensional approach to the measurement of PWB that taps six distinct aspects of human actualization: Autonomy, Personal Growth, Self-Acceptance, Life Purpose, Mastery and Positive Relatedness. These six constructs define PWB both theoretically and operationally and they specify what promotes emotional and physical health (Ryff and Singer, 1998). This view has been called Eudiamonism (Waterman, 1993), conveying the belief that Well Being consists of fulfilling or realizing one’s daimon or true self (Ryan and Deci, 2001).

Dimensions of Psychological Well Being (Ryff, 1989)

Self-Acceptance (SA): This is a central feature of mental health as well as a characteristic of self-actualization, optimal functioning, and maturity. Holding positive attitudes toward oneself emerges as a central characteristic of Positive Psychological functioning.

Positive Relations with Other (PRWO): The ability to love is viewed as a central component of mental health. Self-actualizers are described as having strong feelings of empathy and affection for all human beings and as being capable of greater love, deeper friendship and more complete identification with others. A warm relation with others is posed as a criterion of maturity.

Autonomy (AN): There is considerable emphasis in the prior literature on such qualities as self-determination, independence and the regulation of behavior from within. Self-actualizers, for example, are described as showing autonomous functioning and resistance to enculturation. The fully functioning person is also described as having an internal locus of evaluation, whereby one does not look toward others for approval, but evaluates oneself by personal standards.
**Environmental Mastery (EM):** Maturity is seen to require participation in a significant sphere of activity outside of self. Active participation in and mastery of the environment are important ingredients of an integrated framework of Positive Psychological functioning.

**Purpose in Life (PIL):** The definition of maturity also emphasizes a clear comprehension of life’s purpose, a sense of directedness, and intentionality. Thus it may also be said that functioning in a positive manner, having goals, intentions and a sense of direction contribute to the feeling that life is indeed meaningful.

**Personal Growth (PG):** Optimal psychological functioning requires not only that one achieve the prior characteristics, but also that one continue to develop one’s potential, to grow and expand as a person. The need to actualize oneself and realize one’s potentialities is central to the clinical perspectives on personal growth. Such an individual is continually developing and becoming, rather than achieving a fixed state wherein all problems are solved.

In sum, the integration of mental health, clinical, and life span developmental theories point to multiple converging aspects of positive psychological functioning.

**SUBJECTIVE WELL BEING**

Subjective Well Being is a complex construct that concerns optimal experience and functioning. Research on Subjective Well Being has been derived from two general perspectives: the Hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the Eudiamonic approach, which focuses on meaning and self-realization and defines Subjective Well-Being in terms of the degree to which a person is fully functioning ([Ryan and Deci, 2001](#)).

Subjective Well Being refers to a global, lasting and mental state of being which comprises perceived life satisfaction, presence of positive
affect and absence of unpleasant affect (Argyle and Lu, 1990; Diener et al., 1999).

Subjective Well Being is a broad category of phenomena including peoples’ emotional responses, domain satisfaction and global judgment of life satisfaction (Diener et al., 1999).

An approach to define a good life has come to be called “Subjective Well Being” (SWB) and in colloquial terms is, sometimes labeled “Happiness”. Subjective Well Being refers to peoples’ evaluations of their lives- evaluations that are both affective and cognitive (Diener, 2000).

COMPONENTS OF SUBJECTIVE WELL BEING

SWB is commonly considered to consist of three components: a cognitive component that refers to a Person’s Appraisal of Life Satisfaction, generally also known as Satisfaction With Life and two affective components that have been labeled Positive and Negative Affect. Research has shown that these three components are interrelated, yet distinguishable (Lucas et al., 1996). There has been ongoing debate with respect to the relation between positive and negative affect regarding their bipolarity versus independence/discriminant validity (Schimmack et al., 2002). Specifically, it is relevant as far as the combination of the three components into one composite score - overall subjective well being – is concerned. Another pertinent issue is the question about what role the intensity and the frequency of positive and negative affect play in regard to subjective well being. On the basis of several studies, Diener et al. (1991) concluded that the frequency is of primary importance. In sum, individuals are considered to have high SWB when they evaluate their life positively (indicating high life satisfaction) and frequently experience positive emotions, while rarely experiencing unpleasant ones (Diener and Lucas, 2000).
1. SATISFACTION WITH LIFE

Life Satisfaction is often conceptualized as one of three key aspects of Psychological (or Subjective) Well Being, the others being Positive Affect and Negative Affect (Diener et al., 1999).

Life Satisfaction refers to an individual’s personal judgment of Well Being and quality of life based on his or her own chosen criteria (Shin and Johnson, 1978; Diener, 1984; Diener et al., 1985). Veenhoven (1991) defined Life Satisfaction as “the degree to which an individual judges the overall quality of life as a whole favorably”

2. POSITIVE AFFECT AND NEGATIVE AFFECT

Watson and Tellegen (1985) proposed two-dimensional model of affect-Positive Affect and Negative Affect.

Positive Affect reflects the extent to which a person feels enthusiastic, active and alert. High positive affect is a state of high energy, full concentration and pleasurable engagement, where low positive affect is characterized by sadness and lethargy (Watson et al., 1988).

Negative Affect is a general dimension of subjective distress and unpleasant engagement that subsumes a variety of aversive mood states including anger, contempt, disgust, guilt, fear and nervousness, with low Negative Affect being a state of calmness and serenity (Watson et al., 1988). Watson et al. (1988) have demonstrated that the Positive and Negative Affect Schedule adequately captures the underlying mood factors.

Most studies have found Positive and Negative Affect Scales to have low or non-significant correlation with one another (Clark and Watson, 1988). Thus positive and negative affect have emerged as two dominant and relatively independent dimensions.

GRATITUDE

Throughout the history of ideas, gratitude has been defined in many ways. Adam Smith (1789/1976) defined gratitude as “the sentiment which
most immediately and directly prompts us to reward”. Similarly, Weiner and Graham (1989) defined gratitude as “a stimulus to return a favor to the other and thus reintroduce balance”.

In recognition of gratitude’s appreciative quality, Lazarus and Lazarus (1994) conceptualized gratitude as one of the “empathic emotions” that reflects recognition or appreciation of an altruistic gift.

In the same vein, Emmons and Crumpler (2000) wrote, “Minimally, gratitude is an emotional response to a gift. It is the appreciation felt after one has been the beneficiary of an altruistic act”.

Gratitude has been characterized as an emotion, an attitude, a moral virtue, a habit, a personality trait and a coping response (Watts et al., 2006). The word gratitude is itself derived from the Latin root gratia meaning grace, graciousness, or gratefulness. All of these have overtones of “kindness, generosity, gifts, the beauty of giving and receiving, or getting something for nothing” (Pruyser, 1976).

Gratitude is a cognitive-affective state that is typically associated with the perception that one has received a personal benefit that was not deserved or earned, but rather, due to the good intentions of another person (Emmons and McCullough, 2003).

McCullough et al. (2001) conceptualized gratitude as a moral affect because it results from and stimulates behavior that is motivated by a concern for another person’s well-being.

Simmons (1979) provides a useful typology of those factors inherent to the concept of Gratitude concept:

- The benefit must be granted voluntarily, intentionally, freely, and not for disqualifying reasons;
- The benefit must not be forced (unjustifiably) on the beneficiary against their will;
- The beneficiary must accept the benefit (or would accept the benefit if certain impairing conditions were corrected);
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- It must be the case that the person to whom gratitude is owed provided a benefit, or, through great effort or sacrifice, tried to provide a significant benefit.

**PARENTAL BONDING**

The parent-child relationship consists of a combination of behaviors, feelings, and expectations that are unique to a particular parent and a particular child. The relationship involves the full extent of a child's development (*Encyclopedia of Children's Health, 2010*).

Of the many different relationships people form over the course of the life span, the relationship between parent and child is among the most important. The quality of the parent-child relationship is affected by the parent's age, experience, and self-confidence; the stability of the parents' marriage; and the unique characteristics of the child compared with those of the parent (*Alfie, 2005*).

*Encyclopedia of Children's Health (2010)*, confirmed that as the child enters adolescence, biological, cognitive, and emotional changes transform the parent-child relationship. The child's urges for independence may challenge parents' authority. Many parents find early adolescence a difficult period. Adolescents fare best and their parents are happiest when parents can be both encouraging and accepting of the child's needs for more psychological independence.

Although the value of peer relations grows during adolescence, the parent-child relationship remains crucial for the child's psychological development. Parental Bonding has two dimensions, namely, **Perceived Parental Care** and **Perceived Parental Overprotection**, i.e., **Discouragement of Autonomy**. Authoritative parenting that combines warmth and firmness has the most positive impact on the youngster's development. Adolescents who have been reared authoritatively continue to show more success in school, better psychological development, and fewer behavior problems.
HOPE

The importance of ‘Hope’ has long been recognized (Snyder et al., 1991). The typical dictionary definition of hope emphasizes the perception "that something desired may happen" (Snyder et al., 1991). Recent scholarly writings on the topic of hope have amplified this definition principally by emphasizing the importance of goals. Most writers have postulated that hope is a unidimensional construct involving an overall perception that goals can be met (Stotland, 1969, Gottschalk, 1974).

Snyder (2002), proposed two major and interrelated elements of hope within a goal-setting framework. Hope in this model, involves reciprocal action between an efficacy expectancy reflecting the self-belief that one can achieve goals (agency) and an outcome expectancy reflecting the perception of one or more available strategies for achieving those goals (pathways). In this approach, hope "reflects the belief that one can find pathways to desired goals and become motivated to use those pathways" (Snyder et al., 2002). Hope is thus the product of two distinct cognitive processes, pathways thinking and agency thinking. Thus, hopeful people have goals to which they aspire, and believe in their ability to generate pathways towards them, and follow them through successfully.

The ‘agency’ component refers to a sense of successful determination in meeting goals in the past, present and future. The ‘pathways’ component refers to a sense of being able to generate successful plans to meet goals. More formally, hope is defined as a cognitive set that is based on a reciprocally derived sense of successful (a) agency (goal-directed determination) and (b) pathways (planning of ways to meet goals). The two components of hope are reciprocal, additive, and positively related, although they are not synonymous. From this perspective, the saying, "Where there is a will there is a way" is only partly correct. People who have a sense of successful goal directed agency (the will) typically should perceive paths (the ways) to reach their goals, but they may not. One can imagine instances in which the goal-directed agency is present but the pathways to the goal are not clearly perceived.
Conversely, one may perceive available pathways to a goal, but without the agency Snyder (2002). To sustain movement toward the goals in one's life, Snyder further argued that both the sense of agency and the sense of pathways must become operative. That is, both agency and pathways are necessary, but neither is sufficient to define hope.

Thus, hope in the present context is not a goal-related state that is objectively defined according to sources external to the person, but rather it is an enduring disposition that is subjectively defined as people assess their agency and pathways related to goals.

**STRESS**

The word "stress" is borrowed from physics and engineering where it has a very precise meaning, a force of sufficient magnitude to distort or deform when applied to a system. One of the common connotations of stress (a word derived from Latin) is hardship, strain, adversity or affliction (Shorter Oxford Dictionary, 1983).

A state of stress exists when unusual or excessive demands threaten a person's well being or integrity. Extraordinary efforts are needed to master the situation and there is the danger that coping capacities will be overwhelmed with the consequence of disturbed functioning, pain or anxiety, illness or even death (Korchin, 1986).

Stress is a general term to describe tense situations and reaction to stress usually has a strong emotional content. Selye (1950) defined stress as the nonspecific (that is, common) result of any demand upon the body, be the effect mental or somatic.

Stress is defined neither by the conditions acting on the person (the stressor), nor by the state of the person (coping resources, ego strength etc), nor by his reactions (stress responses), but rather by the interplay of the three (Korchin, 1986).

Stress is perceived to be interaction between the person and environment. Lazarus (1966) defined stress as an organizing concept that includes a number or variables and processes – relationship between the
person and the environment that is appraised by the person as taxing or exceeding his-her resources and endangering his-her well being.

Selye (1956) defined stress as the non-specific response of the body to any demand. Brooks - Gunn (1991) viewed stress as an individual response to events which is said to occur when an individual is confronted with an event that is perceived as threatening, requires a novel response, is seen as important (i.e. needs to be responded to), and for which an individual does not have an appropriate coping response available.

According to International Encyclopedia of Psychology (1996) stress is an adaptive reaction to circumstances that are perceived as threatening. It motivates people and can enhance performance. Learning to cope with adversity is an important aspect of normal psychological development, but exposure to chronic stress can have severe negative consequences if effective coping mechanisms are not learned. The stress of contemporary life could impair immunologic functioning and increase susceptibility to disease.

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

Type of Stressors
Stressors can be grouped into two categories:

a) Life Event Stress
b) Chronic Stress or Daily Hassles

Stressful Life Events
In the recent years attention is being paid to the life events which may not be very detrimental for the growth of society but can play havoc in the life of person affected. For instance destruction of one’s house in fire,
death of someone in the family, difficulties in job, marriage and various other threats or conflicts that many people face in their daily lives. Some of such events under certain conditions can act as powerful stressors that affect people’s lives directly or indirectly.

According to Encyclopedia of Stress (2000), a life event stress is a comprehensive list of external events and situations (stressors) that are hypothesized to place demands that tend to exceed the capacity of the average person to adapt. The difficulty in adaptation leads to physical and psychological changes or dysfunction, creating risk for psychological disorder or physical disease.

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

Daily Hassles or Chronic Stress

Hassles are irritants, things that annoy or bother, which can make a person upset or angry, where as uplifts are events that make one feel good, joyful, glad or satisfied. Some hassles and uplifts occur on regular basis and others are relatively rare. Hassles and uplifts are related to health of an individual.

Stress Symptoms

According to European Agency for Safety and Health at work (2010), “People experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands. There is overwhelming evidence that stress is a particularly important mediator of health-behavior relationships because it is a common and inevitable aspect of life and its broad effects can influence a range of bodily systems and behaviors (Cohen and Williamson, 1988). Stress is the wear and tear of life caused by an excessive demand on the body system to cope.
PERSONALITY

The concept of Personality has retained its fascination for the thinkers all over the world (Mohan, 2000). ‘Personality’ refers to a general style of interacting with the world, especially with other people – whether one is withdrawn or outgoing, excitable or placid, conscientious or careless, kind or stern. A basic assumption of the personality concept is that people do differ from one another in their style of behavior, in ways that are at least relatively consistent across time and place (Ferguson, 2000).

Personality has been recognized as a very important determiner of human behavior. This popular concept of personality reflects its origin in the classical Latin word ‘persona’ a mask worn by Roman actors. In 2nd century A.D. Galen gave the concept by giving the doctrine of four temperaments, viz., the melancholic, the choleric, the sanguine, and the phlegmatic. Jung (1923) in his widely accepted type theory utilized the term extroversion and introversion. Extroversion according to Jung was defined as a turning outward of libido on to people and objects in the external world and introversion was described as inner directedness. According to most personality psychologists, ‘personality’ refers to “characteristics that are pervasive and enduring and form a central part of the person's identity” (Costa and McCrae, 1995).

Personality factors have an immense role to play in the causation of chronic disorders and impinge upon a person's ability to combat stresses of life (Mohan and Claire, 1968; Mohan, 1978). Stress, by itself, does not cause illness; one's personality plays a significant role in determining one's resistance or vulnerability to disease as put forth by interaction model of stress by Lazarus (1984).

Eysenck's Theory of Personality

Eysenck’s theory of personality is one of the formidable attempts in presenting a complete and explanatory theory. Eysenck (1968) defined personality as, "a more or less stable and enduring organization of a person’s character and temperament, intellect and physique which
determines his unique adjustment to the environment”. Eysenck’s definition of personality revolves around four behavior patterns: the cognitive, the conative, the affective and the somatic. Thus, personality, according to Eysenck, is the sum total of actual or potential behavior patterns of organism as determined by heredity and environment. Eysenck developed and presented an exhaustive personality theory on the basis of intensive research over the years (1947, 1960, 1963, 1967, 1971, 1981). He posited four independent major dimensions of personality, viz., Extraversion/introversion (E/I), Neuroticism (N), Psychoticism (P) and Intelligence (cognitive ability) (Mohan et al., 1987; 2000).

The Dimensional Approach

The three basic dimensions of personality by Eysenck et al. (1985) are Extraversion/Introversion, Neuroticism and Psychoticism. Later on another dimension called lie (social desirability) scale was added in the personality questionnaire of Eysenck.

Extraversion/Introversion

Eysenck and Eysenck (1968) proposed that extraversion refers to the outgoing, uninhibited, impulsive and social inclinations of person. The typical extravert is sociable, likes parties, has many friends, needs to have people to talk to and does not like reading or studying by himself. He craves for excitement, takes chances, often sticks his neck out, acts on the spur of the moment, and is generally an impulsive individual. He is fond of practical jokes, always has a ready answer, and generally likes to laugh and be merry. He prefers to keep moving and doing things, tends to be aggressive and loses his temper quickly; although his feelings are not kept under tight control. He is not always a reliable person.

The typical introvert is a quiet, retiring sort of person, introspective, fond of books rather than people; he is reserved and distant except to intimate friends. He tends to plan ahead, looks before he leaps. He does not like excitement, takes matters of everyday life with proper seriousness,
and likes the well-ordered mode of life. He keeps his feelings under close control, seldom behaves in an aggressive manner and does not lose his temper easily. He is reliable, somewhat pessimistic and places great value on ethical standards (Eysenck, 1965).

Neuroticism

Second major personality dimension deduced by Eysenck (1947) was neuroticism/stability. Neuroticism refers to a general, emotional over responsiveness, emotional liability, and liability to neurotic breakdown under stress. Neuroticism is closely related to the inherited degree of liability of the autonomic nervous system (Eysenck, 1964, 1967). According to Eysenck and Eysenck (1968), neuroticism as contrasted to emotional stability is very much similar to anxiety.

A high scoring individual on neuroticism tends to be anxious, worrying, over responsive and depressed. He reacts too strongly to all sorts of stimuli and finds it difficult to get back on an even heel after each emotionally arousing experience (Ibrahim, 1979). His strong emotional reactions interfere with his proper adjustment, making him react in irrational ways (Eysenck and Eysenck, 1975). Such individuals frequently complain of vague somatic upsets of minor kind, such as headaches, digestive troubles, insomnia, backaches etc. and also report many worries, display anxieties and other disagreeable emotional feelings. Such individuals are predisposed to develop neurotic disorder under stress, but such predispositions should not be confused with actual neurotic breakdown. A person may have high scores on neuroticism, yet functioning adequately in work, sex, family and social sphere (Eysenck and Eysenck, 1968).

Psychoticism

Eysenck and Eysenck (1975) and Howarth (1986) reported that a high scorer on Psychoticism possesses the following traits: Impulsiveness, lack of cooperation, oral pessimism, rigidity, lower super ego controls, low
social sensitivity, low persistence, lack of anxiety, egocentric, impersonal, lack of feelings of inferiority, unempathic, creative, aggressive, cold, antisocial and tough minded.

A high scorer on Psychoticism is described as being solitary, crude, inhuman, insensitive, hostile and aggressive.

**Lie-Scale (Social Desirability)**

The lie (social desirability) scale (L) was first incorporated in the Eysenck Personality Inventory (EPI) to measure a tendency on the part of the subjects to fake good responses. A series of factorial and experimental studies have been carried out to investigate the nature of this scale in some detail (Eysenck, 1971). This scale possesses a considerable degree of factorial unity.

It is being considered as a tendency to respond in a socially desirable way; it is variously described as a desire to conform to social norms (Edwards, 1954); nice personality (Skinner et al., 1970); ideal self and ideal responses (Choudhary, 1972).

Verma (1977) on the basis of exhaustive review of literature on the Lie (social desirability) scale was of the opinion that this is a powerful independent factor of personality, which needs to be studied in its own right.

**HAPPINESS**

One of the central topics of concern to Positive Psychology is Happiness’ (Seligman and Csikszentmihalyi, 2000). Many Psychologists and Philosophers have defined Happiness in their own way. Hartman (1934) said happiness is “a relatively permanent state of well-being characterized by dominantly agreeable emotions ranging in value from mere contentment to positive felicity”. Hart (1940) opined “happiness is any state of consciousness which the person seeks to maintain or attain”. Cassel (1954), happiness is a pleasant state involving “goal-setting and goal-striving with ego-involvement on the part of the individual”.

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Wilson (1967) opined that happiness is a lasting, complete and justified satisfaction with life. Schulz (1979) said," Happiness is integration (of identity), fulfillment (of needs) and extension (contrary to alienation). Veenhoven (1984) defined happiness as "the degree to which an individual judges the overall quality of his life-as-a-whole favorably."

Myers and Diener (1995) described happiness as "By most accounts, happiness includes the experience of joy, contentment, or positive well-being, combined with a sense that one's life is good, meaningful and worthwhile. Happiness is a subjective phenomenon for which the final judge should be ‘whoever lives inside a person's skin’.

Seligman and Csikszentmihalyi (2000) further explained that happiness may refer to three domains viz.

1. The past (satisfaction, contentment, fulfillment, pride and serenity).
2. The present (joy, ecstasy, calmness, zest, ebullience, pleasure and flow) and
3. The future (optimism, hope, faith, trust).

Two perspectives of Happiness have been well documented in the past are- Hedonism and Eudiamonism perspective. Hedonic perspective says that happiness is composed of three related components: positive affect, absence of negative affect and satisfaction with life as a whole (Argyle et al., 1989). The Eudiamonic perspective added a fourth component of happiness that concerns self-fulfillment and other “depth” elements such as purpose in life and personal growth (Ryff, 1989). Both of these are explained later, under the headings of Subjective Well Being (Hedonic perspective) and Psychological Well Being (Eudiamonic perspective) respectively.

**OPTIMISM**

A useful definition of optimism was offered by anthropologist Lionel Tiger (1979). He defined optimism as "a mood or attitude associated with an expectation about the social or material future -one which the evaluator
regards as socially desirable, to his (or her) advantage, or for his (or her) pleasure”.

The past decade, the concepts of Optimism and Pessimism have generated a great deal of research interest in the areas of Personality, Social and Clinical Health Psychology (Chang, 1998). Optimism is an important psychological construct. Research by a number of psychologists has documented diverse benefits of optimism and concomitant drawbacks of pessimism. Optimism, conceptualized and assessed in a variety of ways, has been linked to positive mood and good morale; to perseverance and effective problem solving; to academic, athletic, military, occupational, and political success; to popularity; to good health; and even to long life and freedom from trauma (Peterson, 2000).

The Comprehensive Dictionary of Psychology defined Optimism as “a highly general attitude or personality trait that sees good in most objects and events and expects outcomes to be favorable”.

The personality disposition of Optimism facilitates one in goal directed behaviors, helps in coping with stress in a better fashion (Scheier and Carver, 1985) and leads to health enhancing states. It thus confers beneficial effects on physical well-being.

Scheier and Carver (1992) studied the personality variable they labeled as dispositional optimism: the global expectation that good things will be plentiful in the future and bad things, scarce. Scheier and Carver (1985) opined that optimism is a general feeling and inclination to hopefulness and confidence. It is a disposition to take a bright and hopeful view of things. It is one extreme of continuum with the other extreme being pessimism.

Optimists are people who expect good things to happen to them. Pessimists are those who expect bad things. Folk wisdom has long held that this difference matters and contemporary research supports this assertion. Just as common sense definition of optimism and pessimism rest on expectations for the future so do scientific theories. These theories
thereby link optimism and pessimism to a long tradition of expectancy – value models of motivation. The result is that the concept of optimism, although based in folk wisdom is also firmly grounded in decades of work on motivation and behavior (Kazdin, 2000).

**ANGER EXPERIENCED AND ANGER EXPRESSION STYLES**

Anger is a negative and destructive human emotion. Anger is a very important psychological construct and plays a prominent role in health especially cardiovascular health. Anger refers to unpleasant emotional state ranging from mild irritation or annoyance to rage and fury, usually in response to perceived mistreatment or provocation (Spielberger et al., 1988).

According to Spielberger et al., “The concept of ‘Anger’ refers to emotional state that consists of feeling that varies in intensity, form mild irritation or annoyance to intense fury and rage When anger is expressed in some specific situations for a short while, it is referred to as State Anger and when it is a personality predisposition that is a preferred way of reacting to life situations, it is referred to as Trait Anger. Although ‘hostility’ usually involves angry feelings, this concept has the connotations of the complex set of attitudes that motivate aggressive behaviors directed towards destroying objects or injuring other people. While anger and hostility refer to feelings and attitudes, the concept of aggression generally implies destructive or punitive behavior directed towards other persons or objects.

**Expression of Anger**

Spielberger et al. (1988) gave three anger expression styles viz Anger In, Anger Out and Anger Control. Individuals may be classified as Anger Out if they express anger towards other person or objects in the environment. It generally involves an increase in state anger and the manifestation of aggressive behavior. Anger directed towards others may be expressed in physical acts, such as assaulting other person, destroying
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objects and slamming doors, verbal threats and the extreme use of profanity.

Persons who direct anger inward, towards ego or self or who hold in (suppress) the anger are classified as 'Anger In'. With psychoanalytic conception, thoughts and memories relating to anger provoking situations and even feelings of anger, themselves may be repressed or denied. But in contrast, the suppressed anger is consciously experienced as an emotional state, i.e. anger varying in intensity and fluctuating over time as a function of the provoking circumstances (Spielberger et al., 1988). 'Anger Control' refers to how much an individual can control his angry feelings and maintain calm and composure.

Since expression of anger is distinct from experience of anger, control of anger is another facet of anger expression. Anger control refers to individual’s effort to control one’s temper, keep one’s cool and calm down faster.

FORGIVENESS

Positive Psychology as described by Seligman and Csikszentmihalyi, (2000) conceptualizes ‘Forgiveness’ as an important human virtue and therefore being the desirable outcome of conflict. As greater emphasis is placed on Positive Psychology, forgiveness has risen to major status as a concept with positive implications for psychological and physical well-being (Enright and Fitzgibbons, 2000; Worthington, 2005). Research on forgiveness has increased dramatically over the past 15 years, with a large number of studies addressing the dispositional characteristics and correlates of forgiveness.

According to the psychotherapy literature, forgiveness helps to restore relationships, release bitterness and anger, and heal inner emotional wounds (DiBlasio and Proctor, 1993) and it is being effectively used as an intervention for helping couples, families and individuals bridge gaps created by imperfect relational processes (Hargrave and Sells, 1997). Promotion of forgiveness has recently emerged as an area of great
interest to researchers and clinicians as a means of coping with interpersonal conflicts (McCullough et al., 2000). It may be a fundamental means of conflict resolution especially for deep hurt from an unfair injury (Hope, 1987).

The reasons why people forgive or fail to forgive in general or in particular circumstances have been examined in many empirical studies (Enright and Fitzgibbons, 2000; McCullough et al., 2000). These reasons range from very general personal-level ones (e.g., agreeableness), to relational-level ones (e.g., previous acquaintance with the offender), to psycho-attributional ones (e.g., perceived offender’s repentance), to very concrete offense-related ones (e.g., cancellation of the consequences of the offense).

COPING

Individuals cannot remain in a continuous state of tension. Even if a deliberate and conscious strategy is not adopted to deal with stress, some strategy is surely adopted. According to Lazarus (1981) coping refers to cognitive and behavioral efforts to manage disruptive events that tax the person’s ability to adjust. Coping responses are a dynamic series of transactions between the individual and the environment, the purpose of which is to regulate internal states and/or alter person-environment relations (Lazarus and Folkman, 1984).

Coping is a survival mechanism conceptualized as a transaction between an individual and the environment in which a response is directed at minimizing the psychological, emotional and physical burdens associated with a stressful situation (Synder and Dinoff, 1999). It consists of constantly changing cognitive, behavioral and emotional efforts to manage particular external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus and Folkman, 1988).

According to Mohan (2003) coping is a continuous cognitive and behavioral process of overcoming stress and stressful consequences of external forces.
Moos and Billings (1982) have organized the dimensions of appraisal and coping included in measurement procedures into three domains:

1. **Avoidance – Focused Coping**: It involves attempts to define the meaning of a situation and includes such strategies as logical analysis and cognitive redefinition.

2. **Task – Focused Coping**: This seeks to modify or eliminate the source of stress.

3. **Emotion – Focused Coping**: This includes responses whose primary function is to manage the emotions aroused by stressors and thereby maintain effective equilibrium.

**MENTAL HEALTH**

Longman’s Dictionary of Psychology and Psychiatry (1984) defines mental health as a state of mind characterized by emotional well being, relative freedom from anxiety and disabling symptoms and a capacity to establish constructive relationship and cope with ordinary demands and stresses of life. Health and pursuit of well being is the basic right of every individual and should be everyone’s motive. Mental health has been mentioned as the ability of the person to balance one’s desires and ‘aspirations’, to cope with life stresses and to make psycho-social adjustments (Veenhoven, 1991).

According to Carstairs and Kapoor (1976) “The concept of ideal social functioning is the social equivalent of ‘Positive mental health’ According to Wig (1979) In the larger context, mental health is the other name of quality of life…."

Bhatia (1982) defined mental health as the ability to balance feelings, desires, ambitions and ideals in one’s daily living. It means the ability to face and accept the realities of life.

The World Federation of Mental Health (Wig, 1996) has recently come out with a three point definition of mental health based on the following three criteria:
A person who is mentally healthy must be comfortable within himself or herself: if you are not comfortable within yourself, if you are tense, nervous, fearful, sad, aggressive or suspicious, you are not mentally healthy, at least not for the time you are having such negative emotions.

A person who is mentally healthy is not only comfortable within oneself but also makes others comfortable around him or her. It is a very important component of the definition. You may be very happy and comfortable within yourself but if you are making the life miserable for those around you, you are not a mentally healthy person. In fact the degree of your mental health can be judged from the faces of those who are in your company. Ultimately mental health is a kind of balance or harmony between our self interest and social responsibility.

A mentally healthy person is constantly striving to improve further. A mentally healthy person never feels that he/she has reached perfection because he/she is always making further efforts for self improvement.

Mental Health is aptly defined as the full and harmonious functioning of the total personality, realizing one’s full potential.

PERCEIVED HEALTH STATUS

Health is an indispensable entity in human beings. Health can be defined in a variety of ways and definitions have undergone substantial change over the years.

According to Bhatia (1982), “Health is a state of being hale, sound or whole in body and mind”. Health has been alleged to be a complete state consisting of not merely the absence of illness but the presence of something positive (Ryff and Singer, 1998).

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

B. REVIEW OF RELATED STUDIES

1. PSYCHOLOGICAL WELL BEING, SUBJECTIVE WELL BEING, GRATITUDE AND FAMILY DYNAMICS

Sullivan and Sullivan (1980) demonstrated that the move to college was related to increased affection, communication and satisfaction with the students' relationship with their parents. Moreover, the college transition experience, like any other major transition in ones' life, can be risky, and close, supportive relationships may help students adjust to their new and demanding college life (Rice et al., 1995). Cooper et al., 1995 opined that it is expected that most adolescents will continue to identify their parents as their support figures in times of stress. Borkowski (2001) opined that parenting, assessed through many methodologies, is a consistent, yet often modest, predictor of children’s outcomes. Each perspective on parenting, along with each report of child outcomes, provides a slightly different account of behavior and functioning (Fiske, 1987). The differences in parenting behaviors will ultimately result in differences in child outcomes Sharma and Vaid (2005).

Pasley and Gecas (1984) said that Individuals with high self-esteem and self-reported state and trait happiness are more likely to look back at their childhoods in a positive light. Adolescence is a period of transition for families, a time when parents report being the most concerned about their parenting responsibilities. Pubertal development and other changes during this period are related not only to increases in negative affect (Ge et al., 2001) but also to changes in the ways adolescents and parents interact. Parent-adolescent relationships also tend to become more reciprocal in nature during adolescence, with both parents and offspring taking an active role in redefining their relationship; this process, however, may be accompanied by conflict.

Verma (1988) found that parental rejection and unkindness ranging from constant disapproval on neglect too harsh abuse (which spring from misfortunes and frustrations in the parents' own life) lead to high level or
aversion and maladjustment in their offspring. And it was also found that mothers who considered physical punishment as necessary are generally dissatisfied with their own and the same kind of behavior generally passes onto their children later.

Lamborn et al. (1991) findings indicate that young people benefit most from authoritative parenting and least from authoritarian and permissive parenting. Adolescents who come from homes characterized as authoritative are better adjusted and more competent, they are confident about their abilities, competent in the areas of achievements and less likely to get into trouble. In contrast adolescents coming from authoritarian homes score reasonably well on measures indexing obedience and conformity to the standards of adults but have relatively poorer self-conception than other youngsters. Eccles et al. (1991) indicated that adolescents desire a gradual increase in the opportunity to participate in decisions that affect their lives and excessive parental control is linked to more negative changes in self-esteem. Hence the role of parents in the social development of adolescents is of paramount importance.

Wenk et al. (1994) while studying the longitudinal data from the National Survey of Children tried to examine the influence of mother and father’s involvement during childhood and adolescence on the well being of the sons and daughters. Three independent measures of well-being self-esteem, life satisfaction and mental health were analyzed. It was found that children’s perceptions of their relationships with the mother and father seem to be more salient in determining how children felt about themselves and their lives.

Allen et al. (1994) reported two types of conflict resolution were identified as particularly noteworthy when considering the relations between conflict and adolescent adjustment. The Negative resolution type, characterized by high levels of conflict engagement, exit, withdrawal, and, to a lesser extent, compliance, was least common among the study participants, but was related to more conflicts with fathers and with
mothers and was related to significantly higher levels of aggression, depression, and anxiety than the other types, the relation between internalizing problems and conflicts was highest for this type. Although conflicts were generally more strongly related to externalizing problems than to internalizing problems, this was not the case for the Negative conflict resolution type. For this type, conflicts with parents were more strongly related to depression and anxiety than for the other adolescents. These relations may arise from a cycle of a search for autonomy and depression. Depressed adolescents have more difficulties establishing autonomy with parents, and describe their relationship with parents as enmeshed (Jewell and Stark, 2003). The history of conflict with authority and the hostile emotional tone in these parent-adolescent relationships may lead to internalizing problems for adolescents.

McHale et al. (2003) studied the links between parents’ differential treatment and children’s well-being and dyadic family relationships. They assessed over hundred adolescents and found that parental treatment patterns were linked to differences between the siblings’ well being and both sibling and parent-child relationships.

Carson and Parke (1996) reported that the type of parenting a child receives plays an important role in their social development. Researchers attend to both positive and negative aspects of mental health. Bipolarity predicts mirrored biological correlates (i.e. well being and ill-being correlates similarly with biomarkers, but show opposite directional signs), whereas independence predicts distinct biological correlates (i.e. well being and ill being have different biological signatures. Psychological well being and mental maladjustment are instantiated in biology. Population-based inquiries and challenge studies constitute important future directions.

Chilcoat and Breslau (1997) gave several explanations for the tendency of depressed mothers to report higher levels of problems for their children and adolescents have been suggested. They suggested that it may be the case that parents who experience psychological symptoms are
more likely to have children and adolescents who also experience psychological symptoms due to genetic and environmental factors. They found that children of depressed mothers have more internalizing behavior problems than do their peers.

Brown et al. (1998) found in a longitudinal research that feelings of self-esteem tend to decrease somewhat as girls become adolescents, with different patterns emerging for different ethnic groups. Particularly in early adolescence, some studies have shown that boys tend to have higher global self-esteem than girls (Chubb et al., 1997).

Engels et al. (2001) reported that the relation between parental attachment and emotional adjustment increases between early and middle adolescence, and Oosterwegel and Oppenheimer (2002), have also shown with a variety of measuring instruments that parents retain their influence throughout adolescence. Attachment to parents has been linked to emotional, social, and psychological well being in several studies of young adults.

Domitrovich and Bierman (2001) characterized warmth as parents' emotional expression of love and empathy, and their creation of a warm trusting and accepting atmosphere. Coercive control refers to external pressure parents place on their children by using such practices as harsh discipline, bullying, deprivation of privileges, hostility, and threats. Research indicates that both parental warmth and coercive control are related to problem behavior of the adolescent. Lower levels of warmth have been related to internalizing behavior problem such as social withdrawal, psychological distress and somatic symptoms. Berk (2000) confirmed that across time, parent-adolescent relationships have been complicated by the developmental needs of adolescents, and parents' struggle to respond appropriately to these needs. Adolescents' quest for autonomy and their own identity, the importance of the peer group, in themselves carry, and have historically carried, the potential for a rift between parents and adolescents.
Buist et al. (2002), said that the perceived strength of parental attachments decline from early through middle adolescence. High school is, in all three societies, the period when adolescents describe the quality of their parental attachments as lowest. This is consistent with Western cultural stereotypes and research evidence of parent child conflict during this period (Collins and Laursen, 2004).

Steinberg and Silk (2002), found that although some adolescents have serious interpersonal problems with their parents, the majority of adolescents feel close to their parents, respect their parents’ judgment, feel that their parents love and care about them, and have a great deal of respect for their parents. Supportive parent-adolescent relationships provide a valuable source of support for adolescents dealing with life problems (Lansford, 2000).

Spinath and O’Connor (2003), asserted that an important consequence of parent-adult child ties is provision of biographical continuity for the members of the dyad. Parent-child bonds are characterized by a long, shared history of which several decades may be lived out in adulthood. The effect of relationship maintenance can be, on the positive side, the realization of family solidarity, an enduring sense and expression of belongings, identity, shared values, and positive sentiment. Contrarily on the negative side, the effects can be embroilment in ongoing family conflict or disengagement rather than solidarity. By action and by example, parents shape the lives of their children from birth through adulthood. In adolescence, the influence of friends and peers take on greater importance, but research clearly demonstrates the continued significance of parents in shaping the behaviors and choices of teens as they face the challenges of growing up (Lopez et al., 2000). Close parent/adolescent relationships, good parenting skills; shared family activities and positive parent role modeling all have well-documented effects on adolescent health and development. These are also areas where parents can make choices to make positive changes for their children, and where social policy can help support parents in taking such
steps. In this brief, we report data on teens’ experiences in their families with a particular focus on difference.

Hornor (2005) asserted that when children witness or suffer conflicts in the family or have a unhealthy familial atmosphere, adolescents exhibited a high rate of internalizing behavior problems. In more specific, children living within a family or a home with conflicts and are witnesses of their parents’ violence, have been found to become goals or victims of abuse, neglect, and homicide themselves. Regardless of the type of inter-parental conflict, be it in the forms of inter-parental, mother-adolescent or father-adolescent, it is a consistent predictor of internalizing behavior problems.

Oyserman et al. (2004) suggested that parents are responsive to the characteristics, behavior and developmental phase of their children, meta-analysis documented few studies focused on parenting during the phase of interest in the current study—the teen years, 11–18 (only 16% of studies), but they suggest that parents of adolescents are less warm in their parenting than they are before or after this developmental phase. In across-situation analysis Holden and Miller (1999), they found the most difference in parent responsiveness, positive affect and control—the basic elements of parenting style, and the least difference in monitoring—a variable that others have found important when predicting risk of delinquent involvement. Child gender may also prompt differences in what parents do to enact authoritative, authoritarian, and permissive parenting.

Meeus et al. (2005) found that parental support decreases with age, and so too does its association with emotional adjustment. In other words, as adolescents become older, they experience less parental support, while its importance for their emotional adjustment also declines. The opposite pattern is observed for the development of identity: as adolescents become older, their relational and societal commitments become stronger, and the strength of these commitments also becomes more important for their emotional adjustment. The support which adolescents receive from their parents with respect to relations and school/work decreases during
the course of adolescence, and also becomes less important for their emotional adjustment. The importance of the parents thus decreases in both domains in two respects, and this can be described as a separation effect.

Lagace-Seguin et al. (2006) said that emotion coaching parenting was negatively related to rough-and-tumble play for children low in negative affect but not for children high in negative affect. Goodness of fit, overprotective parenting and their overall importance for children's social development were determined to be cognitively related to the development of the offsprings. Adolescence marks a quest for self-identity and parents play an important role in shaping this identity (Sharma and Vaid, 2005).

Emmelkamp (2006) suggested that a significant amount of variance of Type A behavior can be accounted for by perceived parental characteristics, especially rejection and lack of emotional warmth and negative evaluation of children by their parents may lead to an internalized maladaptive cognitive set in the children, Rai et al. (2009).

Shearman and Dumlao (2008) suggested that family life involves constant management of tension between autonomy and connection. This tension can result in conflict as young adults claim independence from family members. Conflict between young adults and parents may continue for as long as 10 years, though the issues may change as the family redefines itself and changes to a new life stage (Comstock, 1994).

Branje et al. (2009) reported that some conflict with parents can thus be regarded as a normal part of family relations during adolescence, and these conflicts have a clear function in adolescent development of autonomy and individuation (Steinberg, 2001). However, too many conflicts may be a risk for adolescent psychosocial adjustment and well-being (Cooper, 1988). The conditions under which parent-adolescent conflicts are positively versus negatively related to adolescents’ psychological functioning are as yet not clearly understood. The present study investigates whether the relation between parent-adolescent conflicts and adolescent behavioral problems depends on the way
adolescents handle and resolve their conflicts with parents. Song et al. (2009) said parental and peer relationships are also shaped by broader cultural values that help to define family relationships and their importance to the development of self.

Frijns et al. (2010) found that adolescents who are never exposed to their parents’ perspective, wrath, support or guidance, may result in a closed system of secret-related thoughts and distorted perceptions that are never challenged, which could lead to increased internalizing and externalizing problems in them.

2. PSYCHOLOGICAL WELL BEING, SUBJECTIVE WELL BEING, GRATITUDE AND THEIR CORRELATES

George and Okun (1984) investigated if physical health is related to well-being and positive emotions valence in individuals. Researchers concluded that health is strongly related with well-being. This association, however, holds only for self-reported health measures where an emotional component creeps.

Scheier and Carver (1985) found that optimists are better adjusted than pessimists due to their tendency to change conditions related to a stressful situation rather than ignore or withdraw from it. Optimists are likely to cope effectively with stress, whereas pessimists are likely to react emotionally.

Larsen (1985) opined that positive automatic thoughts have an impact not only on immediate well-being, but also on future well-being. It seems that intense positive emotions are often attended by increased unpleasant affect (Larsen and Diener, 1987).

Wilson (1967) investigated correlates of happiness. Findings replicated successfully showed happiness to be unrelated to wealth of parents, education of parents, IQ and school success and to be related to (a) health, good social relations, and good family relations.

Hottard et al. (1989) revealed that previous research showed a relation between Extraversion and subjective well-being (SWB), and that
the sociability component of Extraversion primarily accounts for this relation. It was also found that extraversion was correlated with response to a positive mood induction, whereas neuroticism was related only to response to a negative mood induction. Individuals high in Extraversion and low in Neuroticism were predisposed to be happy and healthy.

Waterman (1993) found that Eudaimonia is comprised of happiness and meaning. \( \text{Well-being} = \text{happiness} + \text{meaning} \). Understand virtue and the social implications of daily behavior. Those who seek well-being be authentic and live according to their real needs and desired goals. It was further believed that eudaimonia (human flourishing associated with living a life of virtue), happiness based on a lifelong pursuit of meaningful, developmental goals (doing what is worth doing), was the key to the good life. There has been increasing appreciation within psychology of the fundamental importance of warm, trusting, and supportive interpersonal relationships for wellbeing (Baumeister and Leary, 1995). Lamborn and Steinberg (1991) postulate that autonomy achieved in context of warm, supportive parent-child ties are associated with high self-esteem, self-reliance and work orientations.

Diener and Diener (1996) found that previous research has shown that although most people are above neutral in terms of well being, very few people report being very happy, and those who do rarely stay that way for a long time (Diener and Seligman, 2002). As global life satisfaction increases, the potency of each negative event increases with it, so that more positive events are needed to mitigate each negative event. This threefold structure of emotional well-being consists of life satisfaction, positive effect, and the absence of negative affect (Shmotkin, 1998).

Schmutte and Ryff (1997) found that extraversion, conscientiousness, and low neuroticism were linked with the eudaimonic dimensions of self-acceptance, mastery, and life purpose: openness to experience was liked to personal growth; agreeableness and extraversion were linked to positive relationships; and low neuroticism was linked to autonomy.
Ramanaiah et al. (1997) indicated that based on five personality factors (Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness) high and low satisfaction groups had significantly different personality profiles i.e. happy and unhappy people differed on personality dimensions.

John and Srivastava (1999) found that in the recent years, there has been a consensus that the Big Five traits of extraversion, neuroticism, conscientiousness, openness, and agreeableness represent most of personality at the highest level of abstraction. These variables cover the breadth of personality, including such variables as pro-sociality (under agreeableness); positive emotions, social outgoingness, and energy (under extraversion); and negative emotions, depression, and anxiety (under neuroticism) (Costa and McCrae, 1995). As may be expected from a well-being variable, gratitude is positively correlated with extraversion, agreeableness, openness, and conscientiousness, and negatively correlated with neuroticism (Gillett et al., 2008), together the Big Five variables explain between 21% and 28% of the variance in gratitude (McCullough et al., 2002). The Big Five variables are correlated with PWB, raising the possibility that gratitude is only linked to PWB because of the third variable effects of the Big Five. The Big Five traits represent some of the most studied variables over the last 50 years (John and Srivastava, 1999). McCullough et al. (2002) argued that for gratitude research to have an impact on personality psychology it is necessary to show that the variable has incremental validity above the effects of the Big Five personality traits.

Keltner and Kring (1998) reported that their experience and expression of positive emotions promote engagement with others, cooperation among individual and groups, and positive intimate relationships. People's efficacious beliefs in their fallibility to express and share positive emotions with others sustain the pursuit of their goals and certainly help them in building the satisfying interpersonal relationships that constitute a" main source of well being.
Diener et al. (1999) found that the emotional model posited suggested that individuals’ appraisals of their own lives capture the essence of well-being. Psychological and social well being provided useful frameworks for conceptualizing human functioning. Taken together, subjective descriptions of emotional well-being (i.e., happiness) and objective descriptions of psychological and social well being, constitute a more complete portrayal of mental health (Keyes and Lopez, 2002).

Uehara et al. (1999) conducted a study on a clinical sample, to investigate the relationships between coping strategies and personality traits. Task-oriented coping showed a positive correlation with Extraversion and frustration tolerance. Emotion-oriented coping was closely associated with Neuroticism. Avoidance-oriented coping was related to Extraversion.

Kinnunen and Pulkkinen (2001) found that well being among members of adolescent population is influenced by the extent to which their adult children fulfill traditional norms of obligation. Well being depends on having needs met within a loose-knit, flexible network of relatives and Active Kin. Later in an attempt to assess parent-child relations in detail it was found that close parent/adolescent relationships, good parenting skills, shared family activities and positive parent role modeling all have well-documented effects on adolescent health and development. Close relationships, healthy open communication, and perceived parental support are especially important during adolescence, as children experience many physical and emotional changes.

Watson (2000) reported that the recent literature on the relevance that positive emotions may have in human functioning and good adaptation. In particular, while the negative effects of negative emotional experiences on health, relationships, and longevity have been well established, it is relatively novel to recognize the valuable contribution that positive affect can exert on these outcomes.

Clore et al. (2001) reported that happiness is associated with increased confidence, whereas sadness or depression is associated with decreased confidence and lesser well being. Ryan and Deci (2001) further
Review of Literature

claimed that well-being is a complex construct that concerns optimal experience and functioning. The basic structure of psychological well-being, discussions nearly always center around the distinction between positive and negative affect and life satisfaction.

McCullough et al. (2001) found that gratitude is involved in various social processes, and is an important part of mental health and well-being (Bono et al., 2004).

Lucas et al. (2002) argued that by looking at subjective well being within individual outcome, researchers will find that life events and life changes have important implications for well being beyond the effects of personality. Regardless of the origins of individual differences, personality and subjective well-being researchers must develop precise theories that can explain why certain individuals are chronically happier and more satisfied with their lives.

Caprara and Steca (2004) worked on the importance of Positive thinking among relationship building. They found that it is more stable over time and holds stronger relations with a variety of other indicators of well being, such as health, psychological well being, emotional stability, and depression.

Gutie´rez et al. (2005) opined that positive experience has gained growing recognition by scholars in diverse disciplines who have paid great attention to an understanding positive physically aimed at promoting well-being, given the assumption that even problematic aspects of individual experience may be better addressed by acknowledging, strengthening, and promoting potentials, as well as by feeling good (Schwarz and Strack, 2000). Positive experience has gained growing recognition by scholars in diverse disciplines who have paid great attention to an understanding positive physically aimed at promoting well-being, given the assumption that even problematic aspects of individual experience may be better addressed by acknowledging, strengthening, and promoting potentials, as well as by feeling good. It was also found that the relatively high degree of relations among self-esteem, optimism and life satisfaction.
SWB has been linked to heredity (Lykken and Tellegen, 1996) to personality traits to situations, and to judgemental processes.

The "broaden and build" theory of positive emotions (Fredrickson and Branigan, 2005) contends that positive emotions, such as gratitude, engender a variety of wide-ranging positive effects at both the individual and the societal levels, including social cohesiveness (gratitude literally involves the "giving of thanks"), creativity (gratitude would seem to command a response above and beyond mere reciprocity), and psychological resilience (by exerting an "undoing effect" on negative emotions) (Fredrickson, 2004). According to Fredrickson, emotions such as gratitude generate a "positive spiral" and improved well being, both of which may act as significant facilitators of collective unity (Fredrickson and Branigan, 2005).

Bono and McCullough (2006) suggested forgiveness may lead to increased optimistic thinking and decreased hopelessness, increased self-efficacy, higher levels of perceived social and emotional support, and, for some, a greater sense of transcendent consciousness and communion with God—all of which might promote physical health. Indeed, forgiveness is negatively related to excessive defensiveness, blame, and thoughts about revenge, processes that characterize a variety of psychopathologies (Greenwald and Harder, 1994). In a cross-sectional survey of 30 divorced or permanently separated mothers with children aged 10 to 13, Aschleman (1996) found that mothers who had forgiven the fathers for previous transgressions committed against them were more likely than unforgiving mothers to report a greater sense of self-acceptance and purpose in life, as well as less anxiety and depressive symptoms. Poloma and Gallup (1991) found in a nationally representative sample that people who are more forgiving also enjoy greater satisfaction with life, compared to less forgiving people. Bono and colleagues focused on other positive correlates of well being and found that gratitude may help clients to savor the benefits that they receive from others, thereby extending the emotional benefits that people receive from their positive social interactions with