

CHAPTER II REVIEW OF LITERATURE

1. PSYCHOLOGICAL WELL-BEING

Psychological well-being is always reviewed in the concept of subjective well-being empirically. (Diener, 1984) Being subjective rather than objective, the psychological well-being is assessed from the internal perspective of the individual rather than measured against the objective criteria of normative standards.

The psychological well-being is made up of two components, an affective component and a cognitive-evaluative component. Within the affective components, come the relatively independent feelings of happiness and feelings of unhappiness. (Diener & Emmons, 1984).

One of the most widespread finding literature is that the psychological well-being consists of three primary components: positive affect, negative affect and life satisfaction. Positive affect consists of the pleasant emotions or feeling such as joy and happiness. Whereas negative affect consists of the unpleasant feelings or emotions such as anger or anxiety. Life satisfaction refers to a cognitive, judgmental process a global assessment of one's life as a whole. (Diener, 1984) A number of researchers have now demonstrated that average levels of positive and negative affects are relatively independent of each other in people's lives. Life satisfaction is only moderately related to positive and negative affect. Diener, Larsen, Levine and Emmons (1985) have proposed that two dimensions underlay the positive and negative affect: Intensity and frequency (average hedonic level).

These two dimensions account for the independence of average levels of affect, which are a combination of how frequently and intensity each affect is felt with. The frequency of the two types of affects varies inversely, whereas the intensity of positive and negative affect positively. Thus mean levels of positive and negative affect do not correlate when long time periods are considered because the additive effects of intensity and frequency tend to negate each other.

Diener et al. (1999) explained that the psychological well-being is a broad category of phenomena that includes peoples' emotional response, domain satisfactions and global judgments of life satisfaction. Each of the specific constructs needs to be understood in their own right. Table .1 presents the major divisions and sub-division of the field.

Table 1. Components of the Psychological Well-being (Diener et al. 1999)

Pleasant Affect	Unpleasant Affect	Life Satisfaction	Domain Satisfaction
Joy Elation Contentment Pride Happiness Ecstasy		Desire to change life Satisfaction with current life Satisfaction with past Satisfaction with future Significant other's views of one's life	Work Family Leisure Health Finances Self

Several factors are found to influencing psychological well-being. Factors like subjective satisfaction, high self-esteem, satisfaction with standard of living, with family, work and health, all are contributing to psychological well-being.

Demographic variables like age, gender, race, employment, education, religion etc. are also important factors contributing to psychological well-being.

In addition, satisfaction with married life and family life is considered to be of a strong predictor in psychological well-being. Relationship with friends and other social contacts have definitely a bearing on psychological well-being.

THE RESEARCH OF PSYCHOLOGICAL WELL-BEING

Cross-cultural studies have always been great sources of information for the comparative know how of varied resources of a country spread far and wide. Such studies help any researcher to know interesting facts about the varied cultures. (Satpretry, 2000)

Dirner, Suh, Smith and Shao (1995 Cited in Satpretry, 2000) explored the genesis of national difference in report subjective well-being (SWB) in 2 studies. Study 1 compared college students in South Korea (N = 241) and Japan (N = 1,213) with college students in the US (N = 1,257) using measures of global happiness, life satisfaction, and satisfaction with specific life domains. Study 2 compared questionnaire data from college students in South Korea (N = 96), the People's Republic of China (N = 59), and the US (N = 53). Pacific Rim Ss scored lower on happiness and life satisfaction than did Us Ss. There probably was not a general negative response set in the Pacific Rim that cause lower SWB since Asians expressed dissatisfaction in some areas but not in others. The general suppression of mood in the Pacific Rim was unlikely to be the cause of SWB differences, but Chinese Ss did appear to avoid negative affect.

Keith et al. (1995 Cited in Satpretry, 2000) used the Quality of Student Life Questionnaire was to collect data from 395 students (703 female) in 8 colleges and universities in Japan and in the United State. A series of 2 x 2 x 2 analysis of variance on total scores and 4 factors (satisfaction, competence/productivity, independence and social belonging) was performed and scores were compared by gender, type of school (4 and 2 years) and nationality. For total quality of life scores, main effects were found for country (American scores were higher) and type of school (scores were higher for 4 years colleges). Analysis of factor scores showed main effects for country (higher for American student) on all factors except independence. Results are discussed in the context of the differences between Japanese and American culture values and assumptions (e.g. on individuality, the role of groups, and perception of self) that must be considered.

2. THE SPIRITUAL HEALTH

In its definition of health, the WHO has included spirituality as one of the most important components. (Nagpal & Sell, 1985) Even since the development of the existential school of thought the need for spiritual health has come to be considered a basic human need. It was Durkheim (1951 Cited

in Satpretpry, 2000) who initiated empirical studies to establish a relationship between spiritual aspects and well-being while he was investigating the causes of suicide.

The term spiritual dimension has been defined in different way by different researchers. To cite a few, the term spirituality has been applied to mean the following: (a) striving for meaning, purpose in existence; (b) striving for transcendence beyond here and now. In search of some higher power or God and (c) the power to inspire, motivate and instill hopes directing the individual towards values like truth, beauty, trust and creativity. (Satpretpry, 2000)

From the foregoing review it can be said that the concept of spiritual dimension is a complex phenomenon comprising two elements, a vertical and a horizontal elements. The vertical element could be considered to encompass the transcendental aspects of spirituality whereas the horizontal element could be related to an individual's life style and his or her relationship with self, others and environment.

Of the several definition which have been examined so far, the best definition that captures and summarizes the basic idea of the spiritual dimension is probably the one given by Renetzky (1979) who has defined the spiritual dimension using three terms namely, the power within man giving meaning, purpose and fulfillment to life, suffering and death, the individual's will to live, and the individual's belief and faith in self, others and God.

The first dimension of spiritual health is the will to live and hope is regarded as a major motivator of behavior, acting as a powerful life force and producing vitality in life. There is considerable documented evidence that without hope, death can result. Renetzky (1979) reported that the greater the hope and will to live, the greater the chances their clients had of overcoming illness.

The second component of spiritual health is belief and faith in self, others and God. It has observed that these components can foster well being in different ways. Renetzky (1979) reported his observation made over 30 years that will to live and the degree of meaning purpose and fulfillment increased significantly when belief in God existed.

From the perspective of current psychological interpretations, spirituality and its correlates constitute an important indicator of well-being. The contribution it makes to individual and social well-being is so immense and highly significant (from the perspective of functionalist theories) that it appears to be one of the most prominent factors in well being, whenever the term well-being is conceptualized non-materially. Furthermore, empirical research has demonstrated that there is generally a positive association between religious affiliations, divine interactions etc. with psychological well-being (Maves, 1960).

Rennetzky (1979) found that as the degree of meaning, purpose, and fulfillment increased, so did the role of religion and the degree of healthy self-love. A decrease sense of emptiness has been found to be equated with an increase in spiritual health. It has also been observed that life meaning construct influenced psychological models of stress and coping.

THE RESEARCH OF SPIRITUAL HEALTH

A number of studies have explained the relation of meaning in life to mental health outcomes.

Paloutzian and Ellison (1982) developed a measure of spiritual well-being comprising both religious and existential-dimensions. They found that both the dimensions correlated positively with purpose in life, with self-esteem and an intrinsic religious orientation, and negatively with loneliness.

Newcomb and Harlow (1986) found meaninglessness to mediate between depression and self-derogation; and suicidal idea for men. They concluded that alienation from a self-construct closely associated to meaning moderated that effects of life stress on depression.

Zika & Chamberlain (1987) reported meaning in life to be a strong and consistent predictor of psychological well-being

Blaine and Crocker (1995 Cited in Satpretry, 2000) examined whether race affects the relationship between religiousness and psychological well-being, and whether social psychological factors mediated the relationship, with 66 black and 59 white students. Ss completed the collective Self-Esteem Scale, Beck's Depression Inventory, and the Satisfaction with Life Scale. Religion belief and psychological well-being were moderately positively correlated, but only among Blacks.

3. SELF-ACCEPTANCE

Self-acceptance has been a popular concept in psychological literature. Self-esteem, self-acceptance and self-satisfaction are used interchangeably in self-concept research.

Self-acceptance is considered to be characteristic of self-actualization, optimal functioning, and maturity. Life span theories also emphasize acceptance of one's self and one's past life as the basis of self-love, self-esteem, and self-respect. The indicators of low self-acceptance are feeling dissatisfied with self, disappointed with what has occurred in the past, being trouble about certain personal qualities etc. Thus holding a positive attitude toward oneself emerges as a controlling feature of life success.

Shostrom (1966) explained that a high score suggests acceptance of self and weakness, and a low score suggest inability to accept one's weakness. It is more difficult to achieve self-acceptance than self-regard, but self-actualization need both and later Shostrom (1980) referred to self-acceptance as the affirmation or acceptance of oneself in spite of one's weaknesses or deficiencies.

According to humanistic psychologists, it is a natural condition for humans to be accepting of others, a condition that is interfered with when people are turned against themselves by social condition. It follows from this reasoning that, to the extent that people are pleased with themselves, they will tend to have positive regard for others. (Satpretry, 2000)

Self-acceptance means acceptance of oneself and respect for others. Self-acceptance in an individual develops through learning, attitudes, social factors

and his community background. Many researchers found positive relationships between the self-acceptance, social adjustment and academic achievement.

Sheere (1949 Cited in Satpretry, 2000) explains a self-accepting person as one whom:

- relies primarily upon internal values and standards rather than on external pressure as a guide for his behavior.
- has faith in his capacity to cope with life.
- assumes responsibility for and accepts the consequences of his own behavior.
- does not attempt to deny or distort any feelings, motives, limitations, abilities or favorable qualities which he sees in himself, but rather accepts all without self-condemnation.
- considers himself a person of worth on an equal plane with other persons.
- does not expect others to reject he gives them any reason to reject him or not.
- does not regard himself as totally different from other, "queer" or generally abnormal in his reactions.
- is not shy or self-conscious.

The person who is accepting of other is one who :

- does not reject, hate or pass judgment against other persons when their behavior or standards seems to be contradictory to his own.
- does not attempt to dominate others.
- does not attempt to assume responsibility for others.
- does not deny the worth of other or their equality as persons with him. This does imply equality in regard to specific achievements. He feels neither above nor below the people he meets.
- shows a desire to serve others.
- takes an active interest in others and shows a desire to create mutually satisfactory relations with them.
- in attempting to advance his own welfare, he is careful not to infringe on the rights of others.

THE RESEARCH OF SELF-ACCEPTANCE

Branden (1994) explained self-esteem to be the experience of being competent to cope with the basic challenges of life and of being worthy of happiness. It consists of 2 components : self-efficacy and self-respect. The basic challenges of life include: being able to earn a living and take independent care of oneself in the world, being competent in human relationships and having the resilience that allows one to bounce back from adversity and persevere in one's aspirations. High self-esteem seeks the challenge and stimulation of worthwhile and demanding goals. Reaching such goals nurtures good self-esteem. Low self-esteem seeks the safety of the familiar and undemanding. There are 6 pillars upon which healthy self-esteem depends: (1) living consciously, (2) self-acceptance, (3) self-responsibility, (4) self-assertiveness, (5) living purposefully and (6) personal integrity.

Diener and Diener, (1995) conducted a study among college students in 31 nations (N= 13, 118) completed measures of self-esteem, life satisfaction and satisfaction with specific domains, family, and finances. The authors assessed whether cross-cultural variations in the strength of associations were related to societal dimensions including income and individualism. At the national level, individualism correlated 0.24 with heterogeneity and 0.71 ($p < 0.001$) with wealth. At the individual level, self-esteem and life satisfactions were correlated (0.47) for the entire sample. This relation, however, was moderated by the individualism of the society. The associations of financial, and family satisfactions with life satisfaction and with self-esteem also varied across nations. Financial satisfaction was a stronger correlate of life satisfaction in poorer countries. It was found that life satisfaction and self-esteem were clearly discriminable constructs. Satisfaction ratings, except for financial satisfaction, varied between slightly positive and fairly positive.

Terry and Huebner (1995) examined the network of psychological well-being constructs related to life satisfaction (LS), focusing on the exploration of the relationship of self-concept to LS from a multidimensional self-concept perspective. 183 of 3rd – 5th graders completed the Self-Description Questionnaire-1 and the Students' Life Satisfaction Scale (SLSS). Ss differentiated global LS from self-concept domains. Also, Self-Description Questionnaire-1 domains related differentially to SLSS ratings. The facets involving close interpersonal relationship, particularly parent-child relationships are more strongly associated with global LS than are school experiences and perceptions of physical competence. Findings provide additional support for the meaningfulness of the LS construct with children as well as the multidimensionality of children's psychological well-being.

4. INTERPERSONAL ORIENTATION

Interpersonal orientation exists in the capacity of an incentive type of arouse a particular dimension of affiliation. A multidimensional construct of affiliation motivation was proposed on the basis of indications from research that a number of aspects of interpersonal contact may be rewarding. Hill (1987 Cited in Satpretpry, 2000) reported that four different aspects of interpersonal contact serve as potential sources of gratification: (a) positive stimulation, the ability of affiliation to provide enjoyable affective and cognitive stimulation (b) attention, the potential for enhancement of feelings of self-worth and importance through praise and the focusing of others' attention on oneself (c) social comparison, the capacity for reduction of ambiguity through the acquisition of self-relevant information and (d) emotional support or sympathy.

The motivation for social contact can be considered as central influence on human behavior. Four specific social rewards have been suggested by previous theory and research as particularly relevant to desire for social contact (a) positive affect or stimulation associated with interpersonal closeness and communion (b) Attention or praise (c) reduction of negative affect through social contact, and (d) social comparison as the tendency to receive gratification from harmonious relationship and from a sense of communion. (Satpretpry, 2000)

Social psychologists have also provided evidence for the capacity of affiliation to reduce the experience of negative emotions related to fear

provoking or stressful situations. Such a phenomenon is similar to the effect that sympathy, nurturance, and other forms of emotional support are presumed to exert on stressed or distraught individuals. Four major sub-dimensions of social motivation are suggested by previous theory in social psychology and personality: positive affect or stimulation related to a sense of closeness to others, attention or praise from others, social comparison, and emotional support or reduction of negative affect through social contact. (Satpretpy, 2000)

THE RESEARCH OF INTERPERSONAL ORIENTATION

Cooper et al.(1995) attempted to relate social interaction and personal control variables to people's subjective reports of psychological well-being. In Study 1 (36 students), social activity (SA) was measured using a new multiple-item instrument that measures both a person's satisfaction with and objective frequency of SA. In Study 2 (110 students), the personality variables locus of control and desire for control were measured. Satisfaction with social activities, especially involving friends and parents, predicted psychological well-being, but the frequency of social activity did not. Internal locus of control, high desire for control, and being female, as well as perceived control over the testing situation, predicted reports of better psychological adjustment

Lettner et al. (1996) studied interactions between social variables and psychological well-being. Sixty normal male and female Austrian young, middle-aged, and old adults (aged 20 – 60 yrs) (general population sample), completed interviews and questionnaires assessing positive and negative aspects of their social networks (social support and social stress) and their psychological well-being (life satisfaction and negative and positive affect). Data were treated with descriptive and correlation methods, and the effect of positive Vs negative social variables on psychological well-being were compared. Test used : Several German-language instruments, including the SONET Interview on Social Networks and Social Support and German versions of the Satisfaction with Life Scale

Compton (1998) studied principle components analyses with inter relations of scores on scale measuring mental health and the five-factor model of personality in 297 university students. Mental health was measured with the Affect Balance Scale, Happiness Measure, Satisfaction with Life Scale, Life Orientation Test, Short Index of Self-Actualization, Social Interest Scale, and the Self-Control Schedule, along with sub-scales from Scales of Psychological Well-Being. Openness to Experience Scale, and the Perceived Self Questionnaire. The five-factor model was measured with the Interpersonal Adjective Scale Revised-B5. Separate analyses for both the traditional five-factor model and the expended interpersonal circumflex model of personality gave 6-factor solutions. Scores on scales measuring psychological well-being, openness, and social interest loaded on the same factors as neuroticism, openness to experience, and agreeableness, respectively. Scales that measured autonomy and self-actualization formed a factor that was separate from the five-factor model.

Makino and Tagami (1998) examined whether significant relationship were existed between psychological well-being and social interactions, and also whether a revised program through a writing method adopting a cognitive approach could increase the quality of social interactions and psychological well-being in adolescents. The Rochester Interaction Record (RIR) tested social

interaction. The quality of social interactions implied closeness, enjoyment, responsiveness, influence, and confidence. The quantity of social interactions implied the number of other people with whom a subject well-being and the revised program increased the quality of social interactions and psychological well-being and decreased the quantity of social interactions.



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