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Wellbeing and Psychological Wellbeing: Review Based Note

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ABSTRACT: Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. Many psychologists assume that an essential ingredient of the good life is that the person himself / herself likes his / her life. Some suggest that reduction of tension or satisfaction of needs lead to happiness or wellbeing (Sigmund Freud, Abraham Maslow, respectively). Some other psychologists have suggested that engaging in particular life activities generate happiness (for e.g. Mike Csikszentmihalyi, 1990) whereas **Diener & Larsen, 1984; Watson, 2000** tend to see happiness as a stable factor. They have emphasised the genetic and personality predisposition in happiness and wellbeing. More recent research found evidence that the links between personality and happiness may be more ideographic than previously thought (e.g., personal set points for happiness may not be neutral and may be more dependent on temperament; individuals may vary in the type of adaptation to positive or negative external experience; **Diener, Lucas, & Scollon, 2006**).

Aristotle believed that eudaimonia (human flourishing associated with living a life of virtue), or happiness based on a lifelong pursuit of meaningful, developmental goals (i.e., —doing what is worth doing!), was the key to the good life (**Waterman, 1993**). So, since ancient times humans have wondered about what makes a good life.

I. SUBJECTIVE WELL – BEING (SWB)

Subjective Well-being (SBW) is the psychological term for what in popular parlance is referred to as —happiness!. Subjective well-being - is a psychological construct in a relatively new field of positive psychology and for about half a century now there has been an increasing scientific interest of researchers, especially psychologists and psychiatrists. Early in the 20th Century, empirical studies of SWB began to take shape. The scientific discipline of SWB grew rapidly. One reason for this is that people have achieved a level of material abundance and health that allows them to go beyond mere survival in seeking the good life. People around the globe are entering a post materialistic world, in which they are concerned with issues of quality of life beyond economic prosperity. SWB is popular because it is particularly democratic – it grants respect to what people think and feel about their lives. People are not content to have experts evaluate their lives; they believe that their opinions matter.

The author Edward Diener who first began to explore the concept of subjective well-being, in one of his cited articles of a highly influential scientific journal *Psychological Bulletin* proposed three components of subjective wellbeing: life satisfaction, pleasant emotions and unpleasant emotions (**Diener, 1984**). In 1999 the same author and his co-workers added the fourth component to the explanation of subjective well-being: the pleasure gained from certain aspects of life such as job satisfaction, marriage, leisure activities and satisfaction with one's health (**Schimmack, 2008**).

Subjective well-being (SWB) is defined as a subjective evaluation of overall life satisfaction and the frequency with which one experiences positive affect (PA) and negative affect (NA) (**Diener et al., 1999; Robbins & Kliever, 2000**). Subjective well-being is the subjective measurement of the overall satisfaction with life (**Camfield, 2003**). In general it is assumed that individual satisfaction with life is a multidimensional concept. This multidimensional concept is believed to encompass not only material achievements but also other aspects of life, such as health, love, employment, and having children. Subjective well-being – when it is measured– refers to a person's declared wellbeing and is based on a person's answer to either a single question or a group of questions about his/her well-being (**Rojas, 2003**). Therefore subjective wellbeing can be regarded as an outcome measure by which to judge successful living (**Diener & Suh, 2000**).

The hedonic approach refers to the perception of well-being as an outcome, which includes pleasure or an internal state of pleasure, and focuses on subjective well-being (Ryan and Deci, 2001; Pavot and Diener, 2008; Ryan et

al., 2008). From this perspective, well-being is defined in terms of experiencing high levels of positive affect, low levels of negative affect, and high levels of satisfaction with life (Dessy and Ryan, 2008). On the other hand, the eudaimonic approach holds that happiness is not the only thing in goodness. The eudaimonic theory holds that all desires—results that a person can value—when achieved lead to well-being (Ryan and Dessy, 2001). From this point of view, well-being is not an outcome or an end state, but a process of fulfilling human potential (Desi and Ryan, 2008). It is related to positive functioning and the development of abilities and qualities (Ryan and Deci, 2001; Ryan et al., 2008). In this area, Ryff's multidimensional model of psychological well-being has received the most empirical support (Ryff, 2014). According to this view, well-being is made up of six dimensions: (1) autonomy, or the ability to regulate one's own behavior, resist social pressure, and adhere to our beliefs, even if they are against common opinion; (2) Mastery in the environment, or context and ability to manage daily activities; (3) personal growth, which includes an ongoing process of developing our own potential, the ability to be open to new experiences and a sense of improvement over time; (4) Positive relationships with others, defined as the establishment of close, trusting and meaningful bonds with others, as well as showing concern for the well-being of others and expressions of empathy, affection and intimacy; (5) setting purpose in life, or goals and goals that give meaning and direction to our lives; and (6) self-acceptance, or the ability to have a positive attitude and a sense of self-satisfaction and acceptance, which includes both our good and bad qualities. Each of these dimensions reflects what it means to be healthy, well and fully functioning, and expresses the various challenges people face in attempting to achieve positive functioning (Raif and Singer, 2008). . In other words, people try to see themselves positively, even when they are aware of their limitations (self-acceptance), try to maintain satisfactory interpersonal relationships (positive relationships with others), in their interactions. Self determination. and develop a sense of personal entitlement. With context (autonomy), make the most of their talents and abilities to achieve their goals (personal development), manage their environment to meet their needs (environmental ownership), and the efforts they make and find meaning in the challenges they face. In life (purpose in life) (Keys et al., 2002).

Previous research, which focused primarily on the adult population, has shown that psychological well-being is a reliable predictor of health and long-term positive adjustment (Raif, 2017). People with a higher level of well-being tend to suffer from fewer diseases, have increased life expectancy and engage in more healthy behaviors (for review, see Raif, 2017). However, longitudinal studies have also shown that as we get older, dimensions such as personal growth and life decline (Clark et al., 2000; Springer et al., 2011). Although research focused on adolescence is limited, there have been several longitudinal studies providing evidence about the development of well-being in this period. The World Health Organization (WHO), through the Health Behaviors in School-Aged Children (HBSC) study, collected data every 4 years about children aged 11, 13 and 15 in more than 40 North American and European countries. did. Terms of satisfaction with life (Inchli et al., 2016). With regard to gender, the results of this research showed that adolescent well-being decreased with age in both sexes, and boys generally showed better levels of satisfaction with life than girls (Inchley et al. , 2016). One of the findings of the HBSC study emphasizes the importance of interpersonal relationships in adolescent well-being and states that peers and parents play an important role in young people's lives as protective assets. Along the same lines, research by Patale and Fitzsimmons (2018) in a sample of 9,553 adolescents aged 11 and 14 found health to be highly unstable, and suggested that girls were more likely to fall into the well. . It had to happen over time. Well-being is measured as satisfaction from various areas of life, including school, family, friends, schoolwork, attendance, and life as a whole (Patale& Fitzsimmons, 2018). Important predictors of these outcomes were lower family income, poor parenting, lower school engagement and greater cognitive ability. Booker et al. (2018) also showed a decline in health over time, especially among girls. To measure well-being, the authors used happiness as a key variable along with six areas of life (i.e., friends, family, attendance, school, school work, and life as a whole) and included emotional and behavioral related problems were involved. One measure was included (Booker et al., 2018). According to these authors, as girls get older, they tend to compare themselves socially with others and feel that others are better than them, leading to lower levels of well-being than boys. could (Booker et al., 2018). In contrast, Lerkenen et al. (2018), examining the patterns and dynamics of change in psychological well-being of 1,666 students, found that different profiles of well-being (eg, high, average, low well-being profiles) improved over time, and that Future expectations or aspirations were an important variable. Although this study claims to analyze psychological

well-being, it is necessary to clarify that it does not follow a eudaimonic approach. Well-being was modeled to include school enjoyment, future educational aspirations, (absence) school burnout, self-esteem, and (absence) external and internal problems. Mead and Dowell (2016) also reported that adolescents' general well-being, in terms of health-related quality of life (HRQOL), generally remained relatively stable over time, although, again, gender differences were found. Girls. Changes in the individual standards used to self-assess quality of life account for these differences, according to the authors. The HRQoL construct represents participants' overall well-being, measured through five dimensions: physical well-being, psychological well-being, autonomy and parent-child relationships, social support and peers, and the school environment. It was assessed using pleasant elements such as positive emotions, life satisfaction and the absence of loneliness and sadness, with a focus on psychological well-being. Finally, from a sociological point of view, Ottova-Jordan et al. (2015), analyzing data from the HBSC study, found different trends by country. For example, in countries such as Spain, Croatia or Greece, the groups showed a persistent decrease in well-being (life satisfaction); In Denmark, Finland or Norway, there was a linear increase, whereas in Austria, Canada or Scotland, there was a clear U-shaped trend (Otova-Jordan et al., 2015). The authors attribute these results to high expectations set by concerns about the future, their context (family, school, and peers), school pressures, or country-specific characteristics (eg, economic status, unemployment rates, social insecurity). Which can result in a high level of perceived stress.

II. PSYCHOLOGICAL WELL-BEING

According to the World Health Organization, Psychological well-being is defined as **"a state of well-being in which a person realizes his or her potential, can cope with the normal stresses of life, work productively and fruitfully"**. , and is able to create a future" contribution to their community

Mental health describes one's emotional, psychological and social well-being. Our mental health is influenced by our eating habits, level of physical activity, substance use behavior and how we think, feel and cope with difficult situations. We deal with mental health every day. A person's mental health is just as important to their physical health, and mental health conditions are just as real as physical illnesses. It is important to keep this in mind during your interactions and interactions with others.

MENTAL HEALTH

Mental health is made up of emotional, social and psychological well-being. Positive mental health is valuable and helpful in many ways:

- ✓ **improve your physical health**
- ✓ **coping with stress and difficult situations**
- ✓ **have good social relationships**
- ✓ **being more resilient or recovering from difficult situations more easily**
- ✓ **feel happier and more fulfilled**

Like physical health, one of the great things about mental health is that with some work, you can improve it! There are many things you can do to develop more positive mental health. Here are some steps you can take to help improve your mental health.

- ✓ **stay positive**
- ✓ **be physically active**
- ✓ **connect with others**
- ✓ **Decide What Purpose You Give and Pursue It**
- ✓ **get plenty of sleep**
- ✓ **Watch and Practice New Coping Skills**
- ✓ **meditate or meditate**
- ✓ **Don't be afraid to ask for professional help when you need it**

At the most basic level, Psychological well-being (PWB) is similar to other terms that refer to a positive mental state, such as happiness or satisfaction, and in many ways it is not necessary, or worrying about the fine distinction between such Conditions.

KEY COMPONENTS OF PSYCHOLOGICAL WELLBEING

There are two important aspects of psychological well-being.

- The first of these reflects the extent to which people experience positive emotions and feelings of happiness. Sometimes this aspect of psychological well-being is called subjective well-being (Diener, 2000).
- Subjective well-being is a necessary part of overall psychological well-being but by itself it is not sufficient.

TYPES OF PSYCHOLOGICAL WELL-BEING

1. The term "Hedonic" well-being is commonly used to refer to subjective feelings of happiness. It has two components, an affective component (high positive affect and low negative affect) and a cognitive component (life satisfaction). It is proposed that a person experiences happiness when both positive affect and satisfaction with life are high (Carruther & Hood, 2004). Happy welfare is based on the belief that an increase in happiness and a decrease in suffering lead to happiness. Hedonic concepts are based on the notion of subjective well-being. Subjective wellbeing is a scientific term commonly used to denote a 'happy or good life'. It includes an affective component (high positive affect and low negative affect) and a cognitive component (life satisfaction). It is proposed that a person experiences happiness when both positive affect and satisfaction with life are high (Carruther & Hood, 2004).
2. The lesser-known term, "eudaimonic" goodness, is used to refer to the objective aspect of PWB. Psychologist Carol Raiff has developed a very clear model that breaks down eudaimonic well-being into six major types of psychological well-being. Eudaimonic well-being, on the other hand, is heavily dependent on Maslow's ideas of self-actualization and Roger's conception of a fully functioning individual and their subjective well-being. Eudaimonic happiness is therefore based on the premise that people feel happy if they experience life's purpose, challenges, and growth. This approach adopts self-determination theory to conceptualize happiness (Keys et al., 2002; Dessy and Ryan, 2000). Self-determination theory states that happiness is related to fulfillment in the areas of autonomy and competence. From this perspective, by engaging in eudaimonic activities, subjective well-being (happiness) will occur as a byproduct. Thus, life's purpose and higher order meanings are considered to be the creators of happiness. There seems to be a general consensus that happiness does not result from the pursuit of pleasure but from the development of personal strengths and qualities that are linked to the concept of positive psychology (Vella-Broderick, Park & Peterson, 2009).

Positive psychologists view happiness from both a hedonistic and eudaimonic perspective, in which they define happiness in terms of the idyllic, the good life, and the meaningful life (Norish and Vela-Broderick, 2008). Peterson et al., identified three pathways to happiness from a positive psychological perspective:

- a) Pleasure is the process of maximizing positive emotions and minimizing negative emotions and is called a pleasurable life that includes pleasant and positive experiences.
- b) Engagement is the process of being immersed and absorbed in the task at hand and is known as the good life to be actively involved in life and for everything that is needed and demanded. The good life is thus thought to be the result of developing and investing one's signature strengths and qualities in relationships, work and leisure (Seligman, 2002) (Seligman, 2002) thus making the best use of oneself during challenging activities. Is. Which results in growth and a sense of potential and the satisfaction that happiness brings.
- c) Meaning is the process of having a higher purpose in life than oneself and this is known as meaningful life which involves using our powers and personal qualities for the fulfillment of this higher purpose. The

meaningful life, like the good life, involves the individual applying his or her signature strengths in activities, but the difference is that these activities are believed to contribute to the greater good in a meaningful life. Ultimately, it is a combination of each of these three elements described above that positive psychology suggests will constitute authentic and stable happiness (Vella-Broderick, Park & Peterson, 2009; Carruthers & Hood, 2004).

III. PRINCIPLES OF PSYCHOLOGICAL WELL-BEING

Theories about psychological well-being generally focus on understanding the structure of psychological well-being or dynamics (i.e. the causes and consequences of PWB). The breakdown of psychological well-being into hedonic and eudaimonic components and Carol Raff's model are widely accepted theories of the structure of PWB.

As far as the dynamics of PWB is concerned, it is important to recognize that, to some extent, PWB is relatively stable and will be influenced by both past experience (including, for example, early upbringing) and underlying personality. Stressful experiences can predispose people to subsequent mood and anxiety disorders (Gladstone, Parker & Mitchell, 2004); But, on the other hand, exposure to extremely traumatic events can help build resilience and actually protect PWB. For example, children exposed to moderately stressful events seem to be able to cope better with subsequent stressors (Khobasa and Maddy, 1999). The same "inoculating" effect of stressful events has also been observed in working adults (Solomon, Berger & Ginsberg, 2007).

Although baseline psychological well-being can be fairly stable, day-to-day events and experiences also have an impact. For example, even the most resilient person may eventually become very low or depressed if their daily experiences are constantly upsetting. There is strong evidence to show that exposure to long-term work-related stressors will negatively impact PWB, therefore, as noted above, short periods of adversity may be helpful in building resilience, long-term. Stress is not good for PWB. In turn, this lower level of PWB can lead to serious disease, including heart disease, blood sugar control problems, such as diabetes and immune system malfunction (Chandola et al, 2008).

In short, the PWB theory proposes that early experiences and underlying personality form a platform for psychological well-being, but that everyday experiences can help maintain good levels of PWB (if they are positive) or, if they are negative, then reduce PWB levels, which, in turn, leads to poor health outcomes.

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