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Conference Paper

Psychological Well-being and Personality Mental Health

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Abstract

Wellbeing is a multifaceted phenomenon with regard to its conceptualization, fields of application, discourse practices and a great number of components. Its greatest advantage resides in health improvement and lifespan increment. Health can be considered as a source of physical and mental force, as an adaptive ability of the organism, an ideal and meaning of life, an ideal state of the individual who feels well. The aim of the study was to examine socio-psychological features of the respondents with different degrees of subjective wellbeing and health self-esteem pronouncement. As a result, the four groups involving 202 testees were singled out. The survey showed that both health self-esteem and subjective wellbeing serve as predictors not only of attitude towards the world and the self but also as a certain "frame" through the prism of which the person perceives the world around. It was revealed that the respondents with low health self-esteem are emotionally unstable, prone to neuroticism and dissatisfaction with their life in general. The group of the testees with high health self-esteem and high level of subjective wellbeing are characterized by proactive attitude, a zest for life, positive self-esteem, lack of sustainable tension, while the respondents with low level of subjective wellbeing and low health self-esteem exhibit an increased level of neuroticism, significance of their social environment and preoccupation with their own emotional sensations. The search for individual and typological specific features depending on the person's subjective perceptions about his health and wellbeing allows for revealing idiosyncratic "syndromes" of individual consciousness.

Keywords: subjective wellbeing, mental health, typology.

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1. Introduction

Wellbeing is a multidimensional concept in terms of its conceptualization, fields of application, discourse practices and a great number of components. Over the last decades the concept wellbeing has come into academic use and offered the groundwork for mental health understanding [24].

The term "wellbeing" allowed psychologists to "de-medicalise" the concept of health [22], to consider the quality of life separately from the idea of a disease [10] and mental health as a syndrome of feeling well [12, 13].

The greatest advantage of psychological wellbeing resides in health improvement and longevity increment. Happy people suffer less from many diseases and live longer, on average [4, 15]. It is worth mentioning that this indicator was reproduced in monkeys, and happier orangutans appeared to live longer than their less happy companions [23].

One of the reasons indicating a positive impact of psychological wellbeing on mental health and life longevity is the fact that people with high level of wellbeing demonstrate health-saving behavior [6], they exhibit stronger immune and cardio-vascular systems [19]. Positive emotions compared to neutral and negative ones contribute to such physiological parameters as cortisone and blood pressure [2, 11, 20]. For example, when a person is in a good humor after a hard working day his cardio-vascular system quicker recovers its original level [7].

Subjective wellbeing is defined as general people' assessment of their life and emotional states. Thus, subjective wellbeing embraces wide in scale estimates of life and health satisfaction as well as particular feelings which reflect how people react to their life events and circumstances. The "subjective" is what people feel and sensate. Subjective well-being comprises both cognitive and emotional components. Interrelations between these two components attest that satisfaction at cognitive level is accompanied by sensing emotional well-being ([25]. P. 161).

The problems of mental health have been in the focus of research for the last years especially in the context of the concept of wellbeing. Health can be considered as a source of physical and mental force, as an adaptive ability of the organism, an ideal and meaning of life, an ideal state of the individual who feels well.

Health is inseparable from the notion happiness and subjective wellbeing. Happy people are typically healthier and live longer. However, on the other hand, healthy people can be unhappy, nervous and have an idea of ill-being.

So, K. Furmanov and I. Chernysyova state that the average man with low health self-esteem is economically inert and older than the average representative of other groups. His education level is considerably lower (9 grades at best). His income is also lower. While the average male with a low self-esteem is married only 49% married among the sampling's females. The authors also emphasize the problem of unconscious distortion of health self-esteem and its subjectivity. Subjectivity means that individuals with one and the same health status can evaluate it in a different way since they consider different answers to be the norm. One person can perceive his normal health as "average" whereas the other one as "good" [8, 14].

Scholars from Oxford and Geneva Universities proved that low health self-esteem has a negative impact on one's lifespan. The research accumulated the data which had been collected for 29 years and involved over 6 thousand patients aged 41-96. The researchers assessed the testees' health state according to 196 items. The main group consisted of people who possess abstract thinking, visual and verbal memory, processing speed and can use previous experience. The survey dealing with psychological wellbeing and social communication was also administered to the participants of the experiment. The study revealed that when the person assesses his health positively and exhibits high speed of information processing his risk of untimely death decreases [1].

2. Methodology

The aim of the study was to examine socio-psychological features of the respondents with different degrees of subjective wellbeing and health self-esteem pronouncement.

At the first stage of the study the sample consisted of 427 testees equalized by gender and education level (48% females and 52% males). 46% of them had post and under graduate degrees, 54% with secondary and secondary professional education.

Psycho-diagnostic tests resulted in identifying four groups of the respondents (202 testees) with different degrees of subjective wellbeing and health self-esteem pronouncement:

- group 1: the respondents with low level of subjective wellbeing and low health self-esteem;

- group 2: the respondents with high level of subjective wellbeing and low health self-esteem;

- group 3: the respondents with low level of subjective wellbeing and high health self-esteem;

- group 4: the respondents with high level subjective wellbeing and high health self-esteem.

Methods employed in the study included:

1. "Subjective Wellbeing Scale' adapted by M. V. Sokolova [21], a variant of "Échelle pour l'évaluation subjective du Bien-être" technique developed in 1988 by A. Perrudet-Badoux, G. Mendelsohn, J. Chiche [18].

2. Life Satisfaction Scale [5, 16] – screening method of general life satisfaction.

The data were processed with the help of correlation (Pearson rank correlation coefficient) and factor analysis (principle component analysis), which allowed for using "SPSS 11.0" package.

3. Results

At the first stage of the data processing the comparative analysis of the four respondents' groups was carried out:

The average age of group 1 respondents was 34.8 with the average age of all the interviewees of 44.3. This group appeared to be the smallest and consisted of 66% males and 44% females. The majority of the group had secondary professional education (66%) and average income.

This group' representatives assess their health as unsatisfactory; perceive themselves as being ill, in poor physical and emotional state. Estimates which tend to approach subjective ill-being indicator are typical of people who are prone to depression and anxiety, those who are pessimistic, of shut-in personality type, dependent, incapable of coping with stress. One can suppose the presence of "hypochondriac syndrome" associated with a well-pronounced tendency of being fixed on unpleasant somatic sensations and a penchant for self-pity.

The correlation analysis showed that the more the person perceives his life circumstances as favorable, the less he would like to live the life the way he actually does (r=-0.837, p<0.05). Comparing estimates on the subjective wellbeing scale a close interlink between indicators accompanying basic psycho-emotional symptoms (disturbance of sleep; subjective experience of over-worrying; hyper-reaction to failure and minor

obstacles; increased difficulty in concentrating) and immersion in one's own emotional experiences was revealed (r=0.911, p<0.05).

The second group of the respondents was made up of the majority of males (67.3%), with the average age of 39.2 and secondary and secondary professional education (61%).

The respondents of this group were characterized by low health self-esteem and high level of subjective wellbeing, which can testify to infantilism and emotional immaturity. The presence of defense mechanism of denying problems, a somewhat "blind eye" to really existing negative aspects of the situation occurred can be assumed.

A very high level of correlation links was observed between the statement "in general, my life is close to the ideal" and all items of life satisfaction scale: "my life circumstances are exceptionally favorable" (r=0.351, p<0.05); "I am completely satisfied with my life" (r=0.355, p<0.01); "I have what I really need in life" (r=0.285, p<0.05); "if I had to live again, I wouldn't change anything" (r=0.409, p<0.01).

High correlation between such indicators as changes in mood and health self-esteem was found (r=0.298, p<0.05). It is likely to imply low level of problem awareness and a lack of ability to assess one's own state objectively.

The third group was the most numerous, the average age of 50.8, with prevalence of males (63.3%) and secondary and secondary professional education (59.1%).

The group is characterized by low level of subjective wellbeing and high health self-esteem. High health self-esteem provides statistically significant correlations with importance of social environment (coordinated solutions of problems, experience of loneliness, relationships with family and friends) (r=0.353, p<0.01) and changes in mood (r=0.417, p<0.01).

This group representatives exhibit the lack of spontaneity, good self-control, commitment to socially accepted norms of behavior, conformism. It allows for assuming that sociability manifests itself in customary contacts and is coupled with the need for recognition by those who matter much.

Females dominate in the forth group (61%), the average group age is 43.2 and they have secondary and secondary professional education (60%). The fourth group' testees demonstrate high level of subjective wellbeing and high health self-esteem. Proactive attitudes, a zest for life, and positive self-esteem are typical of this group representatives.

High correlations are observed between such life satisfaction scales as "in general, my life is close to the ideal" and "my life circumstances are exceptionally favorable"

(r=0.404, p<0.01). Not reaching the level of statistic significance health self-esteem is associated with the lack of tension and sensitivity, with the absence of psycho-emotional symptoms and satisfaction with everyday activities.

At the second stage of the data processing factor structures were singled out and loadings on the basis of individual data on life satisfaction and subjective wellbeing scales were found.

Two factors were identified in the first group as a result of matrices factorization.

The first factor accounts for 61.3% of the total variance and is represented by the following scales: satisfaction with everyday activities.98, basic psycho-emotional symptoms.95, and ""if I had to live again, I wouldn't change anything.90. The opposite pole of the first factor was formed by these scales: "my life circumstances are exceptionally favorable" -.93, "in general, my life is close to the ideal" -.66. The content of attributes of this factor makes it possible to interpret it as "Neuroticism". The second factor "Significance of social environment" (its contribution to the total variance was 22.9%) includes the following scales: significance of social environment.91, tension and sensitivity.66.

The second group allowed for identifying three factors. The first factor "Neuroticism" accounts for 46.6% of the total variance and incorporates these scales: tension and sensitivity.90, basic psycho-emotional symptoms.87. The given factor reflects personality immersion in emotional sensations. The second factor "Satisfaction with life" (its contribution to the total variance was 21.6%) was presented by the scale satisfaction with everyday activities.97. The third factor "Health self-esteem" (13.7% of the total variance) was represented by the scale health self esteem.61.

Four significant factors were revealed in the third group. The first factor "Emotional Breadth" (36.6%) was represented by these scales: significance of social environment.91, changes in mood.66. The second factor (19.9%) was formed by the scale basic psycho-emotional symptoms.95, which allowed for treating it as "Neuroticism". The third factor "Anxiety" (13.5%) was formed by the scale tension and sensitivity.93. The fourth factor "Life completeness"(9.7%) was made of satisfaction with everyday activities.93.

Four factors were singled out in the forth group, and they account for 25.0%; 15.6%; 11.2% and 8.5% of the total variance accordingly.

The first factor is unipolar and represented by the following scales: significance of social environment.87, changes in mood.58. The analysis of the scales which formed the first factor gives the opportunity to interpret it as "Favorable conditions for existence". The second factor "Mobilization of mental state" is formed by the scale tension

and sensitivity.98. It must be noted that psychic tension involves readiness to gain control over the situation and act in a certain appropriate way. The third factor "Mental health" is represented by the scale with the negative sign: basic psycho-emotional symptoms -.89. The scale satisfaction with everyday activities.84 formed the fourth factor "Life Completeness".

4. Discussion

The survey showed that both health self-esteem and subjective wellbeing serve as predictors not only of attitude towards the world and the self but also as a certain "frame" through the prism of which the person perceives the world around.

According to the results of the study the forth group with female dominance proved to be the most well-situated, which contradicts the findings of other researchers (for example, Grossman & Wood, 1993; Brody & Hall, 1993) who claimed that social stereo-types compel women to express such emotions as sadness and fear, they are more concerned with their own and other people emotional states and more emotionally labile than men.

The study indicated significant differences with regard to the age of the testees. The youngest group of the respondents (the average age of 34.8) with low health self-esteem appeared to be the most "ill-situated" one, while the group of the respondents with the average age of 43.2 proved to be most well-situated. The data obtained contradict a large number of research efforts on subjective wellbeing indicating U-shaped interrelations between the age and subjective wellbeing, where the minimal point falls within the age group of 45-49 (for instance, [17]).

Differences in income level, the number of children and social standing were not revealed.

The revealed typology of the respondents based on the degree of subjective wellbe-ing and health self-esteem pronouncement provided the significant result of the study. The typology obtained disclosed principal differences in the world picture characteristic of the subjects, namely:

1. Emotional instability, neuroticism and significance of social environment were revealed in the group of the respondents with low health self-esteem. The pres-ence of situational anxiety, accompanied with fears, difficulty in concentrating, and hypochondriac inclusions can be assumed.

2. The respondents with low level of subjective wellbeing are also characterized by neuroticism and dissatisfaction with life on the whole.

3. The group of the respondents with high level of subjective wellbeing and high health self-esteem is characterized by proactive attitude, zest for life, lack of tension whereas the group of the subjects with low level of subjective wellbeing and low health self-esteem exhibit hyper neuroticism, significance of social environment, immersion in emotional experiences (Figure 1).
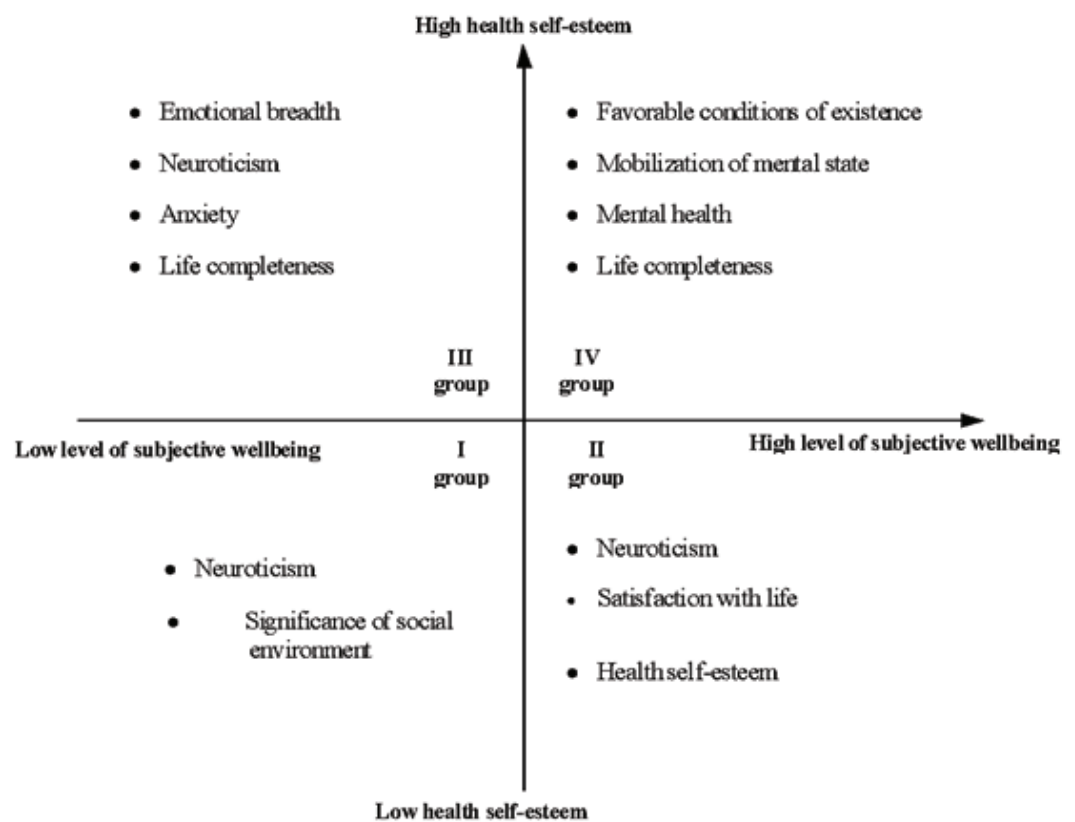

Figure 1: Significant Factors in the Groups of the Respondents with Different Degree of Subjective Wellbeing and Health Self-esteem Pronouncement.

5. Conclusions

As a rule, ways leading to the feeling of balance, health and subjective wellbeing are intricate and purely individual, and their search can construct the core of personal wellbeing, i.e. helps gain mental health.

The search for individual and typological specific features depending on subjective perceptions of the person about health and wellbeing allows for revealing peculiar "syndromes" of individual consciousness.

The theory of wellbeing and mental health can help the society go beyond the limits of political creed and adopt a psychological approach which makes people happier.

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