



Thinking About Psychological Wellbeing

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ABSTRACT

In this study, the category of well-being is examined from Aristotle to the present day, examining some philosophical and psychological perspectives. Studies in Positive Psychology and their predecessors are examined (with a positive outlook) in light of the importance of happiness for people. Theories produced in the last ten years by other academics has emphasizes how the harmonious satisfaction of all human desires leads to societal influence and self-realization. This article's authors argue that psychological health is a subjective idea with social roots that are influenced by personal characteristics. Satisfactions are the first step toward happiness, which is linked to emotional states. For the majority of people, one's subjective perception of psychological well-being is correlated with their estimate of their level of life satisfaction in the major areas that matter to them the most. Psychological well-being and physical health are recognised to be related.

KEYWORDS: Psychological Wellbeing, Happiness, Quality of Life, Health and Psychology.

INTRODUCTION

At present, the most used concept, as a way of studying the human happiness, is that of well-being, which has emerged as an area of interest research within the social sciences, based on its relevance in the study subjective quality of life Happiness is a complex, multifaceted concept that represents complex relationships between different phenomena of reality, difficult to catch, to measure, to evaluate; and whose

conceptualization has belonged more to the field of Philosophy. Despite the fact that the structure of subjective well-being comprises people's emotional responses, overall satisfaction ratings, and attention to specific domains, it is a general topic of scientific investigation. (Celeste, 2019).

According to Carrie (Carrie R. Leana, 2016a), worrying about happiness, as citizens but also as scientists, is not an activity of deluded and well-humored idlers, because inquiring about the conditions that make people happy and what that makes a society happier, constitutes a moral challenge. The late introduction of the psychological category of "well-being" within the field of study of psychological science, has largely obeyed the role traditionally assigned to this discipline, giving more attention to the pathological psychological states, than to the study of the factors that favor the development of personal well-being and maintenance of a healthy and happy life.

Scientific research has shown that a happy and stable family, fulfilling relationships with others, productive work, good health, and a longer life span are all benefits of human well-being. Thus, it was not until the 90s of the last century that the American Psychological Association (APA) establishes as priority objectives of the discipline, understand and evaluate the interaction between the welfare state, physical and the different biological, psychological and social factors. (Kerri Anne Crowne, Richard J. Goeke, 2015).

Theoretical approaches to the study of welfare

In ancient times, thinkers within the eudaimonic perspective, they started from the concepts "highest good" and "highest happiness" raised by Aristotle. For them, happiness is the purpose of human existence, being the only value sufficient in itself, insofar as once achieved, nothing else is desired. By Therefore, it is not based on material wealth, nor on pleasure, nor even on mere virtue; but it lies in the superior work or mission of the perfect man, which consists in the excellent fulfillment of the rational activity, from the concordance of each work with virtue. Under these circumstances people they experience a supreme state of happiness. This perspective emphasizes personal growth, the full development of abilities and individual potentialities. The role of goals, achievements, and emotions related to one's own talent and abilities, in the search constant of self-realization, of an optimal state of satisfaction. (Bech, 2018)

As can be seen, this line of thought is close to the Maslow's concepts of self-actualization and that of personal well-being proposed by Ryff and Keyes. The latter promote individualism, personal growth, and acceptance of oneself, finding one's purpose in life, environmental mastery, and healthy relationships with others, as the essential aspects that make up personal well-being. Other ancient thinkers, within the hedonistic current, such as example Aristippus, start from the conviction that the object of knowledge

only. it may be the accessible good. As the only instrument of knowledge, according to this philosopher, are our sensations; and as through them they are not perceived the properties of things, but only our own states; can only be criterion of good, pleasure or pain that we experience. From this logic thought pleasure is known only in the present, so only that that is experienced at a specific moment has value, and can be the object of our aspirations.

Based on this conviction, the main purpose in life is the search of pleasure, of the satisfaction of immediate personal desires; being considered happiness as the totality of moments of pleasure or hedonic. These postulates received innumerable criticisms from Aristotle, who cataloged them as a vulgar ideal that turns men into Slaves of their own desires. However, they found significant followers in other philosophical systems. Among the most prominent are British philosophers belonging to the "utilitarian" current, from David Hume in the late seventeenth century through James Mill, Jeremy Bentham and John Stuart Mill, to Henry Sidgwick, in more recent times. They proposed the doctrine of universal hedonism, in which pleasure and happiness are conceived as the sole end of all human action, both individually and socially, known as utilitarianism. (Sasseville, 2017)

The analysis of the conceptualizations of happiness proposed by both perspectives leads to the identification of some contributions and limitations. In the eudaimonic perspective, happiness is defined in normative terms, establishing a model of "virtuous life", which guides what is good, Desirable and acceptable. It is also considered as an ideal that only reach those people who focus on the constant search for perfection and lead a life dedicated to reflection. Therefore, in this conceptualization, social inequality is explicit, happiness being a privilege, only, for the wise man. However, by acknowledging the idea that the optimal psychological functioning is not reduced to hedonic moments of pleasure, but also includes the search for an activity with meaning, which it requires effort and responsibility; emphasizes the importance of self-actualization and the setting of objectives and goals to reach a state of satisfaction. Another relevant aspect, in line with the previous one, is the significance given to the integration and coherence between the realization personal and value systems. For its part, the hedonistic perspective finds validity in the models' current theorists who emphasize affective evaluations that is, in the analysis of pleasurable experiences or predispositions and differences in emotional states. However, its main limitation lies in the reduction from happiness to hedonic moments of pleasure. (Richard et.al 2017)

Recently Positive Psychology has become a framework

Appropriate for studies on subjective well-being, since it studies the bases of psychological well-being and happiness as well as human strengths and virtues. This approach is called by some authors autogenic. They can consider antecedents of this

school of thought in psychologists such as Abraham Maslow or Carls Rogers, belonging to the current called Psychologyhumanist. Since then, Psychology has been given the task of studying all those strengths, virtues, talents and attitudes that enhance performance, increase happiness or make the individual stronger before the circumstances of life. Topics have been studied, such as: optimism, resilience, states of flow, and the sense of humor or the power of emotional intelligence. WithoutHowever, perhaps the most important has been the categorization of those psychological strengths that help to succeed in life.

Happiness, satisfaction, well-being, and other positive subjective experiences are all linked to positive personality qualities and institutions that enable these traits to flourish and so lead to subjective feelings of positive happiness. According to Lyubomirsky, the central object of anyone who studieshuman happiness, is to answer the question of why some people are happier than others, which is extremely important for understanding human subjectivity in all its complexity. For their part, Cuadra and Florenzano consider that it constitutes an emergent opposite to the emphasis on studies of negative states, offering a view focused on the functioning positive of the human being. This perspective is linked to the concept of defined health,not negatively (absence of disease), but positively (good health, wellness).

Among the antecedents of the study of the bases of well-being is the developed by Carol Ryff. This model suggests that the hedonic element(the balance between positive and negative emotions) can be independent of wellness. That is, a person could feel full of psychological well-beingand experience frequent negative emotions and few positive emotions due to circumstances for example, I work with great challenges and difficulties. Self-acceptance, satisfying relationships, autonomy, environmental mastery, life purpose, and personal growth are suggested as the six core criteria for what makes well-being. Subsequent studies have used the questionnaire proposed by the author.

There is an important group of researchers who are interested in the studyof the subjective conditions associated with well-being, happiness or Satisfaction with Life. From the perspective of humanistic psychology, psychological well-being can be considered as that global goal to be achieved by man for himself and for his community, through the formation of a human being spiritually superior. According to González Serra, this ideal of a human being to achievemust consider the following:

- 1) The predominance of the social orientation (altruistic and collectivist) in the regulatory hierarchy, which implies that the satisfaction of needs individuals of goods and of social position or prestige is fundamentally a means or way to achieve ideals. This social orientation supposes a relative harmony in the satisfaction of social and individual needs

- 2) The autonomous orientation of the personality. The personal elaboration of autonomous projects focused on altruism and social work, (but which also express individual needs) and the predominance of the desire for self-realization of these projects, although they must be harmonized with the demands and external possibilities.
- 3) Intellectual creativity based on extensive knowledge of culture generated up to the present by humanity.
- 4) The formation of groups and institutions, where the formal structure (oriented by social duty) with the informal, social goals of the group with the hierarchy of the individual personality and there is an identity between individual, group and general social interests.
- 5) The achievement of autonomy and creativity presupposes respecting and promoting Personal, group, national and regional identity.

A fundamental aspiration that accompanies all of the above is the endeavor to achieve, as far as possible, the harmony of the personality, or that is, the satisfaction or harmonic compensation of all needs, in closely related to well-being.

Based on innumerable controversies, there are currently certain consensus regarding well-being:

1. - It has a basic and general dimension that is subjective.
2. - It is made up of two basic facets: one focused on the Affective-emotional (referring to the moods of the subject) and another centered in the cognitive-evaluative aspects (referring to the evaluation of satisfaction that makes the subject of his own life). (Leslie et.al 2016)

Following these criteria, psychological well-being has a subjective, based on the person's own experience; Its reach is extensive since it assesses or judges every aspect of your life, and it is crucial to include good deeds because they go beyond the simple absence of bad things. In the construction of perception of well-being in each individual the conditions of their life interact present, the experiences lived in the past and the projections that this pose, which are constituted in objectives or goals that influence the level of wellness. As a result, it is linked to certain elements of the operation of the social, mental, and physical systems. It is made up of fleeting, reactive elements related to the emotional realm, but it transcends the immediate emotional reaction, the state of spirit as such. The most stable elements, which are expression of the cognitive, of the evaluative. Within one's own emotional sphere, there are more stable elements, linked to personality

traits and elements less stable linked to reactive emotional states. As a system of intricate interconnections, the personality has a strong influence on both the look, feel, and cognition, as well as by the environmental circumstances. (Lee, 2012)

In addition, it derives from human experiences linked to the present, but is mediated by past experiences insofar as "what has been achieved" is a source of well-being, but at the same time it has a projection to the future, since the goals, aspirations and goals in life are temporarily projected into the future. Namely, a person's overall sense of well-being is determined by the harmony between expectations (future projections) and accomplishments (evaluations of the past and present) in the areas that are most significant to them as a whole: work, family, health, the material conditions of life, interpersonal relationships, and sexual and emotional relationships with a partner. This feeling of contentment with life results from a relationship between the individual and his micro- and macro social surroundings, which encompasses the material and social realities that are objectively present and provide him with particular opportunities for achieving personal fulfilment, as well as the subjective individual that reflects that external reality. The category of psychological well-being takes on a particularly personal tone in this type of analysis. Each person decides what comprises a man or woman's well-being, therefore, we scientists must attempt to develop general models for study and evaluation that take into account that individual weighting. It is linked to a psycho-affective tone that tends to maintain a stable character, derived from personal experiences, unrepeatable, emerged within the framework of social life and personal history. what the people understand by well-being, what produces satisfaction and enjoyment, varies from things. (One society to another, from one era to another, from one stage of social development to another and from one moment of personal life to another, all of which are grounds for it to be, in itself, a personal and unrepeatable experience. (Leslie et.al 2016)

Determinants of well-being

Early research on psychological well-being focused on the analysis of the influence of socioeconomic and sociodemographic variables, trying to determine which people were most and least satisfied with their lives. Well-being cannot be explained directly by variables but through the mediating effect of psychological and such as satisfaction with income, economic status, and social comparison. Sociodemographic factors alone do not explain the different levels of welfare of people, but its effect is mediated by psychological processes such as goals and coping skills, factors that, as we know, are closely related to personality and personal history. For example, gender and age determine the type of goals and objectives that the individual traces, but they do not directly determine well-being. Consistent with Vygotsky's principles outlined above, the elements provided by genetics, the factors environmental of conditions, the psychodynamics of goals and

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coping must form a set of interlocking elements essential to understand the determination of well-being. Thus, for example, the influence of social support on psychological well-being, but not on the economic level and social changes, but it would be necessary to consider action combined with elements of the individual psychological level.

When it came to ratings of subjective well-being, there weren't many obvious distinctions across genders in the research review. However, it is important to note that affective evaluations are more sensitive to this type of differences than cognitive ones especially that refer to negative effects. This discrepancy could be due to the fact that the Women show greater emotional expressiveness. For this reason, Women are more vulnerable to depression. However, in the absence of negative life events, women tend, to a greater extent than men, to also experience more intense levels of positive emotions. Namely, that although women experience more negative emotions, they also experience the positive ones more intensely, producing a balance between both types of emotional states. (Carrie R. Leana, 2016).

Marital status is considered one of the sociodemographic variables which more consistently predicts well-being. The fact of being married has been shown to correlate positively with the measures of this construct in adults. In a study conducted with 35,024 participants in the General Social Survey National Opinion Research Center, between the years 1972 and 1996, found a higher level of life satisfaction in married people, with respect to single, divorced and separated.

In terms of age, a positive relationship was found with the subjective well-being, but not very significant, especially when other control variables. This suggests, as a trend, the existence of a large similarity in the levels of well-being between the different age groups. Without However, some investigations have been able to identify some differences that it is necessary to take into account.

The data corresponding to twelve national samples of countries of Western Europe, spanning from the 1960s to the early 1990s, 1980s, that older persons are more likely to express a sense of well-being. This becomes more evident when controlling for the mediating effects of income, occupation, educational level, marital status and nationality.

This result is consistent with the fact that young adults experience their quality of life more negatively, which may be due to the high expectations regarding their resources and future goals. In the case of adolescence, it becomes more evident, given the characteristics of this stage, especially the period of identity crisis, which marks the transition to adulthood. Marital status is the sociodemographic variable that has been most verified that it predicts well-being, based on the significant differences in their reports

of married persons, with respect to those divorced, separated and widows. Recent research shows a trend towards analysis of influential variables in well-being, such as: personality, goals, personal projects and values. This has meant, in turn, that the researchers delve into a more top-down perspective, where internal or personal factors take on more importance than variables external. This model emphasizes the internal aspects that determine the judgments and evaluations that people make about their lives and developmental life circumstances. In this way, happy people are because they like it and actively seek pleasure, and not because they are satisfied all the time. (Miriam D. Goldstein, 2016)

It is important to emphasize that psychological well-being is determined socio culturally, there being a dialectical interrelationship between the biological, the social and the psychological, where personality as a regulatory system plays a very important role.

Psychological well-being is also related to: the subjectivity of individual; the objective factors of the social context; personal goals and experiences; the level of aspirations; the level of frustrations; predisposition to stress; the frequency and intensity of negative and positive emotions; the strategies to achieve what is proposed; the adaptation; the personality; the self-esteem; the optimism; emotions, among others.

The role of psychological factors that condition the degree of satisfaction or well-being is decisive for the evaluation process. The processes that lead to that satisfaction occur from the perspective of the individual, from the perspective of needs, values, aspirations and achievements of each individual. Aspirations and expectations are based on the assessment that the subject makes of his abilities, of the environment where he unfolds, as well as its main motivations, from which the man becomes aware of his aspirations, outlines his essential objectives and mobilizes his behavior according to the proposed goals. The aspirations of the individual rest on the hierarchy of personality motives and are based on the position and strength of needs, which arise, develop and change in the course of social activity, depending on the system of social relations in which the individual is immersed, in accordance with his position in the social organization. There is, therefore, an interaction between the social and the psychological, where the social influences the psychological through the meaning it has for the Subject and the psychological influences the social according to the position that the individual assumes. In certain personalities, high self-esteem can become the driving force that allows man to overcome failure and try again and again with new strategies to achieve your aspirations. From the above, it can be considered at the level of self-realization of the personality, as an expression of the needs and aspirations that man reaches according to his future life and the efforts of self-determination, which enable the

subject to become actively involved in achieving their goals and better face any stimulus that attempts against its realization, constitute two important conditioning factors that guarantee subjective quality of life. On the other hand, the conduct of the individual is also regulated according to his effects, so the expectations of reward for the effort made also have an important weight, since the efforts are not only regulated by the aspirations and purposes, for its tendency to self-realization and for its capacity for self-determination, but also based on the expectations of results. (Mary et.al 2016)

At times, individuals may be subjected to external conditions that function as real obstacles to the realization of their goals, therefore preventing them from reaching the expected levels of satisfaction. The people whose efforts do not pay off and who try again and again, without that their expectations are met, they end up feeling discouraged and dissatisfied. The level of satisfaction that man achieves in the different domains of his life, constitutes the starting point through which passes any evaluation of the subject, so it is necessary to take into account that satisfaction in all the dimensions that make up well-being. The activity of the individual oriented towards the satisfaction of needs can end with success or failure. The failures and the new circumstances can produce a new reorientation, a new planning and the approach of new purposes that allow reaching the levels of satisfaction expected, and, consequently, a higher level of psychological well-being. The close relationship between personal variables and well-being constitutes a widely verified fact. The facts neuroticism and extraversion are related to the experience of affect negative and positive respectively. People with a tendency to neuroticism (emotionality, impulsiveness, anger and fear) show a predisposition to experience greater negative affectivity, although it does not necessarily decrease the tendency to experience positive effects. On the contrary, those individuals who are characterized by being extroverted (vigor, tempo, sociability), they experience mostly positive affects; Likewise, this provision reduces the experience of negative affect. The balance that the person makes between positive and negative affect influenced by these two personality traits, contributes to the experience of satisfaction with life. Richard et.al 2017).

In the case of the influence of goals, personal projects and values, it has been found that life satisfaction is derived from the discrepancies perceived by the individual between what he has now, what he has achieved, and what others have, expected to have now or in the future, need or believe you deserve. Factors such as age, gender, educational level, income, social support, among others, can directly and indirectly affect these discrepancies, and, therefore, the level of well-being experienced.

For his part, González Serra refers to “harmony”, when dealing with the balance of motivational processes in people. It suggests that, for a good level of functioning of said motivation occurs, it is necessary that there is a harmony between the reality reflected by

the subject and their needs, goals and projects. This balance assumes that, once the goals previously proposed, new goals are elaborated; supposes a dynamism between aspirations and the possibilities of their realization. This author points out the relative harmony between the social and individual needs of the subject, the relative harmony between the motivation that comes from previous stages of life and the superior motivation, directed towards the future, as well as the relative harmony and action between conscious and unconscious motivations. What characterizes the motivational balance, and therefore the well-being of the normal and adult man, is a relative harmony between all the factors that participate in it. (Carrie R. Leana, 2016b)

This reasoning shows that welfare is determined by both objective factors, as well as subjective aspects. The evaluation made by people in their lives employ bottom-up processes, deriving the satisfaction in specific and normative aspects; and also use processes of top-down, which suppose the establishment of an individual worldview, of a way of "seeing life". From here, there has more recently emerged a third perspective, cataloged as constructivist, which emphasizes a relationship bidirectional between both processes. In a general sense, all the authors concerned with the subject seek to explain the way in which people "construct" their well-being. The relationships because effect is not always clear, but rather models that account for bidirectional and circular relationships. Therefore, the most important thing is to take into account the relationship between all the processes involved. (Chamberlain, 2016).

Components of wellness

According to the literature reviewed, the main components of well-being psychological are the cognitive-value component (judgment about the satisfaction with life or with areas of life) and the affective component.

Diener, investigating the components of psychological well-being (cognitive and affective), considers them as "separate constructs". The approaches of Diener are valid and acceptable as a starting point, however, they are insufficient due to the non-identification of the unity of the cognitive and the affective, moreover, by downplaying the significance of historical and cultural factors in determining psychological well-being. Starting from an integrating conception, most of the authors of the most current studies on the subject define it as "...the subjective assessment that expresses the satisfaction of people and their degree of complacency with aspect-specific or global aspects of his life, in which moods predominate positives". (Peter et al 2016)

The subjective sensation of psychological well-being, which is related to a judgement of life satisfaction (balance between expectations and accomplishments in the areas of highest relevance for each unique individual), is thought to represent the

subjective dimension of quality of life. The individual's personality and the socio-historical and cultural contexts in which they are developing play a role in the expectations they set, the accomplishments they attain, and the balance between the two. It is about understanding how and why people perceive their lives in a positive way, attending both to cognitive judgments or evaluations of satisfaction, as well as the emotional states linked to these. When people are content with their lives, involved in exciting activities, and have high subjective well-being levels, and consequently with this, they frequently feel pleasant emotions and few unpleasant ones.

Consistent with this integrative vision, most of the authors, agree on the consideration of two essential components: one cognitive, referring to satisfaction with life; and another affective, which concentrates balance between positive and negative elements of mood. (Shamir, 2016)

Diener et al. highlight the multidimensional character of the concept, it can be described as the evaluation of your life by others, which consists of both cognitive judgments and affective responses, where the affective and the cognitive are in close interrelation. They pose the following components: pleasant affectivity, unpleasant affectivity, general satisfaction with life, and in different areas or domains, such as: family, work and health. Veenhoven (1994) describes it as the degree to which the person favorably evaluates the overall quality of your existence, also considering cognitive as well as affective elements. "The result of the overall assessment whereby, through attention to elements of an affective nature and cognitively, the individual repairs both his present state of mind and the congruence between the achievements reached and their expectations on a series of domains or vital areas as well as, as a whole, on life satisfaction". Satisfaction with life or vital is the evaluation that each person makes of your life, according to your own reference patterns. By Therefore, it refers to "a process of judgment by which individuals value the quality of their lives based on their own unique set of criteria". It is spoken in terms of satisfaction referred to specific domains, which are important or significant for each individual. These can be: the family, work, health, couple and social relationships in general, personal fulfillment, recreation, economics, housing, politics, religious practices etc. The affective component, for its part, refers to the level of pleasure (understood in terms of frequency and intensity) experienced in the form of feelings, emotions and moods. Is integrated by positive affectivity, which involves experiencing to a great extent states of pleasant or pleasant mood and emotions (enthusiasm, joy, love, etc.); as well as negative affectivity, made up of moods and emotions unpleasant or unpleasant (sadness, anxiety, anguish and anger). (Kinicki, 2016)

The average level of affects that the person experiences in the longer term (possibly more relative to trait) affects may be independent pleasant and unpleasant. It has been found that these two types of affects correlate separately with different variables,

fundamentally with personological aspects and vital events. In laboratory conditions it has been shown that extroverted people react more intensely to positive images and situations, while subjects with a tendency toward neuroticism respond more strongly to images and negative situations.

It has also been observed that positive emotions are closely related to vital events or pleasant or enriching circumstances, while the negative ones are associated with painful events or circumstances and unpleasant. This relationship is mediated, in turn, by the characteristic's personologies of each individual and by the peculiarities of each event or situation. In this way, what is known as dynamic balance, which combines adaptation with personality. (Amanda et.al 2014)

The affective component integrates transitory, and at the same time stable, elements of so that emotional processes can be short-lived or immediate, and also more medium and long term. Although, in some way, the influence of cognitive judgments is recognized in the emotional response, as well as the incidence of mood in the evaluation that the individual makes of his life, little is known on the relationship established between the affective and cognitive dimensions of subjective well-being, and the contribution that each one makes to this construct. Cognitive judgments refer to patterns of success, reflecting values and goals conscious, while the affective reaction may reflect unconscious motives. This suggests that the separate evaluation of these two aspects can offer complementary. (Kerri Aet.al 2015)

Cognitive and affective components are closely related each other, so that a person who has emotional experiences pleasurable, you are more likely to perceive your life as desirable and positive. The subjects with greater subjective well-being are those in which this positive assessment of their circumstances and vital events predominates; while dissatisfied people tend to value most of these events as harmful. These two components tend to correlate because they are determined by the assessment made by the subject of the events, activities and circumstances in which his life unfolds. They also necessarily differ from each other, since although life satisfaction represents an assessment of life as a whole, the affective balance depends mostly of the reactions to events or circumstances that occur in the life cycle.

The social environment and the personality, which is a web of complex relationships, serve as intermediaries between these components. Furthermore, given that it consists of the balance between expectations and accomplishments, it can be argued that well-being is a human experience tied to both the present and projections of the future.

Quality of life, psychological well-being and health.

Health has been defined by the World Health Organization (WHO,1979) “not as the absence of disease but as the optimal state of physical, psychological and social well-being” This definition has been made several critics, among them the relative one to that state of well-being, appears out of context, being rather an ideal to be achieved, and which results in a definition too general that makes it difficult to operationalize for possible evaluation and analysis. But without a doubt, it has had the merit of drawing attention to the well-being of individuals and communities and their physical, psychological and social. In this way, the implication of well-being in health is recognized. (Glatzer, 2015)

The American Psychological Association (APA) states in its article

First of all, one of its objectives will be: “the promotion of human well-being”. In the analysis of the positive aspects of health, it is necessary to well-being category, which manifests itself in all spheres of activity human. When an individual experiences well-being, they are more productive, sociable and creative, is able to develop future projects and give love to people that surround it. Psychology should focus on delimit their domains, establish their determinants, elaborate techniques for their evaluation and determine intervention programs to obtain a better level of quality of life for the individual and society”. Individuals with higher levels in terms of different elements objectives, in the different areas or domains of life, are better disposed to have high levels of Quality of Life in general and Quality of Life related to health, since they will have better living conditions, level of income, accessibility to health services, general culture that enables them (although not tacitly guaranteed) to develop healthy lifestyles, in terms of access to food sources, culture in terms of health and life habits. The state of physical health itself (absence of limitations attributable to diseases) becomes part of these elements that contribute to perceive a better quality of life. Nevertheless, all these objective elements do not have a direct effect on well-being and Quality of Life, but are refracted by the perception of each individual. (Robert A. Cummins, 2015)

In the field of individual health, the subjective component of Quality of Life, its psychological nature, evaluated by the individual himself, which has been defended more or less successfully by different authors in the last 20 years. The "objective" conditions are refracted to through aspirations, expectations, lived and known references, of people's needs and values, their attitudes and emotions, and it is through this process that becomes subjective well-being. It's not enough that increase socioeconomic indicators to generate satisfaction, well-being and happiness; it is clear that suffering or happiness are not always determined by the standard of living: social opulence and consumerism of goods they definitely do not mean Quality of Life.

During the 1960s and 1970s of the previous centuries, the straightforward "material" indices of human well-being began to take psychological and social indicators into account. As a result, the psychosocial components are now more welcome in the Quality-of-Life category than the economic ones. The view that extending people's useful and enjoyable lives was just as important as treating their chronic illnesses was supported by this fact, which had a profound impact on health care. (Kenneth et.al 2015)

Hence, the term "Quality of Life" began to be used as an objective to reach the starting point of treatments or rehabilitation processes. The Has evaluation of the Quality of Life has been used since then as an indicator of the evolution of each patient in particular, especially in the case of chronic diseases and also as a criterion of goodness of new medications or procedures, or evaluation of the quality of services. Ofn fact, the evaluation of new technologies increasingly requires the consideration of the impact of treatment on functional, psychological andof the patient, that is, the evaluation of their quality of life. The consideration and evaluation of the Quality of Life is present today invirtually all health technology assessments, both diagnostic and as therapeutic, particularly in those applied to the treatment ofchronic diseases.

Special contributions in this direction have been made by the Psychology ofHealth, as an applied branch of Psychology that fundamentally studies the aspects of behavior and subjectivity related to the process health-disease. (The study of Quality of Lifeis a priority for this discipline.

We can affirm that health is considered one of the main values of man, one of the most important determinants of total Quality of Life. Many authors consider in fact that the concept of health is not only the value predominant, but agglutinating, between the different members of the Quality ofLife. Quality of Life and health have a double relationship. Health is a dimensionimportant part of Quality of Life and at the same time is a result of it. It First, it is justified by the role played by objective health indicators in the levels of Quality of Life achieved. The second, because low levels ofQuality of Life, produced by the deterioration of any of its area's components (family, work, couple relationships) can favor the appearance of diseases, either due to psycho neuro immunological responses that are demonstrated are produced in the organism accompanying the stress reactions, or because healthy lifestyle habits are abandoned, or because harmful habits are resorted to, or because, in general, behaviors health self-care are neglected. It is now accepted that both health and disease are conditioned by situations that go beyond the biological and that have to do with individual behavior, the natural and social environment in which the individual lives, and the economic determinants of his own reality. In chronic diseases in particular, each individual manifests emotional states, behaviors and evaluations about their sick condition, the

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limitations or changes that the disease imposes and the demands of the diagnostic or therapeutic procedures to which it must undergo, the perception and evaluation that it makes of its prognosis and the impact that the disease has for his current and future life. Also, when there is no Lanta disease diagnosed, the level of (perceived) health of an individual is part of their own quality of life. Each individual manifests states emotions, behaviors and evaluations about their state of health, the risk situations, the limitations or changes perceived in that level of health and the effect of health programs, habits in relation to it, screening procedures or any other action carried out by the company about yourself or your family. To talk about Quality of Life it is necessary not to refer only to the disease situation. (Adejumo Gbadebo Olubunmi, 2015)

The consideration of subjective factors is essential if we talk about health in its broadest sense. When an individual feels bad, or is facing a chronic disease process, this makes you "feel sick", unhappy, and that can harm the rest of the dimensions of quality of life. I know will feel all the more "sick" the greater the limitations that the disease impose on him in those areas of life that are significant to him, in relation to his aspirations and goals at the stage of the life cycle in which it finds itself. From here the importance of taking into account the individual point of view, the perception of one's own patient in evaluating their quality of life. As we can see, the Quality of Life-Health relationship is reciprocal. Not only health processes influence the Quality of Life, but the Quality-of-Life influences health levels. The most educated people, with social level higher, make better use of health services at their scope, and generally develop healthy lifestyle habits. Can appreciate that Quality of Life (objective and subjective) and health have a double relationship: health is an important dimension of quality of life and, at the same time, a result of it.

Health as a result of a certain level of Quality of Life is evidence in this way. When other dimensions that make up the quality of life such as family, work or socio-political deteriorate, not imply only an inadequate quality of life, but can lead to the appearance of diseases. Having health in its broadest conception, not only it implies feeling physically well, it is also having future plans and projects, actively engage in them to reach them and derive from those personal satisfactions. Failure to achieve those satisfactions can become a source of stress with negative implications for health fully considered. Quality of life is closely linked to aspirations and the level of satisfaction with respect to the most important in which a person develops his life. There is an interaction between social and the psychological, where the social influences the psychological through sense that it has for the subject and the psychological influences the social according to the posture that the individual assumes. The levels of satisfaction that man reaches, not only depend on external conditions but also on the internal, that is, their self-worth and the motivational hierarchy. In the structure of the subjective area of quality of life we have, then, as a central

nucleus, a psychological dimension that expresses the level of correspondence between the aspirations and expectations traced by the subject and the achievements that he has reached or can be achieved in the short or medium term. Well-being has to do with assessment of the result achieved with a certain way of having lived. The indicators of target cut are necessary but require as essential complement the assessment by the individual. From here the importance of the study of psychological well-being as a subjective dimension of quality of life. (David et.al 2014)

On the other hand, the Quality of Life has been worthy of study in the occupational health field. In particular in the field of health workers has been studied work-care stress and its consequences (burnout or burnout), which affects not only the quality of health services, but the very Quality of Life of health personnel.

In the current context, with economic and social changes, Organizations need to have motivated and psychologically healthy employees. The concept of "healthy organizations" is handled by answering the question what are the basic elements that these organizations share. In they generate results related to the excellence of the organization, as high-performance products/services, in addition to maintaining excellent relationships with the environment of the organization and the community.(Carrie R. Leanal, 2016)

This relationship has a double direction since welfare states are source of self-efficacy, it makes people successful in their work, and this in turn increases self-efficacy levels when the employee perceives that the success of their work is largely due to their effort and execution. González Serra, offers a positive approach to health and its relationship with quality of life: "... the human being has a biological and psychophysiological organism, whose proper functioning is a fundamental condition for it to perform its social function. For this reason, it is imposed that together with the predominance of the social function there is a harmony between the demands and possibilities of their social environment, their biological organism, its activity and the hierarchy of needs of its personality and, consequently, an adequate satisfaction of their requirements individual. Not satisfying their biological and psychological requirements individuals, the human being gets sick and ultimately perishes". (Snir, 2014)

For Health Sciences, the Quality-of-Life category became essential element of health work from the 70s of the past centuries, although it became really popular with health researchers during the 1980s. From then on, the trend has been to growth, largely determined by a high prevalence of chronic diseases linked to an increase in life expectancy. The health systems in general, and each clinical situation in particular, seek increase the Quality of Life of sick people, who have to assume certain limitations to be able to prolong their life time, or even in those cases in which the prognosis points to a

death more or less imminent, and therefore we must optimize the quality of the small amount of life that remains to live.(Walter et.al 2016)

The focus more on illness than on health has penetrated. Some theoretical and practical approaches to the term. In practice, the authority's health services in most countries are more concerned with addressing the problems of "disease" than "health" problems. This inconsistency is expressed in the field of social sciences when addressing the study of Quality of Life "related to health". In the literature, studies on Quality of Education predominate. Life related illnesses and disabilities, although the term used is that of "Health-related Quality of Life". In the midst of the large number of definitions and confusion regarding the concept of Quality of Life, and in particular that of Quality of Life related to Health, many authors have referred to the extent to which the life of a person can be modified by impairments, functional states, perceptions and social opportunities as a consequence of the disease, their injuries and treatments. (Amanda et.al 2014)

In the study of the health-disease process, the term "Quality of Life" is defined by some authors as the impact of the health condition on the functionality and life satisfaction of the person, that is, the level of well-being associated with a person's life and the extent to which that life is affected by the disease.

The topicality and validity of the topic is demonstrated by making a review by the MEDLINE for the last 5 years with the descriptor "quality of life and cardiovascular diseases". Only for cardiovascular diseases, such a review yields a total of 3,729 citations, which demonstrates the interest given by researchers to this topic, from the point of view of the disease. (Banks, 2014)

Without a doubt, Quality of Life should be considered as an indicator of success in health programs, both those directed to the investigation and control of diseases as well as those aimed at promoting health in general. Same way, and it is what appears most in the medical literature, within the program's disease rehabilitation. Quality of Life has been an important element of study for important medico-social decisions that require ethical considerations, such as the estimation and precision of the value of euthanasia, the criteria of "quality of death" and of therapeutic cruelty, the problems of abortion, the family planning and genetic counseling, assessment in the transplant of organs and problems with donors, estimating the fairness and equity of the health services. All these delicate issues are linked to Quality of Life with ethical aspects. The ethics in health practice requires that patients be advised, not only of the risks or complications of certain drug therapies or interventions surgical procedures, but also the impact that they may have on the quality of life in the short and long term. In this way, people can make decisions responsibly and freely.

The inclusion of all these elements of Quality of Life has become point of focus in most clinical and research discussions in many diseases, and in particular the dimension of the patient as an essential part of the Quality of Life. Within the indicators to evaluate the suitability of techniques diagnostic or therapeutic include those of the subjective dimension of patient such as acceptability, to what degree the procedure is invasive or pain, the possible complications or limitations perceived by the patient, the collateral effects and other aspects that although they do not receive the name of Quality of Life, in fact, are components of it. But even this approach is limited, if we only talk about quality of life based on validism or the solution of certain limitations of diseases. In the health sector, raising the quality of life of patients encompasses a wide range of purposes, from the ultimate goal of a country's Health System, to the objective of a type of treatment to be applied in a particular patient. The evaluation of the Quality of Life in patients, as in any other person, depends a lot on the subjective dimension. what each what you believe about the degree to which your Quality of Life is good or bad, improving or gets worse under a treatment or condition, it is a purely personal matter. (Yannick et.al 2013)

According to Rodríguez-Marín, quality of life is "a global evaluation of the subjective experience of his life that the person makes on the basis of different areas of it, fundamentally their physical, functional, psychological and social". This author defined the quality of life in the chronic patient as "the level well-being and life satisfaction of the person, as affected by their disease, treatments and effects".

The evaluation of the Quality of Life acquires a special significance for How much should be included in the criteria for choosing among alternatives? possible treatments in any type of patient. Although in the last two decades medical interventions have been changing its perspective when evaluating the results of a treatment, considering increasingly, the evaluation that the patient himself makes about his Quality of Life, the results regarding the procedures used for this evaluation are still deficient. However, the inclusion of measurements of the Quality of Life within clinical trials of any kind charges every day more acceptance. Among the methodological problems to achieve these objectives are highlights the lack of homogenization of evaluation techniques, which affects the impossibility of comparing results, especially between the different cultures, since we already know the strong socio-cultural determination of the concept that each individual has of what is their Quality of Life. During the last decade, research on quality-of-life health-related have become an important part of many research programs in cancer clinical trials. The organization European Union for Research and Treatment of Cancer has a Group for the investigation in Quality of Life, which recently carried out a report on from 24 clinical trials that included 9,000 patients. It is noted that the quality of Life is included in all phase III clinical trials, which constitutes an element to take into account when making decisions about treatment, for both clinicians and patients. Without

However, we can confirm that these studies suffer from a lack of definitions/concepts in the subject Quality of Life, using in some cases established instruments and other original instruments. In some studies, the Quality of Life has been evaluated only by the presence of symptom. It is common in medical practice to refer to the improvement of symptoms of a patient, as "their quality of life has improved." Although the various methodological approaches to assess Quality of life related to health, there is agreement that there may be factors, such as satisfaction with the information received about the disease and its evolution, which influence the quality of life of patients. It is worth noting the importance of identifying any factors that may be modifiable, in order to improve and prolong the well-being of patients. The reading of the medical literature shows the inclusion of indicators of quality of life and personal reports of patients, in many evaluations' clinics of therapeutic procedures. There is a growing increase in consideration of these indicators in the last decade, at the same time as there is a growing societal demand that researchers include these parameters in clinical trials. Many researchers have highlighted the importance of considering Quality of Life in clinical trials and have investigated about the measuring instruments with a view to enabling these evaluations of the Quality of Life in various diseases. Some studies have targeted specific diseases, including cancer. (Marilyn Clarke, 2013)

Regarding the relationship Quality of Life-Health in the elderly, it is a fact shown that older people suffer proportionally more chronic diseases. The use of health services is higher in this population group. Another important feature of the health relationship aging is disability and function concept. It is evident that Disability increases with age and thus decreases the autonomy of the elderly and their dependency on the family. **(Raphael Snir, 2012)**

Final comments

Psychological well-being, quality of life, vital satisfaction, social well-being, are all part of a terminology that is related to happiness, which is, without a doubt, one of the main vital goals of the human being, with important implications for mental and physical health. Psychological well-being can be defined as the subjective dimension of quality of life, its relatively stable subjective experience, which occurs in relationship with a judgment of satisfaction with life (balance between expectations and achievements) in the areas of greatest significance to each particular individual. The psychological well-being has a positive connotation, that is, it is associated with a good life quality; refers to personal enjoyment, where the positive emotional states. The expectations outlined, the achievements obtained and the balance between the two is mediated by personality and by the condition's socio-historical and cultural in which the individual develops. Psychological well-being has become a subject of study within the Psychology, particularly within the branch of Health Psychology, for the strong demonstrated relationship of the

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same with the risk of getting sick, coping in situations of stress typical of the different stages of the life cycle, and in particular before all the stages of the health-disease process.

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