International Journal of Research
Available at https://edupediapublications.org/journals
p-ISSN: 2348-6848
e-ISSN: 2348-795X
Volume 01 Issue 01
February 2014

Gender as Predictor of Subjective Well-Being and Happiness in Adult Peoples With Respect To Nature of Drinking.

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Abstract

The present study aspired to investigate whether Gender is a predictor of Subjective Well-being and Happiness in Adult peoples with respect to nature of drinking. It was hypothesized that Gender will be significant predictor of Subjective Well-being and Happiness in adult people with respect to Nature of drinking. A purposive sample of 120 human participants (age range 25-45 years) with balanced number of males and females was selected for the present study. Out of these 120 Human Participants, 40 of them were Alcohol Addicts (20 Males and 20 Females), 40 of them were Social Drinkers (20 Males and 20 Females) and the remaining 40 of them were exclusively Teetotalers (20 Males and 20 Females). The Alcohol Addicts and Social Drinkers were traced from various hotels, bars, pubs and counseling centers in Sri Ganganagar and Jaipur district of Rajasthan State. Subjective Well-benig was measured by Mental Health Inventory (Jagdish and Srivastava A.K. 1983) and Happiness measured by Happiness Scale (Argyle and Hills, 2002). Multiple Regression Analysis was computed through SPSS 17. It was empirically proved that Gender was a significant negative predictor of Well-being and Happiness in Adults. It was also empirically proved that Nature of Drinking was a significant negative predictor of Well-being but a significant positive predictor of Happiness in Adults.

Keywords: - Gender, Nature of Drinking, Subjective Well-being, Happiness and Adult People.

Introduction

Alcoholism is currently boasting wide acceptance as the disease model approach (Jellinek, 1960). This approach views alcohol as a disease of the individual. Juxtaposed with a view of alcoholism as moral degeneration or a personal weakness or failure, the disease perspective is a most desirable approach in that it provides both an impetus for treatment and sympathy of the alcoholic, and it removes or at least minimizes the guilt and reluctance to seek treatment which the alcoholic experiences.

Viewing alcoholism as a disease allows a professional group, namely the medical

profession, to claim responsibility for its understanding and treatment and therefore affords the problem more exposure and respect (Jellinek, 1960). By labeling alcoholism a disease, it is put on par with other diseases and medical problems, thereby removing the stigma associated with the problem. We do not look down on people because they have diseases; in fact, we try to assist them in overcoming their problem by offering them such things as time off work, Medicare funding, and government or corporate funded rehabilitation programs. In the same way, defining alcoholism as a disease, should afford alcoholics this same degree of understanding, respect and sympathy. By giving the responsibility of research and study into alcoholism to the medical profession, we effectively put the problem of alcohol addiction in a more favorable light than if it was considered the responsibility of psychologists, social workers, or c1ergypersons. A corollary of this observation is the fact that it is the medical profession which is expending the most effort and energy in supporting the disease model as the dominant way in viewing alcoholism (Milam & Ketcham, 1985).

Jellinek himself acknowledges the appropriation of alcoholism by the medical profession when he states that "a disease is what the medical profession recognizes as such" (1960). However, seeing alcoholism as a disease is not necessarily the only way to look at the problem; if the disease model were to lose its basis of consensus, many in the medical profession would be out of a job (Schneider, 1978). It can be argued that alcoholism is seen as a disease because it is profitable for the medical profession to see it as a disease.

Although the medical community has a vested interest in the disease perspective of alcoholism, this would be no reason to disregard the disease model if indeed the disease perspective is the best paradigm available. In this paper, a number of issues will be discussed. Initially a critique of the disease perspective will be offered. A more detailed and operational definition of alcoholism will be proposed and

a new paradigm that incorporates the details and features of alcoholism ignored by the disease model will be suggested. This is an ambitious undertaking to be sure, but a necessary one.

Inspite of its benefits, the disease model perspective is unable to adequately account for alcoholism and is itself beginning to fall victim to the same criticisms that it levels at the moral degeneration perspective. In particular, our cultural milieu is increasingly coming to emphasize health, nutrition, and fitness as important life-style values. In such a milieu, disease is coming to be viewed as a personal failure in adequately caring for oneself. In this way, alcoholism, viewed as a disease, is becoming increasingly defined as a personal failure that creates guilt and a denial of a problem just as surely as the moral degeneration perspective does-a theory that the disease perspective was intended to counter. More importantly, the disease model suffers from a number of logical and theoretical flaws that not only deny its validity as a scientific model, but also limit its practicality of researching, identifying, or treating alcoholism.

Subjective Well-being is a construct that reflects an understanding of an individual's appraisal of his/her life. These appraisals may be primarily cognitive (e.g. life satisfaction) as well as affective, consisting of pleasant or unpleasant emotions that individuals experience (e.g. happiness and depression). The notion of subjective well-being incorporates positive factors and not just the absence of negative factors (Park, 2004). Gasper (2002) points out that the term well-being is a concept or idea referring to whatever is assessed in an evaluation of a person's life situation or 'being'. Summarized, it is the description of the state of the individual's life situation. A hallmark of subjective well-being is that it centers on the individual's personal judgments and not upon some criterion judged by the researcher as important (Diener, 1984).

There are three primary components of subjective well-being: life satisfaction, high levels of pleasant affect, and low levels of unpleasant affect. Subjective well-

being is structured such that these three components form an overall factor of interrelated variables. Meister (1991) suggests that subjective well-being is a comprehensive and flexible concept that is broader than health. Subjective well-being is defined by Snyder and Lopez (2002) as "A person's cognitive and affective evaluations of his or her life. These evaluations include emotional reactions to events as well as cognitive judgments of satisfaction and fulfillment". In agreement with Snyder and Lopez's view that subjective well-being includes both cognitive and affective components. Carr (2004) defines subjective well-being as, "A positive psychological state characterized by a high level of satisfaction with life, a high level of positive affect and a low level of negative affect". According to Vleioras and Bosma (2005), subjective well-being refers to feeling well, which is highly parallel to the characteristics of a healthy personality set forth by Erikson. According to Diener (1984) well-being is a multidimensional construct that includes cognitive and affective components. He further defines subjective well-being in terms of three primary components: life satisfaction, positive affect and negative affect. It is clear from the abovementioned definitions that the following two aspects form the core of subjective well-being and that the cognitive and emotional aspects are fully intertwined. The cognitive component refers to life satisfaction and the emotional component divided into positive and negative affect (Bradburn, 1969; Diener, 1998).

Positive Psychology has as its goal the creation of "a psychology of positive human functioning…that achieves a scientific understanding and effective interventions to build thriving individuals, families and communities (Seligman, 2002). Seligman (2002) proposed a theory in which the unwieldy notion of "happiness" is given up: "Happiness" and "well-being" are merely overarching terms that his views describe the goals of the whole Positive Psychology enterprise. As constructs they play no role in the theory, just as the term 'cognition" labels a scientific enterprise within psychology, but itself plays no role other than labeling in the theories of cognitive psychology. In the original theory (Seligman, 2002) "happiness" is decomposed into three more

scientifically manageable components: positive emotion (the pleasant life), engagement (the engaged life), and meaning (the meaningful life). This trichotomy is not claimed to be exclusive or exhaustive at this point, but rather a first approximation toward a scientifically useable unpacking of "happiness." The theory also relies on a set of empirical and analytic methods for moving the trichotomy toward becoming more exclusive and exhaustive (Peterson & Seligman, 2004). Positive Psychology has as its goal the creation of "a psychology of positive human functioning…that achieves a scientific understanding and effective interventions to build thriving individuals, families and communities (Seligman, 2002). Seligman (2002) proposed a theory in which the unwieldy notion of "happiness" is given up: "Happiness" and "well-being" are merely overarching terms that his views describe the goals of the whole Positive Psychology enterprise. As constructs they play no role in the theory, just as the term 'cognition" labels a scientific enterprise within psychology, but itself plays no role other than labeling in the theories of cognitive psychology. In the original theory (Seligman, 2002) "happiness" is decomposed into three more scientifically manageable components: positive emotion (the pleasant life), engagement (the engaged life), and meaning (the meaningful life). This trichotomy is not claimed to be exclusive or exhaustive at this point, but rather a first approximation toward a scientifically useable unpacking of "happiness." The theory also relies on a set of empirical and analytic methods for moving the trichotomy toward becoming more exclusive and exhaustive (Peterson & Seligman, 2004).

Objectives

1. To investigate whether Gender is a significant predictor of Subjective Well-being and Happiness in adult people.
2. To investigate whether Nature of Drinking is a significant predictor of Subjective Well-being and Happiness in adult people.

Hypotheses

1. Gender will be a significant predictor of Subjective Well-being and Happiness in adult peoples.
2. Nature of Drinking will be a significant predictor of Subjective Well-being and Happiness in adult peoples.

Sample

A purposive sample of 120 human participants (age range 25-45 years) with balanced number of males and females was selected for the present study. Out of these 120 Human Participants, 40 of them were Alcohol Addicts (20 Males and 20 Females), 40 of them were Social Drinkers (20 Males and

20 Females) and the remaining 40 of them were exclusively Teetotalers (20 Males and 20 Females). The Alcohol Addicts and Social Drinkers were traced from various hotels, bars, pubs and counseling centers in Sriganganagar and Jaipur district of Rajasthan State.

Measures

The following measures were administered on the male and female Alcohol addicts, Social Drinkers and Teetotalers with informed consent and they were duly assured that the results so obtained would be kept confidential and would not be used for any other purpose extraneous to be present research:

1. Mental Health Inventory (Jagdish and Srivastava A.K., 1983)
2. Happiness Scale (Argyle and Hills, 2002)

Research Design

A Correlational Research Design with Multiple Regression Analysis was employed to find out whether Gender and Nature of Drinking are significant predictor of Subjective Well-being and Happiness in Adult peoples.

Independent Variables

- Nature of Drinking (Alcohol Addicts, Social Drinkers and Teetotalers)
- Gender (Male and Female)

Dependent variables

- Subjective Well-being
- Happiness

Results

The results indicate that the constant β coefficient is 215.62 and Standardized β coefficient of Nature of Drinking (ND) is -.793 which is significant at 0.01 level of confidence. It is empirically proved that Nature of Drinking is a significant negative predictor of Subjective Well-being in Alcohol Addicts, Social Drinkers and Teetotalers. Therefore, as Nature of Drinking increases, Subjective Well-being decreases in Alcohol Addicts, Social Drinkers and Teetotalers. It is observed that the constant β coefficient is 215.62 and Standardized β coefficient of Gender (G) is -.316 which is significant at 0.01 level of confidence. It is empirically proved that Gender is a significant negative predictor of Subjective Well-being in Alcohol Addicts, Social Drinkers and Teetotalers. Therefore, as Gender changes, Subjective Well-being also changes in Alcohol Addicts, Social Drinkers and Teetotalers.

The results indicate that the constant β coefficient is 76.133 and Standardized β coefficient of Nature of Drinking (ND) is .589 which is significant at 0.01 level of confidence. It is empirically proved that Nature of Drinking is a significant positive predictor of Happiness in Alcohol Addicts, Social Drinkers and Teetotalers. Therefore, as Nature of Drinking increases, Happiness also increases in Alcohol Addicts, Social Drinkers and Teetotalers. It is observed that the constant β coefficient is 76.133 and Standardized β coefficient of Gender (G) is -.491 which is significant at 0.01 level of confidence. It is empirically proved that Gender is a significant negative predictor of Happiness in Alcohol Addicts, Social Drinkers and Teetotalers. Therefore, as Gender changes, Happiness also changes in Alcohol Addicts, Social Drinkers and Teetotalers.

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