HOPE AND HAPPINESS AS PREDICTORS OF SATISFACTION WITH LIFE IN PATIENTS WITH MENTAL HEALTH PROBLEMS

Sarwat Jahan Khanam & Syeda Razia Bukhari[*]
Institute of Clinical Psychology
University of Karachi

ABSTRACT

The purpose of present study is to investigate the role of hope and happiness as predictor of satisfaction with life in patients with mental health problems. The participants of the present study include 62 registered patients with mental health problems (male=33, female=29) selected from Institute of Clinical Psychology, University of Karachi, Karachi Pakistan. The age of the participants ranged from 19 years to 40 years (Mean age = 28.31,SD= 6.177). The Trait Hope Scale (Snyderet al., 1991), Satisfaction with Life Scale (Diener, Emmons, Laresen, & Griffin, 1985); and Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) were administered on patients. It was hypothesized that Hope and Happiness will predict satisfaction with life in patients with mental health problems. Linear Regression analysis reflects hope as a significant predictor of satisfaction with life in patients with mental health problems, while the variance explained by happiness in the scores on satisfaction with life appear not significant.

Keywords: Hope, Happiness, Satisfaction with Life, Patients with mental health problems

[*] Correspondence Address: Sarwat Jahan Khanam, Ph.D., Assistant Professor, Institute of Clinical Psychology, University of Karachi, Pakistan. Email: skhan_icppsy@yahoo.com

INTRODUCTION

According to World Health Organization (WHO), mental health is a condition of well-being that is based on mental, physical and social wellness that is totally absence of diseases (Boldero & Fallon, 1995).According to physicians, approximately 50% of physical diseases also have psychological basis. Every 1 out of 12individuals is suffering with psychological illness in his or her life (Bird, 1986).

According to Michalos (1991) satisfaction with life is a comprehensive dimension, which is known as global assessment of life domains for example money, well-being, job, self-worth and socialization. Diener (1984) reported that life satisfaction is a global evaluation of one's life such as attitudes and feeling that can be positive and negative. Life satisfaction is based on three different aspects of wellbeing that are positive emotions, negative emotions and satisfaction with life. The significance of satisfaction with life reflects in its association with number of mental health issues, and it is found negatively correlated with loneliness, depression and suicidal behavior, while a positive association of life satisfaction found with health as assessed by Viren et al. (2007).

The satisfaction with life and sense of wellbeing is greatly associated with the two constructs of hope and happiness. The term "Happiness" is explained and is related to a wide variety of meanings and behaviors, containing hedonist pleasure, life satisfaction, pleasant emotions and joyfulness, as well as to the achievements one get by working for the things that a person values. Happiness the important sign of subjective wellbeing and life satisfaction and it is subjective evaluation of individual's global quality of life (Diener & Diener, 1995). According to Nettle (2005) happiness is based on two aspects that is subjective (cognitive level) and affective (emotional) experiences, both are equally important considering their long term effects in person's state of wellbeing.

Happiness enhances and enriches life experience as happy individuals are physically and psychologically healthy and they are better able to cope with stress as compare to unhappy individuals (Vaillant, 2000). Happiness is associated with high coping ability, less morbidity and less mortality (Fredrickson, 2001; Salovey, Rothman, Detweiler, & Steward, 2000; Pressman & Cohen, 2005). Life satisfaction and happiness improved human ability of

engagement in different personal activities, which is related to contribution in community (Kasser & Ryan, 1996). Though according to Headey and Wearing (1991) individuals can experience mental health problems even when they have moderately higher level of happiness; they found that depression and anxiety are two major forms of mental illness, reasonably related to happiness and negatively related with satisfaction with life and positive emotions. Happiness contains overall life satisfaction, positive and negative emotions. Negative emotions though resist impacts of positive emotions and often overcome that impact at subjective basis (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001), however the effect is weak and does not interfere in benefits of positive emotions (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009).

Another positive construct facilitating positive life experiences is of Hope. Hope is a complex concept it can be emotion or an experience, basically hope is a wish of future expectations. Hope is an essential for life, a major component for health, as it is the major element sustaining stability and psychological health (Yuan, Qu, Zhang, & Wang, 2009). Hope facilitates people coping against stressors and thus prevents psychological problems. It is specifically important to enhance the factor of hope in patients who faced failure, pain and insecurity in their life to enhance their positivity and coping ability. According to Zhou, Yang, and Xie (2008), hope is the strange concept; it is a condition which affects individual's attitudes and behaviors and enhances wellbeing. Lack of hope in patients predicts successful treatment interventions, as many researches claimed that hope is positively related with wellbeing, and optimal mental skills; it is also found that hope is positively associated with life satisfaction, self-esteem and meaning of life (Magaletta & Oliver, 1999; Halama & Dedova, 2007; Maxcaro & Rosen, 2005).

Considering the well assumed significance of happiness and hope as positive life experiences, its relationship with life satisfaction is also well predicted. However, in patients with mental health problems the relationship needs to be explored. It is cardinal responsibility of mental health professionals to promote wellbeing in individuals specifically in patients with mental health problems. The findings may facilitate the understanding how the two constructs operates in patients having difficulty managing their emotions and in coping with life stressors. Thus, the present research is a step to highlight the relationship in Pakistani culture.

METHOD

Participants

The participants of the present study include 62 patients with mental health problems (male= 33, female= 29) selected from Institute of Clinical Psychology, University of Karachi, Karachi Pakistan. All the participants were the registered patients of Institute of Clinical Psychology, University of Karachi. The age of the participants ranged from 19 years to 40 years (Mean age= 28.31, Std. Deviation= 6.177).

Measures

The Trait Hope

The Trait Hope Scale (Snyder et al., 1991) consists of 12- Items. These items assess the individual's level of hope. The Trait Hope Scale (Snyder et al., 1991) has two sub categories (1) Agency (i.e., making goals) and (2) Pathways (i.e., planning for achievement of goals). Each comprised of 4 items, while rest of four items are just fillers. The scoring based on 8-point Likert- scale, where, Definitely False = 1 and Definitely True= 8. The total hope score is obtained summing the Agency and Pathways subscale score. The reliability of The Trait Hope Scale (Snyder et al., 1991) is adequate, test re-test reliability for several weeks is .85 and Cronbach alpha ranges from .74 to .88 (Babyak, Snyder, &Yoshinobu,1993).

Subjective Happiness Scale

Subjective Happiness Scale is developed by Lyubomirsky and Lepper (1999). This scale contains 4 items. The scoring is based on 7 point Likert scale where 1= *not a very happy person* and 7= *a very happy person*. This scale is used in 14 individual research studies with the sample of 2732 participants. Results indicated high internal consistency, where Cronbach's alpha reliability coefficient is .7 (Lyubomirsky & Lepper, 1999).

Satisfaction With Life Scale

Life satisfaction scale is developed by Diener, Emmons, Larsen, and Griffin (1985). Satisfaction with Life Scale assesses overall individual's

satisfaction with life. This scale is based on 7 point Likert scale where 1= *Strongly disagree*, 2= *Moderately disagree*, 3= *Slightly disagree*, 4= *Neither disagree nor agree*, 5= *Slightly agree*, 6= *Moderately agree* and 7= *Strongly agree*. The reliability of two months test- retest correlation coefficient is .82 and alpha coefficient is .87 and internal consistency ranged from .57 to .75. Concurrent validity ranged from .4 to .68, and Construct validity ranged from .61 to .84 (Diener et al., 1985).

Procedure

Initially, the process and purpose of research were informed to the participants. The consent was taken from patients with mental health problems through actively working on rapport building. The participants who agreed for participation in the research were assured that their provided information will remain confidential and that they can withdraw from research anytime they want. After that the demographic information form (i.e. name, age, education, etc), The Trait Hope Scale(Snyder et al., 1991), Satisfaction with Life Scale (Diener et al., 1985); and Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) were administered on participants. Afterward, only complete research questionnaires were scored, incomplete research questionnaires were discarded. The scoring was done according to the standard method of scoring as suggested by respective scale. Then the statistical analysis was done by using SPSS (Version-18).

RESULTS

Table 1
Demographic Distribution of total sample

Variables	*Category*	*Frequencies*	*Percentages*
Gender	Male	33	53.2 %
	Female	29	46.8 %
Family status	Joint	23	37.1 %
	Nuclear	39	9.7 %
Socioeconomic Status	Middle	62	100%
Age	Mean age	28.31	
	Std. Deviation	6.177	

Table 2
Descriptive statistics of all variables

Variables	Mean	Std. of Mean	Std. Deviation
Life Satisfaction	18.89	.833	6.559
Hope	41.06	1.313	10.335
Happiness	3.859	.3051	6.559

Table 3
Summary of Linear Regression Analysis with Hope as predictor of satisfaction with life in patients with mental health problems

Predictor	R	R^2	Adjusted R^2	F	df	Sig
Hope	.344	.119	.104	8.097	1,60	.006

Table 4
Coefficients summary of Linear Regression with Hope as predictor of Satisfaction with life in patients with mental health problems

Model	Unstandardized Coefficients		Standardized Coefficients	*t*	*Sig*
	B	**Std. Error**	**Beta**		
Constant	9.910	3.255		3.044	.003
Hope	.219	.077	.344	2.842	.006

Table 5
Summary of Linear Regression Analysis with Happiness as predictor of Satisfaction with life in patients with mental health problems

Predictor	R	R^2	Adjusted R^2	F	df	Sig
Happiness	.202	.041	.025	2.019	1,60	.115

Table 6

Coefficients summary of Linear Regression with Happiness as predictor of satisfaction with life in patients with mental health problems

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	*Std. Error*	*Beta*		
Constant	16.757	1.566		10.703	.000
Happiness	.552	.345	.202	1.599	.115

DISCUSSION

A mental health professional owes the responsibility to protect individuals from mental health problems, to prevent from mental illnesses, and to search and control the factors that might influence, cause or result in mental health issues. Protection against mental illness and prevention against relapse as well as creating and maintaining healthy environment that leads toward better well-being, are the objectives of mental health field (Milanifar, 1997). Among many others the Hope and Happiness are the crucial factors associated with the mental health and with the wellbeing by raising a person's satisfaction with life. Therefore, the purpose of present research is to investigate the role of these significant factors as a predictor of satisfaction with life in patients with mental health problems. The results indicates that hope significantly predict satisfaction with life in patients with mental health problems ($R^2 = .119$, $F(1, 60) = 8.079$, $p< .05$), but Happiness did not predict satisfaction with life in patients with mental health problems ($R^2 = .202$, $F(1, 60) = 2.556$, $p> .05$).

Hope is the fundamental concept of one's expectations about future. Hope is the condition that develops positivity regarding an outcome of events and situations in individual's life. Like present research, numerous pervious researches reported similar finding such as Halama and Dedova (2007); Magaletta and Oliver (1999); and Maxcaro, and Rosen (2005). Dougherty (2008) claimed that hope is essential for wellbeing outcome of individuals. A person with high level of hope and optimism may have better adaptation with the stressors in life as they focus more on the probability of good or favorable outcome thus being more able to experience life with satisfaction and positivity. Specifically in people with mental or any type of illnesses higher level of hope

31

may enhance their wellbeing, as the hope is not merely an optimism of having or predicting good in future but the evaluation of self as capable of being successful and evaluation that one has the means of acting successfully (Snyder, 1995). The cognition thus enhance person's coping in response to illness as well as other stressors and lead toward a better adaptation as well as life satisfaction.

Happiness predicts satisfaction with life. Happier individual have high level of satisfaction with life. Hedonistic equilibrium strongly predicts satisfaction with life (Schimmack, Bockenholt, & Reisenzein, 2002; Schimmack, Diener, & Oishi, 2002; Suh, Diener, Oishi, & Triandis, 1998; Kahneman, Diener, & Schwarz, 1999). However, the current research results indicate that happiness did not predict satisfaction with life in patients with mental health problems. Findings are however consistent with the finding of Headey and Wearing (1991) who argued that psychological problems could happen even with high level of happiness. The happiness is mainly related to the positive emotions which may or may not result in satisfaction of life, as it is considered as an independent factor of wellbeing strongly connected to but not solely limited to life satisfaction. Compton (2005) found that happiness predicts life satisfaction due to six main components of happiness that are positive self-esteem, sense of perceived control, extraversion, optimism, social relationships and having sense of meaning and aim in life. However besides close apparent relationship of life satisfaction with these components of happiness, it is a fact that they might be not as persistent, and happiness may be a transient state, while life satisfaction is a global evaluation of one's life, may encompass on variety of feelings in various domains of life. Besides being happy in a phase of life one may be not as satisfied with certain areas of life.

Conclusion

It concluded that hope influences the life satisfaction of patients with mental health problems however; happiness did not predict satisfaction with life in these patients. This research can be helpful for mental health professionals in the promotion of subjective and psychological wellbeing in patients with mental health problems. Proper psychotherapeutic intervention could be planned to enhance level of hope in mentally ill patients to raise their level of satisfaction and adaptability in their life.

REFERENCES

Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the hope scale: A confirmatory factor analysis *Journal of Research in Personality, 27*, 154-169.

Baumeister, R. F., Bratslavsky, E., Finkenauer, C., & Vohs, K. D. (2001). Bad is stronger than good. *Review of general psychology, 5*(4), 323-370.

Bird, A. M. (1986). *Psychology and sport behavior*. Times Mirror / Mosby College Publishing. Retrieved from http://books.google.com.pk /books?id=VURz3uFWLFYC&pg=PA337&lpg=PA337&dq

Boldero, J., & Fallon, B. (1995). Adolescents' help-seeking: what do they get help for and from whom? *Journal of Adolescence, 18,*193-209.

Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion, 9*(3), 361–368.doi: 10.1037/a0015952

Compton, W. C. (2005). *An Introduction to Positive Psychology*. Belmont, CA.: Cengage Learning/ Wadsworth.

Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology, 68*, 653–663.

Diener, E., Emmons, R. A., Laresen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49,* 71-75.

Diener, E., & Larsen, R. J. (1984). Temporal stability and cross-situational consistency of affective, behavioral, and cognitive responses. *Journal of Personality and Social Psychology, 47,* 580-592.

Dougherty D. (2008). View from here: history of ostomy surgery. *Journal of Wound, Ostomy and Continence Nursing, 35*(1), 34–38.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *The American Psychologist, 56*(3), 218–226. doi:10.1037/0003-066X.56.3.218.

Halama, P., & Dedova, M., (2007). Meaning in life and hope as predictor of positive mental health. Do they explain residual variance not predicted by personality traits? *Studia Psychologica, 49,* 191-200.

Headey, B., & Wearing, A. (1991). Subjective well-being: a stocks and flows framework. In F. Strack, M. Argyle & N. Schwarz (Eds.), Subjective Well-being: An Interdisciplinary Perspective (pp. 49-73). Pergamon Press, Oxford.

Headey, B., & Wearing, A. (1992), *Understanding Happiness: A theory of subjective well-being.* Longman Cheshire, Melbourne.

Kahneman, D., Diener, E., & Schwarz, N., (1999). *Well-being: The foundations of hedonic psychology.* Russell Sage Foundation, New York, US.

Kasser, T., & Ryan, R. M. (1996). Further examining the American dream: Differential correlates of intrinsic and extrinsic goals. *Personality and Social Psychology Bulletin*, *22*(3), 280-287.

Lyubomirsky, S., Caldwell, N. D., & Nolen-Hoeksema, S. (1998). Effects of ruminative and distracting responses to depressed mood on the retrieval of autobiographical memories. *Journal of Personality and Social Psychology*, *75*(1), 166-177.

Lyubomirsky, S., & Lepper, H. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, *46*, 137-155.

Magaletta, N. R., & Oliver, J. M. (1999). The hope construct, will and ways. Their relation with self-efficacy, optimism and wellbeing. *Journal of Clinical Psychology, 55*, 539-551.

Maxcaro, N., & Rosen, D. H. (2005). Existential meaning's role in enhancement of hope and prevention of depressive symptoms. *Journal of Personality, 73*(4), 985-1013.

Michalos, A. C. (1991). *Global report of student well-being.* New York: Springer

Milanifar, B. (1997). *Mental Health* (5th ed.). Tehran: Qums Publications.

Myers, D. G. (2000). The funds, friends and faith of happy people. *American Psychologist, 55*(1), 56-67.

Nettle, D. (2005). *Happiness: The Science behind your smile.* Oxford University Press, Oxford.

Pressman, S. D., & Cohen, S. (2005). Does positive affect influence health? *Psychological Bulletin, 131*(6), 925–971.doi:10.1037/0033-2909.131.6.925.

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional states and physical health. *The American Psychologist, 55*(1), 110–121. doi:10.1037/0003-066X.55.1.110.

Schimmack, U., Bockenholt, U., & Reisenzein, R. (2002). Response styles in affect ratings: Making a mountain out of a molehill. *Journal of Personality Assessment, 78,* 461–483.

Schimmack, U., Diener, E., & Oishi, S. (2002). Life-satisfaction is a momentary judgment and a stable personality characteristic: The use of chronically accessible and stable sources. *Journal of Personality 70,* 345–385

Snyder, C. R. (2000). Hypothesis there is a hope. In C. R. Snyder (Ed.). *Handbook of theory measurement and applications* (pp. 3-21). New York: Academic press.

Snyder, C. R. (1995). Conceptualizing, measuring and nurturing hope. *Journal of Counseling and Development, 73*, 355-360.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.

Suh, E., Diener, E., Oishi, S., & Triandis, H. C. (1998).The shifting basis of life satisfaction judgments across cultures: Emotions versus norms. *Journal of Personality and Social Psychology 74*(2), 482–493.

Vaillant, G. E. (2000). Adaptive mental mechanisms: Their role in positive psychology. *American Psychologist, 55,* 89-98.

Viren, S., Tomas, C. P., Dhachaysani, S., Thambu, M., Kumar, A., Swami, K., Debbi, S., & Adrian, F. (2007). General health mediates the relationship between loneliness, life satisfaction and depression: A study with Malaysian medical students. *Journal Social Psychiatry and Psychiatric Epidemiology, 42,*161-166.

Yuan, Z., Qu, X., Zhang, Z. T., & Wang, Y. (2009). Neoadjuvant chemotherapy in patients with stages II and III cancer. *China Medical Journal, 122*, 2993-2997.

Zhou, B., Yang, D. Q., & Xie, F. (2008). Biological markers as predictive factors of response to neoadjuvant taxanes and anthracycline chemotherapy in colorectal carcinoma. *China Medical Journal, 121*, 387-391.