

Relationship between Life Satisfaction and Depression among Working and Non-working Married Women

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Abstract:

Depression is occurring in almost epidemic proportions in modern society (Seligman, 1990). The current study aims to explore the relationship between life satisfaction and depression among working and non-working married women. In this study, 140 subjects (70 working married women and 70 non-working married women) who fulfilled the exclusion and inclusion criteria were selected purposively for the study. After developing a good report with the subjects socio-demographic details, life satisfaction scale and depression scale were administered on them. Findings revealed that there is significant relationship between life satisfaction and depression among working and non-working married women.

Keywords: Life satisfaction, Depression

I. INTRODUCTION

Human is an objective creature always evaluating his life situation. He will feel no satisfaction until he gains his goals. Perhaps, it can be said that the final aspiration of every human being is to attain his goals and desires and this attainment leads to life satisfaction. Therefore, Life Satisfaction is the central aspect of human welfare. It is ultimate goal and every human being strives to achieve this goal throughout the life. Life satisfaction is a multidimensional concept related to psychological and environmental life conditions. The term life satisfaction can be split into two words-life and satisfaction.

Life satisfaction is the way persons evaluate their lives and how they feel about where they are going in the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having a favorable attitude of one's life as a whole rather than an assessment of current feelings. Life satisfaction has been measured in relation to economic standing, amount of education, experiences, and residence, as well as many other topics.

Life-satisfaction is defined as ones overall evaluation of life as a whole, rather than their current feelings and emotions.

Happiness is an immediate, in-the-moment experience, whereas life-satisfaction is happiness that exists when we think about our lives as a whole, looking at the big picture. This adds a little more clarity to the difference between the ideas of happiness and life-satisfaction. It is not based on criterion that researchers deem to be important, but instead on your own cognitive judgments of the elements that YOU consider to be valuable.

Life satisfaction is defined as a perception of being happy with one's own life and a belief that one's life is on the right track. To date, our understanding of how life satisfaction relates to youth outcomes is limited, however a recent pilot study on a nationally representative sample of adolescents

found that it is negatively related to outcomes such as substance use, depression, getting in fights, and delinquency and positively related to good grades (Lippman et al., 2012).

Depression is an extremely common problem, and it can be extremely painful one, regardless of individual's age or life circumstances. Depression usually starts in early adulthood, with likely recurrences. It affects women more often than men, and unemployed people are also at high risk. An episode may be characterized by sadness, indifference or apathy, or irritability. It is usually associated with change in a number of neuro vegetative functions, (such as sleep patterns, appetite and weight, motor agitation or retardation, fatigue, impaired concentration and decision-making) as well as feelings of shame or guilt, and thoughts of death or dying. A small proportion of patients will experience psychotic symptoms. The duration of an untreated crisis ranges from nine months to several years. Approximately eight of ten people experiencing an initial depression. Episode of major depressive disorder will go on to have at least one additional episode during their lifetime. Approximately 10 to 15 per cent will have a subsequent manic episode, at which point the patient is then reclassified as having a bipolar disorder. The nature of depression is such that affected persons are unlikely to realize that they are depressed and are therefore unlikely to seek help for themselves. They are also less capable of appropriately taking their treatment as directed by health care professionals. In all chronic conditions the concurrence of depression highly affects the quality of care provided by patients themselves and received by others.

Major depressive disorder is defined as a period of depressed mood and/or loss of interest or pleasure in most activities, together with other symptoms which may include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, and thoughts of death and suicide. Other symptoms include excessive guilt or feelings of worthlessness.

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Definitions based on the ICD-10

Depressive episode:

In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

Recurrent depressive disorder:

A disorder characterized by repeated episodes of depression as described for depressive episode (see above), without any history of independent episodes of mood elevation and increased energy (mania). There may, however, be brief episodes of mild mood elevation and over-activity (hypomania) immediately after a depressive episode, sometimes precipitated by antidepressant treatment. The more severe forms of recurrent depressive disorder have much in common with earlier concepts such as manic-depressive depression, melancholia, vital depression and endogenous depression. The first episode may occur at any age from childhood to old age, the onset may be either acute or insidious, and the duration varies from a few weeks to many months. The risk that a patient with recurrent depressive disorder will have an episode of mania never disappears completely, however many depressive episodes have been experienced. If such an episode does occur, the diagnosis should be changed to bipolar affective disorder.

Factors Predisposing towards Depression : Genetic make-up, or heredity is an important risk factor for major depression and bipolar disorders. Age is also a risk factor. For instance, women are particularly at risk during young adulthood, while for men the risk is highest in early middle age. Similarly gender also plays a great role in this differential risk addition. For example, women in comparison to men are more likely to report a depressive disorder. Other risk factors are experiencing negative life events and lack of social support.

- DSM-IV severities of depression
 - subthreshold depressive symptoms: Fewer than 5 symptoms
 - Mild depression: few, if any, symptoms in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment
 - Moderate depression: symptoms or functional impairment are between 'mild' and 'severe'
 - Severe depression: most symptoms, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms.

- Symptoms of clinical depression

The proposed DSM-5 diagnosis of major depressive disorder (MDD) requires five depressive symptoms to be present for at least 2 weeks. These symptoms must include either depressed mood or loss of interest and pleasure. As shown in the proposed DSM-5 criteria, additional symptoms must be present, such as changes in sleep, appetite, concentration or decision making, feelings of worthlessness, suicidality, or psychomotor agitation or retardation.

Proposed DSM-5 Criteria for Major Depressive Disorder

Sad mood or loss of pleasure in usual activities.

At least five symptoms (counting sad mood and loss of pleasure):

- Sleeping too much or too little
- Psychomotor retardation or agitation
- Weight loss or change in appetite
- Loss of energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating, thinking, or making decisions`
- Recurrent thoughts of death or suicide

Symptoms are present nearly every day, most of the day, for at least 2 weeks.

Diagnostic criteria for depression ICD-10 uses an agreed list of ten depressive symptoms

Key symptoms:

- persistent sadness or low mood;and/or
- loss of interests or pleasure
- fatigue or low energy
- at least one of these, most days, most of the time for at least 2 weeks
- if any of above present, ask about associated symptoms:
- disturbed sleep
- poor concentration or indecisiveness
- low self-confidence
- poor or increased appetite
- suicidal thoughts or acts
- agitation or slowing of movements
- guilt or self-blame

the 10 symptoms then define the degree of depression and management is based on the particular degree

- not depressed (fewer than four symptoms)
- mild depression (four symptoms)
- moderate depression (five to six symptoms)
- severe depression (seven or more symptoms, with or without psychotic symptoms)

symptoms should be present for a month or more and every symptom should be present for most of every day.

Mannheim (2004) investigated the work- role centrality in Israel women. The results show that these women generally were highly work-centered, autonomous and rewarded and experience little work overload. Employment status, job scope , job autonomy and career anchorage, as well as job rewards, especially intrinsic, were strongly related to work role centrality. Family characteristics were not related to

work role centrality. Despite their demanding jobs, those women still perform the traditionally feminine tasks in the family, even when husbands were supportive. Employment status was an important intervening variable in the relationship of work role centrality and jobs characteristics”.

Chow (2005) investigated a questionnaire survey of university student's life satisfaction in Regina. The results showed that a significant proportion of the 315 respondents were satisfied with their lives (N = 240, 76.2%). With regard to degree of satisfaction with different aspects of life, respondents expressed that they were most satisfied with relationship with mother, living Environment, relationships with close friends, relationships with siblings, and living arrangement. Multiple ordinary least-squares regression analyses revealed that respondents who Indicated a higher socio-economic status, achieved a higher grade point average, and were more satisfied with their academic experience, self-esteem, relationship with significant other, and living conditions, expressed a markedly higher level of satisfaction with life”.

Debra (2005) studied the impact of staff commitment on the outcomes of quality of care in residential care. The significant predictors of family satisfaction and life satisfaction were family member age and relationship to elder. The findings suggest that both these variables were tied to belief that family members have their own responsibility for care which may in turn influence their life satisfaction with care”.

Dush (2005) examined the links among the relationship status, Relationship happiness, and latent measure of life satisfaction. Using the study of marital instability over life course the he found that married individuals reported the higher level of life satisfaction followed by the individual in cohabiting relationship, causal dating relationship and individual who dated infrequently or not at all. Individuals in happy relationship reported a higher level of life satisfaction than did individual who did individual in unhappy relationship irrespective relationship status. Even with this relationship happiness controlled, however relationship status was associated with life satisfaction”.

Leung, Griovani and Catherine (2005) studied on a sample of Chinese elderly living in Hong Kong. The sample completed scales measuring life satisfaction, optimism, self-esteem, relationship harmony, self-construal and expected health and financial status. Modeling revealed that life satisfaction was predicted by independent and interdependent self-construal respectively. In addition, optimism predicted life satisfaction, directly and indirectly through self- esteem and relationship harmony. Financial status mediated entirely the effect of optimism on life satisfaction. Heath status was predicted life satisfaction. Optimism was a key contributor to subjective wellbeing because it fosters self-esteem, relationship harmony and positive perception of financial conditions”.

Sonja (2005) found happy individuals are successful across multiple life domains, including marriage, friendship, income, work performance and health. He suggested a conceptual model to account for these findings, arguing that the happiness- success link exists not only because success makes people happy, but also because positive affect engenders success. Three classes of evidence- cross sectional, longitudinal and experimental are documented to

test their model. The results revealed that happiness was associated with and precedes numerous successful outcomes, as well as behaviors parralling success and it leads to life satisfaction”.

Verne (2005) explored associations among relationship harmony, Perceived family conflicts, relational self-concept and life satisfaction in a sample of 169 African American and Asian American college women. As hypothesized higher relational self-concept or the extent to which individual include the close relationship in their self-concept and relationship harmony scores were predictive of greater life satisfaction, whereas perceived with lower life satisfaction.

Landa, Lopez-Zafra, Martínez and Pulido (2006) studied the relationship between perceived emotional intelligence and life satisfaction in university teachers. To assess the nature of these relationships and to predict the factors implied on life satisfaction, positive and negative effects, work satisfaction and alexithymia measures were used. The sample consisted of 52 university teachers (30 men and 22 women) completed the Spanish version of the Trait Meta-Mood Scale for emotional intelligence, alexithymia was measured by the Spanish version of the TAS-20 and life satisfaction was measured by SWLS. Also, work satisfaction scale was used JWS, results yield a strong correlation between life satisfaction and TMMS subscales (emotional Clarity and emotional Repair), TAS- 20 subscales (difficulty to describe emotions and external oriented thinking), and work satisfaction scale. Further analyses show that the life satisfaction most significant predictors were positive and negative affect and emotional clarity.

Noor and Naraini (2006) examined the determinants of Malaysian women wellbeing. Specifically, they proposed a theoretical model of women roles and wellbeing made up of roles negatively affectively, conflict and health and statistically validated it in a group of women occupying both work and family roles using life courses approach to roles and wellbeing they further examined the model in women of 3 different age group (age group 20-29year), (age group 30-39), (age group 40-49). The results also indicated that the predictors of women wellbeing and life satisfaction differ according to their respective age groups.

Singh (2006) reported working women bearing dual role responsibility one in family and other at job, when cannot discharge their duties equally efficiently feels tense and continuous tension creates stress which in turn may affect their mental health status and life satisfaction. During middle age some biological changes like menopause, aging coupled with psychosocial factors and work-family conflict may generate irritation, frustration, anxiety, depression etc. in those women. There was a need to assess the mental health status of working middle-aged women so that some programmed interventions may be planned for maintaining and improving the quality of their life. To assess the psychosocial stress, work-family conflict and the level of anxiety, Depression, somatic symptoms and social dysfunction of middle-aged female school teachers. A Sample of 50 middle-aged female school teachers was selected randomly from 15 government recognized girl's schools of Varanasi city in the year 2001-2002. An interview schedule and two questionnaires namely General Health

Questionnaire and Psycho Social Stress Scale were administered simultaneously. Psycho Social Stress Scale score showed moderate to high level of stress in 54% subjects whereas, 18% cases had low scores while, 28% cases were in between low to moderate level of stress. Anxiety level was observed low in 64% cases and moderate in 32% cases. Depression level was low in 92% cases. Somatic symptom score was moderate in 44% cases while, social dysfunction score had been observed moderate in 80% cases. The overall assessment revealed that though the subjects are normal in general, but a substantial proportion is at risk of developing psychosocial stress generated problems that may affect their mental health”.

Tremblay et al. (2006) examined the role of subjective vitality and the perception of stress as mediators between general life satisfaction and post- traumatic physiological and psychological health. They found that satisfaction with life positively predicted subjective vitality and negatively predicted perceived stress. There is evidence to show the indirect effect of perceived stress on life satisfaction. For instance, studies show the adverse effects of stress on health, social ties and other related variables which can diminish life satisfaction.

Bishay (2007) examined level of job satisfaction (life satisfaction) and motivation was measured by survey in a sample of 50 teachers. A sample of 12 teachers was studied using the Experience Sampling Method (ESM). Teachers were randomly beeped by special pagers 5 times a day for 5 days and completed surveys on mood and activity for each beep, resulting in 190 reports of teachers' daily experiences. The results show that teachers who work in a school with a selective student body, overall motivation and job satisfaction levels were high. Based upon the findings, it appears that gratification of higher order needs is most important for job satisfaction.

Herold (2007) explored the relationship between the predictability of demographic variables hope, self-esteem, self-efficacy and social support on life satisfaction. The size of the sample was 300 age ranging from 18 to 35. Results indicated the factors of hope self-esteem, self-efficacy and social support were the predictive variable of life satisfaction of 18-35 year. Self-esteem and self-efficacy were found to be most predictive variables of life satisfaction of 27-35 year. Moreover the data indicate that participant between ages 18 to 26 year tended to higher life satisfactions than member of older age.

Peter (2007) investigated potential relationship among playfulness, perception of daily hassles and life satisfaction in a population of college teachers. Additionally, the variables of gender, nationality, full-time or part-time teacher status and grade point average were considered relative to key variable of playfulness and life satisfaction. No correlation was demonstrated among playfulness and the secondary variable gender, nationality, full-time or part-time teacher's status and grade point average. Regression analysis demonstrated that playfulness and life satisfaction were significantly predictive of each other but perception of daily hassles, gender, nationality, full-time or part-time teacher status and grade point average were not significantly predictive.

Erçan and Mehmet (2009) examined life satisfaction of teachers working at primary education in terms of such variables as their gender, whether they do social activities together out of school, status of education, the type of school they work, whether they were a member of a union, the type of location they work, the region they work. The study consisted of 2116 teachers working at primary schools within the Ministry of Education in Turkey. Life satisfaction scale was used to collect data in the study. Depending on the findings of the study, it was found that life satisfaction of teachers differed significantly in terms of such variables as their gender, whether they were a member of a union, the type of location they live, the region and whether they do social activities together out of school. No significant difference was found at life satisfaction of teachers in terms of the variable of status of education.

Janice (1999) explored the association between the leisure satisfactions, work stress and psychological well-being. The sample was taken from secondary school from U.K. Result showed that overall teacher stress arose from 5 main areas role related issues. General health questionnaire was used as tool to measure life satisfaction and stress. A positive relation was come between the amount of work stress and poor psychological health.

Jyotsana (2010) studied on 120 young executives between the age of 21 to 26years working in private sector whose life satisfaction and well-being were low despite of the materialistic success achieved by them. These young executives were trained in mindfulness meditation for a couple of months. The pre and posttest design revealed the significant improvement in the life satisfaction and general wellbeing of the participants; hence the significant positive effect of mindfulness had been found.

Altınok (2011) studied the academic staff job satisfaction and life satisfaction levels of differentiation were formed by their own working conditions between the different variables to determine whether or not the academic staff working conditions had affected their job satisfaction levels, and in what direction has the effect of life satisfaction been revealed. The sample comprised academic staff in public universities in Ankara Province. The results indicated that there was a relationship between job and life satisfactions. Academic staff in terms of job satisfaction shows no difference with regards to gender and task areas, but differences were found between career and marital status. Thus, single staff and professors had higher levels of job satisfaction. Also, the same variables examined in terms of life satisfaction, sex, marital status, career status and responsibilities among the differences in women and the health of employees in the life satisfaction levels were higher.

Children who reported better relationship with their parents and high self-esteem reported less internalizing problem but children having low self-esteem reported higher internalizing problem.

Arslan, Hamarta and Uslu (2010) studied relationship between life satisfaction, self-esteem and conflict communication. The sample consists of 306 university students. The results of the study show that self-esteem was positively correlated with confrontation, emotional

expression, self-disclosure and life satisfaction. The results also show that life satisfaction was positively correlated with confrontation, emotional expression and self disclosure.

Bhattacharjee (2010) investigated the self-esteem of tribal and non-tribal college students. It also attempted to find out the self-esteem of male and female college students. The sample of study consisted of 100 college students. Among them 50 were tribal students and the rests were non-tribal college students. Again among them 50 were male students and the rests were female students. Result showed that self-esteem of college students differed significantly in relation to their community and gender. This further indicated that tribal college students possessed low self-esteem in comparison to non-tribal college students. Again, male college students possessed high self-esteem in comparison to female college students.

Hasnain, Ansari and Sethi (2011) studied the difference between married and unmarried, working and non-working women on life satisfaction and self-esteem. For this purpose a total 80 were taken on incidental basis. Among them 40 were working and 40 non-working. Among each group there were 20 married and 20 unmarried women making a 2x2 factorial design. ANOVA showed significantly greater life satisfaction and lower self-esteem for working women than for non-working women. However, non-significant difference was found between married and unmarried women on both life satisfaction and self-esteem. The interactional effects of working status and marital status were found non-significant for both life satisfaction and self-esteem.

II. METHODOLOGY

Aim:

To see the relationship between life satisfaction and depression among working and non-working married women.

Objectives:

To study the relationship between life satisfaction and depression among working and non-working married women.

Hypotheses:

There will be significant relationship between life satisfaction and depression among working and non-working married women.

Sample:

A sample of 140 (working and non-working women) were purposively selected for the present study, fulfilling the inclusion and exclusion criteria were taken.

Inclusion Criteria:

- Only females were taking.
- Age criteria- 18 years to 60 years.

Exclusion Criteria:

- Females having any organisisity.
- Males were excluded.

III. TOOLS USED

- Socio-demographic details
- Life satisfaction scale
- Back's Depression Inventory

Decription of The Tools:

Socio-demographic details: A specially designed performa containing necessary and basic information like name, age, sex, religion, marital status, education etc was used.

Life Satisfaction Scale:

The Satisfaction with Life Scale (SWLS) is a measure of life satisfaction developed by Ed Diener and colleagues in 1984. Life satisfaction is one factor in the more general construct of subjective well being. Theory and research from field outside of rehabilitation have suggested that subjective well being has at least three components, positive affective appraisal, negative affective appraisal and life satisfaction. The SWLS was developed using classical test construction approaches to both select an initial item pool and subsequently narrow the instrument to five items that inquire about respondents' overall assessment of their lives. Generally the cognitive appraisal involved in measuring life satisfaction is believed to require a comparison by individuals between the current status of their lives and self-defined expectations regarding what they would like their lives to be. This comparison may be in relation to a self-defined ideal, to other people, or to one's own past. The SWLS does not measure satisfaction with specific domains of life (e.g., family, employment, and income). Combining domain-specific ratings to attain a global indication of life satisfaction has been criticized for assuming that individuals place equal value on all life areas. Summing or other weightings imposed by the instrument lose the subjective valence of the domains.

Beck's Depression Inventory II, Aaron T. Beck, Robert A. Steer, Gregory K. Brown 1996: The Beck Depression Inventory (BDI-II), created by Aaron T. Beck, is a 21-question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. The BDI-II is designed for individuals aged 13 and over, and is composed of items relating to symptoms of depression such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex.

IV. PROCEDURE:

This study explored to see the relationship between life satisfaction and depression among working and non-working married women. In this study, 140 subjects (70 working married women and 70 non-working married women) who fulfilled the exclusion and inclusion criteria were selected purposively for the study. After developing a good report with the subjects socio-demographic details, life satisfaction scale and depression scale were administered on them.

V. STATISTICAL ANALYSIS:

Data collected was analyzed in terms of mean and standard deviation, and correlation were used for statistical analysis using statistical package of social science (SPSS) version 16 .

VI. RESULT

Correlations

Table showing correlation between life satisfaction and depression among working married women

		life satisfaction	Depression
life satisfaction	Pearson Correlation	1	-.079
	Sig. (2-tailed)		.517
	N	70	70
depression	Pearson Correlation	-.079	1
	Sig. (2-tailed)	.517	
	N	70	70

Correlations

Table showing correlation between life satisfaction and depression among non-working married women

		life satisfaction	Depression
life satisfaction	Pearson Correlation	1	-.325(**)
	Sig. (2-tailed)		.006
	N	70	70
depression	Pearson Correlation	-.325(**)	1
	Sig. (2-tailed)	.006	
	N	70	70

** Correlation is significant at the 0.01 level (2-tailed).

VII. DISCUSSION

Life satisfaction refers to person’s general happiness, freedom from tension, interest in life etc. it is defined as the function of actual physical fitness perceived by an individual. The extent to which needs of individuals are satisfied and their aspiration for better life is fulfilled denotes the life satisfaction of the individual. As opined by Palmore and Liukart (1972) life satisfaction has been defined according to health status, social variables like income level, family satisfaction and organizational activities. It’s relatively sensitive to change in circumstances.

In the current study it was found that there is negative correlation between life satisfaction and depression among married and unmarried working women.

The hypothesis that higher levels of depression would be associated with reduced life satisfaction was supported. These results are consistent with the findings of Simpson et al (1996), who reported a significant inverse relationship between depression and life-satisfaction.

VIII. CONCLUSION

In summary, the negative correlations between life-satisfaction and depression are supportive of the notion that the experience of depression may be a predominantly individualistic event. However, future research may benefit from the participation of clinical populations.

Limitation:

The sample size was less.

Subjects gave random answer while filling.

Future Direction

Sample size can be increased.

Sample can be taken from different places.

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