Positive and negative aspects of well-being: Common and specific predictors

Evangelos C. Karademas *

Department of Psychology, University of Crete, Gallos, 74100 Rethimnon, Greece

Received 22 July 2006; received in revised form 6 November 2006; accepted 29 November 2006
Available online 23 January 2007

Abstract

Positive and negative aspects of psychological well-being are two related but also independent constructs. However, a question emerges: are all well-being-related variables indifferently associated with both positive and negative well-being? According to our hypothesis, certain factors are common predictors of both aspects, whereas other factors are specific predictors of each aspect. ‘Common predictors’ are defined as the factors directly related to both positive and negative well-being. ‘Specific factors’ are defined as the factors related to only one aspect of well-being. Specific predictors may also be associated with the other aspect, but this is taking place through the interaction of well-being aspects or through other related variables. Neuroticism, optimism, self-efficacy, stress and coping were tested as possible predictors. Two hundred and one individuals participated (mean age = 41.57 years). A latent variable structural equation model was used to test our assumption. In accordance with our hypotheses, optimism and emotion-focused coping were identified as common predictors. Self-efficacy and positive approach were identified as specific predictors of positive well-being, whereas neuroticism and stress as specific predictors of negative well-being.

Keywords: Positive and negative well-being; Common and specific predictors; Neuroticism; Optimism; Self-efficacy; Stress; Coping

* Tel.: +30 28310 77532; fax: +30 28310 77578.
E-mail address: karademas@psy.soc.uoc.gr

0191-8869/$ - see front matter © 2006 Elsevier Ltd. All rights reserved.
doi:10.1016/j.paid.2006.11.031
1. Introduction

As stated by Ryan and Deci (2001), well-being refers to optimal psychological functioning. Despite the difficulty to assess ‘optimal functioning’ in an accurate way, purpose, mastery, strong relationships and self-acceptance (a ‘eudaimonic’ view; e.g., Ryff, 1989), as well as life satisfaction, positive and negative mood and psychological symptoms (a ‘hedonic’ view of well-being; e.g., Diener, 2000) are the most frequent ways of assessing well-being. However, there is evidence suggesting that the presence of a positive state is more than not having or reporting negative mood or symptoms (Clark & Watson, 1991). Recently, for example, Huppert and Whittington (2003) showed that there is a degree of independence between positive and negative well-being.

According to our point of view, ‘positive’ psychological well-being could be defined as the cognitive and affective reactions to the perception of adequate personal characteristics and achievements, efficient interaction with the world and social integration, and positive progress in time. ‘Negative’ well-being could be defined as the cognitive and affective response to perceived deficit(s) in the aforementioned areas. Accordingly, positive well-being includes components such as life satisfaction, positive mood and energy (Argyle & Crossland, 1987; Diener, 2000; Watson & Tellegen, 1985), whereas negative well-being includes components such as distress and negative mood, symptoms and hyperarousal (Clark & Watson, 1991; Diener, 2000).

However, a question emerges. Are all variables related to well-being indifferently associated with both aspects of it? Provided that there is a degree of independence between positive and negative well-being, it is expected that there are certain predictors which are specific for positive well-being, as well as other predictors specific for negative well-being. The examination of this issue is important for both theoretical and practical reasons. It will help in clarifying the associations between well-being and related factors, in explaining the role of each factor, as well as in improving the interventions for a better well-being (a distant but relevant effect).

Our assumption is that certain factors function in such a way that links them directly to both negative and positive well-being (‘common’ predictors). On the other hand, there are some factors directly related to only one aspect of well-being (‘specific’ predictors). In most cases, existing research has shown that a factor negatively related to one aspect, is concurrently positively related to the other aspect. This might be expected, given the association between positive and negative well-being. However, the question remains. Theory can help us give an answer to that issue, while the joint examination of positive and negative aspects of well-being could provide a plainer picture of well-being and relevant predictors.

The present study is part of a broader research effort, which examines the association between several variables and psychological well-being. This study aims to identify predictors common to negative and positive aspects of well-being, as well as predictors that are specific for each aspect. Stress-related factors (i.e., optimism, self-efficacy, life stress, coping) and a personality factor, that is neuroticism, will be tested as possible predictors of both aspects. These factors are among those more frequently studied and more strongly associated with well-being (Diener, Suh, Lucas, & Smith, 1999). Therefore, they can stand as fine examples for testing our hypothesis.

One of the most frequent and significant predictors of well-being, according to numerous studies (e.g., Gutiérrez, Jiménez, Hernández, & Puente, 2005), is personality. McCrae (2002) estimated that 20–25% of the well-being variance is accounted for by personality. A personality trait strongly related to well-being is neuroticism. DeNeve and Cooper (1998) confirm that neuroticism is the single
most important personality trait related to life satisfaction and mood. Eid and Diener (2004), Hayes and Joseph (2003), and Vittersø and Nilsen (2002) found that neuroticism is far more important compared to other traits, as far as subjective well-being is concerned. There is also a strong association between high neuroticism and negative affect, lack of positive affect, and anxiety (de Beurs et al., 2005). Further, high neuroticism appears to be a broad vulnerability factor for many psychological problems and disorders (e.g., Kahn, Jacobson, Gardner, Prescott, & Kendler, 2005). The above-mentioned studies have shown that neuroticism is related to both positive and negative well-being. However, there is data suggesting that neuroticism reflects nothing more than just a mean level of distress over a protracted period of time (Ormel, Rosmalen, & Farmer, 2004). Thus, we assume that neuroticism is directly associated with negative well-being rather than with positive.

Well-being is also significantly related to optimism and self-efficacy expectations. Many studies have shown that optimism significantly predicts several facets of well-being, positive and negative (Eid & Diener, 2004; Leung, Moneta, & McBride-Chang, 2005; Smith, Young, & Lee, 2004). Optimism is negatively related to depressive symptomatology (Shnek, Irvine, Stewart, & Abbey, 2001), and positively to functioning and affective state in patients suffering from various medical conditions (e.g., Carver et al., 2005). Recently, Giltay, Geleijnse, Zitman, Hoekstra, and Schouten (2004) provided evidence for a protective relationship between dispositional optimism and all-cause mortality in old age.

Besides optimism, self-efficacy expectations are strongly related to positive and negative well-being, too. As in optimism, there is mounting evidence that high self-efficacy is associated with high levels of positive well-being (e.g., Bandura, 1997; Lent et al., 2005). On the contrary, lower self-efficacy is related to more symptoms of anxiety and depression (Kashdan & Roberts, 2004). A recent study across five countries revealed that general self-efficacy is strongly associated with various variables. The highest positive relationships were identified with optimism, self-regulation and self-esteem, whereas the highest negative associations were noticed with depression and anxiety (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). We believe that self-efficacy is a specific predictor of positive well-being, whilst optimism is a common predictor. The first reflects a personal sense of competence (Bandura, 1997), which is more related to positive well-being. The latter reflects an overall evaluation of the environment – person interaction (Carver & Scheier, 1998), which takes into consideration most personal factors. Therefore, we assume that optimism represents a common predictor of well-being aspects.

Regarding coping, higher levels of wellness are positively related to problem-focused or positive reappraisal strategies (e.g., Myaskovsky et al., 2005; Smith, 2003). Problem-focused coping and positive reappraisal help in the maintenance or enhancement of a more positive outlook of life and, thus, lead to higher positive well-being. On the other hand, emotion-focused coping, such as denial and avoidance, is usually negatively associated with positive conditions, while it interferes with a sense of control over the situation, with fullness or satisfaction with self (e.g., Feldner, Zvolensky, & Leen-Feldner, 2004; Martin & Dahlen, 2005; Zeidner & Saklofske, 1996). Therefore, emotion-focused coping is probably linked to both well-being aspects.

Finally, there is a voluminous literature demonstrating the deleterious effects of stress on well-being (e.g., Dohrenwend, 2000; Kaplan, 1996; Segerstrom & Miller, 2004). We assume that demanding or stressful situations act as a common predictor of positive and negative aspects of well-being, leading to increased symptoms and distress, as well as to decreased positive emotions and satisfaction.
In summary, and according to our hypotheses, optimism, stress and emotion-focused coping (i.e., wishful thinking and avoidance) represent common predictors of positive and negative psychological well-being. Self-efficacy, problem-solving and positive reappraisal coping strategies are specific for positive well-being, whereas neuroticism forms a specific predictor of negative well-being.

2. Method

2.1. Participants

Two hundred and forty-nine (249) individuals working in four insurance companies were invited to participate in the study. First, they were administered a set of questionnaires regarding neuroticism, optimism, self-efficacy, stress and coping. Almost thirty days later they were administered a second set of questionnaires regarding well-being. Participants were asked to put the completed questionnaires in a box placed near the entrance of each company. Thirty-six persons failed to return both sets of questionnaires, whereas 12 more were excluded due to missing data. Two hundred and one (201) individuals were finally included in the study (56.7% females and 43.3% males). Their average age was 41.57 years (SD = 10.18) ranging from 19 to 62 years. Eighteen (9.0%) had finished elementary school, 96 (47.7%) had finished high school, and 86 (42.8%) were holders of a university degree. Forty-one (20.4%) were single, 145 (72.1%) were living with their family or someone else, and 15 (7.5%) were divorced or widowed.

2.2. Measures

According to our definition, life satisfaction, positive mood and energy were used as indicators of positive well-being. They were measured by three relevant subscales of the revised Oxford Happiness Inventory (Hills & Argyle, 2001), as adapted in Greek (Karademas & Kalantzi-Azizi, 2005). These subscales were satisfaction with life (9 items, e.g., life is very good; Cronbach \(a = .89\)), wellness and vitality (9 items, e.g., I feel very energetic; I feel very healthy; Cronbach \(a = .87\)), and positive affect (4 items, e.g., I laugh a lot, I often feel happy; Cronbach \(a = .79\)). Respondents were asked to rate items across a four point Likert-type scale ranging from 1 (does not apply) to 4 (applies a lot). They were asked to reply having in mind their condition during the few past days.

Distress, unpleasant symptoms and hyperarousal, as indicators of negative well-being, were measured by two scales of the Mood and Anxiety Symptom Questionnaire – MASQ (Watson, Clark, Weber, & Assenheimer, 1995; Watson et al., 1995). These scales were general distress (38 items; Cronbach \(a = .96\)), and anxiety (17 items; Cronbach \(a = .89\)). The general distress scale includes items regarding anxious and depressive mood, and distress, as well as regarding symptoms, such as insomnia, restlessness and irritability. The anxiety scale includes symptoms of tension and physiological arousal. Respondents indicated to what extent they had experienced symptoms (1 = not at all, 5 = extremely) during the week before.

Neuroticism was measured by the well-known 22-item relevant scale of the Eysenck Personality Questionnaire, as adapted in Greek by Demetriou (1986) (Cronbach \(a = .78\)).
General self-efficacy expectations were measured by a relevant questionnaire (Karademas, 2006), which consists of two factors. The first factor, ‘resilience self-efficacy expectations’, assesses the ability to bear the negative consequences of a stressful situation (7 items, e.g., “capable of bearing the negative consequences of a problem”, “remain calm when dealing with a problem”, Cronbach $\alpha = .90$). The second factor, ‘problem-solving self-efficacy’, assesses the ability to deal effectively with and resolve a stressful situation (6 items, e.g., “capable of planning action”, “capable of thinking alternative solutions”, Cronbach $\alpha = .79$). Participants were asked to rate items across a Likert-type scale ranging from 1 (not at all) to 4 (a lot). Higher scores in each scale indicate higher self-efficacy expectations.

Optimism was assessed by the Personal Optimism Scale from the Questionnaire for the Assessment of Personal Optimism and Social Optimism-Extended (POSO-E) by Schweizer and Koch (2001). The scale consists of 8 items (e.g., “I often feel that nothing nice will happen”, “I face my future in an optimistic way”, Cronbach $\alpha = .70$). Participants rated items across a Likert-type scale (1 = not agree to 4 = agree a lot).

Life stress was measured by asking participants to rate the overall stress they experienced from eight possible sources (partner, family, personal life, occupation, finance, close persons’ health, social relationships, and living conditions) during the past weeks. Participants rated the degree to which each source caused stress across a four point Likert type scale ranging from 1 (no stress at all) to 4 (great stress) (Cronbach $\alpha = .69$).

Coping strategies were measured by the revised Ways of Coping Checklist (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986), as adapted to a Greek population (Karademas, 1998). The Greek adaptation consists of five broad factors: positive approach that reflects positive reappraisal and problem-solving efforts (11 items, e.g., changed or grew as a person in a good way, I made a plan of action and followed it; Cronbach $\alpha = .74$); seeking social support (4 items, e.g., I asked a relative or friend I respect for advice; Cronbach $\alpha = .78$); wishful thinking (8 items, e.g., wished that I could change what had happened or how I felt, hoped a miracle would happen; Cronbach $\alpha = .77$); avoidance/distancing (9 items, e.g., tried to forget the whole thing, went on as if nothing had happened; Cronbach $\alpha = .81$); confrontive coping (4 items, e.g., stood my ground and fought for what I wanted; Cronbach $\alpha = .60$). Participants were asked to rate items across a four-point Likert-type scale (0 = does not apply/not used, 3 = used a great deal). They were asked to assess how frequently they used each item in dealing with the difficulties they met during the past weeks.

3. Results

Means, standard deviations, and the correlation matrix between all variables are presented in Table 1. The correlations between positive and negative well-being measures were significant but modest, ranging from $-0.24$ to $-0.40$. The highest correlation was noticed between satisfaction with life and general distress. Using the median value as a cut-off point, 18.6% of the total sample reported both low satisfaction and distress, 31.9% reported low distress/high satisfaction and 34.6% reported the opposite, whereas 14.4% reported high satisfaction/high distress levels.

To examine our hypothesis a latent variable structural equation model was tested employing LISREL 8.54 (Joreskog & Sorbom, 1996). This method was preferred since it allows for simulta-
Table 1
Means, standard deviations, and inter-correlations of the variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
<th>(9)</th>
<th>(10)</th>
<th>(11)</th>
<th>(12)</th>
<th>(13)</th>
<th>(14)</th>
<th>(15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Neuroticism</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Life stress</td>
<td>.35**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Optimism</td>
<td>-.36**</td>
<td>-.16*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Resilience</td>
<td>-.51**</td>
<td>-.07</td>
<td>.34**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Problem-solving self-efficacy</td>
<td>-.45**</td>
<td>-.25**</td>
<td>.24**</td>
<td>.44**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Positive approach</td>
<td>-.11</td>
<td>-.02</td>
<td>.10</td>
<td>.22**</td>
<td>.26**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Seeking social support</td>
<td>.06</td>
<td>.15*</td>
<td>.01</td>
<td>-.10</td>
<td>.11</td>
<td>.23**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Wishful thinking</td>
<td>.35**</td>
<td>.11</td>
<td>-.15*</td>
<td>-.21**</td>
<td>-.07</td>
<td>.31**</td>
<td>.13</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Avoidance/distanceing</td>
<td>.04</td>
<td>.16*</td>
<td>-.13</td>
<td>.20**</td>
<td>.08</td>
<td>.36**</td>
<td>.33**</td>
<td>.37**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Confrontive coping</td>
<td>.10</td>
<td>.16*</td>
<td>-.12</td>
<td>-.14*</td>
<td>.14</td>
<td>.19**</td>
<td>.37**</td>
<td>.01</td>
<td>.42**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Satisfaction with life</td>
<td>-.26**</td>
<td>-.26**</td>
<td>.42**</td>
<td>.07</td>
<td>.27**</td>
<td>.17*</td>
<td>-.22**</td>
<td>-.04</td>
<td>-.38**</td>
<td>-.25**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Vitality</td>
<td>-.30**</td>
<td>-.15*</td>
<td>.40**</td>
<td>.09</td>
<td>.35**</td>
<td>.24**</td>
<td>-.10</td>
<td>-.01</td>
<td>-.36**</td>
<td>-.26**</td>
<td>.75**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Positive affect</td>
<td>-.14</td>
<td>-.11</td>
<td>.36**</td>
<td>.19*</td>
<td>.26**</td>
<td>.22**</td>
<td>.05</td>
<td>.10</td>
<td>-.19**</td>
<td>-.20**</td>
<td>.62**</td>
<td>.60**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. General distress</td>
<td>.52**</td>
<td>.42**</td>
<td>-.38**</td>
<td>-.24**</td>
<td>-.26*</td>
<td>.01</td>
<td>.22**</td>
<td>.35**</td>
<td>.25**</td>
<td>.16*</td>
<td>-.40**</td>
<td>-.35**</td>
<td>-.24**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>15. Anxiety</td>
<td>.41**</td>
<td>.29**</td>
<td>-.35**</td>
<td>-.20**</td>
<td>-.17*</td>
<td>-.01</td>
<td>.10</td>
<td>.29**</td>
<td>.24**</td>
<td>.13</td>
<td>-.34**</td>
<td>-.31**</td>
<td>-.24**</td>
<td>.57**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Standard deviation: 4.29, 4.74, 3.84, 4.62, 2.73, 4.78, 2.82, 4.80, 5.33, 2.50, 5.22, 5.60, 2.43, 22.46, 6.20

Note: *p < .05, **p < .01.
neous estimation of covariance between latent and observed variables, as well as of the pathways between them. A positive well-being latent variable was defined by three observed measures, satisfaction with life, vitality and positive affect. A negative well-being latent construct was defined by the general distress and the anxiety sub-scales. We also assumed that positive well-being is predicted by problem-solving self-efficacy, positive approach coping, optimism, the two emotion-focused strategies (wishful thinking and avoidance), and stress. Negative well-being was assumed to be predicted by wishful thinking and avoidance, optimism, life stress, and neuroticism. Resilience self-efficacy, seeking social support and confrontive coping strategies were not included in the model due to their low correlations with the well-being measures.

The model provided a good fit to the data ($\chi^2 = 27.84, \text{d.f.} = 27, p = .42, \text{AGFI} = .93, \text{CFI} = 1.00, \text{RMSEA} = .012$). Fig. 1 displays the standardized estimates of the model. Non-significant estimates are not presented. According to this path model, avoidance and optimism predicted both positive and negative well-being. Additionally, positive approach, wishful thinking and self-efficacy predicted positive well-being, whereas neuroticism and life stress predicted negative well-being.

4. Discussion

The purpose of the present study was to examine the role of certain variables as predictors of the positive and the negative aspect of psychological well-being. Recent studies suggest that there is a degree of independence between positive and negative well-being (e.g., Clark & Watson, 1991;
Huppert & Whittington, 2003). The moderate correlations between the two aspects of well-being that we found in the present study provide further such evidence. In other words, it is more reasonable to describe well-being as a ‘two continua construct’ than as a single continuum, ranging from healthiness to malfunction and disorder. As a consequence, it was expected that some factors are common predictors of both positive and negative well-being, whereas others are specific predictors of only one aspect of well-being.

Our hypothesis that certain factors directly predict both aspects of well-being (common predictors), whereas other factors predict only one aspect (specific predictors), was generally supported by the data of this study. The “specificity” of some variables by no means suggests that they are not related to each other or to the other well-being aspect. Specific predictors may be associated with the other aspect, but this is taking place through the interaction of well-being aspects or through other related factors. ‘Specificity’ also indicates that each psychological factor, despite its association with other factors, has a different function and plays a discriminate role in well-being.

Emotion-focused coping and optimism were identified as common predictors. Optimism predicted positive well-being in a positive way, and negative well-being in a negative way. Optimism reflects an evaluation of the future as nice and fruitful, and it is based on positive appraisals about the interaction between self and the environment (Karademas, 2006). In this way, it is associated with fewer symptoms and a more positive evaluation of life. Regarding emotion-focused coping, avoidance was related to both aspects of well-being, while wishful thinking was associated only with positive well-being. The association between emotion-focused coping and well-being is recognized (e.g., Zeidner & Saklofske, 1996). The positive relation of wishful thinking to positive well-being was, however, unexpected. Possibly, small amounts of wishful thinking in the encounter of a stressful situation guard the sense of control and wellness, especially when problem-focused coping is more or less inappropriate (Lazarus, 1999).

On the other hand, problem-solving self-efficacy and the positive approach coping strategy, which reflects both positive reappraisal and problem solving efforts, were identified as specific predictors of positive well-being. Neuroticism was identified as specific predictor of negative well-being. The relations of self-efficacy and positive approach to well-being are well established (e.g., Myaskovsky et al., 2005). It seems that self-efficacy, as a representation of a capable self, helps persons to emphasize the positive aspects of life and adopt a more problem-solving approach to adversities. A perception of a capable self and a positive approach to difficulties can lead to a constructive outlook of life and, thus, to happiness. On the other side, the relation of neuroticism to negative well-being is also well known (e.g., Eid & Diener, 2004; Hayes & Joseph, 2003). Still, one should be cautious about the nature of this relationship. For example, Cox, McWilliams, Enns, and Clara (2004), among others, suggest that neuroticism may be related to symptoms because of the shared variance with psychiatric history and current emotional distress. Therefore, associations of neuroticism with mental health may be tautological.

Finally, life stress was related to negative well-being, as expected, but not to positive. We assumed that a stressful situation could not only increase symptoms, but also decrease positive well-being. The latter was not supported by the data. It is plausible that stress does not impact positive well-being directly, but it rather causes anxiety and worry, which in turn impede positive well-being. In summary and as assumed, neuroticism was a specific predictor of negative well-being, self-efficacy and positive approach were specific predictors of positive well-being, while
optimism and avoidance were common predictors. Contrary to our hypotheses, stress and wishful thinking were not identified as common predictors but as specific for negative and positive well-being, respectively.

Our study is faced with certain limitations: it is reliant on self-reported data, does not include many other possible predictors of positive and negative well-being, and the interval time between the assessment of predictors and the assessment of well-being was short. Also, we did not examine the interaction between personal factors and the environment. Thus, our data are rather preliminary. A larger scale study with a prospective methodology, or the use of meta-analytic techniques would provide us with more robust results regarding well-being aspects and associated factors. Yet, this study was aiming more to bring forward a question than providing an exact answer.

We believe that the implications of this study are significant. A closer look at psychological well-being revealed that, apart from common predictors, different aspects are also predicted by different factors. The examination of the role that each factor plays will permit a better appreciation of the nature and development of well-being, as well as of the factors that lead to better well-being. Moreover, the results of this study indicate that the use of specific strategies and techniques for enhancing the factors associated with positive well-being, as well as for dealing with the factors related to negative well-being, such as those identified in this study, may probably result in more effective interventions.

References


