



Do the core self-evaluations moderate the relationship between subjective well-being and physical and psychological health?

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Abstract

This study investigates the role that core self-evaluations (CSE) plays on the relationship between subjective well-being (SWB) and health functioning. The findings from a sample of 160 undergraduate students revealed that CSE explains incremental variance in physical and psychological health functioning, above and beyond the effect of SWB. The results also revealed that CSE moderated the relationship of two indicators of SWB (PA/NA and satisfaction with life) with physical functioning, suggesting that individuals who have positive emotions and/or are satisfied with their lives and simultaneously are high CSE are more likely to demonstrate good physical health functioning. Contrary to expectations, the results revealed that CSE did not moderate the relationship between SWB and psychological health functioning. The findings are discussed in the context of the importance of CSE on health psychology, while implications for practice and directions for future research are proposed.

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1. Introduction

Over the past several decades, there has been increasing interest in the construct of subjective well-being (SWB) in an attempt to understand how people evaluate their lives (Diener, 1984; Diener, Suh, Lucas, & Smith, 1999). SWB is a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global evaluations of life satisfaction. When people formulate judgments of SWB, the evaluations can be either cognitive, when a person gives conscious evaluative judgments about his life, or may consist of the frequency with which the person experiences positive and negative emotions (Diener & Lucas, 2000). Diener, Eunkook, and Oishi (1997) suggest a three component model for the SWB construct: (a) satisfaction, (b) pleasant affect, and (c) low levels of unpleasant affect. The first component (the cognitive aspect of SWB) has to do with how individuals make judgements about their satisfaction with various life domains – including job, marriage, parenting, friendship, as well as with their life as a whole. The other two components of the construct are better known as Positive Affect (PA) and Negative Affect (NA), and are the most general dimensions that describe everyday affective experience. Briefly, PA reflects the extent to which a person feels excited, strong, active, and inspired. On the other hand, NA reflects the extent to which a person feels distressed, hostile, irritable, and nervous. These two factors represent affective state dimensions which are closely related to the corresponding affective trait dimensions of extraversion and neuroticism (Watson, Clark, & Tellegen, 1988).

In an attempt to identify the causal factors of the construct of SWB, researchers have adopted two different approaches: top-down and bottom-up (Diener, 1984). Supporting the bottom-up perspective, evidence indicates that situational variables such as income, employment, marital status, religion, health, as well as some demographic variables such as gender, age, and education, have an impact on SWB, although there are people who argue that this impact accounts less than 20% of the total variance in SWB (Campbell, Converse, & Rogers, 1976).

Evidence also supports the top-down approach. Researchers have identified a genetic source of SWB; findings from a longitudinal study suggest that approximately half of the variability in positive and negative affect is genetic (Tellegen et al., 1988). Within the same framework, personality seems to be an important predictor of SWB. A growing body of literature indicates that personality dimensions such as Extraversion and Neuroticism mainly, and Agreeableness and Conscientiousness to a lesser extent, account for variance in SWB (see DeNeve & Cooper, 1998; for a review). High self-esteem is also one of the strongest predictors of SWB (Campbell et al., 1976; Diener & Diener, 1995), while optimism is another personality related construct which has been found to correlate positively with SWB (Diener & Lucas, 2000; Salovey, Rothman, Detweiler, & Steward, 2000).

A research question which has garnered considerable attention lately is the role that SWB plays on physical and psychological health. According to many researchers, SWB is relevant to the health area not only because it is an integral component of mental health but also because satisfaction with one's physical health is a component of SWB (Pressman & Cohen, 2005). In particular, research demonstrates that there are beneficial influences of SWB on recovery from a diverse set of health conditions, such as stroke (Ostir, Markides, Black, & Goodwin, 2000), coronary

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