Chapter 15
The Influence Relations Among Three Traditions of Well-Being and Social Support, and the Associations with Age and Health

Lucia Helena Walendy de Freitas

15.1 Introduction

America is a young and multicultural continent, and Brazil is a particular South American country shaped by a singular and multicultural society. Since colonial times until today – 500 years approximately – Brazilian families have resulted from many ethnic blends. Thus, many families have been composed from a mix of two or more cultural groups: Indigenous, Europeans, and Africans resulting in syncretistic culture which often synthesizes collectivist and individualist beliefs and behaviors within the same family. Delle Fave, Massimini, and Bassi (2011) affirm that people are deeply influenced by their heritage and their cultural produce differences in both the meaning and the importance that people attribute to collective norms, daily activities and social roles.

Regarding social conditions, despite the visible social advance, in Brazil there is still a small but significant part of the population (6 %) which is living in impecuniousness conditions, such as very poor and risky neighborhoods (*favelas*). Still remains in the country a large unequal income distribution (IBGE, 2010). In terms of social support and strategies to improve well-being among this population, religious and spiritualist groups have fulfilled an important role. In general, religiosity and spirituality are fundamental aspects of many Brazilian individuals as they constitute a resource that facilitates people's ability to cope with their hardships and help them to find meaning in life.

The Constitution from 1988, based on the idea of Brazil as a secular State, officially separated government from religious institutions and guarantees the freedom for individual religious practice. Brazilian laws forbid any kind of religious intolerance. As a result, religiosity in Brazil is diverse and characterized by syncretism.

L.H. Walendy de Freitas (✉)
Founder-President of Espaço Suporte Florescer, Sao Paulo, Sao Paulo, Brazil
e-mail: florescer.suporte@gmail.com

A. Castro Solano (ed.), *Positive Psychology in Latin America*, Cross-Cultural Advancements in Positive Psychology 10, DOI 10.1007/978-94-017-9035-2_15,

The census of Brazilian Institute of Geography and Statistics (2000) showed that people profess Catholicism, Protestantism, Spiritism, African Religious Denominations, Jehovah's Witnesses, Buddhism, Mormonism, Messianism, Judaism, Islamism, as well as Spiritualism and Esoterism. There also are people without spiritual or religious beliefs, agnostics and atheists.

Delle Fave et al. (2011) state that the process which attributes meaning to daily events is influenced by both cultural and religious contexts. They noted that religion has a multifaceted role on promoting well-being during stressful situations, such as death or serious disease within the family. However, there are only a few studies that focused on the influence of religiousness on well-being. Thus, it is possible to theorize that the cultural and religious syncretism that characterized Brazilian people might consist on responses to face their environment, which at the same time could be influencing their perceptions of well-being, social support and health. The design and implementation of social support programs with focus on well-being, at organizational and institutional settings, can be facilitated if there is previous knowledge of the factors influencing well-being. A significant body of research has already been developed (Diener & Biswas-Diener, 2008; Diener, Suh, Lucas, & Smith, 1999); however, as Delle Fave et al. (2011) suggested, it is necessary to conduct studies across different cultures in order to identify cultural differences and similarities on the experiences of well-being.

15.2 The Well-Being Traditions and Related Concepts

In Positive Psychology, the concept of well-being has developed under two different perspectives: the hedonic and the eudaimonic. Regarding the hedonic perspective, the subjective well-being as defined by Ed Diener has been highlighted; while the psychological well-being concept as defined by Carol Ryff has been related to the eudaimonic perspective (Delle Fave et al., 2011; Ryan & Deci, 2001). *Subjective well-being* (SWB) is a concept that reflects the global experience of positive reactions to life situations, and includes components such as life satisfaction and emotional experiences. *Psychological well-being* (PWB) refers to the self-perception of engagement with the challenges of life and includes six components: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

According to Diener, Scollon, and Lucas (2009), subjective well-being is defined as a multifaceted concept that is popularly conceived as happiness. This concept includes the judgments of life satisfaction and evaluations of emotional responses that people make on daily life events. Life satisfaction includes judgments concerning specific life domains such as satisfaction with work, relationships, health, recreation, purpose, and other important domains, and also includes judgments about global life satisfaction, that is, the satisfaction with current life, with *the* past, with *the* future, desire to change life, meaning, and other relevant points. Emotional responses (positive and negative) include affective evaluations concerning pleasant emotions

such as joy, *happiness*, contentment, and evaluations concerning unpleasant emotions such as *anger* and sadness (Chmiel, Brunner, Martin, & Schalke, 2011; Diener & Ryan, 2009; Diener et al., 1999; Diener, Scollon & Lucas, 2009; Pavot & Diener, 2008).

Regarding the causes of subjective well-being, emotional dimensions are partially influenced by thoughts and life-styles, as well as by levels of life satisfaction that are influenced by perceptions and judgments that people have about their goals, health, social support, spirituality, and meaning of life (Diener & Biswas-Diener, 2008). On the other hand, studies suggest that higher levels of positive emotions and life satisfaction significantly improve satisfaction with the major life domains – such as work, relationships and health – and attributes, propensities, and behaviors related to psychological functioning such as likability, creativity, coping, positive perceptions of self, sociability, and prosocial behavior (Lyubomirsky, King, & Diener, 2005).

Keyes, Shmotkin, and Ryff (2002) showed that SWB and PWB are two distinct concepts which are significantly and positively related. The psychological well-being concept emerged based upon humanistic theories that involve formulations concerning human development and existential challenges of life, and it is defined in terms of the degree of psychological functioning (Diener, Scollon & Lucas, 2009; Keyes et al. 2002; Ryan & Decy, 2001).

Psychological well-being theorists consider six dimensions that represent six different ways in which people act as they are faced life challenges and strive to positively function. Psychological well-being involves self-perception of engagement with existential challenges of life, and involves autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Keyes et al., 2002). Autonomy is defined as self-determining and independent thinking, ability to resist social pressure, and ability *to* regulate one's own behavior from within. Environmental mastery is considered as the sense of mastery and competence in managing the environment; controlling the complex array of external activities; making effective use of surrounding opportunities; and, the ability to choose or create contexts suitable to personal needs and values. Personal growth involves feelings of continuous development, growth and expansion; openness to new experiences; and, the ability to realize one's own potential. Positive relation with others is defined as the levels of satisfaction and reliability with relationships; levels of concerns with others' well-being; and levels of empathy, affection and intimacy with others. Purpose in life is defined as the beliefs about goals, sense of direction, and purpose in life as well as the feeling of meaning in present and past life. Self-acceptance is considered as the positive attitudes towards oneself; acknowledgement and acceptance of multiple aspects of the self, – including good and bad qualities –; and, levels of positive feelings about past life.

Studies on religiosity and spirituality are based upon several definitions and concepts. Many definitions refer to the sacred, the transcendent and the meaning attributed to life. According to Hill and Pargament (2008), the term spirituality refers to the subjective side of religious experience. Nelson (2010) affirms that spirituality refers to the experiential and personal side of the relationship with the transcendent, whereas religiosity usually indicates distinctive activities and specific life styles, emotions, habits, practices, purposes, commitments, and beliefs and ways of thinking.

Frankl (1998) affirms that there is an unconscious spirituality the individual that leads him to search for God. In his theory, the human being is composed of biological, psychological, social, and spiritual dimensions. The biological dimension corresponds to the body; the psychological dimension is composed of mental processes related to the desire for pleasure, power, learning and conditioning. The social dimension is related to the culture, institutions, and relationships; while the spiritual dimension refers to the ability to make choices (free will and responsibility); to assign value to things; and, to give meaning to different situation and to life in general. According to Frankl (2003), the desire for meaning underlies and structures every situation of human life. In daily life, people find the strength to face their existence based on a worldview that unconditionally affirms life and gives them a sense of meaning. In this theory, the essential human motivation is the search for the meaning in every situations of life. Aspirations, goals, emotional reactions and satisfaction are lead by the meaning of life.

The term *spiritual well-being* (SPWB) has been defined by Christopher G. Ellison as the relationship that people have with the transcendent, and the levels of appreciation and importance attributed to life. Spiritual well-being is conceived focusing on the transcendent and meaningful aspects of religiosity and spirituality. According to Ellison (1983), SPWB includes two components: (1) *existential*, beliefs and feelings concerning how someone appreciates and gives meaning to life related to the meaning of life; and (2) *religious*, beliefs and feelings related to God. Ellison (1991) showed that individuals with strong religious faith report higher levels of life satisfaction, greater personal happiness, and fewer negative psychosocial consequences of traumatic life events.

Another important factor that is associated with well-being is *social support perception* (SSP). It is always valuable to remember Cobb (1976) which defines social support as the resources that someone receives from others leading that person believe that he or she "is cared for and loved, esteemed, and a member of a network of mutual obligations". Cohen and Syme (1985) added that social support corresponds to the specific informational resources provided by others or that is potentially available. According to Cohen and McKay (1984) these supportive resources aim to protect someone from the effects of stress and there are three types: instrumental or tangible, informational or cognitive assessment and emotional support. The tangible support consists on financial aid, care and other forms of material assistance. It is noteworthy that the tangible support is effective only when it does not cause embarrassment or loss of freedom that accentuates the stress. The informational support is defined as the information that can help a person to evaluate the stressor in a more benign and less threatening way. The emotional support is defined as the informational resources that help people to improve their self-esteem and the feelings of belonging to a group. Studies have shown that these supportive resources have a positive influence on perceptions of health and well-being.

Besides, it is important to highlight that the human species have survived and have evolved through cooperation and mutual support. According to Cobb (1976), social support begins in the womb with the support of maternity, followed by the birth and a new life that begins, and continues throughout the development and transitions of life cycles. That involves a process which conducts to well-being

variations throughout life cycles. In this line, theories based on the Lifespan Development paradigm consider age as a key factor for behavior constancy and change throughout life. Within this perspective, the Socio-emotional Selectivity Theory posits that as people grow older, they tend to select targets, situations, and social bonds that give them significant emotional experiences. Consequently, their social and emotional functioning is similar or better than younger adults. Studies have shown that the frequency of negative emotions decrease as people grow older and that elderly people try to keep their mind more attentive to positive memories and information, as well as they tend to not pay attention to negative information (Charles & Carstensen, 2010).

Carstensen, Mayr, Pasupathi, and Nesselroade (2000) conducted a research that showed that the frequency of positive emotions do not correlate with the age elderly people maintain positive emotional levels similar to those experienced by younger people; however, the frequency of negative emotions decrease proportionally. Around 60 years-old, the levels of frequency of negative emotions stabilize as older people maintain more constantly the absence of negative emotional states. Consequently, older people tend to be more satisfied with life and experience lower levels of negative affect.

Despite social support is an important factor for well-being in adulthood and old age, studies have shown that other factors contribute to the positive emotional states of aged people. Some of the suggested factors that influence the quality of life in old age are personality, coping ability, adaptability, engagement styles, early childhood experiences, and attachment styles as well (Charles & Carstensen, 2010).

The associations between health and other factors have been analyzed based upon two perspectives. The first consists of the objective health which concerns to the biological indicators of health and the second consists of the perception that people have regarding their health. According to Diener et al. (1999) health self-perception is better than objective health for assessing its relationship with subjective well-being.

Studies have shown that higher well-being levels are associated with higher levels of health (Diener & Biswas-Diener, 2008), and that high levels of subjective well-being – such as life satisfaction, absence of negative emotions, and positive emotions – is related to better levels of health and longevity (Diener & Chan, 2011). In the same line, psychological well-being is positively associated with biological indicators of health, and lower levels of disease indicators (Ryff, Singer, & Love, 2004). According to Hill and Pargament (2008), there are evidences that religion, spirituality and health are significantly associated but the reasons for these associations are unclear, as they have not received much attention academically.

Studies on social support interventions have also shown that supportive resources are associated with better levels of health and well-being (Rodriguez & Cohen, 1998), and according to Cohen (2004), supportive relations improve health. Gallagher and Vella-Brodrick (2008) showed that social support significantly contributes and positively influences well-being.

Regarding basic psychological approaches, well-being has been analyzed using models from different research traditions. Among other theories, the cognitive theory considers that the attention, interpretation and memory compose the

interpretative process which people use in their daily life; while the "top-down" model sustains that the global features of personality or an inherent propensity influences the way a person reacts to different events. According to the "top-down" model, happy people have a positive disposition that leads them to predominantly feel well in different life situations. Based on these two theories, happy people would have a predisposition to give more attention to positive stimuli, and to interpret and to remember events from a positive perspective (Chmiel et al., 2011; Diener, 1984; Diener & Ryan, 2009).

Ellison's concept of SPWB refers to transcendental and existential meanings that people attributed their lives. The concept of PWB of Ryff refers to both attitude and feelings that people attribute to themselves and their social relationships. The concept of SWB of Diener refers to satisfaction and both positive and negative emotional reactions to life events.

Based on those theories and concepts mentioned above, we can consider that the transcendental and existential meanings which people attribute to life is an important factor that influences self-attributed attitudes and feelings, and at the same time, these attitudes and feelings influence people's life satisfaction and emotional reactions.

15.3 Brazilian Research upon Well-Being, Social Support, Age and Health

It is important to highlight some of the research developed in Brazil under hedonic and eudaimonic perspectives on well-being, spiritual well-being, social support, age, and health.

Based on a research with expatriated employees, Ribeiro (2009) found that there is a positive relation between the levels of subjective well-being, and the levels of emotional support received from their families, friends and relatives.

Rabelo and Neri (2006) have studied Brazilians who suffered from vascular brain accidents and they concluded that the patients had smaller levels of subjective well-being than healthy people. However, their health improved as they were able to continue their productive activities; to have good cognitive capability; as well as they experience high levels of positive emotions and perceive effective social support.

Walendy de Freitas's (2009) study with unemployed workers who took part in social support program in religious institution showed that there is an association between age and social support. Young people (less than 30 years-old) perceived higher levels of social support than their older counterparts. Despite reducing the perception of social support, people over 50 years-old experience less negative affect than younger participants. This study has also shown that emotional support positively influences satisfaction with life and positive affect and also has revealed that men are more satisfied and express more positive affect than women. These study results suggest that organizations which are searching for well-being development should take into account social support programs and strategies that consider age and

gender differences; and highlight the importance of social support on positive emotional states.

A study conducted by Neri (2001), with men and women aged from 59 to 85 years old, showed that as people grow older they tend to be more satisfied and to have a predominance of positive affect. In the same line, Otta and Fiquer (2004) have studied the effect of age on the feeling of well-being, and found that older people are more satisfied with their lives than younger ones.

Queroz and Neri (2005) investigated the relations between the psychological well-being and the emotional intelligence with both middle aged and elderly people. Results showed that there is a significant and positive relationship between emotional intelligence and self-motivation, self-acceptation, purpose, personal growth, and mastery; and that men scored higher than women on self-motivation and self-conscientiousness.

Marques (2003) has investigated the interrelation between the spiritual well-being and the general health. Results showed that there is a significant and positive correlation between health and spiritual well-being and confirmed that spirituality can make an important contribution to health promotion and disease prevention. The application of this study points toward the need of inclusion of spirituality in the health conception combined with biological, psychological and social domains.

Faria and Seidl (2006) have investigated some coping strategies, including the religious coping in people infected with HIV/AIDS. They found that both the emotion-focused coping and the problem-focused coping strategies are negative predictors of positive affect; and that religious coping is a strong and positive predictor of positive affect.

Hoffman, Muller, and Frasson (2006) studied the perceived social support, spiritual well-being and the psychosocial consequences of cancer diagnosis and medical treatment in a group of women with breast cancer. The results showed that social support was perceived as mainly proceeding from the closest relatives. Additionally, it was found that spiritual well-being was an important coping resource, and the religious dimension in particular, was the most important one. It was concluded that health services need to respect and understand woman with breast cancer as a whole, in its bio-psycho-socio-spiritual aspect, and to be more effective in support actions.

15.4 The Purpose, Procedure and Results of the Present Study

The studies previously mentioned show that well-being and social support are positively associated with age and health, and suggest that there could be relations of influence among the three traditions of well-being: subjective, psychological, and spiritual, and among these three traditions of the well-being and the social support. If we relate the top-down, cognitive and Frankl theories to each other, it is possible to suppose that the meaning that people attribute to their lives explain, in a substantial part, the attitudes and disposition have to positively interpret and react to life events.

Table 15.1 Distribution of business and professions (n = 205)

Business	Professions	%
Professionals at university level self-employed	Engineers, architects, clinical psychologists, physicians, translators	22.9
Companies producing goods	Director, administrator, manager, position and salaries analyst, human resources analyst, office assistant, production assistant, stock clerk, general assistant	17.1
Schools	Teachers, professors, educational supervisor, other school staffs	16.6
High school self-employed professionals	Technician on mechanics, technologists, occupational therapists, masseurs, hairdressers, artisans, podologists	9.3
Logistic company	Preparing young people for first job – Adolescents apprentice program	9.3
Journalism, telecommunications	Broadcaster, audio technician	6.3
Advertising	Manager, assistant and consultant events	4.9
Store	Pharmaceutical, sellers	3.9
Public service	Governmental employees	3.9
Environmental management company	Environmental engineer, consultant, environmental manager, biologist	2.4
Bank	Finance manager, business consultant, bank clerk	1.9
Computer services company	System analyst, programmer	1.5

In this way, it is possible to establish a model where SPWB is an antecedent factor for both PWB and SWB, and PWB is an antecedent factor for SWB. Besides, considering social support as a factor which sustains and facilitates well-being, it can be positioned in this model as an intermediary factor that influences the relations among SPWB (meanings), PWB (attitudes), SWB (life satisfaction and emotional reactions).

On the other hand, based upon those studies and theories it is possible to hypothesize a reverse model, i.e., people who are satisfied with their lives and have a positive affective balance are more predisposed to have positive attitudes to themselves and attribute positive meanings to life. Thus, it is also possible to establish another analysis model where SWB precedes both PWB and SPWB, and the social support perceptions are also considered.

With the purpose of verifying these associations and the influence relations, 205 workers from São Paulo City (65.4 % female and 34.6 % male) participated in this cross-sectional research conducted between August 2010 and February 2011. Table 15.1 shows the distribution of business and professions of participants.

The average age was 40.7 years old ($SD = 16.3$). Regarding marital status, 40 % was single; 41 % married; 12.7 % divorced; 7 % widowed; and 4 % had other types of bonds. Participants professed several religions, such as Spiritism (23 %); Catholicism (20.6 %); Spiritualism or Ecumenism or belonging to more than one religious group (13.9 %); Evangelicals or Protestant Reformation (10.8 %); Afro-religions (2.0 %); among others. An 11.2 % reported that does not have religion but believes in God.

Workers were requested at working area and by internet to respond to a questionnaire that includes five self-report scales developed and validated for Brazil.

1. *Health status*: graded as 1 = bad; 2 = satisfactory; 3 = good.
2. *Positive and negative affect*: it was measured with the scale developed and validated by Siqueira, Martins, and Moura (1999) which consists of 14 items that assess frequency of positive and negative affect. Participants have to report how they felt in daily life (nothing = 1; seldom = 2; neutral = 3; many times = 4; extremely = 5). This scale is composed of positive affects dimension (α = .87) which measures the frequency of emotions such as *contentment, happiness, joyfulness*, and of negative affects dimension (α = 0.88) which measures the frequency of emotions such as *irritation, depression, discouraged*.
3. *Satisfaction with life*: it was assessed with the scale developed and validated by Siqueira, Gomide Junior, and Freire (1996), composed by 15 items (α = .84). This scale measures the frequency that the participant has felt satisfied in daily life in a 5-points Likert scale (1 = very dissatisfied; 3 = neither dissatisfied nor satisfied; 5 = very satisfied). Questions assessed satisfaction with physical disposition, relationships, work, leisure time, and financial conditions; as well as questions related to the ability to do the things someone wants to; expectations with the future; and with accomplishments in the past.
4. *Social support perception*: the scale developed and validated by Siqueira (2008) was used. This consists of two dimensions which measures the frequency that participants perceive outer support in daily life (never = 1; sometimes = 2; many times = 3; always = 4). The dimension of emotional support (α = .92) has 10 items, such as "when I need I have someone who": "Celebrates with me my joys and accomplishments"; "Understands my problems"; "Consoles me when I'm sad". The dimension of practical support (α = .91) have 19 items (informational and instrumental) such as "when I need I have someone who: Helps me to solve a practical problem"; "Lends me something I need"; "Clarifies my doubts"; "Gives suggestions about my future".
5. *Psychological well-being:* was measured with a scale developed and validated by Queroz and Neri (2005) that consists of 13 items (α = .88). Participants had to grade phrases that best represent how they see themselves, ranging from 1 = very little to 5 = extremely. Item examples are: "others describe me as a generous person and that I am willing to share experiences"; "I feel that I am able to decide for myself what is right"; "I can meet the multiple responsibilities of my daily life"; "I like many aspects of my personality".
6. *Spiritual well-being:* was assessed with a scale developed and validated by Marques, Sarriera, and Dell'Aglio (2009). It has two dimensions and levels of agreement or disagreement upon 20 statements, (being 1 = strongly disagree and 6 = strongly agree). The religious dimension has ten items (α = .92) such as: "I cannot find much satisfaction in private prayer to God"; "I believe God loves me and cares for me"; "I have a significant personal relationship with God". The existential dimension has ten items (α = .85) such as: "I feel that life is a positive experience"; "I am worried about my future"; "I believe there is some real purpose to my life".

Table 15.2 Descriptive statistics of studied variables (n = 205)

Variables	*M*	*SD*	Scales	Scale central point	Difference[b]	*t*
Subjective well-being:						
Positive affects	3.46	0.61	1 to 5	3	0.46	10.985**
Negative affects	2.06	0.69	1 to 5	3	−0.94	−19.490**
Global life satisfaction	3.62	0.86	1 to 5	3	0.62	10.281**
Satisfaction life domains	3.44	0.68	1 to 5	3	0.44	9.188**
Affective balance	1.41	1.15	−4 to 4[a]	0[a]	1.41	17.501**
Psychological well-being	3.96	0.58	1 to 5	3	0.96	23.604**
Spiritual well-being:						
Religious well-being	4.99	1.19	1 to 6	3.5	1.49	17.897**
Existential well-being	4.74	0.81	1 to 6	3.5	1.24	21.881**
Social support:						
Emotional support	2.97	0.69	1 to 4	2.5	0.47	9.873**
Practical support	2.73	0.67	1 to 4	2.5	0.23	4.785**

Note: Student comparison test: indicator of significant difference between mean of variable and central point of respective scale

**$p < 0.01$

[a]Inferred based on the limit of scales: positive minus negative affects

[b]Difference between average of variables and central point of respective scales

Table 15.3 Correlations between variables of study *r Pearson* (n = 205)

Variables	1	2	3	4	5	6	7	8	9	10
1. Positive affects	–									
2. Negative affects	−.57**	–								
3. Affective balance	.87**	−.90**	–							
4. Global life satisfaction	.53**	−.43**	.54**	–						
5. Satisfaction life domains	.62**	−.54**	.65**	.66**	–					
6. Psychological well-being	.57**	−.49**	.60**	.54**	.43**	–				
7. Religious well-being	.12	−.16*	.16*	.15*	.11	.17*	–			
8. Existential well-being	.53**	−.57**	.62**	.57**	.56**	.56**	.39**	–		
9. Emotional support	.30**	−.26**	.32**	.26**	.44**	.36**	.22**	.36**	–	
10. Practical support	.29**	−.22**	.29**	.28**	.43**	.29**	.22**	.32**	.84**	–

*p < 0.05; **p < 0.01

The descriptive statistics presented in Table 15.2 demonstrate that Brazilian workers have high levels of well-being and of social support perception. It is noteworthy that the affective balance is significantly high, showing that the emotional states in daily life are predominantly positive.

The bivariate correlations presented in Table 15.3 reveal that the three traditions of well-being are significantly associated with each other, and with social support. These associations give support to important inferences. When any factor of well-being is increased, other factors are also increased and consequently the global well-being is significantly increased. The significant correlations among all dimensions of well-being and between well-being and social support are in

Table 15.4 Correlations between study variables and age (n = 205)

Variable	Age
1. Positive affect	.15*
2. Negative affect	−.31**
3. Affective balance	.27**
4. Global life satisfaction	.12
5. Satisfaction life domains	.26**
6. Psychological well-being	.22**
7. Religious well-being	−.04
8. Existential well-being	.28**
9. Emotional support	.07
10. Practical support	.02

*$p < 0.05$; **$p < 0.01$

Table 15.5 Means of variables as function of age groups – ANOVA test ($n = 205$)

		Age group (DUNCAN)					
Variable	F	16–19	20–29	30–39	40–49	50–59	60–88
Negative affects		**2.21**	**2.23**	**2.25**	2.16		
	5.118**				2.16	1.86	
						1.86	**1.61**
Affective balance		**1.16**	**1.26**	**1.02**	**1.28**		
	3.805**	1.16	1.26		1.28	1.69	
						1.69	**2.03**
Satisfaction life domains		**3.31**	**3.39**	**3.21**	**3.37**	3.54	
	3.389**					3.54	**3.81**
Existential well-being		**4.31**	4.66	4.56			
	3.457**		4.66	4.56	4.88	4.88	
			4.66	4.56	4.88	4.88	**5.06**

Note: One-way ANOVA: POST HOC Duncan multiple comparisons
**$p < 0.01$

accordance with the results obtained in other studies (Ellison, 1991; Freitas, 2009; Gallagher & Vella-Brodrick, 2008; Keyes et al., 2002; Rabelo & Neri, 2006; Ribeiro, 2009). Moreover the results of this study suggest the existence of influence relationships as Diener and Biswas-Diener (2008) affirm. Thus, these results support the hypothesis on the influence relations among the three types of well-being and between well-being and social support.

Taking into account both well-being and social support, variations as a function of age are presented in Tables 15.4 and 15.5. It is possible to notice that as people grow older they tend to be happier; to have higher levels of psychological functioning; to experience more positive feelings; and to report higher levels of existential beliefs. These results are in line with the studies of Neri (2001), Walendy de Freitas (2009), Freitas (2009) and Carstensen et al. (2000) who found that the frequency of positive emotions is not associated with age as elderly people keep positive emotional levels similar to those experienced by young people, and that the frequency of negative emotions decreases proportionally around 50/60 years old. Besides, the

Table 15.6 Means of variables as function of self perceptions of health – (ANOVA Kruskal Wallis Test)

		Health self perceptions		
Variable	Chi-Square χ^2	Bad (n = 20)	Satisfactory (n = 73)	Good (n = 112)
Positive affects	19.844**	3.02		
			3.37	
				3.60
Negative affects	28.896**	2.70		
			2.16	
				1.88
Affective balance	28.797**	0.32		
			1.21	
				1.73
Global life satisfaction	12.948**	3.23		
			3.45	
				3.79
Life satisfaction domains	26.875**	2.93		
			3.26	
				3.64
Psychological well-being	18.182**	3.68		
			3.80	
				4.11
Existential well-being	15.882**	4.22		
			4.59	
				4.93
Emotional support	9.957**	2.69		
			2.86	
				3.10
Practical support	10.434**	2.47		
			2.60	
				2.85

Note: POST HOC: Mann-Whitney test: two-independent-samples tests
**p < 0.01

present study reveals that participants who are 19 years-old or younger reported significantly lower levels of existential well-being than older people who are 60 years-old or more.

The similarity of these results with other studies suggests that this tendency for predominance of positive states in old age is a universal feature which arises when the adequate social support is available over the life.

Considering well-being and social support variations as a function of self-perceived health, as presented in Table 15.6, higher the levels of subjective, psychological and existential well-being, as well as social support are significantly associated with better levels of perceived health. Religious well-being did not show significant differences between means as a function of health. These results are in accordance with Diener and Chan (2011) who found that high

Table 15.7 Partial least square-path modeling (PLS-PM): model hypothesized 1 (n = 205)

Dependent variables	Predictor variables	β	t^a	Variance	
				Partial	Total
Subjective well-being	Spiritual well-being	0.395	6.665	0.407**	0.531
	Social support	0.128	2.286	0.011*	
	Psychological well-being	0.370	6.218	0.113**	
Social support	Spiritual well-being	0.366	5.688	0.134**	0.134
Psychological well-being	Spiritual well-being	0.466	7.732	0.280**	0.305
	Social support	0.172	2.545	0.025*	

*$p < 0.05$; **$p < 0.01$

[a]bootstrapping = level of significance process

levels of subjective well-being – such as life satisfaction, absence of negative emotions, and positive emotions – are associated with better levels of health and longevity. According to the finding of Ryff et al. (2004), there is a relationship between psychological well-being and biological indicators of health. These results are also in line with Hill and Pargament (2008) who affirm that there are evidences that religiosity, spirituality and health are significantly associated with each other; with Marques (2003) who found that there is a significant association between spiritual well-being and general health; and with Faria and Seidl (2006) who found that the positive religious coping is a strong and positive predictor of positive affect. Additionally, results of this study are similar to those studies that found that social support interventions show that counting with supportive resources are associated with better levels of health (Hoffmann et al., 2006; Rodriguez & Cohen, 1998).

Regarding influence relations, two hypotheses were tested using the Partial Least Square-Path Modeling (PLS-PM). The adjusted model (1) presented in Table 15.7 shows that spiritual well-being is a factor which has a significant and positive influence on well-being. That is, just under half of subjective well-being variation is explained by existential and spiritual beliefs and feelings – such as being calm about the future; believing life is a positive experience; having a real purpose; becoming satisfied in prayer; and, feeling God takes care and loves him or her. Besides, just over a quarter of the variation of psychological well-being is explained by these existential and spiritual beliefs and respective feelings.

This model also shows that existential and spiritual beliefs explain a small however significant amount of social support variation; and that both social support and psychological well-being explain a significant part of subjective well-being. Besides, this model highlights that the influence of social support on both psychological and subjective well-being is very small but has a central and intermediate function in the relationship between the transcendental and existential beliefs and well-being. These influence relationships are in line with Diener and Biswas-Diener (2008) findings that revealed that subjective well-being is partially influenced by individuals' ways of thinking and living; social support perceptions; and, spirituality and meaning of life. Results are also in accordance with

Table 15.8 Partial least square-path modeling (PLS-PM): model hypothesized 2 (n = 205)

Dependent variables	Predictor variables	β	T[a]	Variance	
				Partial	Total
Spiritual well-being	Subjective well-being	0.506	7.735	0.416**	0.442
	Psychological well-being	0.219	3.360	0.026**	
	Social support	0.112	1.645	0.002	
Social support	Subjective well-being	0.398	6.392	0.158**	0.158
	Psychological well-being	0.155	1.796	0.015	
Psychological well-being	Subjective well-being	0.620	14.165	0.385**	0.385

**$p < 0.01$

[a]bootstrapping = level of significance process

Gallagher and Vella-Brodrick (2008) who showed that social support significantly and positively influences well-being.

The results of the present study show that Brazilians workers consider spiritual and existential beliefs as a very important aspect of their life, and it was found that it produces a relevant influence on their well-being.

On the other hand, model adjusted (2) displayed in Table 15.8 shows that subjective well-being positively influences both psychological and spiritual well-being and social support perceptions. That is, positive emotions, satisfaction with specific life domains, global satisfaction and lack or low levels of negative emotions are responsible for explaining just under half of the positive variations of the spiritual well-being; over a third part of the variations of psychological well-being; and a considerable part of positive variations of social support perceptions. In this model, social support does not influence spiritual well-being and is not influenced by psychological well-being.

These two models highlight that the influence of subjective well-being on psychological well-being is larger than the influence of psychological well-being on subjective well-being. This difference could be explained considering that developing a good psychological functioning is not always pleasurable. However, happy people who enjoy the life and have more predispositions to develop positive self-perception – in terms of the ability to have autonomy over decisions and to decide what is right – meet multiple responsibilities in daily life and have a self-appreciation of many aspects of their own personality. These results are in line with Lyubomirsky et al. (2005) who showed evidence that higher levels of subjective well-being significantly can improve major life domains and attributes, propensities, and behaviors related to psychological well-being.

Finally, these two tested models, which are illustrated in Figs. 15.1 and 15.2, reveal significant influence relations between the studied variables and point a recurrent cycle: people who experience higher levels of positive existential and spiritual beliefs, have higher levels of psychological functioning; higher levels of feelings concerning to the help from others; and are happier. On the other hand happier people also tend to get more help, to have higher levels of psychological functioning and to have more positive feelings and beliefs about God and life.

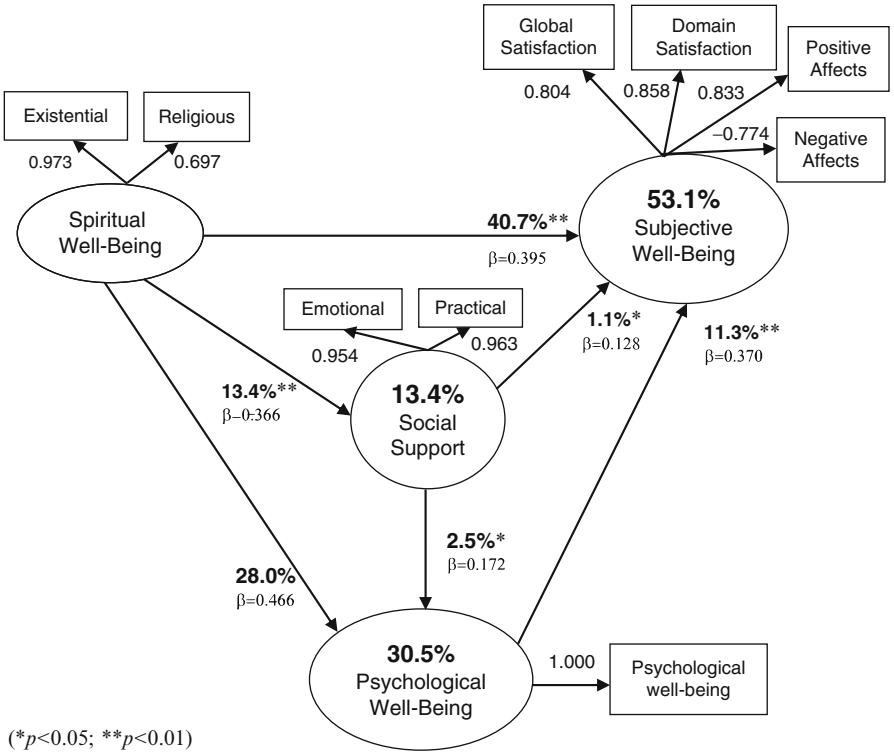

Fig. 15.1 Adjusted model 1 (n = 205)

15.5 Conclusions

This study with Brazilian workers which aimed to analyze the relations among well-being, social support, health and age contributes to Positive Psychology in the Latin American context as well as the design of organizational and clinical interventions focused on improving individuals' well-being.

Firstly, this study presents a significant contribution regarding the associations between age and well-being. The results that strongly coincide with previous studies showed that as people grow older they tend to be more satisfied with life and have lower levels of negative emotional states than younger people. This positive tendency plays a major role on both organizational and clinical success of Brazilian interventions with a focus on well-being. In other words, it is supposed that the presence of elderly people in organizational context can increase a positive atmosphere, and that clinical processes can be facilitated if these particular conditions to stimulate their tendency for higher levels of well-being are considered. These outcomes also suggest that this positive trend may be a universal feature which is activated when a proper social support is received.

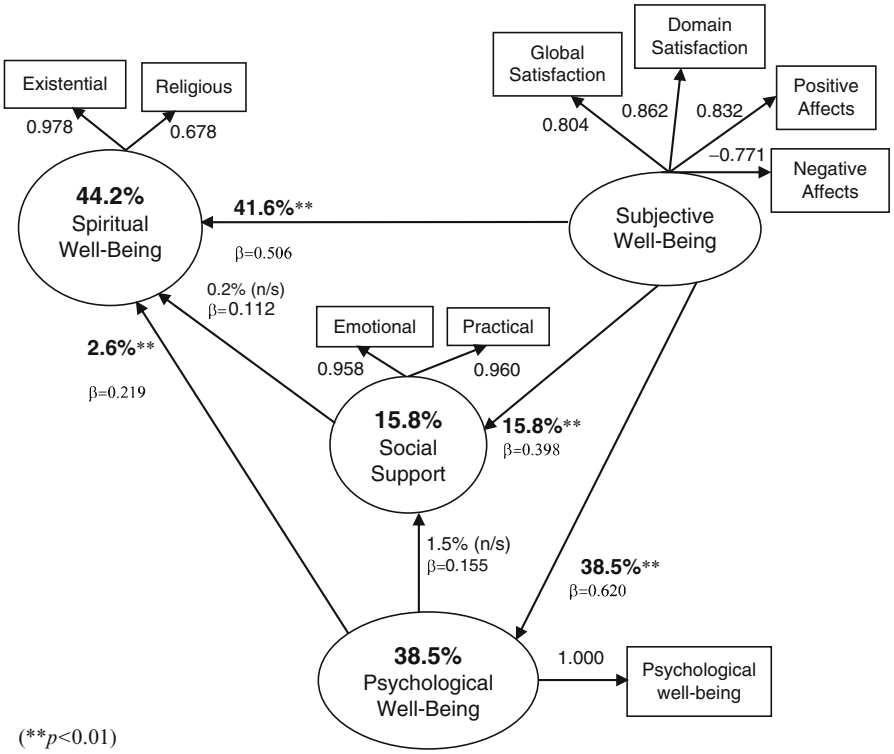

Fig. 15.2 Adjusted model 2 (n = 205)

Secondly, this study also shows that there is a significant positive association among levels of self-perceived health; social support perceptions; and well-being. These associations highlight an important inference: Highest levels of health are associated with highest levels of both social support perceptions and well-being. Based on this, it is possible to consider that the implementation of social support strategies which focus well-being at both organizational and clinical contexts can considerably increase Brazilian workers health.

Thirdly, this study shows that transcendental and existential beliefs that compose the spiritual well-being positively influence both psychological and subjective well-being and social support perceptions of Brazilian workers. It means that workers who have positive beliefs about life also have good levels of psychological functioning, satisfaction with life, positive emotional states, good levels of social support perceptions, and low levels of negative emotional states. On the other hand, this study also shows that subjective well-being positively influences both psychological and spiritual well-being, and social support perceptions. It means that workers who have good levels of both satisfaction with life and positive emotional states also have good levels of psychological functioning, positive beliefs about life and social support perceptions.

In addition, the present study also highlights the important role that social support plays on well-being. Under this point of view, this study shows that social support has a relevant function as an intermediary role in the relationship between well-being and transcendental/existential beliefs. Social support perceptions slight and directly influence both psychological and subjective well-being. The analyses also reveal that social support perceptions are also significantly and positively influenced by the transcendental and existential beliefs but social support perceptions do not exert influence on these beliefs. It means that workers who have higher levels of positive beliefs about life also higher levels of acknowledgement of the help from other that they received. However, this acknowledgement does not change their experience of transcendental and existential beliefs.

Thus, it is possible to suggest that Brazilian interventions on social support at both organizational and clinical settings, that aim at reducing dissatisfaction, negative emotional states, and low performance of psychological functioning, could get significant changes and even revert these negative states if Brazilian workers have the opportunity for the thoughtfulness and expressiveness of their transcendental and existential beliefs about the meaning and appreciation of life.

Finally, this study shows that Brazilian workers who have positive beliefs about life and perceive that an adequate social support is available for them become more satisfied; more emotionally positive; and also more able to improve their psychological functioning in a recurrent encouraging cycle. Through this cycle, essential beliefs increase both social support perceptions and well-being while higher levels of well-being increase the positive beliefs and social support perceptions, and so on.

Thus, it is possible to think that the strong, significant and reciprocal influences found in this study are also valid for other Latin-American countries whose histories are similar to the Brazilian context. The similarities and differences which go beyond the Latin American context should be analyzed.

References

Carstensen, L. L., Mayr, U., Pasupathi, M., & Nesselroade, J. R. (2000). Emotional experience in everyday life across the adult life-span. *Journal of Personality and Social Psychology, 79*, 644–655.

Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. *Annual Review of Psychology, 61*, 383–409.

Chmiel, M., Brunner, M., Martin, R., & Schalke, D. (2011). Revisiting the structure of subjective well-being in middle-aged adults. *Social Indicators Research, 106*, 109–116.

Cobb, S. (1976). Social support as a moderator of life stress. *American Psychosomatic Society, 38*, 300–314.

Cohen, S. (2004). Social relationships and health. *American Psychologist, 59*, 676–684.

Cohen, S., & McKay, G. (1984). Social support, stress and the buffering hypothesis: A theoretical analysis. In A. Baum, S. E. Taylor, & J. E. Singer (Eds.), *Handbook of psychology and health*. Hillsdale, NJ: Erlbaum.

Cohen, S., & Syme, L. (1985). Issues in the study and application of social support. In S. Cohen & L. Syme (Eds.), *Social support and health*. San Francisco: Academic.

Delle Fave, A., Massimini, F., & Bassi, M. (2011). *Psychological selection and optimal experience across cultures*. New York: Springer.
Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*, 542–575.
Diener, E., & Biswas-Diener, R. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Malden, MA: Blackwell.
Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being, 3*, 1–43.
Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology, 39*, 391–406.
Diener, E., Scollon, C. N., & Lucas, E. L. (2009). The evolving concept of subjective well-being: The multifaceted nature of happiness. In E. Diener (Ed.), *Assessing well-being*. New York: Springer.
Diener, E., Suh, E., Lucas, E. R., & Smith, H. (1999). Subjective well-being: Three decades of progress. *American Psychological Bulletin, 125*, 276–302.
Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D., et al. (2009). New measures of well-being. In E. Diener (Ed.), *Assessing well-being: The collected works of Ed Diener* (pp. 247–266). New York: Springer.
Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior, 32*, 80–99.
Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology, 11*(4), 330–340.
Faria, J. B., & Seidl, E. M. F. (2006). Religiosity, coping and well-being in people living with HIV/Aids. *Psicologia em Estudo, 11*(1), 155–164.
Frankl, V. E. (1998). *A presença ignorada de Deus*. Rio de Janeiro, Brazil: Sinodal-Vozes.
Frankl, V. E. (2003). *Psicoterapia e sentido da vida: Fundamentos da logoterapia e análise existencial*. São Paulo, Brazil: Quadrante.
Freitas, I. (2009). *The relations between social support and affective balance*. Master's thesis, Universidade Metodista de São Paulo, São Paulo, Brazil.
Gallagher, E. N., & Vella-Brodrick, D. A. (2008). Social support and emotional intelligence as predictors of subjective well-being. *Personality and Individual Differences, 44*, 1551–1561.
Hill, P. C., & Pargament, K. I. (2008). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Psychology of Religion and Spirituality, 5*(1), 3–17.
Hoffman, F. S., Mueller, M. C., & Frasson, A. L. (2006). Psychosocial, repercussion, social support and spiritual well-being in women with breast cancer. *Psicologia, Saúde & Doenças, 7*(2), 239–254.
IBGE. (2010). *Census 2010.* Instituto Brasileiro de Geografia e Estatística. Retrieved from http://www.ibge.gov.br/censo2010/
Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*(6), 1007–1022.
Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin, 131*, 803–855.
Marques, L. F. (2003). Health and spiritual well-fare in adults from Porto Alegre. *Psicologia Ciência e Profissão, 23*(2), 56–65.
Marques, L. F., Sarriera, J. C., & Dell'Aglio, D. D. (2009). Adaptation and validation of spiritual well-being scale (SWS). *Avaliação Psicológica, 8*, 179–186.
Nelson, J. M. (2010). *Psychology, religion and spirituality* (pp. 3–11). New York: Springer.
Neri, A. L. (2001). Aging and quality of life of women. *Annals of the 2nd Congresso de Geriatria e Gerontologia*. Retrieved from http://scholar.google.com.br/scholar
Otta, E., & Fiquer, J. T. (2004). Subjective well-being and emotional regulation. *Psicologia em Revista, 10*, 144–149.
Pavot, W., & Diener, E. (2008). The Satisfaction with Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*, 137–152.

Queroz, N. C., & Neri, A. L. (2005). Emotional intelligence and psychological well-being among middle-aged and old men and women. *Revista Psicologia Reflexão e Crítica, 18*, 292–299.

Rabelo, D. F., & Neri, A. L. (2006). Subjective well being and perceived psychological adjustment among old people affected by stroke: A review. *Estudos de Psicologia, 11*, 169–177.

Ribeiro, P. E. (2009). *Positive health indicators: A study with expatriate's employees.* Master's thesis, Universidade Metodista de São Paulo, São Paulo, Brazil.

Rodriguez, M., & Cohen, S. (1998). Social support. In H. Friedman (Ed.), *Encyclopedia of mental health* (pp. 535–544). New York: Academic.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141–166.

Ryff, C. D., Singer, B. H., & Love, G. D. (2004). Positive health: Connecting well-being with biology. *The Royal Society, 359*, 1383–1394.

Siqueira, M. M. M. (2008). Construction and validation of Perceived Social Support Scale. *Psicologia em Estudo, 13*, 381–388.

Siqueira, M. M. M., Gomide Júnior, S., & Freire, S. A. (1996). *Development and validation of a Scale of General Satisfaction with Life.* Unpublished manuscript of Universidade Federal de Uberlândia, Uberlândia, Brazil.

Siqueira, M. M. M., Martins, M. C. F., & Moura, O. I. (1999). Construction and validation of scale of positive and negative emotions. *Revista da Sociedade de Psicologia do Triângulo Mineiro, 2*, 34–40.

Walendy de Freitas, L. H. (2009). *Optimism, social support, and work values as antecedents of subjective well-being.* Master's thesis, Universidade Metodista de São Paulo, São Paulo, Brazil.