

Does Affect Influence Coping Styles among People from North India During the Pandemic? Implications for Psychological Well-Being

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ABSTRACT

Does affect influence coping styles among people from North India during the COVID pandemic? This study investigates how affective state influences the coping styles of people from North India and to examine its impact on psychological well-being. Coping styles, PA, negative affect, and psychological well-being of the sample (n=220; 105 males (46%) and 115 females (53.5%)) (Mean Age= 30.75) (SD= 15.36 years) were analysed during the pandemic. Coping styles were assessed using the Coping Scale (Hamby, Grych, & Banyard, 2013), psychological well-being was assessed using the Ryff Scale of Psychological Well-Being (Ryff and Keyes, 1995) and affect was evaluated using The Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988). The findings revealed that coping was positively related to psychological well-being but negatively related to Negative Affect (NA). Positive Affect (PA) was positively related to psychological well-being but negatively related to coping. Additionally, significant differences were seen in the PA and negative affect of males and females. Implications of psychological well-being are further discussed.

Keywords: *Affect, Coping Styles, Psychological Well-Being*

Despite ample amounts of research on the relationship between affect, coping as well as psychological well-being, there is an unavailability of studies that focus particularly on Indian population. The present study was done as there is a lack of Indian studies and there is a deficiency of studies that provide enough evidence with regard to the North Indian population. Absence of enough studies that examine the Indian population prompted this study. People with a high level of psychological well-being have less psychopathology and a better quality of life in terms of coping and life satisfaction. These are a very common part of social life. Affect plays an essential role in our life when it comes to coping. An individual experiences both positive as well as negative affect when under stress. Coping is a term that means cognitive, emotional, and/or behavioral efforts that

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are used to address (master, reduce, or tolerate) a troubled relationship of the person and the environment (Folkman and Lazarus, 1985). Research evidence shows that there was positive correlation between problem focused coping and PA while a negative correlation was seen between negative affect and emotion focused coping. On the other hand, the same study showed avoidance coping was positively correlated with negative affect and negatively correlated with PA (Ben Zur et al., 2009). Another study suggested that PA leads to resilience in adolescents who are at a risk for depression. Furthermore, it also suggests that coping is related to higher levels of PA and leads to a reduction in the depressive symptoms (Jaser et al., 2011) and that males experienced higher levels of PA (Graham et al., 1995).

It has been found that psychological well-being and negative affect were significantly negatively correlated while psychological well-being and PA had a relatively significant PA. Additionally, PA directly impacted psychological well-being and job performance (Lin et al., 2014). Another study showed that there were no major differences in psychological well-being of men and women and that the differences were inconsistent (Tay et al., 2018).

Psychological well-being is defined as the well of overall health and psychological functioning of health. In a study on coping and psychological well-being, the analysis showed that there were significant differences in the coping styles of men and women. The study further revealed that men used meaning focused coping more than women while women used support seeking on a higher level than men (Martinez et al., 2019).

Affect

Diener (1984) found that the relation between positive and negative affect differed and greatly depended on the time frame. The strongest negative correlation between the Positive Affect (PA) and Negative Affect (NA) occurred during emotional times. The correlation decreased in a linear pattern as the covered time span increased arithmetically. It appears that positive and negative affect are independent with regard to how much people feel in their lives over longer time periods. Hansen (1996) revealed that trait PA was positively associated with evaluations of both the participant and the observer of interaction quality. In Study 2, undergraduates kept diaries of their interactions socially for 1 week, PA was related to interaction quality again. Both PA and NA were positively correlated with the number of interactions that the participants engaged in, and the amount of time that was spent engaging in social contact, although several types of encounters that were social produced these relations.

Coping

Coping refers to having control over stability of mental and bodily aspects. Coping, as defined in the Webster's Dictionary, is usually used in the psychological paradigm to denote "dealing with and attempting to overcome problems and difficulties."

Frederickson (2002) found that 'helpful compassionate acts' help people in feeling good about oneself and also about others as well. She also revealed that positive emotions increased both psychological and physical resilience and later, interpreted this as a result of the 'undoing' of negative emotions that are physically harmful. When someone is helping the other person who is in need, it becomes difficult to be angry, resentful or anxious. It was further argued that humanity's love and affirmation of other people encourages altruism that gives rise to well-being, and in doing so pushing aside negative emotions like sadness/depression, fear/anxiety and anger/hostility. Other studies reveal that helping others

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can lead to production of neurotransmitters like oxytocin which is also produced during experiences that are pleasurable. Luks (1988) said that 'Helper's High' is a concept when the helper experiences a sense of psychological well-being after helping someone.

Lazarus and Folkman (1985) developed two coping styles called problem-solving coping and emotion-focused coping. Problem-focused is a strategy in which a person directly confronts a stressor in an attempt to decrease or eliminate it including coming up with possible solutions for a problem, confronting responsible people who are associated with the stressor, and other forms of actions instrumentally. It has been found that problem-focused coping is applied when a person analyses a stressor that is within his or her ability to change. On the other hand, emotion-focused is a strategy wherein a person focuses on regulating the negative emotional reactions to a stressor. Instead of taking actions to change the stressor, the individual tries to control feelings using numerous cognitive as well as behavioral tools, such as meditation and other relaxation techniques, prayer, positive reframing, and other techniques related to avoidance, self-blame, seeking social support, and talking with others (including mental health care professionals). It has been found that emotion-focused coping is used when a person evaluates a stressor as something that is beyond their capacity to change.

Hans Selye (1907- 1982) developed a stress model, based on physiology and psychobiology and came to be known as General Adaptation Syndrome (GAS). The model states that any event that threatens the psychological well-being of an organism (a stressor), leads to a three-stage bodily response: a) Alarm, b) Resistance c) Exhaustion.

Psychological Well-Being

Psychological well-being captures different perspectives of what makes a person feel good. Ryff (1989) did a lot of research on wellbeing and suggests psychological well-being has six different yet interrelated aspects. It was revealed that having positive relations with others, purpose in life, autonomy and personal growth were not linked together. According to American Psychological Association (APA), psychological well-being means any state of happiness and contentment, with lower distress levels, overall good physical and mental health and outlook on life, or good life quality. "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively" (Hupper., 2009).

There are a number of reasons for such diverse views of psychological well-being: (1) the various factors that are thought to form various parts of psychological well-being, life satisfaction and levels of enjoyment or depression or anger (Diener, Kesebir & Lucas, 2008) (2) the various disciplines that investigate psychological well-being, examples of this include psychology, economics, health studies, sociology and anthropology (Chavez et al., 2005); and (3) the several labels that have been ascribed to various factors related to psychological well-being. The World Health Organisation (WHO) defined health as 'a state of complete physical, mental and social psychological well-being and not merely the absence of disease or infirmity.' Psychological well-being literature focuses on the absence of negative factors (such as illness) and the presence of positive factors (like life satisfaction).

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Relationship Between Coping and Affect

Ben Zur (2009) showed that problem-focused coping was positively related to PA and negatively linked to negative affect while avoidance coping showed opposite association patterns with positive and negative affect. The conclusions are that coping is an essential factor in psychological well-being, especially in normal everyday life, moreover, the interactive effects of coping styles benefit further research. Ben Zur (2002) showed positive linkage between active coping and PA, as well as negative associations between avoidant coping and negative affect, imitating findings of various studies. Further, neither monitoring nor social support were directly correlated with either positive or negative affect, but were distinctively related to coping styles. Both monitoring and social support were both significantly positively associated to active coping and support-seeking in both scenarios, while blunting was linked positively to avoidant coping, and social support was related negatively to this coping strategy. These results reveal that personal factors and social resources affect how one uses coping styles, rather than the affective reactions to threats, and also contribute to how one understands the stress and coping process. In a research by Greenglass (2009) it was concluded that proactive coping was an incomplete referee of social support on PA and further that PA was linked to better psychological functioning. In students only, PA arbitrates the proactive coping and depression relationship. Although ample amount of research has been done on coping, psychologists still have a lot to explore in this field.

Based on this, it can be concluded that there is a positive relationship between coping and affect and the two variables are related to each other.

Relationship Between Psychological Well-Being and Affect

A study was done by Xu (2015) wherein the findings showed that PA was significantly related to both positive and negative attentional biases. People with higher levels of PA had more positive attentional bias and lesser negative attentional bias, and reported higher psychological well-being, life satisfaction and lower levels of depression. Nouri (2013) found that, even though no difference was found between Iranian and Swedish participants in their level of life satisfaction, differences related to positive and negative affect were found. Additionally, it was found that Swedish participants experienced more PA, while Iranian participants had more negative affect. The most predictive factor was PA for Swedish people. On the other hand, there was a balanced affect (between positive and negative affect) in the Iranian sample. Besides, it was found that negative and PA making significantly explain subjective psychological well-being. The results of the study by Wardle (2008) show that PA and eudaimonic psychological well-being are directly linked with good sleep and may hinder the impact of psychosocial risk factors. The relationships are probably bi-directional, with disturbed sleep leading to lower PA and decreased psychological well-being, and positive psychological states assisting better sleep.

These studies conclude that PA leads to higher levels of psychological well-being. At the same time, a negative relationship was established between negative affect and psychological well-being.

Relationship Between Coping and Psychological Well-Being

Rodriguez (2011) concluded that women who were abused and battered usually had very good psychological wellbeing. They had difficulty in resisting social pressures and a sense of self determination. The battered women's psychological wellbeing particularly positive

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relations and self-acceptance make them predisposed to confrontive coping. Women with high autonomy, environmental mastery and self-acceptance tend to use self-controlling coping mechanisms. Bishop (1999) found that higher levels of expression of anger was linked to higher levels of stress as well as reduced use of active coping. Active coping was, however, positively correlated with psychological well-being. It was seen that higher levels of expression of anger suggested that there is a direct negative relationship with both psychological well-being and higher levels of stress. Contrary to this, the one significant predictor of physical well-being was found to be reported stress, with higher levels of stress correlated with lower levels of physical well-being. In a study by Rao et al (2013), it was concluded that women with multiple roles needed to enhance their problem-focused and emotion focused coping by strengthening and extending their support. This in turn would be helpful in building a higher subjective well-being.

All these studies conclude that psychological well-being is positively correlated with coping, that higher coping mechanisms lead to better psychological well-being while lower coping styles lead to poor psychological well-being.

The objectives of the study are to study how affect is related to coping, psychological well-being and mood. Along with this, we wanted to examine how psychological well-being is related to coping and affect. Lastly, we wanted to study the relationship coping and affect. It was predicted that coping would be positively related to PA and negatively related to negative affect (H1) (Ben Zur, 2009), PA would lead to higher levels of psychological well-being (H2) (Wardle, 2008), Similarly, a negative relationship would be established between negative affect and psychological well-being (H3), psychological well-being would be positively correlated with coping (H4) (Bishop, 1999). Furthermore, it was predicted that there would be a significant difference in the levels of both PA and negative affect of males and females (H5), there would be a significant difference in the coping styles of males and females (H6), there would be a significant difference in the psychological well-being of males and females (H7).

METHODOLOGY

Participants

A total of 220 participants, 105 males (46%) and 115 females (53.5%) (SD= 15.36). The age range of the participants was from 17 to 73 years (Mean age= 30.75 years). The mean age of females is 25 years and the standard deviation= 11.12 whereas the mean age for males is 35.64 years and the standard deviation= 17.16. 22 people (10.2%) people did not have any sibling, 115 people (53.5%) had one sibling, 48 people (22.3%) had 2 siblings and 30 people (14%) had more than 2 siblings. 139 people (64.7%) were unmarried in the sample whereas 76 people (35.3%) were married. 117 people (54.4%) were students among the sample, 82 people (38.1%) were working and 16 people (7.4%) were non-working. 138 people (64.2%) were Delhi residents and 77 people (35.8%) lived in other cities. At last, 195 people (90.7%) speak English, 203 people (94.4%) speak Hindi and 58 people (27%) speak other languages.

Tools

Coping Scale (Hamby, Grych, and Banyard, 2013), a 13-item scale assessing cognitive, behavioural and emotional coping rated on a scale. It used a 4-point rating scale. Each answer category was given a value from 4 to 1. Internal consistencies (coefficient alpha) for pilot and main sample are 0.88 and 0.91 respectively.

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PANAS (Positive and Negative Affect Schedule) (Watson, Clark, & Tellegen, 1988) self-report questionnaire that consists of two 10-item scales to measure both PA and negative affect. Each item is on a 5-point rating scale from 1 (not at all) to 5 (very much). The original study collected norms of PA ($M = 35.0$, $SD = 6.4$) and negative affect ($M = 18.1$, $SD = 5.9$) from a sample of non-clinical undergraduates. The scale shows great internal reliability that is seen to be consistent with scores ranging from 0.86 to 0.90 for Positive Affect and 0.84 to 0.87 for Negative Affect.

Psychological well-being (PWB) Scale is developed by psychologist Ryff and Keyes (1995); a shortened 18-item version has been used. Correlations within the items of the Psychological well-being scale ranged from 0.33 to 0.52. The highest correlations were seen between self-acceptance and environmental mastery (0.46) and self-acceptance and positive relations (0.40). Respondents are required to rate how strongly they agree or disagree with 42 statements using a 7-point scale (1= strongly agree, 7= strongly agree). There are six subscales to the PWB Scale. They are:

- **Autonomy**- Self-actualized individuals are often believed to show functioning that is autonomous.
- **Environmental Mastery**- This subscale involves the ability to create or choose environments that are suitable to how their psychic conditions are.
- **Personal Growth**- This subscale talks about another significant characteristic of mental health and maturity.
- **Positive Relations with Others**- Many theories have proved that it is important to have interpersonal relations that are warm, loving and trusting.
- Purpose in Life talks about believing that one's life is purposeful and meaningful.
- **Self-Acceptance**- It is regarded as the central characteristic of mental health and that of self-actualization, maturity and optimal functioning.

Procedure

At first, informed consent from each participant was taken. After this, the participant was requested to answer the questions in the form. On the first page of the questionnaire the demographic variables of the participants were asked. Along with this, information about the participants' right to not participate and the confidentiality of data they declared was provided. They were told that they were free to withdraw from the study at any given point. Participants were approached and then they were briefed about the purpose of the study, the questionnaire and the confidentiality of the responses they provide and at last requesting them to fill the questionnaire. It took them nearly 10 to 15 minutes to fill in the questionnaire. Once the participants had completed the questionnaire, the researchers thanked the participants for their cooperation.

RESULTS

Relationship Between PA and NA

The Mean Score is 30.37 and the SD is ± 7.69 . The aggregate of the score of negative affect items was 4942. The Mean Score is 22.21 and the SD is ± 8.07 . The correlation between NA and PA is negative ($r = -0.103$, $p > 0.05$), however non-significant. The standard deviation is 8.05 for PA and 7.51 for NA. Additionally, significant gender differences were seen in the levels of PA of males and females ($t = -2.068$, $p < .05$). Similarly, significant differences in the levels of NA were seen in males and females ($t = 3.204$, $p < .01$).

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Relationship Between Affect, Coping and Well-Being

Positive Relations with Others had significant negative correlation with PA ($r = -0.164$, $p < 0.05$). Autonomy had a significant positive correlation with PA ($r = 0.158$, $p < 0.05$). Further, it was seen that there is a significant negative correlation between NA and coping ($r = -0.376$, $p < 0.01$). Purpose in Life was significantly negatively correlated with NA ($r = -0.297$, $p < 0.01$). Environmental Mastery was also significantly negatively correlated with NA ($r = -0.289$, $p < 0.01$). Lastly, autonomy also had a significant negative correlation with NA ($r = -0.249$, $p < 0.01$).

Relationship Between Coping and Well-Being

Coping was calculated using the Coping Scale by Barnyard et al. It was analysed that coping was significantly positively correlated with Purpose in Life ($r = -0.322$, $p < 0.01$), Environmental Mastery ($r = 0.300$, $p < 0.01$), Personal Growth ($r = 0.143$, $p < 0.05$), and Autonomy ($r = 0.269$, $p < 0.01$).

It was also found that there were no significant differences in the coping styles of males and females ($t = .240$, ns)

	PA	NA	COPING	WB1	WB2	WB3	WB4	WB5	WB6
PA	--	-.103							
NA	-.103	--							
COPING	-.001	0.376**	--						
WB1	.055	-.089	.021	--					
WB2	.115	-.297**	.322**	.120	--				
WB3	.004	-.289**	.300**	.300**	.295**	--			
WB4	-.164*	.013	.059	.210**	.043	.151*	--		
WB5	.018	.041	.143*	.235**	.160*	.250**	.234**	--	
WB6	.158*	-.249**	.269**	.207**	.158*	.358**	.216**	.251**	--

*. Correlation is significant at the 0.05 level (2-tailed).

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

Psychological Well-Being

The mean of PA is 30.37 (SD= 7.69) while that of NA is 22.21 (SD= 8.07). There are 6 subscales of psychological well-being: Self-Acceptance (M=9.19, SD=2.61), Purpose in Life (M=11.58, SD= 3.67), Environmental Mastery (M= 9.21, SD= 2.89), Positive Relations with Others (M= 11.09, SD= 3.47), Personal Growth (M= 8.45, SD= 2.64) and Autonomy (M= 7.92, SD= 2.93).

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It was seen that Self-Acceptance had a significant positive correlation with Environmental Mastery ($r= 0.300, p<0.01$), Positive Relations with Others ($r= 0.210, p<0.01$), Personal Growth ($r= 0.235, p<0.01$), Autonomy ($r= 0.207, p<0.01$).

Purpose in Life was significantly positively correlated with Environmental Mastery ($r= 0.295, p<0.01$), Personal Growth ($r= 0.160, p<0.05$) and Autonomy ($r= 0.158, p<0.05$).

Environmental Mastery was significantly positively correlated with Self-Acceptance ($r= 0.300, p<0.01$), Purpose in Life ($r=0.295, p<0.01$), Positive Relations with Others ($r= 0.151, p<0.05$), Personal Growth ($r= 0.250, p<0.01$), and Autonomy ($r= 0.358, p<0.01$).

Positive relations with others was positively correlated with Self-Acceptance ($r= 0.210, p<0.01$), Environmental Mastery ($r= 0.151, p<0.05$), Personal Growth ($r= 0.234, p<0.01$) and, Autonomy ($r= 0.216, p<0.01$).

Personal Growth was significantly positively correlated with Self-Acceptance ($r= 0.235, p<0.01$), Purpose in Life ($r= 0.160, p<0.05$), Environmental Mastery ($r= 0.250, p<0.01$), Positive Relations with Others ($r= 0.234, p<0.01$), and Autonomy ($r= 0.251, p<0.01$).

Finally, Autonomy was significantly positively correlated with Self-Acceptance ($r= 0.207, p<0.01$), Purpose in Life ($r= 0.158, p<0.05$), Environmental Mastery ($r= 0.358, p<0.01$), Positive Relations with Others ($r= 0.216, p<0.01$), and Personal Growth ($r= 0.251, p<0.01$). Along with this, no significant gender differences were seen among the psychological well-being of males and females. Although, a significant difference was noted in the second subscale of Psychological Well-being, Purpose in Life (WB1: $t= -1.126, p= 0.261, \alpha= .05$), (WB2: $t= -1.793, p= 0.074, \alpha= .05$), (WB3: $t= .044, p= 0.965, \alpha= .05$), (WB4: $t= 1.125, p= 0.262, \alpha= .05$), (WB5: $t= -.168, p= 0.867, \alpha= .05$), (WB6: $t= .073, p= 0.942, \alpha= .05$).

DISCUSSION

The study was conducted to understand and analyse the relationship between affect and coping and how it influences psychological well-being. There were significant variations that were seen in the relationship between the three variables- Psychological Well-Being, Affect and Coping.

Affect and Coping- It was hypothesized that coping would be positively correlated with PA but negatively correlated with NA (H1). Considering the obtained results, it was revealed that although PA and NA were negatively correlated however non-significant. Additionally, coping was not significantly correlated with PA but was significantly correlated with NA. This means that our hypothesis (H1) is partially true; coping would be positively correlated with PA but not significantly but was significantly negatively correlated with NA. When the NA is more, then the experienced distress is more. Thus, the coping is minimised. A person is not able to have control over the situation or determine how to resolve the problem because NA narrows their thinking pattern which further focuses on the negative emotions they go through. Also, the severity of emotions is a crucial factor. This means that as NA increases, the coping levels get poorer. A study by Biddle et al (1998) found that most of the variables of coping were positively related to PA and negatively correlated with negative affect. A study by Ben Zur et al (2009) revealed that problem-focused coping was significantly positively related to PA while it was significantly negatively correlated with NA.

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Furthermore, it was hypothesized that there would be significant differences in the PA and negative affect of males and females (H5). In a dependent t-test, with equal variances assumed, it was found that there were significant differences in the PA of males and females. Similarly, significant differences in the negative affect of males and females were recorded.

Affect and Psychological Well-Being- It was hypothesized that PA would be positively correlated with psychological well-being (H2) while NA would be negatively correlated with psychological well-being (H3). As hypothesized, the obtained results showed that PA was significantly negatively correlated with Positive Relations with Others. This means that as PA in people increases, their relations with others get poorer. They have fewer close and trusting relationships with others and find it difficult to open up with other people. Further, it was significantly positively correlated with Autonomy. This means that as PA in individuals increases, an individual becomes more self-determined and independent. They are able to repel social pressures to think as well as act in certain ways. The results are supported by a study by Charles et al (2017) that revealed that by targeting the PA system with the help of a multicomponent PAI regimen, it may be beneficial for initiating improvements in positive emotions and well-being, along with reducing negative affect and symptoms, in individuals who have clinically impairing anxiety or depression. In another study by Joiner et al (2002), the results supported the evidence that positive emotions set up upward spirals towards enhancing emotional psychological well-being. In a study by Sagone et al (2014), it was found that high levels of positive attitude were positively correlated with almost all dimensions of psychological well-being; high levels of helplessness/alienation were negatively correlated with psychological well-being. Additionally, NA was significantly negatively correlated with the Purpose in Life, Environmental Mastery and Autonomy subscale. This means that as NA increases, the person lacks a sense of meaning in life and has fewer goals, aims. Such a person also has a poor sense of direction. Along with this, as the NA of a person increases, they have difficulty managing everyday affairs, feel unable to change or improve their surroundings. Lastly, with increase in NA, the autonomy of a person decreases. They are more concerned about the expectations and the evaluations of other people and rely on the judgements of others when it comes to making important decisions. This was supported by a study done by Garcia et al (2012) that revealed affect was significantly correlated with psychosomatic symptoms, exercise frequency and sleeping problems. Moreover, PA was also positively related to Psychological Well-Being. In contrast, NA was negatively related to Psychological Well-Being. Another study by Charles et al (2017) found that by targeting the PA system, it may be beneficial for generating improvements in both positive emotions and well-being, as well as in reducing negative affect and symptoms, in individuals who have clinically impairing anxiety or depression.

Furthermore, it was also hypothesised that there will be a significant difference in the psychological well-being of males and females (H7). In a dependent sample t test, with equal variances assumed, no significant differences were found in the psychological well-being of males and females, however a significant gender difference was seen in the second subscale of Psychological Well Being, Purpose in Life.

Coping and Psychological Well-Being- It was hypothesized that coping would be positively correlated with psychological well-being (H4). As hypothesized, it was seen that coping was significantly positively correlated with Purpose in Life, Environmental Mastery, Personal Growth and Autonomy. This means that as the coping levels increase, they have

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goals in life and a sense of directedness. They feel that there is meaning to the present and the past life and hold the least that gives their life a purpose. He or she has a sense of mystery and confidence in managing his or her environment and is able to control a complex array of external activities. Additionally, he or she has a feeling of continual development and is also open to new experiences and has a sense of realising he's on her potential. Lastly, he or she is self-determined and independent and is also able to resist social pressures for someone to think and act in certain ways. These results were supported by several studies. Sagone et al (2014) revealed that almost all of the six dimensions of psychological well-being were correlated negatively with avoidance coping strategy and positively correlated with problem solving coping. In addition to this, personal growth was also positively correlated with reinterpretation. A study by Valle et al (2016) revealed that the greater the profile of psychological well-being was, the higher was the use of the coping styles. Calderón et al (2013) revealed that specifically approach-oriented coping is correlated with positive scores for psychological well-being, as well as avoidant emotion-focused coping and mainly behavioural avoidant coping, may be a strong predictor of psychological distress. Furthermore, it was also hypothesised that there will be a significant difference in the coping styles of males and females (H6). In a dependent sample t-test, with equal variances assumed, it was found that there was no significant difference in the coping styles of males and females.

It can be concluded that coping patterns are a crucial factor to have higher levels of PA. On the other hand, people who are high on NA have poorer coping styles. Along with this, PA was positively correlated with 5 out of 6 psychological well-being subscales and negatively to one of the subscales of psychological well-being, that is, Positive Relations with Others. The reason for obtaining a negative relationship between PA and one subscale of psychological well-being can be that the questionnaires were not filled honestly and the answers were selected randomly. Another possible reason can be that some questions were not clear to the participants. Some of them might be running short of time and hence, filled the questionnaire quickly. Additionally, since the questionnaires were provided via online mode, there are possible chances of miscommunication between the researcher and the participants. Furthermore, the mood of the participants at the time when they were filling the questionnaires can be another contributing factor. NA was significantly negatively correlated with coping and 3 out of 6 psychological well-being subscales. Lastly, coping was significantly positively associated with 4 out of 6 psychological well-being subscales.

It is believed that individuals need to be informed and educated about the concept of psychological well-being in order to be mature and have a good mental health. Additionally, talking about how it can be enhanced and which other factors play a paramount role in affecting psychological well-being, both positively and negatively. In addition to this, educating them about how physical well-being and psychological well-being are connected to each other is necessary in order to make people understand what role is played by psychological well-being. Knowledge about positive mental health helps people explore and find new directions in life for the future. In today's world, the focus is mostly on the physical well-being and on how the disease is affecting the same but psychological well-being is negatively skewed and understood. In future, we need programmes that promote psychological well-being and not just physical well-being as it is necessary to help reduce the number of depression and anxiety patients. It is also important to have and promote a lifestyle that is not burdening oneself and is making sure that their psychological well-being remains unaffected.

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