

## THE WELLBEING OF PEOPLE WITH DISABILITIES

**Maria Salloum \***

*Inclusive Educational School Center No. 1, Oradea, Romania*

### *Abstract*

*The objective of this work is to highlight that happiness/wellbeing is essential for a normal life. People with disabilities must have equal opportunities to a fulfilling life. Our attitude towards them contributes to the image in their “social mirror”. Our research includes three studies. The results of the first study show that life satisfaction and the degree of happiness of people with disabilities are lower than those of valid individuals. The second study presents the effectiveness of an intervention program involving teachers from urban and rural area on integration of children with SEN in mainstream schools. The third study, an experiment with a single subject highlights the importance of knowing strategies to address students, depending on the specifics of their disability.*

Keywords: happiness/wellbeing, people with disability, social exclusion, integration, inclusion, normality/abnormality, attitude

### **Introduction**

The objective of this work is to highlight that happiness/wellbeing is essential for a normal life. People with disabilities must have equal opportunities to a fulfilling life. Our attitude towards them contributes to the image in their “social mirror”. To live means to choose. To cry about our potential differences means denying an obvious: life is varied, it is like a play in which roles are different distributed, so everyone might have a place (Jalenques, 2008, p. 51). The wellbeing we call happiness isn't an attribute of reach, beautiful and healthy people. The right to life, equal opportunities, normalization principle, promoted by all international organizations and

---

Correspondence concerning this paper should be addressed to:

\* Ph.D., Inclusive Educational School Center, No. 1, Roman Ciorogariu st., No. 48, Oradea, Bihor, Romania. E-mail: [mioara\\_salloum@yahoo.com](mailto:mioara_salloum@yahoo.com)

adopted in every nation constitution, provides the right to a superior quality life, the right of personal self-fulfillment. The happiness has many positive side effects, leads to experiences based on joy, thanks, love, proud and, on the same time, allows us to improve certain aspects of our own life: energy level, immune system, commitment to work and to our neighbours, mental and physical health. When we become happier, the self respect and self confidence increase. The benefit will be ours and our families, our community, our society in general (Lyubomirsky, 2010, p. 42). The attitude of others contributes to our wellbeing. Our daily “social mirror” shows us the way we are perceived by others and feeds our wellbeing or, contrary, it is pushing us in the gap of loneliness and suffering.

Psychologists dealt decades after decades with unpleasant emotions. Together with neuroscientists they have struggled to find out how fear, anger and depression appear (Klein, 2006, p. 6). In the last half century psychology concerns have focused mainly on mental illness. Measuring instruments schizophrenia, depression and alcoholism have been clarified and formed. This progress was paid very dearly, because the interest on improving conditions that cause misery decreased the interest to strengthen those who do more than simply correcting their weaknesses. Psychology has neglected, unfortunately, the positive side of life. Every one hundred articles on sadness, there is only one about happiness (Klein, 2006, p. 25). Appearance of positive psychology, led and named by Martin Seligman, brought some new concepts, applicable to all people, no matter how happy or unhappy they consider themselves.

Most articles and treaties on happiness, which gather the experience from the many experiments and observations, call happiness: *subjective well being* (Diener), *subjective welfare* (occurred within 50 years as a social indicator), *quality of life*, *optimal experience* or *flow* (Csikszentmihalyi, 2008), yet the word *happiness* doesn't miss in their titles. Perhaps these synonyms are modern versions of the concept of happiness, born out of the desire of researchers to distinguish a scientific name for a term used too common, it is an analytical gain by differentiating the connotations that the term has in common vocabulary (Băltăţescu, 2009, p. 36). Kim-Prieto, Diener, Tamir, Scollon, and Diener (2005), have identified three possible approaches to subjective well-being (SWB), each offering its own conceptualization and a specific way of measuring: *overall assessment of life and its aspects*, *subjective perception of well-being*, *experimenting some emotions several times, in a certain period of*

time. On his turn Seligman (2007), founding positive psychology in the late 90, gathered around him a number of experts who have joined forces in happiness study: Lyubomirsky, Sheldon, and Schkade. They offer us a "happiness formula" (Seligman, 2007, p. 77):

$$\mathbf{F = T + C + V}$$

In this formula F represents the degree of lasting happiness, T - range of genetic trends, C - life circumstances and V – factors under volunteer control. The author highlights the need to distinguish between *momentary happiness* and *lasting happiness*. In his book, *Happiness theory*, Jonathan Haidt (2008, p. 128), takes the positivist formula with small changes:

$$\mathbf{F = PF + C + V}$$

The level of happiness that we feel is the sum consisting of the biological fixed point, plus living conditions and voluntary activities.

Permanent anxiety and sadness are risk factors for health that put the stress on the body, this in turn increasing the risk of myocardial or cerebral concussion. Unlike stress pleasant feelings stimulate the immune system, intellectual performance. Happy people are more creative, more sympathetic and more willing to see the good in others, are more involved in the community life, are better negotiators. Each author or book written on happiness is trying to give us the most important "keys" or "steps" to reach its maximum level. If Seligman (2007) suggests three ways to achieve happiness: pleasant life, good life and meaningful life, Csikszentmihalyi (2008) considers the flow - "optimal experience" - a state that helps to build psychological capital that can be used in the subsequent. Lykken (André, 2003, p. 119) proposed a HAP standard (abbreviation word for happiness) suggesting to measure each activity and each moment: Hap many count for a walk in nature, for a meal with friends, work carried out successfully.

Given that we often find around us people with disabilities, we seem to justify the following questions: Is happiness a right for all? And if so, may those who were born with a disability or acquired it at some point, be happy? Are there differences between the chances of individuals who have disabilities and those so called "normal"? Where is the border between disability and

"normal"? Are or aren't people with disabilities "normal" persons? What is normality?

One can't draw some clear and precise lines between those things that the society we live in distinguish the normal from abnormal. Compliance with the rules of a collectivity, in a given society, on a certain time, may be inconsistent with diversity. This example is about people with disabilities who have always been part of human experience, disability resulting from a complex interaction between the individual and society. Subnormal person, or the person with a disability, is nothing but a real dimension of diversity, without which humanity can't exist, disability being a strong challenge to diversity. In the consciousness of a disabled person coexist the aspiring to become a normal individual, together with a painful evidence of failure compared to the performance of the "normal" model. Disability awareness is always the balance to be inclined to failure. A conflict arises inside the disabled person's soul between the desire to achieve, to reach the "normality" and the barriers imposed by his disability (Gregory, Knight, McCracken, Powers, & Watson, 2002, p. 13). The discovery of the disability of his own "uniqueness" in a negative sense, opposites and often leads to feelings of tension. Early on he is forced to make contact with the deficiency, to regard it as something very particularly, shameful, and later the disability becomes the "whip" that other children to hit and humiliate him (Gregory et al., 2002, p. 14).

Social exclusion of disabled people means not only fewer resources, but especially their difficulties or inability to participate effectively in economic, social, political and cultural life, or even alienation and distancing from ordinary society. Rejection is a very painful experience. To be rejected because of what you are, to have the feeling that people avoid you because of a certain race, nationality, religion, social class or disability, lead to a great destructive pain. Even the rejection by some unknown and unseen person, being in a situation without a concrete stake or the fact to be ignored in any discussion, may cause disruption of self-esteem (André, 2009, p. 235).

### **Objective and hypotheses**

Our research started from the idea that people with disabilities have a lower life satisfaction than people without disabilities, their subjective wellbeing was affected by life circumstances. We started with an initial research study in which we investigated the life satisfaction of adults with

disabilities, some of them are immobilized in a wheelchair, some deaf. We compared it with that of those "normal" (with no health problems). We did a second part, based on investigation into teachers' training needs at the county level (Bihar county), both schools in cities and in villages, involving teachers and measuring their willingness to accept and work with children with disabilities. Through the experiment with a single subject, we could establish more clearly the causal relationship between the attitude of teachers and school performance, so we conducted a third part, showing the importance of knowing the best strategies to address students, depending on the specifics of their disability.

Given the above, we postulate the following assumptions: There are significant differences between life satisfaction of the people with disabilities than those valid; There are significant differences between the degree of self perceived happiness of people with disabilities than among those valid; There are significant differences regarding the acceptance of children with special educational needs by teachers who participated to an intervention program, depending upon the moment of testing; There are significant differences regarding interest in drawing sketches in the background levels and stages of intervention therapists, in the sense to increase its therapeutic intervention phases with individual counselling and positive reinforcement reflected by school results.

## **Method**

### *Participants*

In the first study were included 30 adults with disabilities, 12 of whom were immobilized in a wheelchair (9 women and 3 men) and 18 deaf (8 women and 10 men), and 30 "normal" (no health problems) people (19 women and 11 men). In the second study the participants were 755 teachers, 459 of urban areas, 296 of rural areas; 205 teachers from kindergarten, 188 teachers in primary school and 362 teachers in secondary school and high school and the subject of the third study is a teenager girl, aged 17 years, X-grader at the School of Art. The first part design is intergroup quasiexperimental, for part two, we have a design unifactorial intra group. In the third part, we used an experiment with one single subject, reversible model ABAB.

### *Instruments*

In the first part, we used two instruments to measure life satisfaction and momentary happiness: a) *Life Satisfaction Scale (SSV)*, which evaluated their overall satisfaction with lives. The scale contains five items, framed in short sentences, subjects' task is to answer each statement by choosing one of the choices presented on a scale of 1-7, where 1 means *strongly against* and 7 *is strongly agree*. b) *Fordyce's emotions questionnaire*, the questionnaire contains a list of 10 items, of which the participant must choose only one, which best describes the level of happiness perceive (Pavot & Diener, 1993; Pavot, Diener, Colvin, & Sandvik, 1991; Marian, 2007).

For the second part: a short questionnaire in which participants were asked to answer "yes", "no" or "I don't know" at the next question: *You are a teacher, headmaster of a school. A mother comes to you with the request that her son /daughter who has a disability (hearing, seeing, mobility ...), need to be accepted in your group /class/ school. Do you agree or not?*

### *Procedure*

First we compared the life satisfaction and the level of happiness of the participants to the first part of the research then, at the beginning of the course was measured teachers' willingness to accept and work with children with disabilities. After finishing the course, we reapplied the same short questionnaire to see if the intervention program was effective. The third part was a single subject experiment, an intervention period lasted 56 days and each phase lasted 14 days. The drawings made by the subject on its own initiative were counted daily, the results were recorded in scale of observation, which helped us to organize and systematize the results of intervention during the 56 days. At the same time we followed the anxious behaviour of the subject during the execution of drawings, the quality of the drawings, marks obtained at school, and those obtained in individual consultations. For the intervention phase (B), we worked with a specialist teacher who conducted individual counselling. The intervention lasted for 14 days and the subject was monitored daily during this period. In the next phase of the experiment, the basic level 2 (A), all means of intervention have been withdrawn, and we returned to observe the behaviour of the subject. The last phase of the experiment, intervention 2 (B), meant the reintroduction of therapeutic intervention that we have used in the first intervention. We have kept the same structure of the intervention.

**Results**

*First part. Life satisfaction:* Distribution data for variable *life satisfaction* is normal for the population because calculated p .081 is higher than critical p. For comparing two groups of subjects - people with disability, valid - was used T test for independent samples. It may be noted that, for the condition of disability the mean score is less: 22.76 67 than mean scores for the condition of valid: 31.0333. For  $t(45.354) = -11.673$  we achieved a significance level of sig .000 less than critical sig .01. In conclusion, we can say that the life satisfaction of persons with disabilities is lower than those valid. This is due to disability, because it implies for deaf and for mobility handicap a restriction of autonomy, an awareness of limits, the presence of peer compassion, networking and communication difficulties, rejection, labelling, the difficulty of finding a job, a life partner, or difficulty of having and raising children. Degree of momentary happiness: The second step of the research wants to see if the 30 participants, people with disabilities are considering themselves less happy than 'healthy' participants. Each participant chose only one of the 10 items of the questionnaire, the one that best describes its average level of happiness. To analyze the degree of happiness perceived differences between the two categories of participants,  $\chi^2$  test was used statistically (Table 1).

Table 1. Observed frequencies, the expected and standard adjustable residues on disability and normal subjects who chose one of the 10 items

Frequencies	Degree of happiness								Total
	quite unhappy	somewhat unhappy	slightly unfortunate	neutral	slightly happy	somewhat happy	pretty happy	Happy	
Observed frequency	0	0	0	0	4	8	15	3	30
Expected frequency	.5	1.5	1.5	3.5	5.5	6.5	9.5	1.5	30.0
Total percent	0%	0%	0%	0%	6.7%	13.3%	25.0%	5.0%	50%
Adjusted stand. residues	-1.0	-1.8	-1.8	-2.8	-1.0	.9	3.1	1.8	
Observed frequency	1	3	3	7	7	5	4	0	30
Expected frequency	.5	1.5	1.5	3.5	5.5	6.5	9.5	1.5	30.0

Table 1. Observed frequencies, the expected and standard adjustable residues on disability and normal subjects who chose one of the 10 items - *continued*

Frequencies	Degree of happiness								
	quite unhappy	somewhat unhappy	slightly unfortunate	neutral	slightly happy	somewhat happy	pretty happy	Happy	Total
Total percent	1.7%	5.0%	5.0%	11.7%	11.7%	8.3%	6.7%	0.0%	50%
Adjusted stand. residues	1.0	1.8	1.8	2.8	1.0	-9	-3.1	-1.8	
Observed frequency	1	3	3	7	11	13	19	3	60
Total percent	1.7%	5.0%	5.0%	11.7%	18.3%	21.7%	31.7%	5.0%	100%

One can see two significant differences in subjects' responses to the questionnaire Fordyce. For item Neutral (neither happy nor unhappy) we have the range (-2.8 - 2.8), a positive value to individuals with disabilities, so we can say that there is a significant difference between the number of people with disability who have opted for this answer to the number of valid, which elected him as representative of them (Table 1). Therefore, unlike normal people, the disabled tend to perceive themselves as being neither happy nor unhappy. The second item that is relevant to our research is quite happy (I'm in good spirits, I feel good). The range that we have adjusted standardized residue (3.1 - -3.1) shows trend is positive, this time for "normal" people. The results show that there is a significant difference between normal and disabled persons as regards self-perception happy. We have  $\chi^2$  (df 1) 22.259 with a significance level .000, lower than the critical sig. of .01, so we can say without risk of mistake less than 1%, that there are significant differences between the degree of happiness perceived of people "normal" to those with disabilities.

*Research limitations of the first part:* Since the first two research hypotheses were tested on the same subjects, who completed both questionnaires, we refer to both moments of research regarding the limitations that we encountered. Given the condition "disabled" of the participants in research, we used only several tools, and those used were selected because they comprise only 5 items, or selecting only one item and that we wanted to be easily applied. The persons concerned were hardly persuaded to complete the questionnaire scale, they are resistant and don't have confidence in the

usefulness of research, they consider it an invasion of private space. With regard to deaf persons, we have been encountered a number of obstacles due to the fact that in their perception, the items are identical and they don't understand why they answer the same question several times. In most cases an interpreter was needed and each participant took about two hours work. Interpreters were chosen so as to be reliable for deaf people. Another limit we consider a relatively small number of subjects. If we can apply the instruments to a large number of valid people, we can't say the same for people with disabilities. Given the small circles on which they attend, the mistrust that they have regarding strangers and the small number reported in the normal population, it was difficult to meet the minimum required number of subjects to begin the research.

*The second part was the intervention program on the attitude of teachers from accepting children with special needs of education.* First we wanted to verify the efficiency of the intervention program. The 755 teachers participating in the program responded with *Yes, No, I do not know* before attending and after graduation the course. For research it was used SPSS, Chi-Square test.

Table 2. Observed frequencies, expected frequencies, percent and adjusted standardized residues on teachers' responses before and after intervention

Frequencies		Answers			Total
		Yes	No	I don't know	
Pretest	Observed frequencies	306	285	164	755
	Expected frequencies	422,0	213,5	119,5	755,0
	Total percent	20,35	18,9%	10,9%	50,0%
	Adjusted standardized residues	- 12	8,2	6,3	
Posttest	Observed frequencies	538	142	75	755
	Expected frequencies	422,0	213,5	119,5	755,5
	Total percent	35,6%	9,4%	5,0%	50,0%
	Adjusted standardized residues	12,0	- 8,2	- 6,3	
Total	Observed frequencies	844	427	239	1510
	Total percent	55,9%	28,3%	15,8%	100%

As it can be seen, the results of intervention are significant, differences between pretest and post test are very high. The biggest difference was obtained for acceptance of responses, which enables us to say that the number of

teachers who support children with disabilities increased significantly after participation to the intervention program. This assertion is supported by significant differences in responses obtained at the answers *no* and *I don't know*, where situation was reversed, going from positive to negative values, the number who are undecided or refuse to post-test situation is significantly lower. We have  $\chi^2$  with 2 degree of freedom (df) of 144.805, with a significance level .000 lower than the critical sig. .01. The results lead us to suggest that this intervention was effective, after intervention program a large number of teachers who were participants reconsidered their position on children with disabilities, became interested to document and inform themselves, they understood the dramatic situation of these integrated children into schools where teachers are unprepared, and don't know the strategies of addressing to them (Table 2).

Because we saw a difference between the attitude of teachers, who participated in the intervention program, depending on the environment of origin (urban or rural), we thought it would be useful to do further research on relation to the environment from which the teachers were. So we started from the collateral premise that there is a significant difference in the response of teachers participating in the intervention in terms of area of origin. To check the assumptions we used again  $\chi^2$  statistical test.

Table 3. Observed frequencies, expected frequencies and adjusted standardized residues of urban teachers, on pretest and posttest

Frequencies		The response of teachers from urban area			Total
		Yes	No	I don't know	
Pretest	Observed frequencies	45	281	133	459
	Expected frequencies	148.0	210.0	101.0	459.0
	Total percent	4.9%	30.6%	14.5%	50.0%
	Adjusted standardized residues	-14.5	9.4	5.1	
Posttest	Observed frequencies	251	139	69	459
	Expected frequencies	148.0	210.0	101.0	459.0
	Total percent	27.3%	15.1%	7.5%	50.0%
	Adjusted standardized residues	14.5	-9.4	5.1	
Total	Observed frequencies	296	420	202	918
	Total percent	32.2%	45.8%	22.0%	100%

We can see that all three cases confirm the usefulness of the intervention program and we can conclude that the responses of urban teachers involved in the intervention program, implemented in order to raise their

awareness from children with special educational needs, before and after program intervention, we have  $\chi^2$  with 2 degree of freedom (df) of 211.652, with a significance level .000 lower than the critical sig. .01, so we can say without risk of mistake less than 1%, that the intervention program involving teachers from urban area has been effective (Table 3).

Table 4. Observed frequencies, expected frequencies and adjusted standardized residues of rural teachers, on pretest and posttest

Frequencies		The response of teachers in rural areas			Total
		Yes	No	I don't know	
Pretest	Observed frequencies	261	4	31	296
	Expected frequencies	274.0	3.5	18.5	296.0
	Total percent	44.1%	0.7%	5.2%	50.0%
	Adjusted standardized residues	-4.1	.4	4.2	
Posttest	Observed frequencies	287	3	6	296
	Expected frequencies	274.0	3.5	18.5	296.0
	Total percent	48.5%	0.5%	1.0%	50.0%
	Adjusted standardized residues	4.1	-.4	-4.2	
Total	Observed frequencies	548	7	37	592
	Total percent	92.6%	1.2%	6.3%	100.0%

From the above table it appears that only two of the three cases confirmed the usefulness of the intervention program. So in the acceptance cases and in the case of undecided teachers. We obtained  $\chi^2$  with 2 degree of freedom (df) of 18.268, with a significance level .000 lower than the critical sig. .01 (Table 4). In rural areas, there is a greater willingness to accept children with SEN from the beginning. We appreciate that in rural areas there is greater awareness, the intervention program requirements are greater on level of documentation and information. Comparing the differences in rural teachers' responses with those of teachers in urban, we found a greater willingness to accept children with disabilities to those of rural.

*The third study - single subject experiment.* Degree of the basic stability of the experiment was calculated using *turning point test*. The string of 14 data recorded in the first phase: 2, 0, 0, 0, 1, 2, 1, 2, 0, 0, 0, 1, 1, 1, there are two points below the peak, a point below and three turning points. Number of return points expectancy is higher than those calculated which indicates that successive points are connected and there is a certain tendency in the media data variance. This is confirmed by the calculated p value (.21) higher than the

critical p (.66), which is likely to find a turning point from three successive observations, 2/3 (.66). We can say that in our experiment the basic features meet the requirements of the degree of stability.

After finishing the intervention we compared the four phases of the experiment, alternative basic phases with the phases of intervention. For statistical data processing we used a simple ANOVA for independent samples, considering repeated measurements of the basic levels and interventions that are data from independent groups of subjects. The decision to use ANOVA for independent samples was taken after checking the normality of data distribution (K-S = 1.138, p calc = .150 > .05).

Table 5. Statistical indices for the variables involved

Phase	M	Σ
Basic level 1	.78	.80
Intervention 1	5.35	1.33
Basic level 2	2.71	1.38
Intervention 2	4.64	.92

From the above table, we see that the average of behavior observed (interest in drawing sketches reflected in the number of drawings made on her own initiative), in phases 2 and 4, respectively during interventions, greater than the basic phases, 1 and 3, when the subject was monitored without intervention (Table 5).

Table 6. Comparison between the number of observed behaviors manifested in the four experimental phases

Source	SP	df.	PM	F	Sig.
Intergroup	177.48	3	59.16	45.47	.000
Intragroup	67.64	52	1.30		

Data presented in the table above confirms our expectations and highlight the existence of significant differences {F (3, 52) = 45.47, p < .01}, which shows the growing interest for drawing in intervention phases compared to the basic phases (Table 6). Drawing increasing interest can be seen in the quality of executed drawings.

## Conclusions

The research started from the idea that people with disabilities have a lower life satisfaction than people without disabilities, their subjective wellbeing is affected by their state of health and by life circumstances.

Wanting to intervene and improve the living circumstances of children, which, by changing the attitude of those around can grow in a world with fewer prejudices, a world of equal opportunities to live a normal life, we started the research investigating life satisfaction of adults with disabilities. Some of them are immobilized in a wheelchair, some deaf. We compared their life satisfaction and the level of their with that of those valid (with no health problems). The results of the research support the hypothesis postulated in the first study, the life satisfaction and the degree of happiness of people with disabilities are lower than those of valid.

The intervention program that we've done has proven to be effective and will be replicated. Teachers, whether urban or rural, have professional and moral obligation to accept and educate children with disabilities. Their attitude is very important for them, for other children of the class, for parents of children with disabilities and parents of other children, too (Guttman, 2009). To be able to achieve such a goal is necessary that the teachers look the integrating of the children with disability like a professional challenge, an opportunity to self-improve. Without being aware and familiar with all the problems facing the disabled child and his family from his birth, without knowing all the implications of disability, their real limits of possible recoveries, skills and effort required for the child to access, the teacher doesn't have a proper perspective on the task that he is involved so difficult and still generous.

From the research we noticed that awareness and proper information drop resistance to change the teachers and develop their empathy and availability. Significant results due to the increasing number of teachers who agrees to work with children with SEN, lead us to believe that such intervention programs are useful, important and especially necessary right now when there is a great campaigning for massive integration of disabled children in mainstream schools.

The third part, an experiment with a single subject, started from our desire to see the extent to which a disabled child can be helped in learning

when receiving a support teacher, the importance of knowledge some particular strategies with approach to child disability by the class teacher, in order to provide truly equal opportunities to education, to exploit the physically and psychologically potential of the child to its true value. The experiment is a clear indication that, when teaching is done in accordance with the child's educational requirements, his work results can be surprising. When the child understands and feels that he is accepted and encouraged, he is more interested and more motivated in school tasks.

### References

- André, C. (2003). *Vivre hereux. Psychologie du Bonheur*. București: Editura Trei.
- André, C. (2009). *Imparfais, libres et hereux. Pratiques de l'estime de soi*. București: Editura Trei.
- Băltățescu, S. (2009). *The Happiness in Social Context of Transition in Romania*. Oradea: Editura Universității din Oradea.
- Csikszentmihalyi, M. (2008). *Flow. The Psychology of Optimal Experience*. București: Editura Humanitas.
- Gregory, S., Knight, P., McCracken, W., Powers, S., & Watson, L. (2002). *Issues in Deaf Education*. London: David Fulton Publishers.
- Guttman, F. (2009). *Perception of visually impaired persons*. Iași: Editura Lumen.
- Haidt, J. (2008). *The Happiness Hypothesis. Finding Modern Truth in Ancient Wisdom*. București: Editura Amaltea.
- Jalenques, E. (2008). *La therapie du Bonheur*. București: Editura Teora.
- Kim-Prieto, C., Diener, E., Tamir, M., Scollon, C., & Diener, M. (2005). Integrating the Diverse Definitions of Happiness: A Time-sequential Framework of Subjective Well-Being. *Journal of Happiness Studies*, 6, 261-300.
- Klein, S. (2006). *Die Glücksformel oder Wie die guten Gefühle entstehen*. București: Editura Humanitas.
- Lyubomirsky, S. (2010). *The How of Happiness. A New Approach to Getting the Life You Wan*. București: Editura Amsta Publishing.

- Marian, M. (2007). Validation of the Satisfaction with Life Scale. Psychometric Characteristics. *Analele Universității din Oradea, Fascicula Psihologie, XI*, 58-70.
- Pavot, W., & Diener, E. (1993). Review of the Satisfaction with Life Scale. *Psychological Assessment, 5*(2), 164-172.
- Pavot, W., Diener, E., Colvin, C. R., & Sandvik, E. (1991). Further validation of the Satisfaction with Life Scale: Evidence for the cross-method convergence of well being measures. *Journal of Personality Assessment, 57*, 149-172.
- Seligman, M. E. P. (2007). *Authentic Happiness. Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. București: Editura Humanitas.

Received September 05, 2011

Revision received September 30, 2011

Accepted October 23, 2011