

**THE EFFECTS OF RESIDENTIAL DENSITY ON
PSYCHOLOGICAL WELL-BEING AND ANXIETY OF
DIFFERENT AGE, SEX AND INCOME GROUP.**



A Thesis Submitted to
THE UNIVERSITY OF DHAKA
For the degree of Doctor of Philosophy
(PSYCHOLOGY)

By
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**DEPARTMENT OF PSYCHOLOGY
FACULTY OF BIOLOGICAL SCIENCE
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MARCH 2008

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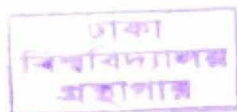
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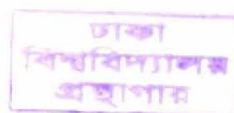
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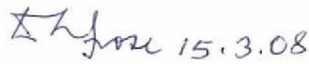
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Certificate

This is to certify that the thesis entitled “The Effects of Residential Density on Psychology Well-being and Anxiety of different Age, Sex and Income group” has been completed by **Mahfuza Khanam** of the Department of Psychology, University of Dhaka for the award of Ph. D Degree. The work has been done under my supervision. This an original piece of work. I recommend the thesis for examination.

 15.3.08

(Dr. Dilruba Afrose)

Professor

Department of Psychology

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The Effects of Residential Density on Psychological Well-being and Anxiety of Different Age, Sex and Income Group.

ABSTRACT

The present study investigated the effects of residential density on psychological well-being and anxiety of the individuals. The objectives of the study were to find out whether (a) individuals of low, medium and high density differ in psychological well-being and anxiety; (b) individuals of young, middle and old age differ in psychological well-being and anxiety; (c) males and females differ in their psychological well-being and anxiety; and (d) individuals of low, medium and high income differ in psychological well-being and anxiety. A total of 540 respondents were selected from twelve thanas of Dhaka City. The instruments used to measure the psychological variables were: (a) Subjective well-being questionnaire and (b) Dutt Personality Inventory. Informations about size and number of the rooms, total number of family members and family income and respondent's personal informations were also collected. The data were analyzed by four-way analysis of variance and correlation of coefficient. The Four-Way Analysis of variance for psychological well-being by respondents' density, age, gender and income had produced the following results: (a) Residential density has significant effect on psychological well-being. The respondents of medium density have the best, whereas those of high density have the moderate and the low density have the poorest psychological well-being. (b) Age also has significant effect on psychological well-being. Psychological well-being was found to be best in old aged respondents, moderate in middle aged and poorest in young respondents. (c) Males differed from females in psychological well-being. It had been observed that females have better psychological well-being than males. (d) No significant difference was found between different income groups in psychological well-being. (e) Combined effects of

density and age and density and gender on psychological well-being were significant. Combined effects of density, age, gender and income on psychological well-being were also significant. But none of the three-way interaction was significant. Another four-way analysis of variance for anxiety by respondent's density, age, gender and income had produced the following results. (f) Age was found to have significant effect on anxiety. In comparison to middle and old age respondents, young respondents have the lowest anxiety. (g) Males and females also differed in anxiety where females showing more anxiety than males. (h) Density and income did not have any significant effect on anxiety. (i) Age, gender and income did not have any combined effect on anxiety. Moreover, none of the two-way or four-way interaction effect was significant. The correlation coefficients between psychological well-being and anxiety showed the following significant relationships: Respondents' psychological well-being showed a negative relation with anxiety. Anxiety was also negatively correlated with psychological well-being of respondents of different density groups (high, medium and low).

CHAPTER-1

INTRODUCTION

The Effects of Residential Density on Psychological Well-being and Anxiety of Different Age, Sex and Income Group.

It is only recently that psychologists have given empirical attention on environment and its effects on psychological functioning and development. Several theoretical models have been put forth to account for the effect of environmental influences on psychological functioning. The first theory was given by Evans (1977). This theory indicates that environmental stimuli may increase a person's cognitive and emotional arousal and which may disrupt health and psychological functioning. Another theory suggests that for processing information human capacity is finite and when it exceeded, it interferes with social interactions (Milgram, 1970; Cohen, 1977). The third theory is stress theory. This theory notes that when a situation is perceived as threatening, autonomic arousal will occur. In this case, person attempts to cope with the situation. Unsuccessful coping or prolonged exposure to stress may have serious health and psychological consequences (Lazarus, 1966). The fourth theory proposed by Barker (1968) which focuses on patterns of behaviour in context. Here the important thing is the number of participants available to carry out the setting program. Too few or too many participants may have widespread consequences for the development and functioning of them.

Man is born dependent. He has to depend on others for survival as well as for emotional and other need fulfillment. This dependency had brought people closer and gradually they started to live together. This was how origins a society. One key to societal change was population growth. As population grew in size, society becomes more and more complex and with it comes a more intricate division of labour. Durkheim (1947) stated that the division of labour was in direct ratio with the volume and density of society and a new form of interdependence among its parts.

Simel (1971) considered density from a different point of view. He saw cities as conglomerates where individuals were constantly making contact with others. In cities there was the ever-present potential of “overloading” one’s nervous system. To avoid this, urbanities develop coping mechanisms, the principal adaptation being “social withdrawal”. Contacts are impersonal and of a highly transitory nature.

It has been recognized that there is no set human response to specific levels of density. It depends on social characteristics of norms and expectation and on personal characteristics of the individual.

1.1. Density.

Long term, generation to generation harm resulting from dense urban living is a world wide pattern. The psychological literature on density is both enormous and complex. Though the effects of high density seem to be mediated by individual differences, gender, and the nature of the setting, negative consequences have been noted in both laboratory and field studies. Scientific research has shown that even among lower animals high density leads to stress, exhausting their vitality. Among humans, high density encourages emotional stress, social disorganization and fighting. The fighting is reflected in the rate of murder in densely populated cities. Evans (1975) found individuals exposed to high density tend to give up more quickly when subsequently faced with a difficult problem. If the subjects believe that they may leave if they wish, these after effects on persistence are diminished (Sherrod, 1974). Less density give individuals healthy social contacts, security, social control, personal identification and stability of culture.

Some environmental conditions are intensely stressful. Suppose that a hazardous substance has seeped into the water supply where we live and our family members have already

drunk it. In this circumstances we may show various types of reaction - we may sell our house without suffering a great financial loss; we may develop serious illness because of it in the future; we may think that how much damages it has caused inside our bodies and may be tense. Baum (1988), Bland , O'Leary, Farinaro and Trevisan (1996) and Specter (1996) observed that many people who are exposed to hazardous substances or other continuous threats in their environment worry for years about what will happen to them.

Karlin, Epstein and Aiello (1978) found that a big noisy event with thousands of people jammed into an area causes us felt physiologically aroused, tense and uncomfortable. Events like these can be stressful partly because noise is a stressor, and also because of the crowded conditions.

Crowded conditions reduce our control over interpersonal interactions and restrict our ability to move about freely or obtain resources, such as seats. Beside this, we may feel that other people are physically closer than we usually prefer people to be - they are intruding into our personal space (Sarafino, 1987).

As an example of environmental stress the situation at Love Canal in New York State, can be cited where a chemical dump site has contaminated a residential community. Compared to a natural disaster this situation is more stressful - at least a tornado ends quickly, its damage can be assessed, and much of the damage can be repaired in time. But Holden (1980) found that in case of Love Canal "the nightmare goes on and on".

Likewise the situation of Hazaribag in Dhaka can be mentioned as an example of environmental stress. Most of the tanneries of Bangladesh are situated here. The odour of rotten leather, chemical dump, the left over debris etc. have contaminated the whole surrounding residential communities.

Another example of the psychological effects of living in a hazardous environment comes from the nuclear accident at the Three Mile Island power plant in Pennsylvania. More than a year after the accident, researchers compared the stress of residents to that of people who lived near a different nuclear facility that had not had an accident. This comparison revealed greater psychological and physiological evidence of stress among the residents around Three Mile Island than among those near the other facility (Fleming, Baum, Gisriel and Gatchel, 1982).

Several studies have demonstrated that negative mood and anxiety may result from high social density, specially for males (Evans, 1975; Saegert, McIntosh and West, 1975). People exposed to high social density in laboratory or living situations (e.g., university dorms) tend to dislike the other group members more, and see them as less friendly and cooperative (Baum and Greenberg, 1975; Worchel and Teddlie, 1976; Baron, Mandel, Adams and Griffen, 1976). It has also been found that social density creates withdrawal and reductions in eye contact (Baum and Greenberg, 1975), less discussion of intimate topics (Sundstrom, 1975), and less interaction (Ittleson, Proshansky and Rivlin, 1970). Helping does seem to be affected by density. Bickman, Teger, Gabriele, McLaughlin, Berger, and Sunaday (1973) found that residents of high density dorms were less likely to mail a "lost letter" than residents of low-density dorm, which suggests greater indifference to their neighbor and lack of involvement in the community.

Though density does not have consistent effect on aggression, but increases may occur when limited resources are involved (Rohe and Patterson, 1974). Evans (1975) observed that density induced elevations in heart rate, blood pressure, and skin conductance. Stokols and Ohlig (1975) found that students who reported crowded living conditions tended to visit the student health center more frequently. Similarly, McCain, Cox and Paulus (1976) found a relationship between illness and prison density.

Zuravin (1986) investigated the relationship between household crowding and child abuse and neglect. Findings suggest that residential density is more than just a proxy for social class. Low levels of crowding appear to negatively impact parental child care adequacy.

In 1978, Nelson studied on residential dissatisfaction in the crowded urban neighborhood. It was hypothesized that increased environmental stress associated with high population density and crowding tends to have a relatively direct effect on the individuals attitudes toward his residential environment as measured by his regard for his neighborhood and the adequacy of its facilities. The dependent variable, satisfaction / dissatisfaction with neighborhood, was measured by using data from the 1970 Los Angeles Metropolitan Area Survey IV (LAMAS IV) which assessed seven negative evaluation dimensions of neighborhood facilities, public services, and schools in 200 census tracts. Population density was measured using data from the Regional Planning Commission for the Country of Los Angels, as resident number per area and fit into the 200 LAMAS census tract. Crowding was amount of residential units containing more than 1.01 people per room assessed for the blocks contained in the LAMAS sample. Density was number of the residential housing structures having 2 or more units per building. Controls were socioeconomic status and length of residence. Findings indicated that population density and crowding were positively related to neighborhood dissatisfaction, with crowding being the most powerful predictor variable.

Cohen and Sherrod (1978) stated that the relationship between density and environmental controllability may account for many of the effects previously attributed to density. Review of experimental literature reveals that environmental control has played a central role in a wide range of crowding situations. Review of correlation data relating residential density to health and social organization suggests that density has harmful effects only on those for whom it produces

loss of control over the environment. Thus, changed attitudes to the environment may in some cases produce mitigations of the harmful effects of density.

Baldassare (1977) has presented two papers dealing with the relation between density and some aspect of social interaction within neighborhoods, both based in the 1965/66 Detroit Area Study. These results are seemingly contradictory. In reply to Spiro (1977), Mark Baldassare comments that the conclusions drawn in each paper were very limited, and that the papers were planned at different times, the second dealt with very narrow issue to which the first was not relevant. Further investigation has suggested that crowding does not affect important social ties but does reduce the amount of time spent on less important relationships.

Several studies performed on micro-environments have found density to be negatively related to social interaction. Baldassare (1975) attempted to replicate those findings in an analysis of a Detroit Area Study with a sample of 1013 interviewees chosen through multistage probability sampling of dwelling units. Respondents were US citizens. White mothers who were interviewed on extensive questions regarding friendships, social activities and attitudes. Also included were data of the respondents' tract characteristics from the 1960 census. It was expected that people living in high density areas would have less intimate ties, be less friendly toward strangers, have fewer desiring to move to the area full crowded and want more space. When controlling for other socio-demographic characteristics, no evidence of the process of density as related to pathology was found.

Animal studies and Unconditioned Response (UR) theories have suggested that density has detrimental effects on Stimulus-Response (SR). But most of the UR crowding research has ignored this issue. So, in another study Baldassare (1975) investigated the effects of UR densities on four social behaviours (to neighbouring, friendships, time with friends, organizational affiliations) and two personality attributes (powerlessness, need for affiliation). Although local

neighbouring was negatively related to area density (persons per square mile within census tracts) -the other more global social behaviours and attitudes were not.

The impact of congested prisons is not primarily a problem of population density, but of corollaries of crowding such as social instability, lack of programming and the ascendance of custody goals. Congestion affects staff as well as inmates, and different inmates are affected differently. Some have antisocial tendencies exacerbated; others suffer from mental health problem. Staff sub serve custody goals; but less effectively because social control mechanisms, (e.g. programming and classification) are impaired by crowding. A recently prison riot points to transience and idleness as key preconditions and how the results of congestion in escalating sequences that include crisis management. The most serious consequence of crowding is warehousing, which creates a prison climate that prevents inmates from serving time in customary ways (Toch, 1985).

Choldin, Jacobsen, and Yahnke (1975) were concerned with the effects of household density on various residential behaviours. The results of their study indicated a number of behavioural problems associated with higher density households, including inhibition of work, play and entertainment activities, a lack of privacy, and a variety of behavioural conflicts within the unit.

In 1962 Calhoun reported the observation of a number of dramatic effects in rats housed under extremely high densities. These included cannibalism, homosexuality, disorganized maternal behaviors, and the disruption of a variety of physiological processes. These findings appeared to give credence to the widespread belief that human residential crowding could be held responsible for a number of pathological psychosocial manifestations.

Booth (1976) conducted a study in Toronto which employed statistical controls and he concluded that crowded conditions seldom have any consequences and even when they do their effects are very modest. This study was severely criticized on methodological ground (Gove, Hughes and Galle 1979).

In conclusion, it may be said that though results are sometimes conflicting (Kirmeyer, 1978) and many issues remain unsolved (Stokols, 1973; 1976) density may clearly impair performance, depress mood, obstruct social affiliation, generate social withdrawal, contribute to helplessness, decrease helping behaviour and contribute to health problems.

1.1. a. Residential Density.

Household crowding is not a new phenomenon. It is very common in various societies and subcultures around the globe. The household is usually the nexus of daily life, a continuing experience. The degree of household crowding is an objective reality; the number of people who comprise the household is not subject to individual perceptions. As more and more people compressed into a finite amount of space, two major possibilities may arise that could have adverse consequences for individual's well-being. Increasing the number of people within a limited space may: (a) multiply the number of intrusions or unwanted inputs from others and (b) lead to interruptions in an individual's activities or increase the number of interferences. People may find it difficult to cope with the deficiency in needed space because of continued stimulus overload. Since the household represents a place to which one habitually returns, any environmental deficiencies can act as chronic stressors, it can intensify a person's psychological reactions. In case of intense and continuous stress, coping mechanisms may be threatened and the resulting psychological reactions may be adverse in character.

Historical evidence suggests that crowding, at least as viewed from today's standards, was the norm, rather than the exception. Social historians estimate that in the early colonial United States, the average size dwelling was approximately 600 square feet but usually consisting of one room and providing shelter to an average of about seven people (Demos, 1970).

Aries (1962) stated that up to the 1600s, in Europe, houses lacked specialized rooms. It was not until the eighteenth century that housing design was drastically altered and specialized rooms with particular functions came into being. By the seventeenth and eighteenth centuries, the British were moving toward more internally - segregated living quarters (Hoskins, 1963). These developments, Mumford (1961) indicated that started with the rich.

The division of domestic living space into specialized rooms thus reflected fundamental changes in people's values, specially an increased value place on the notion of privacy. It also meant that individuals were no longer under the constant scrutiny of others presence. One important aspect of the perception of crowding is that one lacks privacy.

Like environmental crowding, residential density has an adverse effect on human being. It creates a sense of discomfort, it increases psychological symptoms. It is related to poor mental health, poor social relations in the home and poor child care. Evans, Lepore and Schroeder (1996) observed that residents of crowded homes with greater architectural depth - the number of spaces one must pass through to get from one room in the house to another - are less likely to socially withdraw or to be psychologically distressed than residents in crowded homes with relatively low depth. They also found that greater depth buffers the association between residential crowding and psychological distress because it reduces social withdrawal among residents of crowded homes. Dalma (1971) stated that there is a minimum of space, which every human needs to be psychologically adjusted. Apparently humans, like many species of animals, have optimum size of group, above and below which they do progressively less well.

To determine the residential density generally two things are considered - air and ventilation. Human activities and occupancy change air in occupied rooms and give a sense of discomfort to the occupants. In confined places air changes both chemically and physically. In chemical changes the air becomes progressively contaminated by carbon dioxide and the oxygen content decreases due to metabolic processes. On the other hand, physical changes include rise in temperature, increase of humidity, decrease in air movement, body odours and bacterial pollution. The modern concept of ventilation implies not only the replacement of viliated air by a supply of fresh outdoor air, but also control of the quality of incoming air with regard to its temperature, humidity and purity. It has been found that 3000 cft. of air would be required by a man at rest per hour. According to this viewpoint, the optimum floor space requirements per person vary from 50 to 100 sq. ft. (Bed ford, 1964).

From the above discussion it is evident that density has an adverse effect on individual. But in Bangladesh two or three generations of a family living under the same roof is very common and they usually have warm relationship among themselves. They seem to enjoy these relationships. They think this relationship increases their sense of sharing with others, their sense of cooperation, responsibility and sympathy. At the same time, Bangladesh is experiencing tremendous change in family structure as a result of which the number of joint family is decreasing while the number of single family is increasing. Moreover, with the rising cost of living a great number of people of low income are forced to reside in small household. They have to share toilets, bedrooms, reading rooms etc. These may lead to increased anxiety as well as negative psychological well-being. So, there is no final word of conclusion about the effects of residential density on individual. The present study is an attempt to engrain some knowledge about the subject.

1.2. Psychological Well-being.

Psychological well-being is a wide ranging concept. It includes different aspects of everyday experience. According to many researchers (Andrews and Withey, 1976; Najman and Levine, 1981; Campbell and Converse, 1970), psychological well-being is considered to be the composite measure of physical, mental and social well-being perceived by each individual. There are several indicators of well-being of an individual, or a group of individuals which have both objective and subjective components. The objective components are related to a term generally known as "standard of living", which consists of following components: level of education, employment status, financial resources, housing conditions and comfort of living. It is also believed that an individual's satisfaction or happiness does not depend only on his or her level of living but also on his or her expectation and perception of reality. It is this subjective component which is linked to the function of the degree of congruence between the individuals' wishes and needs on the one hand, and environmental demands and opportunities on the other. In essence, it can be concluded that, psychological well-being is the total assessment of his or her quality of life and an individual is considered to be the best judge of his or her situation and state of well being.

According to some researchers (Bradburn, 1969; Warr and Wall, 1975; Campbell, 1976) psychological well-being is a somewhat malleable concept which is to do with people's feelings about their everyday life activities. Such feelings may range from negative mental states (dissatisfaction, unhappiness, worry etc.) through to a more positive outlook, which extends beyond the mere absence of dissatisfaction (as health is something beyond the mere absence of illness) into a state, which has some times been identified as positive mental health (Jahoda, 1958; Herzberg, 1966; Berg, 1975).

One of the related concepts is the concept of “quality of life”. Fontana, Marcus, Noel and Jughes Van Dam (1984) states that the value of an object can be defined by defining its attributes. Similarly, the quality of life can be evaluated by taking a number of aspects of a person’s life and assessing that person’s subjective feelings of happiness or unhappiness about the various life concerns.

Fontana et. al. (1980) suggests that if people are to report on their own psychological well-being, both positive and negative effect should be included in order to obtain a complete account. Exclusive focus on negative affect will provide information regarding psychological impairment, and will yield little indication of psychological health.

Bradburn (1969) argued that psychological well-being is a diffused concept which deserves greater measurement attention. On the basis of large sample survey investigations in the United States he argued that positive and negative affect were uncorrelated. Furthermore, the two affects were seen to be related to quite different sets of variable. Positive affect was associated with higher levels of social contact and more exposure to new experiences; where as negative affect was found to be associated with various indices of anxiety, fears of a nervous breakdown and physical symptoms of ill health.

Shin and Johnson (1978) have defined psychological well-being as “a global assessment of a person’s quality of life”. Quality of life tends to cover a variety of areas such as physical and psychological complaints, feelings of well-being, personal functioning and general limitations.

Campbell (1976) distinguishes between three types of well-being - affect, strain and satisfaction. He recognizes that when people speak of satisfaction they cognitively focus on experience but when people speak of affects or strains they focus more spontaneously on the flow of everyday life. He notes that these types of evaluations are all related.

In their study Warr, Barter and Brown Bridge (1983) offered three separated but mutually compatible explanations for Bradburns (1969) findings that positive and negative affect are statistically independent. The first is in terms of a higher order generalization, that number of experienced desirable and undesirable episodes is in general uncorrelated. The second is in terms of logical and procedural features. The independence is a function of a response mode and scoring procedure that differ from those employed elsewhere. The third links short-term affective states with more stable personality dispositions. Findings support each of these explanations.

Diener (2000) states that subjective well-being means people's evaluations of their lives in terms of both their thoughts and emotions. That is, subjective well-being is the measure of how happy people are.

Myers and Diener (1996); Myers (2000) found that research on subjective well-being shows that happy people share several characteristics:

- * Happy people have high self-esteem. Particularly in Western cultures, which emphasize the importance of individuality, people who are happy like themselves. They see themselves as more intelligent and better able to get along with others than the average person.

- * Happy people have a firm sense of control. They feel more in control of events in their lives, unlike people who feel they are the pawns of others and who experience learned helplessness.

- * Happy individuals are optimistic. Their optimism permits them to persevere at task and ultimately to achieve more. Their health is also better.

- * Happy people like to be around other people. They tend to be extroverted and have a supportive network of close relationships.

They also state that most people are at least moderately happy most of the time. Both national and international surveys report that though people are living in a wide variety of circumstances yet they report being happy.

From the above discussion, it is clear that psychologists have variations in their definition of psychological well-being. They have described and explained it from different point of view and based on those views three models of well-being have been developed. The first two models are called the universalism models of psychological well-being and the third model is called the relativist approach, or the goal as a moderator model.

1. Self-determination Theory of Psychological Well-being.

Ryan, Sheldon, Kasser and Deci (1996) proposed this model based on the literature on intrinsic motivation. According to this model, there are three universal psychological needs. They are: autonomy, competence and relatedness. The gratification of these needs is a key predictor of psychological well-being. This model assumes that the pursuit of intrinsic goals (e.g., personal growth, autonomy, enhancement of others and communities) will provide people with a deep sense of satisfaction. On the other hand, the pursuit of extrinsic goals (e.g., financial success, physical attractiveness, and social reputation) would not provide people with such satisfaction.

Consistent with the self-determination model of well-being, Kasser and Ryan (1993) found that the importance of self-acceptance, community feeling and affiliation was positively correlated with self-actualization and vitality and it was negatively correlated with behavioral problems. They also found that importance of financial success was negatively correlated with self-actualization and vitality and positively associated with behavioral problems.

Research based on the self-determination model revealed that the types of activities in which individuals are engaged (Sheldon, Ryan, and Reis 1996), the reasons for the engagement (Elliot and Sheldon 1997; Elliot, Sheldon and Church 1997), and progress toward goals (Sheldon and Kasser, 1998) have an important impact on individual's well-being. Ryan, Sheldon, Kasser, and Deci (1996) argued that if individuals give emphasis on their personal growth, autonomy, meaningful relationships and community service, their well-being may enhance.

In short, self-determination theory states that the "Good life" is the life in which an individual strives for personal growth, independence, meaningful relationships with others and community service.

2. Ryff's Multidimensional Model of Psychological Well-being.

Another universalism model of well-being proposed by Ryff (1989a, 1989b) and Ryff and Keyes (1995), based on the literature on human development. Ryff criticized that traditional well-being research was exclusively focused on emotional well-being. She argues that the assessment of affect would not provide a clear answer to what is meant to be psychologically well. She states that people can experience positive emotions, and yet consider their lives to be meaningless. She insists that psychological well-being should be evaluated in terms of well-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery and autonomy. Ryff and Keyes (1995) demonstrated that the six-factor structure of well-being fit the data, although the overall score did not differ across age groups, specific scale scores did differ across age groups. As for example, purpose in life and personal growth declined over time. On the otherhand environmental mastery and autonomy increased over time. The developmental shift in the mean level of respective well-being indexes suggests that salient aspects of well-being could vary across life span. Ryff (1989) also found that middle aged and

older adults, both men and women, mentioned having good relationships with others as one of the most important aspect of being well.

3. The Goal Approach to Well-being.

Goal researchers emphasize individual differences and developmental shifts in markers of well-being (Brunstein 1993; Cantor, Norem, Langston, Zirkel, Fleeson and Cook 1991; Diener and Fujita, 1995; Emmons, 1986, 1991; Harlow and Cantor, 1996; Palys and Little, 1983; Sanderson and Cantor, 1997). Values, the guiding principles in life (Schwartz and Sagiv, 1995) can be considered as higher-order goals and personal strivings such as what individuals are characteristically trying to do in daily life (Emmons, 1986) can be conceptualized as lower-order goals. Actually, the goal as a moderator model of well-being (Oishi, Diener, Lucas, and Suh, 1999) assumes that markers of well-being vary across individuals, depending on their goals and values. It states that people gain and maintain their well-being mostly from the area on which they place special importance, and that to the extent that individuals differ in their goals and values, they differ in their sources of satisfaction.

Emmons (1991) first tested the moderating role of personal strivings in types of daily events and emotional experiences. He studied a 21 day daily diary of college students. Intra-individual analyses revealed that individuals who were striving for achievement reported more intensive positive emotions when they experienced positive events related to achievement than when they experienced positive events unrelated to achievement. Similarly, those individuals who were striving for affiliation and intimacy reported experiencing more intense positive emotions when they experienced positive events relevant to interpersonal relationships. In a similar daily diary study, Oishi, Diener, Suh and Lucas (1999) replicated Emmons's findings in daily life satisfaction. They also found that the degree to which daily achievement satisfaction

predicted daily life satisfaction was significantly stronger among these who valued “achievement” than those who did not. Further more these researchers found that global life satisfaction was predicted from value-congruent domain satisfaction, namely general satisfaction with their atonements predicted global life satisfaction of “achievement”- oriented individuals, whereas general satisfaction with social relationships predicted global life satisfaction of individuals who valued “Benevolence”.

Brunstein, Schulthesis, and Grassmann (1998) examined the moderating role of needs in the link between personal goals and emotional well-being. They assessed progress toward goals and changes in emotional well-being over time. They measured participant’s needs using a picture-story method. These researchers found in two studies that progress toward need congruent goals predicted positive changes in emotional well being over time.

Several researchers found evidence that the processes through which people experience and recall emotional experiences differ across individuals, depending on their personality (Bolger and Schilling 1991; Bolger and Zuckerman 1995; Cote and Moskowitz 1998; Feldman Barrett 1997; Moskowitz and Cote 1995; Schimmack and Jartmann 1997; Suls, Green, and Hillis 1998; Suls, Martin, and David 1998). For example, Mostowitz and Cote (1995) investigated whether the trait “agreeableness” would moderate the link between behaviour and affect. Using the event-contingent recording method for 20 days, they found that agreeableness was positively associated with the degree to which participant’s experienced positive emotions while engaging in agreeable behaviors. Similarly in an 8 day daily diary study, Sul, Martin, and David (1998) found that the trait “agreeableness” predicted the extent to which interpersonal conflicts generated emotional distress. That is, the more agreeable individuals were, the more psychological distress they experienced from interpersonal conflicts in daily lives. So, it was

concluded that needs determine the types of behaviors and events that generate emotional reactions.

Psychological well-being may be a function of the structure of the household. White and Edwards (1990) suggest that parenthood may have negative consequences on the psychological well-being of adults. Extended families are more common in many developing countries. The presence of parents or parents in laws may create a variety of constraints, obstacles and difficulties.

Kasser and Ryan (1996) found that importance placed on financial success, fame and physical attractiveness was positively associated with depression, anxiety and more physical symptoms, whereas importance place on community feeling, self-acceptance and affiliation was negatively associated with psychological ill-being indexes. More recently Kasser and Ryan (in press) found that the relative importance of extrinsic goals was associated with lower self-esteem, more television consumption, greater drug use, and a lower quality of relationships with friends and romantic partners.

Mahmuda (2003) compared the psychological well-being of retired civilians and retired defense personnel and found that the retired civilians have poorer psychological well-being than the retired defense personnel.

Bangladesh is a developing country of the third world. The country has many problems, among them population growth is the most important and number one problem. In respect of size i.e. total land area, Bangladesh occupies 90th position, but in respect of population, the position of Bangladesh is 9th. From this statistics, we could easily understand that how severe this population growth problem is. Dhaka, the capital of Bangladesh, at present, is one of the top most populous cities of the world. Recent inquiry shows that the greater Dhaka has about 10 million populations. The city's urbanization rate is one of the highest in the world and it is

projected that by the year 2010, Dhaka will be the sixth largest city of the world with 18 million populations. After the independence of Bangladesh, the growth of this city never went down. Although Dhaka City's area is less than one percent of the country's total land area, it supports about 7.2 percent of the total population of the country. Dhaka's historical background, fine climate condition, advantages of being a capital city, better quality of life comparing to other cities, better job opportunities and skilled man power etc. act as the criterion factors of expanding the city.

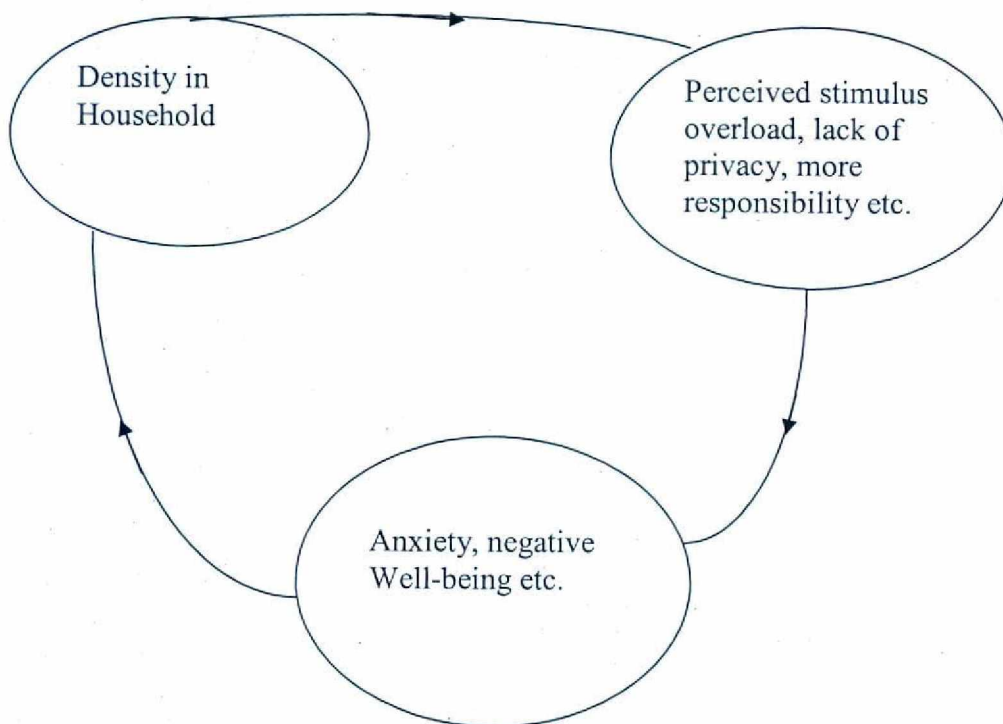
The Economist's Intelligence Unit has published a survey on October 7, 2005, assessing the level of hardship in which Dhaka has been ranked 127th among 130 cities in the world. Melbourne and Vancouver emerge as the best cities in the world to live in, followed by Perth, Vienna and Toronto. Port Moresby, capital of Papua New Guinea, is the worst place to live in and Dhaka, jointly with Lagos, has been placed third to live in (The Financial Express, December 22, 2004)

At present, Dhaka alone needs 80,000 to 1, 00,000 new houses annually to accommodate its growing population. But the existing annual supply is only 20,000 units. Against this back drop, more people have to live in small spaces. The housing problem is particularly serious for those in the lower income group, as well as middle income group. (The Financial Express, December 22, 2004)

The increasing number of population not only creating different types of physiological and social problems, but also creating psychological problems. In the past 25 years, western countries and some developed countries have focused on the complex phenomenon of human crowding and they have made a considerable advancement in the understanding of this issue. In a densely household, everyone's daily activities may be easily observed by others, as a result one's "self" are exposed and in turn hamper the effective performance of one's activities. A high ratio

of persons to rooms increase the degree to be responsive to others, which may have affects on “self” and other persons of the household. The figure 1 shows the general model of effects of residential density on individuals. Stimulus overload, lack of privacy, more responsibility in the household etc. may affect the individual and may increase their anxiety and decrease their well-being.

Figure 1. Effects of residential density on individuals.



1.3. Anxiety

Anxiety is a complex phenomenon and now a day it is very much difficult to find out a person without anxiety. Anxiety is a state of intense apprehension, uneasiness, uncertainty, or fear resulting from the anticipation of threatening event or situation of a degree that the normal physical and psychological functioning of the affected individual is disrupted. The psychological side of anxiety includes a specific conscious inner attitude and a peculiar feeling state characterized by I) a physically, as well as mentally painful awareness of being powerless to do anything about a personal matter; II) by presentiment of an impending and almost inevitable danger; III) by a tense and physically exhausting alertness as if facing an emergency; IV) by apprehensive self absorption which interferes with an effective and advantageous solution of reality's problems, or V) by irresolvable doubt concerning the nature of the threatening evil, concerning the probability of the actual appearance of the threat, concerning the best objective means of reducing or removing the evil, and concerning one's subjective capacity for making effective use of those means if and when the emergency arises.

Anxiety is an emotion often accompanied by variable physical symptoms. These can include twitching, muscle tension, headaches, sweating, dry mouth or difficulty in swallowing. Some people also report dizziness, a rapid or irregular heart rate, increased rate of respiration, diarrhoea or frequent need to urinate when they are anxious. Fatigue, irritable mood, sleeping difficulties, decreased concentration, sexual problems and nightmares are also common.

The common causes of anxiety are: actual danger (very often stress is an appropriate reaction), emotional stress such as grief and depression, physical stress such as a medical illness, medication side effects, withdrawal from drugs, substance abuse or withdrawal, poor diet, etc.

Anxiety manifests itself through three separate systems and each one can be primary in any individual person. These three systems are: the mental system (which includes the actual

feelings of nervousness, anxiety and panic and also includes thoughts such as “there is something wrong”); the physical system (which includes all the physical symptoms such as dizziness, sweating, palpitation, chest pain and breathlessness); the behavioral system (which includes the actual activities such as pacing, foot tapping and avoidance). All systems are aimed at getting the organism prepared for immediate action and their purpose is to protect the organism.

The term “anxiety” varies in meaning, as it appears in the writing and research of psychologists. According to Hilgard, Atkinson and Atkinson (1975), anxiety is the unpleasant emotion characterized by the terms “worry”, “apprehension,” “dreads”, and “fear” that we all experience at times in varying degrees. Freud (1959) defined anxiety as a drive like hunger or sex but instead of arising from internal tissue conditions it is produced originally by external causes. On the other hand, Spiegelberger (1972) considered anxiety both as a trait as well as a state. Psychologists use the term in its trait sense when they refer to “high anxiety” or “low anxiety” individuals. A high anxiety individual is one who is consistently keyed up, who tends to be in a relatively high state of tension and arousal. A low anxiety individual conversely, is one who is characteristically slow to react, is very relaxed, and is not easily aroused.

Anxiety, a basic human emotion, signaling uncertainty or threat in the environment, has figured prominently in the literature as one of the most pervasive important reactions to stress experienced by man (Sarason 1986; Sarason and Sarason, 1990). More than any other emotion, psychological research has centered on how anxiety influences adaptational outcomes such as cognitive and social performance, subjective well-being and somatic health or illness. As such, it is almost a synonym of psychological stress. (Lazarus, 1991b).

A basic meta-theoretical assumption in current transactional cognitive-motivational analysis is that both stress and emotions are primarily about person-environmental relationships (Lazarus, 1991a). This the quality and intensity of an emotion is the product of actual or

anticipated adaptational encounters with the environment, which are appraised by the individual as having either positive or negative significance for well-being. The cognitive-motivational perspective maintains that there are distinctive core relational themes underlying each emotion. Core relational themes refer to personal meanings attributed to events which can take the diverse forms of harm or loss, threat and benefit. Any evoked emotion reflects a high level synthesis so several appraisal relating to individuals adaptation status in the current environment. With respect to anxiety, the core theme is danger or threat to ego or self esteem when a person is facing an uncertain, existential threat. Thus, anxiety appears when an event is appraised as being a threat, this appraisal being largely cognitive, symbolic process. Emotions, such as anxiety, tell us something of a person's goal hierarchy and belief system and how events were appraised. Thus, the very presence of anxiety in an evaluative encounter is informative because it tells us that an existential threat has not been controlled very well.

Sarason (1978) theorizes that stress is intrinsic to the interpretation of a specific situation, whereas anxiety is a reaction to a perceived threat and incapacity to cope with the situational challenge in a satisfactory way. An anxious person feels that he or she cannot meet the demands of these challenges. Following are some of the major critical attributes of anxiety enumerated by Sarason and Sarason (1990):

- * The individual appraises a situation as difficult, threatening or challenging.
- * The individual perceives himself or herself as being inefficient or inadequate to the task at hand, lacking coping responses needed to deal forthrightly with a call for action or a situation restraint or opportunity.
- * The individual focuses on undesirable consequences of personal inadequacy or on undesirable outcomes.

* The individual is preoccupied with self-deprecatory thoughts about self that compete with cognitive task-related activity.

* The individual expects and anticipates failure and loss of self-esteem or regard by others.

On the basis of clinical experiences in dealing with thousands of adults with physical as well as psychological problems, the clinicians have emphasized the importance of anxiety as one of the causative factors. It is also an empirically proved fact that competition and complexities of the modern world create constant anxiety in adults (Carson, Butcher and Coleman, 1988). Lindgren (1978) observed that anxiety has an elusive, bothersome quality and is hard to identify. Thus, anxiety has been variously conceptualized as a stimulus condition, as a probability of a harmful future outcome and as response to a stressful condition (Shechter and Zeidner, 1990).

Sorcar and Chowdhury (1975) investigated the effects of induced anxiety on learning and recall of verbal materials. In the study ten subjects learned one list of nonsense syllables of low association value under experimentally induced anxiety. The same subjects also learned another list of nonsense syllables of similar length and difficulty under normal condition. Test of recall was taken five minutes after learning in both conditions. The results showed that experimentally induced anxiety worked as a situational variable and produced disruptive effects on learning and recall. Learning process was slower and recall smaller under anxiety induced by threat of shock. The results indicated that anxiety produced a detrimental rather than facilitating effect on learning and recall.

Mahbuba (1985) states that feelings of insecurity and consequent anxiety are common phenomena in modern urban societies. Anxiety either produced by structural stress or inherited from childhood experiences are assumed to be significantly differentiated by perceptual

variables. Standardized questionnaire and a series of picture cards differing in the degree of ambiguity were used to measure the level of manifest anxiety and perceptual intolerance of ambiguity respectively. A strong relationship between the two variables was confirmed by the findings.

Whether high anxiety group differs significantly from low anxiety group in respect of their perceived parental rejection, dominance, over protection, permissiveness and affection was investigated by Ahmed and Mahmuda (1995). A Bengali version of the Manifest Anxiety Scale and Perceived Parental Attitude Scale were administered on 120 female students of Rajshahi University. The results showed that high anxiety group perceived their parents as more rejecting, more dominating, less permissive and less affectionate than the low anxiety group. However, when father and mother were considered separately, high anxiety group was found to perceive both of them as more rejecting, more dominating and less affectionate, but they did not differ in terms of perceived father's permissiveness, while high anxiety group perceived their mother as less permissive than the low anxiety group. No significant difference was found between the two groups in terms of over protection. These findings suggest that parent-child relationship is a very important factor in creating anxiety in children.

Wadud and Mahmuda (1996-97) investigated the difference in anxiety and mental stress of players participating in single events and players participating in group events. The sample comprised of 40 respondents who participated in the 7th SAAF Games held in Madras in 1995. Results revealed that compared to the players participating in group events, those participating in single events had significantly higher anxiety and mental stress.

Brodt and Zimbardo (1981) conducted an experiment where they brought shy and not shy college women to the laboratory and had them converse with a handsome male who posed as another subject. Before the conversation, the women were cooped up in a small chamber and

blasted with loud noise. Some of the shy women (but not others) were told that the noise would leave them with a pounding heart, a common symptom of social anxiety. Thus when these women later talked with the man, they could attribute their pounding heart and any conversational difficulties to the noise, not to their shyness or social inadequacy compared to the shy women who were not given this handy explanation for their pounding hearts, these women were no longer so shy. They talked fluently once the conversation got going and asked questions of the man. In fact, unlike the other shy women, these women were to him indistinguishable from the not shy women.

Anderson and Harvey (1988), Asendorph (1987); Carver and Scheier (1986) stated that shyness is a form of social anxiety characterized by self-consciousness and worry about what others think. Fenigstein (1984) observed that self-conscious people see incidental events as some how relevant to themselves and they over personalize situations, a tendency that breeds anxious concern.

Pozo, Carver, Wellens and Scheier (1991) observed that when shown a videotape of some one, the shy respondents think is interviewing them live and they perceive the interviewer as less accepting and interested in them. They also overestimate the extent to which other people are watching and evaluating them.

Snyder and Smith (1986) concluded that anxiety can also serve as a self handicapping function. They found that labeling oneself as anxious can provide an excuse for failure. The symptom is an unconscious strategies play to explain away negative out-comes.

Hull and Young (1983) explain that to reduce social anxiety, some people may depend on alcohol. According to them, alcohol lowers anxiety as it reduces self-consciousness.

As a reflection of the stress and strain of highly competitive world anxiety is been widely prevalent in an educational setting. Early researches in this area have suggested that anxiety is

basic to attention (Bugelski, 1964). Sharma (1970) observed that a moderate level of anxiety stimulates the most effective learning behaviour. Studies of Eysenck, (1982); Rocklin and Thompson (1985); Mandler and Sarason, (1952) have reported a curvilinear relationship between anxiety and performance.

Twenge (2000) observed that people seem to have become more anxious than past. He states that if levels of anxiety have changed, the most likely cause is changes in the larger sociocultural environment. Recent research and theory in psychology has recognized that environments vary between countries and regions, producing differences in personality, emotion, perception and behaviour (Choi, Nisbett. and Norenzayan, 1999; Heine and Lehman, 1977; Suh, Diener, Oishi and Triandis, 1998).

Barlow (1988) found that more people visit doctors for anxiety than for colds, and anxiety is more common than depression.

DeNeve and Cooper (1998) observed that out of the Big Five traits, neuroticism (closely related to anxiety) was the strongest predictor of life satisfaction, happiness, and negative affect in a recent meta-analysis. High levels of trait anxiety impair cognitive performance (Seipp, 1991); Predispose people to marital problems (O'Leary and Smith, 1991); and sometimes lead to alcohol and drug abuse (Chambless, Cherney, Caputo, and Rheinstein, 1987; Mullaney and Trippett, 1979; Smail, Stockwell, Canter, Hodgeson, 1984).

We found anxiety in social situation also. When an individual being interviewed for a much-wanted job; stepping into a roomful of strangers; performing or giving a speech before an important audience-make anyone feel anxious. Some people - especially those who are shy or easily embarrassed - feel anxious in almost any situation in which they might be evaluated. For these people, anxiety is more a trait than a temporary state.

Maddux and others (1988) have tried to explain the causes of social anxiety by applying self-presentation theory. According to this theory we are eager to present ourselves in ways that make a good impression. We feel anxious when we are motivated to impress others but doubt our ability to do so.

Myers (1993) states that we feel most anxious when:

- * Dealing with powerful, high-status people-people whose impressions matter.
- * In an evaluative context, as when making a first impression on the parents of one's finance.
- * The interaction focuses on something central to our self-image, as when a college professor presents ideas before peers at a professional convention.
- * We are in novel situations, such as a first formal dinner, where we are unsure of the social rules.
- * We are self conscious and our attention is focused on ourselves and how we are coming across.

In view of the above presentation, it is obvious that anxiety is a common phenomenon all over the world. In a developing country like Bangladesh where people face so many problems in their day to day life it is likely that they will be suffering from anxiety. A number of research conducted in Bangladesh have shown that there are too many sources of anxiety of which compete is one of the most important one e.g. one has to compete for getting admission into school/college, for securing a job etc. But residential density, which is a common problem of Bangladesh, though has not yet been investigated may be conducive to anxiety.

Further more, there may be a more generalized negative affect as well as anxiety among the residents of both low and high density residence. In a crowded home, every one's daily activities may be easily observed by others. This may have differential effects on males and

females or person of different ages. On the other hand, in a densely populated house individuals may share his/her emotion; tension etc. with others which in turn may increase his/her well-being.

1.4. Literature Review

1.4. a. Density and Psychological well being:

In a study, the negative relationship between residential crowding and psychological health was investigated. It was found that residents of crowded homes with greater architectural depth - the number of spaces one must pass through to get from one room in the house to another are less likely to socially withdraw or to be psychologically distressed than residents in crowded homes with relatively low depth. Additional analysis suggests that greater depth buffers the association between residential crowding and psychological distress because it reduces social withdrawal among residents of crowded homes (Evans, Lepore and Schroeder 1996)

Lepore, Evans, Palsane (1991) studied the interactive effects of a chronic environmental stressor - crowding and acute, daily social stressors on psychological distress. The data obtained during in-home interviews with a stratified random sample of 175 male heads of household in Pune, India, and 228 US college students. Multiple regression/correlation analysis indicates that in India, social hassle in the home predicted psychological distress only for residents of crowded homes, controlling for income. In the US, social hassles and crowding interacted in predicting psychological distress after adjusting for prior symptomatology, previous social acquaintanceship with housemates and income. A main effect of crowding, but not of social hassles, on psychological symptoms were also revealed. Suggesting that chronic environmental stressors may increase the impact of everyday social stressors.

Fuller, Edwards and Sermsri (1990) made an attempt to extend previous United States (US) and European studies on the effects of household crowding on psychological well-being to developing countries, based on household survey data from husbands and wives (total N=2017) in Bangkok, Thailand. The effect of five variables on psychological well-being are examined: persons per room, subjective sense of crowding, lack of privacy, "felt demands", and manifest irritation; whereas income, education, number of children and household / family structure are introduced as control variables. Similarities and differences between these data and previous studies are discussed.

In his study, White (1983) tested the effects of both general housing and neighborhood conditions as well as specific conditions (Crowding, pests, crime). Data were gathered from a five year panel study of 350 black and Hispanic low income females living in Waterbury. While neighborhood quality was a more significant factor in poor mental health than housing quality, in general the findings were in line with previous research.

Gove, Hughes and Galle (1979) investigated the effect of over crowding in the home. This effect is measured on the basis of 1952 interviews with persons living in Chicago; the sample minimized the collinearity of crowding and socioeconomic variables. Both objective and subjective crowding are related to poor mental health, poor social relations in the home, and poor child care; and less strongly, but significantly, to poor physical health and poor social relations outside the home.

Lai, Lu and Scott (1992) –conducted a study on 2974 civilians living in Beijing, Tianjin and Shanghai, People's Republic of China. Stressor in the work (e.g., work conflicts, undesirable work-related events, positional title, and employment status) and family domains (e.g. household size, spatial crowding, family type, family life-stage, undesirable family events, and family conflicts) were used to predict depressive symptoms, controlling for the effects of

sociodemographic and the city of survey. Ordinary least squares regression analyses for the sample as a whole show that work-related stressor have stronger effects on depressive symptoms than family-related stressors.

The relationship between household crowding and psychological well-being is explored by Palisi (1984) based on questionnaire data obtained from random samples (drawn from telephone directories and voter registration lists) of males in London, England (N=226), Sydney, Australia (N=234); and Los Angeles, California (N=292). Multiple regression analyses reveal that crowding is not particularly related to overall psychological well-being, but does explain variance in marital well-being. Additionally, subjective measures of crowding, particularly the perceived adequacy of home size, are more related to well-being than are objective factors.

Duckitt (1983) studied that relationship between household crowding and psychological well-being in a South African Colored Community. He examined the data from a community interview sample of 433 Colored South Africans living under varied but generally very high levels of crowding. After controlling for a number of demographic variables, crowding was associated with significant elevations of negative affects but not with any reduction of positive affects. The crowding/negative affect relationships was nonlinear, with increasing levels of crowding associated with a sharp initial rise in negative affect followed by a flattening of chronic.

Rohe (1985-86) observed the relationship between four community design characteristics (residential density, street design, community facilities, and housing types) and social interaction, stimulation and mental health. An argument for the importance of citizen participation (cp) was also presented, stressing the importance of citizen participation of both sense of control and the development of social support neighborhood council programmes seem to have the greatest potential for influencing sense of control and social support. Results revealed

that high residential density, high traffic levels, poor block upkeep, and the presence of commercial facilities and high rise housing have negative mental health consequences.

People report excessive, unwanted social interrelation, insufficient privacy, and are observed to be more socially withdrawn under crowded living conditions. If people socially withdraw from one another as a way to cope with crowding, this could lead to an unintended side effect of break-downs in socially supportive relationships. A breakdown in socially supportive relationships could, in turn, account for some of the pathological consequences of chronic, high density living conditions. An empirical study of 175 male heads of household among inner city residents in India suggests that the adverse effects of residential crowding on psychological health are mediated by a breakdown of social support system. (Evans, Palsane, Lepore and Martin, 1989).

Levi and Anderson (1975) investigated the interrelationship between population, environment and quality of life. Measures can concern overall as well as composite life satisfaction, derived from areas such as health, marriage, family, job, housing, financial situation, educational opportunities, self esteem, creativity, competence, belongingness and trust in others. A distinction is drawn between the concept of level of living consisting of objective criteria, and of quality of life comprising the individuals own subjective evaluation of these. They found that both the deprivation of stimuli as well as their excess may bring about a decrease in well-being. They also argued that both high as well as low population densities interfere with human well-being and quality of life.

Psychological well-being may be a function of the structure of the household. The number of children in co-residence and the presence of expanded family may be highly relevant. White and Edwards (1990) found that parenthood may have negative consequences for the psychological well-being of adults. The presence of parents or parents in law may create a

variety of constraints, obstacles and difficulties. Married adults who live with their parents or parents-in-law could have poorer mental health. Similarly, the presence of married siblings and their families could have a detrimental impact on psychological well-being. Finally, as there may be social class differences in psychological well-being, it is necessary to introduce controls for household income and the educational level of the respondents.

Not all research on household density, has reported data which supports the conclusion that high household density leads to decrements in satisfaction and health, or to behavioural problems. The results of the work by McPherson (1975), Levy and Herzog (1974) suggest a very small or nonexistent association between household density and measures of behaviour or health.

1.4. b. Density and Sex

Srole and Fischer (1989) made an exploration of the prevalence of 120 manifestations of mental disturbance among a sample of adults from Midtown (a code name for a high density residential area), Manhattan, New York, first studied in 1954 in a cross-sectional epidemiological investigation (originally N=1550); 695 subjects were located, throughout the US, and interviewed in 1974. Reported here in this follow-up, called Midtown II, which challenged the theory of "mental paradise lost," i.e., the belief that contemporary society is experiencing an increasing deterioration in mental health. Findings indicate no significant net change in mental health composition between Midtown I and II, in fact, mental health is significantly better, and that of women has not crowded any more than that of men.

Gabe and Williams (1987) observed the relationship between crowding in the home and women's psychological health. A sample of 452 UK-born women aged 26-45 in West London, England were interviewed. Respondents also completed the General Health Questionnaire. Results indicate a "J" shaped relationship between internal household density and psychological

symptoms: low as well as high levels of crowding are detrimental, even after controlling for intervening sociodemographic variables.

Further analyses by gender subgroups indicate that while work related stressors affect both males' and females' psychological well-being, household characteristics affect females more than males.

In their study Aiello, Epstein, and Karlin (1975) reported signs of increased arousal among students in higher density dormitory rooms. Furthermore, women in the higher density rooms reported health problems and showed a higher incidence of moving out.

In exploring gender differences in reactivity to crowding among married couples, Gove and Hughes (1983) offer two reasons for anticipating greater reactivity to crowding among women, arguing that "First, women evidently are more attentive to others and are more concerned about their needs. Second, women tend to take on nurturing role obligations to persons with whom they live, particularly their husbands and their children".

1.4.c. Density and Age

In their study Pablo and McDougall (1986) found a significant association between differential admission rates and demographic and ecological attributes such as age, marital status, population stability, housing tenure, crowding, social disintegration and isolation, and unemployment. Of these correlates, the proportion of persons aged 65⁺ and number of families in each of the census tract areas are shown to be the most important factors influencing rates of psychiatric hospitalization.

1.4.d. Density and Income

Mitchell (1972) reported, based on survey research data from Hong Kong, that relatively high household density was associated with increased numbers of complaints concerning inadequate amount of space and privacy. Further more, the number of complaints about space was strongly influenced by the social composition of the household. Mitchell, in assessing the mediating influence of family income, reported that the low income group showed higher levels of “superficial strain”. No significant associations were found between household density and “severe strain”.

Galle, Grove, and McPherson (1972) and McCarthey, Galle, and Zimmer (1975) found a significant correlation between the number of people per room and various measures of pathology, including crime rate, health and social disorganization. These correlations remained significant when the influence of socioeconomic status was statistically controlled.

1.5. a. Psychological Well-being and Age

Charles S. T. Reynolds, C. A. Gats. M. (2001) conducted a longitudinal study of 2704 people four generations of families, which ran from 1971 to 1994. They found that for all generations, negative and positive affect stayed fairly stable across time, with a small decrease for the oldest people in the study.

In 2003, Charles, Mather and Carstensen reported that older adults recall relatively more positive fewer negative images than younger adults. Life-stage comparisons demonstrate the importance of work-related stressors in early (age 18-34) and middle (ages 35-54) life, whereas family conflicts are more devastating for older people (age 55⁺).

Kenney, Mather and Carstensen (2004) research suggested that in older adults, the “amygdale” an almond-shaped part of the temporal lobe that’s associated with emotion, is activated equally, it is activated more too negative images. This suggested that older adults encode less information about negative images.

Carstensen (1998), Mroczek and Kolarz (1998), found that in old age not only does subjective well-being not decline, but it typically increases, despite evidence that with age comes many challenges and losses.

Ryff and Keyes (1995) demonstrated that the six-factor structure of well-being fit the data, although the overall score did not differ across age groups, specific scale scores did differ across age groups. As for example, purpose in life and personal growth declined over time. On the other hand, environmental mastery and autonomy increased over time. The developmental shift in the mean level of respective well-being indexes suggests that salient aspects of well-being could vary across life span.

Ryff (1989b) also found that middle aged and older adults, both men and women, mentioned having good relationships with others as one of the most important aspect of being well.

1.5.b. Psychological Well-being and Sex

In a research the researchers studied men who worked as nurses, and women who worked as accountants to determine their psychological well-being. The results suggested that when men and women occupy jobs in which they are cultural and numerical minority, there may be adverse health effects that are gender-specific. (From Internet)

Dr. Rogers (2002) found that being the main bread winner still seems to carry an important distinction for husbands and their sense of well-being. In reacting to increases in their

wives percentage contribution to overall family income, men appear to experience declines in well-being.

Hardee, Egglestone, Wong, Irwantio and Khanam (2002) studied psychological well-being and they found that unintended pregnancy is associated with poorer psychological well-being of the women.

Bradburn (1969) stated that there is a significant relationship between highest and positive affect. He found that women experienced more courteous and considerate treatment from others. So, women have somewhat more likely to have high esteem for others.

Begum and Mahmuda (1997) investigated psychological well-being of 360 male and female adults drawn randomly from rural and urban areas of Bangladesh belonging to different socio-economic status (Low=127, middle=143, high=90). They found that psychological well-being varied significantly as a function and sex of respondents. Males were found to have poorer well-being than their female counterparts.

To investigate the effect of income, age and family structure on psychological well-being Mahmuda (1998) administered "Subjective Well-being Questionnaire" on 360 adult respondents. She found that respondents having no education have poorest psychological well-being while respondents with highest degree of education have better degree of psychological well-being. The result also revealed that respondents with lowest income to have poorest psychological well-being.

In another study Begum and Mahmuda (1999) found that respondents of low socio-economic status had poorer psychological well-being than middle and high socio-economic status respondents, and males had poorer psychological well being than females. Rural respondents of low economic status had poorer psychological well-being than their urban counterparts. Urban rural difference was wider among males than among females, particularly at

the low and high socio-economic status group. Low socio-economic status males had the least and high socio-economic status males had the most favorable psychological well-being.

Glenn and Weaver (1981), Freudiger (1980) and Mitchell (1979) found that education have more positive effect on women's psychological well-being.

When males and females are compared within life stages, both younger and mid-life males and females suffer psychological distress associated with problems and conflicts at work. However, the impacts of stressors in the family domain vary by gender within each life stage. These findings suggest that Western work and family stress models may be useful in studying psychological well-being in non-Western and developing countries.

1.5.c. Psychological Well-being and Income

Diener and Diener (1995) investigated the factors that lead to psychological well-being. They found that high income, individualism, human rights, and social equality are connected with psychological well-being. Individualism is an important component of psychological well-being even after income is controlled statistically. However, rapid increases in income seem to lower psychological well-being, suggesting that expectations can rise too fast and not be realized. In general, developed countries enjoy high incomes, value human rights and social equality, so they have high levels of psychological well-being. Underdeveloped and developing countries of the third world which do not emphasize these factors show lower levels of psychological well-being.

Begum and Mahmuda (1997) investigated the psychological well being of rural and urban individuals of different socio-economic status (Low=127, Middle=143, High=90). The study revealed that urban respondents of high socio-economic status had poorer psychological well-being than their rural counterpart.

Mahmuda (1998) found that respondents having no education have poorest psychological well-being while respondents with highest degree of education have better degree of psychological well-being. The result also revealed that respondents with lowest income to have poorest psychological well-being.

In another study conducted in Bangladesh it was found that respondents of low socio-economic status had poorer psychological well-being than middle and high socio-economic status respondents, and males had poorer psychological well being than females. Rural respondents of low economic status had poorer psychological well-being than their urban counterparts. Urban rural difference was wider among males than among females, particularly at the low and high socio-economic status group. Low socio-economic status males had the least and high socio-economic status males had the most favorable psychological well-being. (Begum and Mahmuda, 1999)

Begum and Akand (2000) tried to find out whether psychological-well-being varies according to occupation and socioeconomic status. Result revealed that women in professional jobs had the most and those working as full time housewives had the poorest psychological well-being. With regard to socio-economic status, psychological well-being of high socio-economic status was the best and that of the low socio-economic status was the worst while middle socio-economic status group was in the middle position.

Khamis (1998) stated that low education and low income of the family are positively correlated with high scores of psychological distress and low well-being.

1.6. a. Anxiety and Sex.

Afroze (1983) observed anxiety reaction in male and female children. It was hypothesized that as the child-rearing practices for the boys and girls differ, there will be

difference in the level of anxiety in them. The sample consisted of 100 children (50 boys and 50 girls) whose age ranged from 12 to 14 years. A Bangla version of Children Manifest Anxiety Scale (CMAS) was used. The results showed that the boys are significantly less anxious than the girls.

Afroze and Rabbi (1985) observed the association between self-concept, anxiety and delinquency on a sample of 50 delinquent boys from a correctional school at Tongi and 50 non-delinquent boys from a high school in Dhaka city. The self concept scale and the Children Form of Manifest Anxiety Scale were used for data collection. The results indicate that the delinquent boys significantly differ from the non-delinquent boys in respect of self-concept and their anxiety level is also significantly higher than that of the non-delinquents. The results also show a negative correlation between self-concept and anxiety that is the lower the self-concept the higher is the anxiety.

To investigate the role of anxiety Afroze (1985) compared the anxiety scores of 30 physically ill (15 boys and 15 girls) and 30 healthy boys and girls. She found that adolescents with cardiac disorders were more anxious than the physically healthy adolescents. Results also revealed that there was no significant difference between the boys and the girls in their anxiety reactions.

To investigate the role of sex and generation on anxiety Khanam (2000) administered Dutt Personality Inventory on 100 samples. Of them 25 pairs were fathers and their son and 25 pairs were mother and daughter. Generation was found to be a significant variable for anxiety. It was found those older groups were more anxious than that of younger group. But no significant difference was found between male and female respondents regarding their anxiety while the interaction between these two main effects had been found to be significant.

Islam and Nahar (2003) explored the influence of anxiety on learning. They compared the anxiety level of high performing with that of low performing secondary school students. Socioeconomic status and gender was also considered as a mediator. The results failed to find any significant difference between the anxiety score of high and low performing students, the interaction effect of achievement, gender and socioeconomic status was significant.

Khanam and Rahman (2003) compared the degree of anxiety of incoming and outgoing (status) and male and female (sex) students of Dhaka University. Sex was found to be a significant variable in level of anxiety. In comparison to male, female scored higher in this regard. But no significant difference was found between incoming and outgoing students in level of their anxiety.

Gupta and Indira (1993) found that employed women and housewives had significantly greater anxiety as compared to their male counterparts. When the traditional husbands approved of the idea of wives employment, anxiety was greater than when they did not approved it.

Geller (1996) observed that due to their communal orientation many women do not view their jobs as justification for attending less to their families and household work. Therefore, they feel personal pressures that cause them to feel guilt and anxiety.

1.6. b. Anxiety and Age.

Generation was found to be a significant variable in anxiety. It was found those older groups were more anxious than that of younger group. But no significant difference was found between male and female respondents regarding their anxiety while the interaction between these two main effects had been found to be significant (Khanam, 2002)

Jorm (2005) found no consistent pattern across studies for age differences in the occurrence of anxiety. She stated that risk factors vary with age. When risk factors were statistically controlled, she found that anxiety decrease in increasing age.

Feiner (1988) found a significant relationship between children's level of anxiety and age.

1.6.c. Anxiety and Income.

Ali (1975) explored the factors related to anxiety and depressive reactions among the males and females in Bangladesh. He found that threat to economic security and failures in competition were mainly associated with the development of anxiety reactions among the males between the ages of 21 to 40 years.

Islam and Nahar (2003) compared the anxiety level of high performing with that of low performing secondary school students. Socioeconomic status and gender was also considered as a mediator. The results failed to find any significant difference between the anxiety score of high and low performing students, the interaction effect of achievement, gender and socioeconomic status was significant.

Some authors have suggested that economic hardship is the modern equivalent of physical (and sometimes emotional) threat (Barlow, 1988). In the modern world, economic difficulties are detrimental to optimal survival and reproduction and thus might also be seen as a threat, producing anxiety. Economic difficulties can increase anxiety for children as well as adults (Meloyd, Jayaratno, Ceballo and Borquez, 1994).

1.5 Rationale:

There are certain specific reasons for conducting the present study. Firstly, it is a purely scientific curiosity for exploring the effects of residential density on psychological well-being and anxiety. The size of population is increasing day by day in Bangladesh. As a result, the

residential density is also increasing. Residential density and its hazards have become issues of discussion among common people. But to know the exact effects of density, if any, scientific research is necessary. Secondly, it is a scientific study empirically carried out in real life situation and as such its findings will provide verification to experimentally manipulated variables conducted in laboratory settings. Through experiments we reach a conclusion or develop a theory and apply those theories in our practical life. But there might be some discrepancies between laboratory findings and practical life. So, if same experiment can be carried out both in laboratory and in real life situation - the inconsistencies between these two, if there is any, will be pointed out. Thirdly, the study will give new knowledge to existing literature. Fourthly, the study will carry some applied values. To explore the effects of residential density studies were carried out in the western culture. But in Bangladesh (which has its own culture so different from Western one), no study has yet been conducted. So, it is assumed that the findings of the present study, will add new knowledge to existing literature, what ever that is. Lastly, findings of the study may be used to create awareness among general population against residential density if impact of residential density is found to be negative. People might be motivated to keep the size of the family small. This in turn might contribute to the success of family planning programme of the Government of Bangladesh.

There is specific reason to take anxiety as a separate independent variable. Anxiety is a negative component of psychological well-being. But the questionnaire that had used to measure psychological well-being in the present study, do not measure anxiety separately.

1.6 Purpose and Objectives of the Study.

The main purpose of the present study is to investigate the effects of residential density on psychological well-being and anxiety of the individual. At the same time, the study also explored the role of age, gender and income in psychological well-being and anxiety.

More specifically the objectives of the study were to find out differences; if there is any in psychological well-being and anxiety between

1. Low, medium and high residential density group
2. Young, middle and old age group
3. Males and females and
4. Low, medium and high income group

In this context the independent variables were:

1. Residential density,
2. Age,
3. Gender and
4. Income and also
5. To find out the interaction effects of density and sex, age and income on the psychological well being and anxiety.

Dependent variables were:

1. Psychological well-being and
2. Anxiety.

CHAPTER-2

METHOD

METHOD

The main purpose of the present study was to investigate the effects of residential density on psychological well-being and anxiety of different age, gender and income group. The following objectives were in particular.

To find differences between

1. Low, medium and high residential density;
2. Young, middle and old age groups;
3. Males and females; and
4. Low, medium and high income groups.

In terms of

- a. Psychological Well-being; and
- b. Anxiety.

2.1. Participants.

The study comprised 540 respondents selected from different areas of the Dhaka City. They were categorized equally into three groups on the basis of their residential density viz. high, medium and low density. Each group was again equally sub divided according to their major demographic characteristics i.e. gender, age and income. Thus the study constituted of 18 subgroups as shown in Table I .

Table No. 1: Distribution of sample by residential density, gender, age and income

	High Density						Medium Density						Low Density					
Income	Young Age		Middle Age		Old Age		Young Age		Middle Age		Old Age		Young Age		Middle Age		Old Age	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Low	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Middle	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
High	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Total	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
	180						180						180					
	Grand Total = 540																	

2.1.2. Criteria:

Specific criteria were maintained to determine residential density, age and income.

Following is the description of each variable.

Residential density:

According to Bedford (1964), the optimum floor space requirements per person vary from 50 to 100 square ft. In this study residential density was estimated in the following manner / ratio:

Low density: two rooms two persons

Minimum room size 100 sq. ft. each

Medium density: two rooms three persons

Minimum room size 100 sq. ft. each

High density: two rooms and more than three persons

Minimum room size 100 sq. ft. each.

Age:

Age between 20-40 years was considered as young age.

Age between 41-60 year was considered as middle age.

Age over 60 was considered as old age.

(Sarafino and Armstrong, 1980)

Income:

Total monthly family income below taka 8,000/- was considered as low income group.

Total monthly family income between taka 8,001/- to 25,000/- was considered as middle income group.

Total monthly family income over taka 25,000/- was considered as high income group.

(Wadud, 2000)

2.1.3. Selection of participants.

The participants were selected from Dhaka Metropolitan City following a stratified and purposive random sampling technique. There are 19 thanas in Dhaka district. At the first stage, 7 thanas were excluded as they were situated out side the Dhaka Metropolitan City. Then to have a representative sample from each of the 12 thanas 3 localities were randomly selected. Thus the study covered in total 36 localities from 12 thanas of the Dhaka Metropolitan City. From each locality number of respondents selected varied from eight to eighteen persons on the basis of their availability and fulfillment of the criteria and they were selected following the purposive sampling technique. Table 2 shows the distribution of sample on the basis of selected thanas and their respective localities.

Table 2 Selected thanas and their respective localities

Thana	Localities	Sub Total	Total
1. Dhanmondi	Rayer Bazar	17	45
	Dhanmondi R.A.	18	
	Elephant Road	10	
2. Ramna	Paribagh	9	45
	Kakrail	18	
	Siddeswary	18	
3. Kotwali	Becharam Dewri	15	45
	AgaMashi Lane	15	
	Nawab Katara	15	
4. Mohammadpur	Zakir Hossain Road	17	45
	Shyamoli	15	
	Sobhanbagh	18	
5. Motijheel	Purana Poltan	18	45
	Khilgaon	16	
	Fakirapool	11	
6. Lalbagh	Hazaribagh	17	45
	Azimpur	18	
	Dhakeshwari Road	10	
7. Cantontment	Kafrul	15	45
	Ibrahimpur	18	
	Khilkhet	12	
8. Mirpur	Ward No. 6	17	45
	Ward No. 7	17	
	Gabtolli	11	
9. Tejgoan	Tejgoan	16	45
	Tejturi Bazar	11	
	Raza Bazar	18	
10. Gulshan	Banani	9	45
	Badda	18	
	Rampura	18	
11. Sabujbagh	Basabo	18	45
	Madertek	9	
	Malibagh	18	
12. Sutrapur	Bangla Bazar	11	45
	Wari	17	
	Hatkholā	17	
Total			540

2.2. Materials used.

Instruments used in the present study comprised of two scales viz. Subjective Well-being questionnaire and Dutt Personality Inventory. To measure psychological well-being of the respondent's subjective well-being questionnaire was used and to measure anxiety Dutt Personality Inventory was used. Along with the questionnaires personal information blank was also used.

2.2.1. Subjective Well-being Questionnaire.

The authors of the Subjective Well-being Questionnaire are Nagpal and Shell (1986). The Questionnaire was used to measure the psychological well-being of the respondents participating in the present study.

By using factor analysis nine dimensions of subjective well-being were identified by Nagpal and Shell. Originally a 130 item structured questionnaire was designed to cover the areas of concern. Later on a short version of the questionnaire consisting of 82 items was developed. The questions are framed in such a manner that positive affect could be elicited i.e. by asking whether one feels happy or good or satisfied about the particular life concern. The aim of their questions was to evoke patterns of emotional evaluation. In contrast, the questions relating to negative affect elicited the respondent's unhappiness or worry or regret about a particular life concern. In general, the questions were structured in a manner to permit three response categories, sometimes four. The scale represents very positive affirmation (e.g. very happy); positive feelings (e.g. quite happy); neutral or negative assertion (e.g. not so happy); and in some cases not applicable. Similarly, the response categories on the negative questions like 'worry over some things very much'; 'to some extent' 'not so much' were meant to cover a very bad feeling up to neutral or positive feelings. Thus, the response scales were drafted to discriminate

between the moments of positive or of negative feelings about the concern in question, the end point in each case being a state without special feelings.

The questionnaire was developed on the basis of item analysis and factor analysis, which provides sufficient evidence of reliability and validity. Factor analysis with varimax rotation indicated moderate and high factor loading (.30 and above). High degree of internal consistency of the factor also indicates higher degree of reliability.

The reported comparison of the three socio-economic groups on different factors measured by the questionnaire confirms the constitute that perceived ill being differ with socio-economic level. This provides evidence for construct validity of the questionnaire.

It should be mentioned here that the short version of the questionnaire consisting of 82 items was used in this study. In this version the ninth dimension was not used for the present study as it was related to medical services. However, the eight dimensions which were used in the present study are as follows:

1) Subjective well-being positive affect:

Here, items on specific life concerns such as health, education, work, standard of living, family and friends as well as some items reflecting the perception of well-being in an overall perspective are included. This dimension is consisted of 15 items. These item numbers are: 1,2,3,4,5,6,7,8,22,23,24,26,27,28,29 and 30.

2) Subjective well-being negative affect:

Most of the items here are inverse of the questions relating to positive affect. Some items reflected the most frequently reported complaints in psychological cases. These elicited the respondent's general unhappiness and his/her worries or regrets about particular life concern

such as worry over family life etc. 19 items measure this dimension. They are: 40,41,42,45,51,52,53,54,55,56,64,65,67,69,71,72,73,74 and 75.

3) Mental Mastery over Self and Environment:

Here a respondents feeling of his performance in matters requiring the exercise of mental mastery is an important area such as-ability to concentrate etc. There are 14 items under this dimension. These items are: 9,10,11,20,21,25,57,58,59,60,61,62,63 and 66.

4) Rooted Belongingness:

It has been hypothesized that the perception of sharing values, beliefs and qualities of inner life form a special dimension of well-being, such as moments of intense happiness. This dimension is consisted of 7 items. Items no. 14, 15, 16,17,18,19 and 48 items included in this dimension.

5) Structural and Cohesive aspects of family life:

The structural aspects of family life and democratic functioning in the family is related to each other and have a substantial impact on well-being such as both spouses earning. This dimension is consisted of 7 items. These items numbers are: 31, 32, 33,34,35,36 and 70.

6) Density of Social Net Work:

These items were meant to elicit information on perceived well-being from the social net works other than family group such as having some one to talk freely. Here is also 7 items. They are: 12, 13, 43,44,46,47 and 49.

7) Security in Crisis (Socioeconomic and related to health):

The questions on this area were meant to cover the respondents feeling of security in the case of various crisis situations such as help in financial crisis etc. Only 5 items measure this dimension. Items no.3, 37, 38, 39 and 50 measure this dimension.

8) Expectation - Achievement Harmony:

It was meant to explore an area of well-being that is particularly important viz. the extent to which long term expectations in life had been actual achievements such as fulfillment of material needs etc. 8 items included in this dimension. These are: 68,76,77,78,79,80,81 and 82.

Scoring: The different categories of responses were scored according to the following manner:

Response categories	Score
1) Very good, very happy, very much, most of the times, quite deeply, quite often, yes	1
2) Quite good, quite happy, to some extent, some times, no	2
3) Not so good, not so much, not so happy, hardly ever, rarely/never	3
4) Not applicable	4

High total scores indicate poor psychological well-being and low total scores indicate better psychological well-being. For 76 items in this questionnaire the response categories were 1-3 and for 6 items the response categories were 1-4. The maximum possible score for an individual is 252 and the minimum score is 82.

2.2.2. Adaptation of Subjective Well-being Questionnaire.

The subjective well-being questionnaire was originally developed in English and Hindi. The questionnaire was adapted in Bangla by Begum (1990). In developing the Bangla version of the questionnaire, each item of the subjective well-being scale was judged independently by three psychologists of Dhaka University and an English language expert of the same University. The final adapted Bangla version was agreed upon by all four judges.

Validity: The present author measured the validity of the Bangla version of Psychological well-being questionnaire. The Bangla version was administered on 75 individuals. Among them 25 were from upper socio-economic group, 25 were medium and 25 were from lower socio-economic group. One way ANOVA was done to find out the difference. The obtained F value was 3.74 ($df=74, 1$), which was significant at the level of 0.05. This finding indicated that this questionnaire was able to differentiate between different economic groups. Thus the criterion related validity was determined.

Reliability: The present author also determined the reliability of the Bangla version of Psychological well-being questionnaire. The Bangla version was administered in a group of 25 students. After a gap of 7 days the same questionnaire was again administered on the same group of subjects. Then the correlation coefficient was calculated between the scores of these two groups. The test-retest reliability was found 0.80. This was also statistically significant.

2.2.3. Dutt Personality Inventory (DPI)

The author of the Dutt Personality Inventory (DPI) is N.K. Dutt (1966). The inventory is used to measure anxiety of adult persons. There are 40 items in DPI. Each item of the

questionnaire is a 3-point scale with the following response categories: “Often”, “Some times”, and “Never”. The sum of the values of all the scale points marked by a respondent constitutes the anxiety score. DPI has been validated against Taylor Manifest Anxiety Scale (TMAS) and Sinha Anxiety Scale and found to be satisfactory. Dutt has reported reliability coefficients of DPI ranging between .87 to .95.

Scoring: Score of the respondent’s responses in DPI was calculated as follows: Keyed responses ‘Often’=2, ‘Some times’=1 and none keyed ‘Never’=0. Total scores were obtained by summing. The highest possible score of a respondent is 80 and the lowest possible score is 0. High scores indicate high anxiety and low total scores indicate low anxiety.

2.2.4. Translation of Dutt Personality Inventory.

The anxiety questionnaire was originally developed in English and Hindi. The questionnaire was translated in Bangla by Khanam and Arjumand (2002)

Validity: The original scale was in English and was translated into Bangla. Then each item of the scale was judged independently by six psychologists of Dhaka University and an English Language expert of the same University. The final Bangla translation was agreed upon by all seven judges. Thus the content and face validity of the scale was also determined.

Reliability: In order to determine the reliability of Bangla translation of the DPI, the questionnaire was administered on 20 university students, who were proficient in both the languages. At first the original English version was given to the students. After two weeks the Bangla version was administered on them. Spearman Product Moment Correlation was

calculated between the scores of English and Bangla version of the questionnaire. The correlation was .82, which was significant at .01. Level this means that the translation of the questionnaire was quite satisfactory.

2.2.5. Demographic Information.

A questionnaire was constructed to collect some personal information of the respondents. The personal information of the respondents were age, gender, monthly family income, number of the rooms in the household and their approximate sizes, total number of the family members, respondents occupation etc.

2.3. Investigators.

Two students of M.Sc. Final year in psychology served as investigators or interviewer. One of them was male and the other was a female interviewer. Both of them were already trained in social research methodology. However, they were given requisite training for the present research.

2.4 Procedure:

It took 4 months to complete data collection from different areas of Dhaka city. The questionnaires were administered individually and in one day the questionnaire could be administered on 8 persons.

Upon reaching the particular selected area, the investigators stopped sometimes near a bus or rickshaw stoppage, sometimes before a shop, and sometimes far from the stoppages. There after discussing with local individuals they got an idea about the locality. Then they approached the nearest house on the left side. They explained the purpose of research and sought consent to collect data for the study. After getting their informed consent the questionnaires were

administered on them. From each household only one individual was selected as sample. If the first sample was a female then the second selected sample was a male, then the third one was a female and the fourth one was a male and so on. In case of age, it was maintained that out of eight respondents minimum two will be young, two will be middle and two will be old aged. The same criteria were maintained in case of residential density also. That is at least two from low, two from medium and two from high density were taken. The two investigators approached every fifth house. If there were no suitable respondents available at that house, or they refused to participate or could not be reached, then the investigators approached the next house.

Administrations of questionnaires were done in the following way:

- 1) Rapport building with the individual:** The investigators spent a few minutes in talking with the individual. The investigators explained the purpose of the research and also explained briefly the tasks he/she would require to do.
- 2) Collection of demographic information:** After establishing the rapport the investigator started recording the basic information of the questionnaire. At first respondents were asked about their total number of family members and about their total number of rooms and their approximate size. The investigators divided the total number of room by the total number of family member. Thus the density of the house was measured. After that the respondents were asked about their monthly family income and by using these three criteria viz. age, gender and income the sample were divided in to different category.
- 3) Administration of questionnaire:** Half of the respondents were given Subjective Well-being questionnaire at first and Dutt. Personality Inventory in the second. On the other hand, another half of the respondents were administered Dutt Personality Inventory at first and Subjective

Well-being questionnaire in the second. Both of the questionnaires are self-administered questionnaires.

a. Administration of Subjective Well-being questionnaire: The following instruction was given to the respondents about subjective well-being questionnaire before he or she proceeded with the questionnaire.

“People are different. They live in a variety of situations and they don’t feel the same way about life and the world around them. From a practical viewpoint, it is important to know how different persons feel with regard to their day-to-day concerns such as their health, family, work etc. Such knowledge is necessary if an improvement in the quality of life of people is to be brought about.

This is a questionnaire on how you feel about some aspects of your life as a whole. Each question may be answered by any one of the given categories by putting a circle (0) around the number which seems to represent your feelings best. For example, in the first question if you feel your general health in very good and you feel physically fit; please put a circle around the response “Very good”. At times you may find that your feeling is not represented perfectly by any one of the given response categories. In such cases, just chose the one closest to what you think.

You may find that some questions appear repetitively, nonetheless, please answer them all. You don’t need to have your answers agree with each other.

This questionnaire may appear rather long to you. But if you work as fast as you comfortably can, you will find that it does not really take very long to fill in.

All information given by you will be treated as confidential and will be used only for research purposes.”

There was no time limit but the respondents does not take too long to complete all the items and at the same time got enough time to read and understand the sentences. There were altogether 82 items and the respondent had to attend all the items. After completion of the questionnaire, the investigators made sure that all the items had been attended, "if not", the subject was requested to attend the missed one.

b. Administration of Dutt personality inventory (DPI):

DPI consists of 40 items. The respondents were instructed as follows:

"In this questionnaire there are statements that people consider to be important to their way of life. This is what you are asked to do: Read each item. Beside every statement there are three types of answer - often, sometimes and never. Decide which one of these answers represents your own answer. Put a tick (✓) mark on that answer. For example, in the first question if you feel that you are usually seek some one's help to look after you or advise you, please put a tick (✓) mark on the answer "often". At times you may feel that your feeling is not represented perfectly by any one of the given response-categories. In such causes, just choice the one close to what you think.

After completion of the questionnaire the investigators checked whether all the items were attended, if not the respondent was requested to do the missed item.

After having administered the two questionnaires the respondents were thanked for his/her cooperation and time given for the research purpose and they were assured again that the information given by them would be kept secret.

CHAPTER-3

RESULTS

RESULTS

The main objectives of the study were to find out whether residential density has any effect on psychological well-being and anxiety. The nature of residential density was the criterion used to divide the respondents into groups and accordingly there were three groups of respondent's viz. high, medium and low density group. The study also investigated the effects of certain socio-demographic variables such as gender, age and income. So, the other objectives were to see:

The effect of gender on psychological well-being and anxiety.

The effect of age on psychological well-being and anxiety.

The effect of income on psychological well-being and anxiety.

The study also investigated the relation between psychological well-being and anxiety.

The instruments used to measure the variables and collect data for the study are explained in the previous chapter along with data collection procedure. The statistical techniques used for analyzing the data mainly comprised of four way analysis of variance and coefficient of correlation. The findings are presented in this chapter in the following order.

* Four way analysis of variance for density, age, gender and income as independent variables and psychological well-being and anxiety as dependent variables.

*Correlation between psychological well-being and anxiety and also between psychological well-being and anxiety of different residential density group.

3.1. Psychological Well-being.

Four way analysis of variance was applied to analyze the obtained data. The criterion measure for psychological well-being was the total scores obtained by the respondents in the psychological well being questionnaire and there were three levels of density (high, medium,

low), three levels of age (old, middle, young), two levels of gender (male and female) and three levels of income (high, middle, low). The findings are presented in the following tables.

Table 3. Four way Analysis of Variance of Psychological well-being by Density, Age, Gender and Income.

Source of Variance		Sum of Squares	df	Mean Square	F- Value
Main Effects	Density	6409.848	2	3204.924	11.884**
	Age	22718.448	2	11359.224	38.424**
	Gender	4914.150	1	4914.150	16.623**
	Income	194.048	2	97.024	.328
2-Way interaction	Age by Density	4020.552	4	1005.138	3.727**
	Income by Density	237.452	4	59.363	.220
	Age by Gender	1402.411	2	701.206	2.372
	Age by Income	489.585	4	122.396	.414
	Gender by Density	1732.233	2	866.117	3.212*
	Gender by Income	1448.633	2	724.317	2.450
3-way Interaction	Age by Gender by Income	2126.022	4	531.506	1.798
	Age by Income by Density	2273.215	8	284.152	1.054
	Age by Gender by Density	724.522	4	181.131	.672
4 Way Interaction	Age by Density by Gender by Income	6698.178	8	837.272	3.105**
Residual		131065.900	486	269.683	
Total		14307257.000	540		

** $p < .01$ * $p < .05$

The analysis of variance showed significant effects of density ($F=11.884$; $df=2, 486$; $p < .01$), age ($F=38.424$; $df=2, 486$; $p < .01$) and gender ($F=16.623$; $df=1, 486$; $p < .01$), on psychological well-being of the respondents. But the effect of income was found to be non significant. Interactions between density and age ($F=3.727$; $df=4, 486$; $p < .01$), and density and gender ($F=3.212$; $df=4, 486$; $p < .01$), were also found statistically significant. Though no three-way

interaction was found to be significant, an interaction between density, age, gender and income ($F=3.105$; $df=8,486$; $p < .01$) was found to be significant.

3.1.1. Residential density and Psychological Well-being

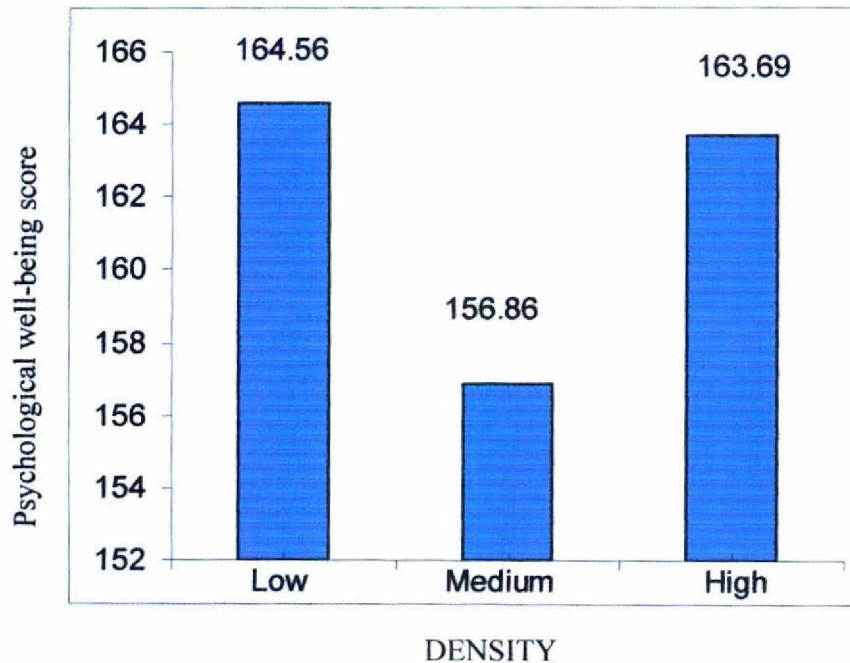
The results (Table 3) showed significant effects of residential density on psychological well-being. The mean scores and standard deviation of psychological well-being of different residential density group is presented in Table 4.

Table 4. Mean and Standard Deviation of Psychological Well-being Scores of Different Residential Density Group.

Residential Density	N	Mean	S D
Low	180	164.56	16.10
Medium	180	156.86	19.58
High	180	163.69	18.66

Table 4 shows that psychological well - being of the respondents of medium density is the best ($\bar{x}=156.86$), where as the psychological well-being of high density group ($\bar{x}=163.69$) is moderate and low density group ($\bar{x}=164.56$) is poorest. The mean psychological well-being scores for different residential density groups are presented in figure 2.

Figure 2 Mean Values of Psychological Well-being of different residential density group



3.1.2. Age and Psychological Well-being.

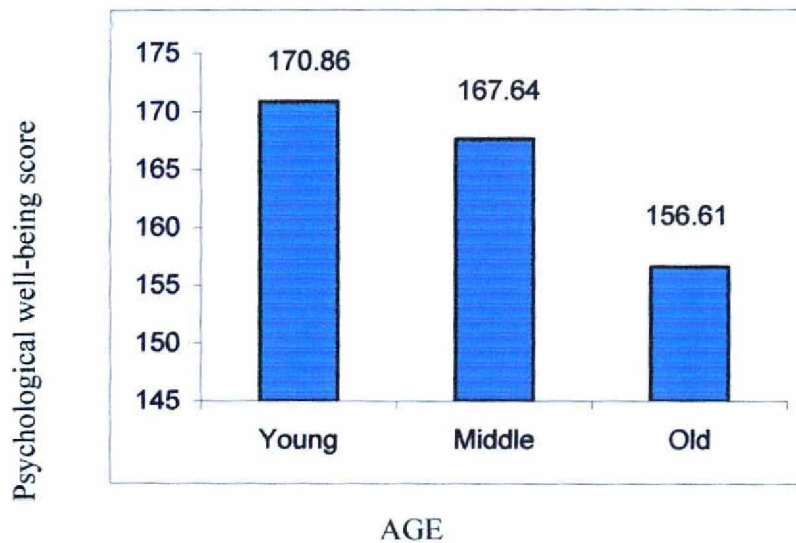
The results of analysis of variance (Table 3) showed significant effect of age on psychological well-being. The mean scores and standard deviation of psychological well-being of different age group is presented in table 5.

Table 5. Mean and Standard Deviation of Psychological well-being scores of different Age group.

Age	N	Mean	SD
Young	180	170.86	14.13
Medium	180	167.64	19.30
Old	180	156.61	18.69

The findings of table 5 indicate that the respondents of old age have best psychological well-being ($\bar{x}=156.61$), middle age respondents have moderate ($\bar{x}=167.64$) and young age respondents have poorest psychological well-being ($\bar{x}=170.86$). The mean psychological well-being scores for different age group are presented in Figure 3.

Figure 3. Mean values of Psychological Well-being of different age group



3.1.3. Gender and Psychological Well-being.

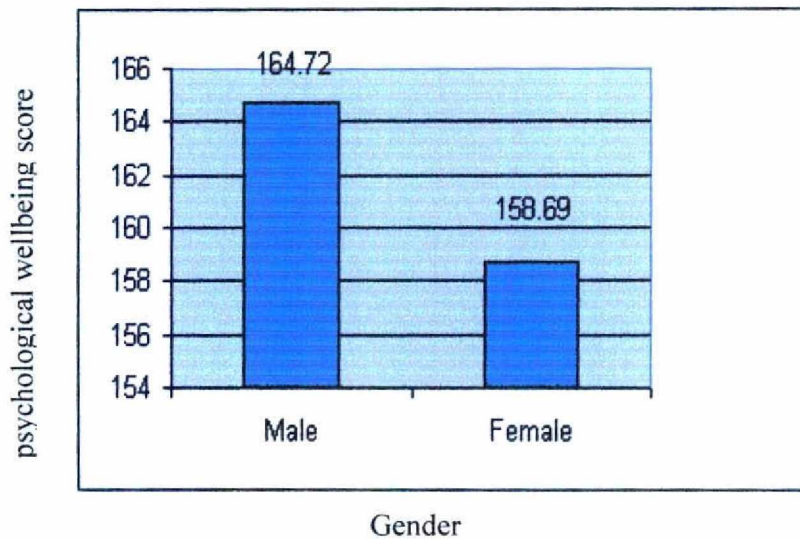
Significant main effect of gender on psychological well-being (Table 3) was found. The mean scores and standard deviation of psychological well-being of different gender group is presented in Table 6.

Table 6. Mean and Standard deviation of Psychological Well-being scores of male and female participants.

Gender	N	Mean	SD
Male	270	164.72	18.27
Female	270	158.69	18.59

Table 6 shows that female has better psychological well-being ($\bar{x}=158.69$) than their male counterparts ($\bar{x}=164.72$). The mean psychological well-being scores for different Gender group are presented in Figure 4.

Figure 4. Mean Values for Psychological Well-being of different Gender group.



3.1.4. Income and Psychological Well-being

The results (Table 3) showed that income has no significant effect on psychological well-being.

3.2. INTERACTION EFFECT

3.2.1. DENSITY BY AGE

The results (table 3) indicated that a two way interaction involving residential density and age ($F=3.727$; $df=4, 486$; $p < .01$) was statistically significant. The mean values of psychological well-being for age and density is presented in table 7.

Table 7. Mean Values of Psychological Well-being by Density and Age of the Respondents.

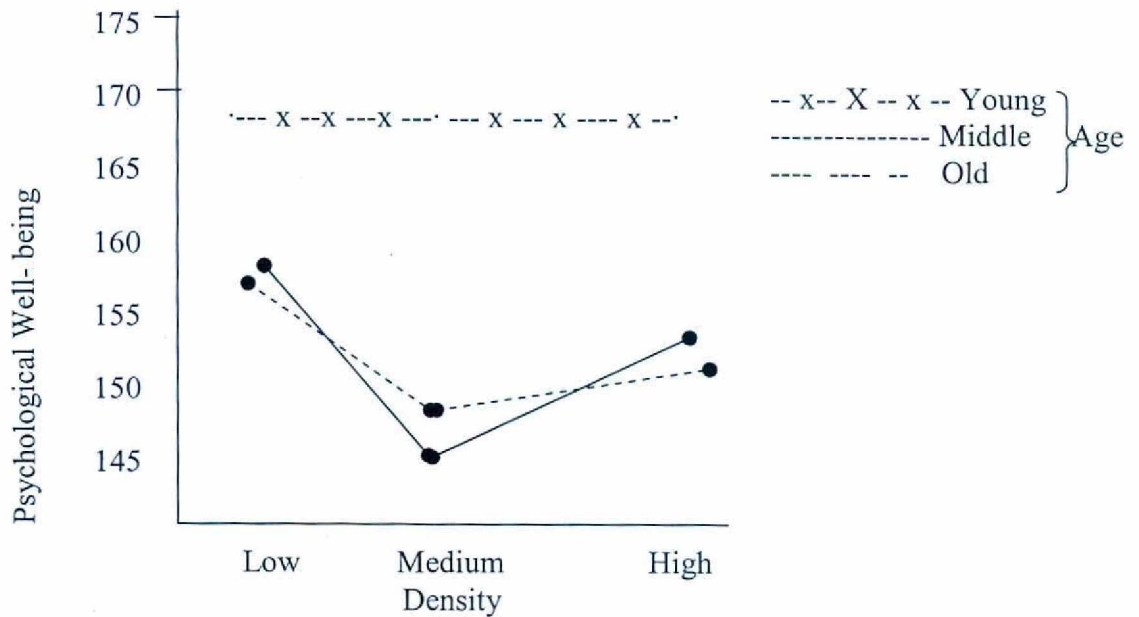
Density Age	High Density	Medium Density	Low Density	Combined Mean
Young	171.367	170.817	170.383	170.856
Middle	162.117	148.617	162.183	157.639
Old	157.583	151.033	161.117	156.577
Combined Mean	163.689	156.822	164.561	

The table of mean values show that in case of high residential density old aged respondents have best psychological well-being ($\bar{x}=157.583$), middle aged respondents have moderate level of psychological well-being ($\bar{x}=162.117$) and the young respondents have the poorest psychological well-being ($\bar{x}=171.367$). In case of medium density, it has been found that middle aged respondents have the best ($\bar{x}=148.617$), old aged respondents have the moderate ($\bar{x}=151.033$) and young aged respondents have the poorest psychological well-being ($\bar{x}=170.817$). In case of low density, it has been found that respondents of old age have the best ($\bar{x}=161.117$), respondents of middle age have the moderate ($\bar{x}=162.183$) and the respondents of young age have the poorest psychological well-being ($\bar{x}=170.383$).

In respect of comparison between high, medium and low density on each age group, the analysis reveals that young age group have the poorest ($\bar{x}=170.856$), middle age group have the moderate ($\bar{x}=157.839$) and old age group have the best ($\bar{x}=156.577$) psychological well-being. It is, therefore, evident from the mean scores that psychological well-being increases with the increment in ages. That is, the more is age, the more the psychological well-being is.

The comparison between low, medium and high density indicates that the respondents of medium density have the best psychological well-being ($\bar{x}=156.822$), the respondents of high density have moderate ($\bar{x}=163.689$) and the respondents of low density have poorest psychological well-being ($\bar{x}=164.561$). The interaction pattern of psychological well being for age and density is presented in Figure 5.

Figure 5. Interaction Effects of Density and Age on Psychological Well-being of the Respondents.



3.2.2. DENSITY BY GENDER

The results (Table 3) revealed that a two-way interaction between residential density and gender. ($F=3.212$, $df=2,486$; $p < .01$) was statistically significant. The mean values of psychological well-being for gender and density is presented in Table 8.

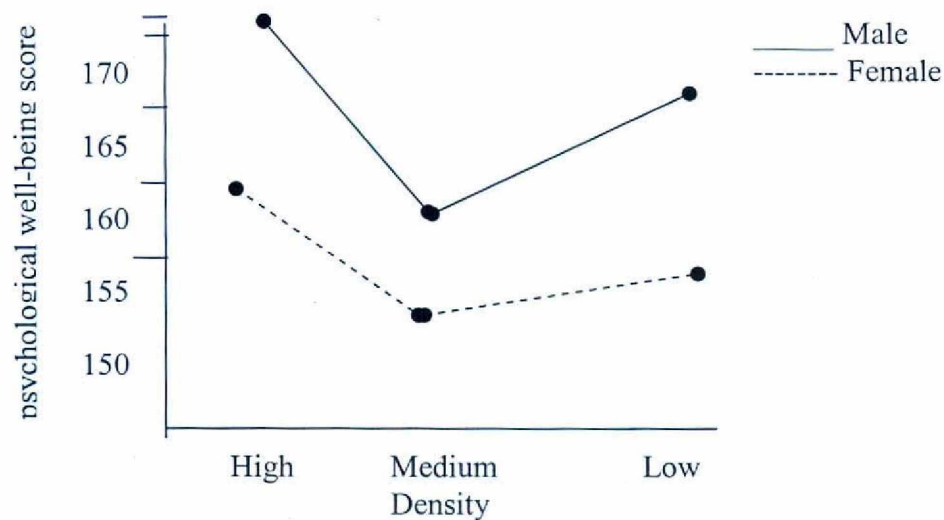
Table 8. Mean Values of Psychological Well-being by Density and Gender of the Respondents.

Density Gender	High	Medium	Low	Combined Mean
Male	168.844	159.978	165.333	164.718
Female	158.533	153.733	163.789	158.685
Combined Mean	163.689	156.856	164.561	

The table 8 of the mean values shows that the psychological well-being among female for young, medium and old density group is much better than male respondents of these three

groups. The results indicate that the respondents of medium density, both male and female have better psychological well-being ($\bar{x}=156.856$) than male and female respondents of high ($\bar{x}=163.689$) and low density ($\bar{x}=164.561$). The table 8 also indicates that the female respondents of the medium density have best ($\bar{x}=153.733$) and the male respondents of high density have the poorest ($\bar{x}=168.844$) psychological well-being. The interaction pattern of psychological well-being for gender and density is presented in figure 6.

Figure 6. Interaction Effect of Density and Gender on Psychological Well-being of the Respondents.



3.2.3. THREE WAY INTERACTION

No three-way interaction between Age by Gender by Income or Age by Gender by Density or Age by Income by Density was found to be significant in case of Psychological well-being.

FOUR-WAY INTERACTION

3.2.4. DENSITY X AGE X GENDER X INCOME

The results (Table 3) indicated a statistically significant four-way interaction involving density, age, gender and income ($F=3.105$; $df=8, 486$ $p<.01$). The mean values of psychological well-being for density, age, gender and income is presented in Table 9.

Table 9. Mean values of Psychological well-being for Density, Age, Gender and Income.

	High Density						Medium Density						Low Density					
	Young Age		Middle Age		Old Age		Young Age		Middle Age		Old Age		Young Age		Middle Age		Old Age	
Income	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Low	182.70	164.0	164.60	156.70	155.70	160.30	176.10	160.10	150.90	144.90	148.60	149.50	168.30	175.0	173.60	155.40	151.90	159.50
Middle	178.10	163.0	163.50	165.0	155.60	159.20	171.70	178.20	153.30	146.30	156.20	141.0	162.0	172.90	163.30	161.40	169.60	163.90
High	174.0	166.40	174.60	148.30	170.80	143.90	173.20	165.60	158.30	138.0	151.50	160.0	177.40	166.70	162.20	157.20	159.70	162.10

The Table of mean values shows that in case of high density young and middle aged female respondents who belong to low income group have better psychological well-being ($\bar{x}=164.0$ and 156.70) than their male counter parts ($\bar{x}=182.70$ and 164.60) respectively. But old aged female respondents of low income group have poorer psychological well-being ($\bar{x}=160.30$) than their male ($\bar{x}=155.70$) counterparts.

The results reveal that only young aged female respondents have better psychological well-being ($\bar{x}=163.0$) than young male respondents of middle income group ($\bar{x}=178.10$) who belong to high residential density. But middle and old aged female respondents of middle income group have poorer psychological well-being ($\bar{x}=165.0$ and 159.20) than middle and old aged male respondents of middle income group ($\bar{x}=163.50$ and 155.60) of high residential density.

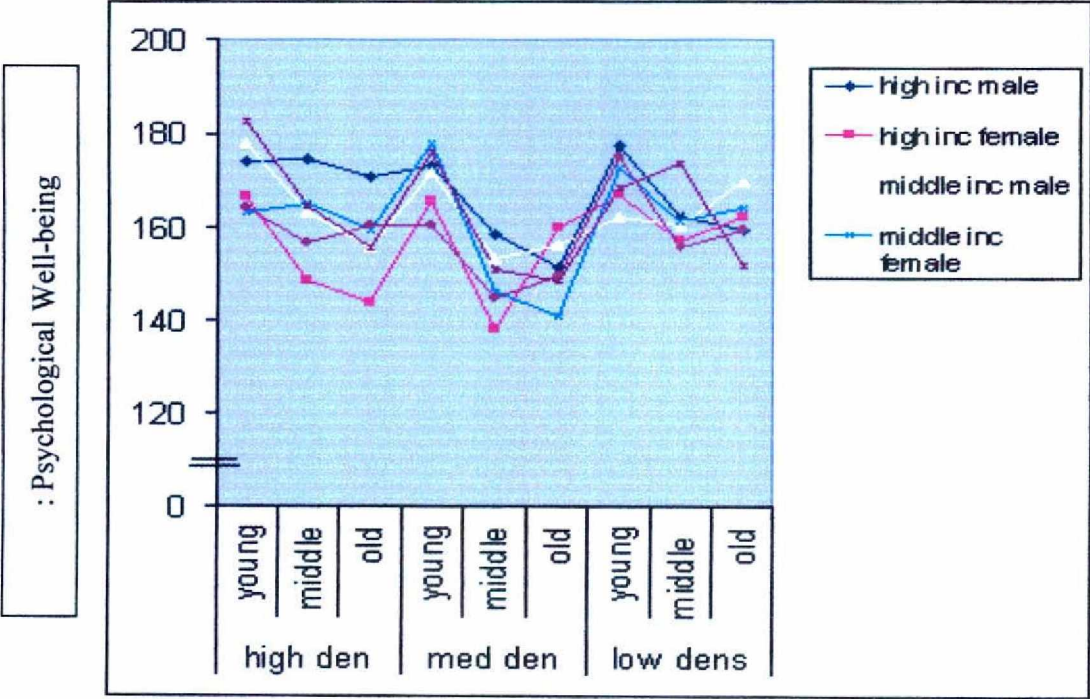
In case of high income group who belongs to high density the female respondents of all ages have better psychological well-being ($\bar{x}=166.40, 148.30, 143.90$) than male respondents of all ages ($\bar{x}=174.0, 174.60$ and 170.80).

The table 9 of mean values show that in case of medium density young and middle aged female respondents who belong to low income group have better psychological well-being ($\bar{x}=160.10$ and 144.90) respectively than their male counterparts ($\bar{x}=176.10$ and 150.90). But old aged female respondents of low income group have poorer psychological well-being ($\bar{x}=149.50$) than their male ($\bar{x}=148.60$) counterparts. On the other hand, middle and old aged female respondents who belongs to middle income and medium density have better psychological well-being ($\bar{x}=146.30$ and 141.0) than their male counterparts ($\bar{x}=153.30$ and 156.20).

But young aged female respondents of middle income and medium density group have poorer psychological well-being ($\bar{x}=178.20$) than young aged male respondents of middle income and medium density ($\bar{x}=171.70$). In case of medium density and high income it has been found that young and middle aged female respondents have better psychological well-being ($\bar{x}=165.60$ and 138.0) than that of young and middle aged male respondents ($\bar{x}=173.20$ and 158.30). But old aged female respondents of high income and medium density group have poorer psychological well-being ($\bar{x}=160.0$) than their male counterparts ($\bar{x}=151.50$).

The table of mean values also show that in case of low density young and old aged female respondents those belong to low income group have poorer psychological well-being ($\bar{x}$ =175.0 and 159.50) than young and old aged male respondents of low income group ($\bar{x}$ =168.30 and 151.90). But middle aged female respondents of low income and low density group have better psychological well-being ($\bar{x}$ =155.40) than their male - counterparts ($\bar{x}$ =173.60). The respondents those belong to middle income and low density group, the result reveal that medium and old aged female respondents have better psychological well-being ($\bar{x}$ =161.40 and 163.90) than their male counterparts. But in this group young female respondents have worse psychological well-being ($\bar{x}$ =172.90) than young male respondents ($\bar{x}$ =162.0). In case of low density and high income group the results reveal that in this group young and middle aged female respondents have better psychological well-being ($\bar{x}$ =166.70 and 157.20) than young and medium aged male respondents. But in this group old aged female respondents have poorer psychological well-being ($\bar{x}$ =162.10) than their male counterparts ($\bar{x}$ =159.70). The four way interaction pattern of psychological well-being for density, age, gender and income is presented in figure 7.

Figure 7: Psychological Well-being by Density by Gender by Age by Income



3.3. Anxiety

By administering anxiety questionnaire individually to 540 respondents, anxiety was measured. Four-way analysis of variance was applied to the scores obtained by respondents to see whether the respondents of high, medium and low density group differed in age, gender and income with regard to their answers to the questionnaire. The findings are presented in the following tables.

Table 10. Four ways Analysis of Variance of Anxiety by Density, Age, Gender and Income.

Source of Variance		S	df	M S	F	Sig.
Main Effects	Density	7.344	2	3.672	.037	NS
	Age	2150.811	2	1075.406	10.695	.001
	Gender	799.350	1	799.350	7.950	.005
	Income	71.633	2	35.817	.356	NS
2-Way interaction	Age by Density	890.378	4	222.594	2.214	NS
	Income by Density	474.989	4	118.747	1.181	NS
	Age by Gender	288.422	4	72.106	.717	NS
	Age by Income	57.811	2	28.906	.287	NS
	Gender by Density	43.478	2	21.739	.216	NS
	Gender by Income	59.078	2	29.539	.294	NS
3-way Interaction	Age by Gender by Income	1210.511	4	302.628	3.010	.018
	Age by Income by Density	219.978	4	54.994	.547	NS
	Age by Gender by Density	605.756	8	75.719	.753	NS
4 Way Interaction	Age by Density by Gender by Income	459.267	8	57.408	.571	NS
Residual		48867.100	486	100.550		
Total		539995.000	540			

The analysis of variance showed significant effects of Age ($F=10.695$; $df=2, 486$; $p<.001$) and Gender ($F=7.950$; $df=1.486$; $p<.001$) on anxiety of various groups of respondents. But the main effects of density and income were not significant. None of the two-way interaction between age

by density or age by gender or age by income or gender by density or gender by income or density by income was found to be significant. But the three-way interaction between age, gender and income ($F= 3.010$; $df=4, 486$; $p<.01$) was found to be significant. Four-way interaction between density, age, gender and income failed to reach the level of the significance.

3.3.1. Residential Density and Anxiety.

Results of the four-way analysis of variance revealed no significant effect of density on anxiety.

3.3.2. Age and Anxiety.

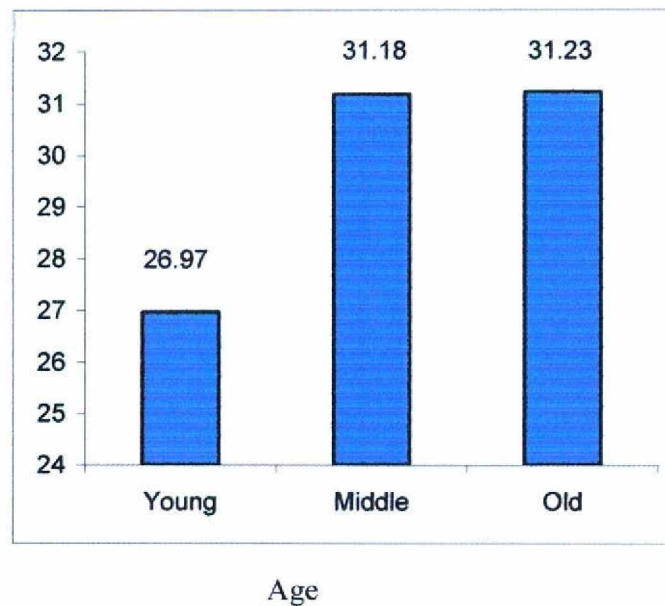
One of the purpose of the study was to investigate whether anxiety vary according to the age of the respondents. So, the scores obtained by different age groups were analyzed by four way analysis of variance. The mean scores and standard deviation of anxiety scores of different age group (young, middle, old) is presented below.

Table11. Mean and Standard Deviation of Anxiety scores of different Age groups.

Income	N	Mean	SD
Young	180	26.97	9.42
Middle	180	31.18	10.43
Old	180	31.23	10.34

The ANOVA table revealed that age has a significant effect on anxiety. Table 11 indicates that in comparison to middle age ($\bar{x}=31.18$) and old age ($\bar{x}=31.23$) group young group ($\bar{x}=26.97$) has the lowest anxiety. Figure 8 presents the mean anxiety scores for different age (young, middle and old) group.

Figure 8. Mean Values of Anxiety of different Age group.



3.3.3. Gender and Anxiety.

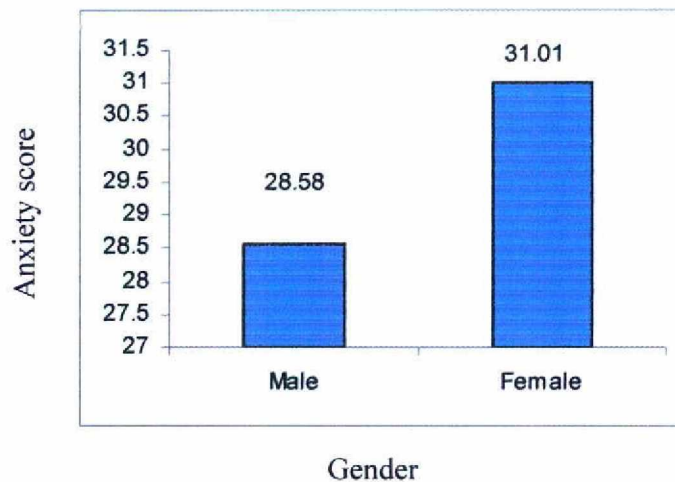
The results of the four-way analysis of variance (Table 10) showed significant main effect of gender on anxiety. The mean scores and standard deviation of anxiety of different gender group is presented in Table 12.

Table 12. Mean and Standard Deviation of Anxiety of different Gender (Male and Female) group.

Gender	N	Mean	SD
Male	270	28.58	10.47
Female	270	31.01	9.90

Table shows that female respondents have more anxiety ($\bar{x}=31.01$) than their male counterparts ($\bar{x}=28.58$). The mean anxiety scores for different gender group are presented in figure 9.

Figure 9. Mean Values of Anxiety of Male and Female groups.



3.3.4. Income and Anxiety

Results of the ANOVA (Table 10) revealed no significant effect of income on anxiety.

3.4.1 TWO-WAY INTERACTION

No two-way interaction between Age by Density, Age by Gender, Age by Income, Gender by Density, Density by Income or Gender by Income was found to be significant in case of anxiety.

3.4.2. THREE-WAY INTERACTION

AGE BY GENDER BY INCOME

The three way interaction between age, gender and income ($F=3.010$; $df=4, 486$; $p<.18$) was found to be significant for anxiety of the respondents. Table 13 presents the mean values of anxiety for age, gender and income of the respondents.

Table 13. Mean values of Anxiety by age, gender and income of the respondents.

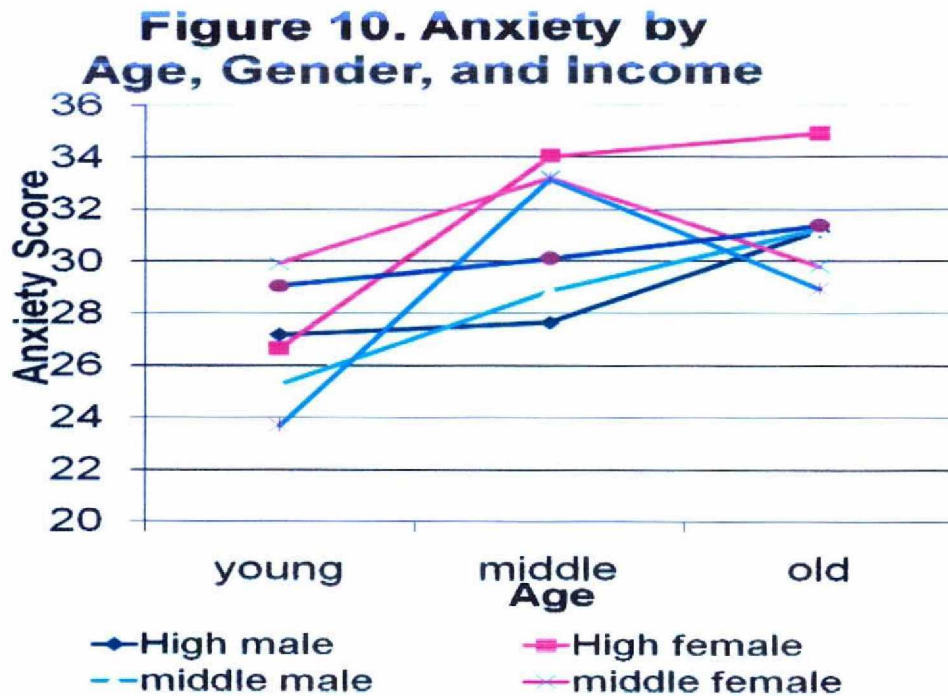
Age	High Income		Middle Income		Low Income		Combined Mean
	Male	Female	Male	Female	Male	Female	
Young	27.20	26.67	25.27	29.93	23.70	29.07	26.973
Middle	27.67	34.03	28.87	33.23	33.17	30.10	31.178
Old	31.17	34.90	31.23	29.80	28.93	31.37	31.233
Combined Mean	30.273		29.721		29.39		
	Male= 28.578				Female= 31.011		

The mean values of table 13 shows that in case of high income group young female respondents have less anxiety ($\bar{x}=26.67$) than that of young male respondents ($\bar{x}=27.70$). But middle aged ($\bar{x}=34.03$) and old age ($\bar{x}=34.90$) female respondents have more anxiety than middle aged male ($\bar{x}=27.67$) and old aged male ($\bar{x}=31.17$) respondents those belong to high income group.

In middle income group, the old aged female respondents have less anxiety ($\bar{x}=29.80$) than their male counterparts ($\bar{x}=31.23$). But young and middle aged female respondents of middle income group have more anxiety ($\bar{x}=29.93$) and $\bar{x}=33.23$) than their male counterparts ($\bar{x}=25.27$ and 28.87).

In low income group middle aged female respondents have less anxiety ($\bar{x}=31.18$) than middle aged male respondents ($\bar{x}=33.17$). But other two groups of female respondents (young

and old) have more anxiety ($\bar{x}$ =29.07 and 31.23) than their male counterparts ($\bar{x}$ =23.70 and 28.93). The interaction pattern of anxiety for age, gender and income is presented in figure 10.



3.5. Correlation between Psychological Well-being and Anxiety.

To investigate the relationship between psychological well-being and anxiety coefficient of correlation was computed. Correlation between psychological well-being and anxiety scores obtained by respondents belonging to different density group yielded $r = -.292$ which is significant at .01 level. The finding shows that between psychological well-being and anxiety, there exists a negative correlation. It indicates that the higher the anxiety is, the poorer the psychological well-being.

3.5.1. Correlation between Psychological Well-being and Anxiety in Groups with Different Residential Density.

The study also investigated the correlation between psychological well-being and anxiety in different density group. The coefficient of correlation between psychological well-being and anxiety according to density is presented below:

<u>Density</u>	<u>r</u>
High	-.414**
Medium	-.301**
Low	-.144**

**p<.01

**p<.05

The findings show that in all levels of density, the correlation between psychological well-being and anxiety is negative. It is, therefore, indicated that irrespective of level of residential density i.e. high, medium or low density houses, the higher the anxiety will be, the lower will be the psychological well-being and vice versa.

CHAPTER-4

DISCUSSSION & CONCLUSION

DISCUSSION AND CONCLUSION

The present study was undertaken to investigate the effects of residential density on psychological well-being and anxiety of respondents. Respondents of high, medium and low density were compared with regard to psychological well-being and anxiety. Significant difference between these three groups of respondents would indicate that the residential density has an important effect on psychological well-being and anxiety of respondents. In addition, the study also made comparisons between male and female, different age groups (old, middle and young) and different income (high, middle and low) groups along the same psychological variables.

An effort was also made to find out the inter-relations among the psychological variables. The results of these comparisons are presented in the previous chapter. This chapter discusses the findings of the study. For convenience of discussion the findings are organized in the following sections:

1. Effects of residential density, age, gender and income as well as effects of Interactions among these variables on psychological well-being.
2. Effects of residential density, age, gender and income on anxiety and effects of interaction among these variables on anxiety.
3. Correlation among the psychological variables- such as psychological well-being and anxiety.

4.1.1. Effect of Residential Density on Psychological Well-being.

It is an empirically proved fact that density has a harmful effect on individuals. Gove, Hughes and Galle (1979) found that crowding in home is related to poor mental health, poor social relations in the home and poor child care. Duckitt (1983) observed that household crowding was associated with significant elevations of negative affects. Similarly, Rohe (1985-86) found that high residential density has negative mental health consequences. A study conducted in India, suggests that the adverse effects of residential crowding on psychological health are mediated by a break down of social support system (Evans, Palsane, Lepore and Martin, 1989).

In the present study, results reveal that household density has a significant effect on psychological well-being of the respondents. It has been found that the respondents of medium density have the higher degree of psychological well-being than the respondents of high and low density households respectively.

This finding may be explained in the light of the findings of Gabe and Williams (1986). They found that low as well as high levels of crowding are detrimental to psychological health. Levi and Anderson (1975) also argued that both high as well as low population densities interfere with human well being and quality of life. May be that is why respondents of medium density have better psychological well-being. It could be explained otherwise. It may be that medium density elevates more warm interpersonal relationship. Due to this interpersonal engagement of the self with others enhance the subjective well-being of the respondents of medium density. Kitayama and Markus (1999) also observed that in East Asian cultures, participation in a certain form of mutually sympathetic relationship is closely associated with good feelings.

The third explanation may be that the warm and close relationships between the members of medium density household raise their self-confidence as well as self esteem. Diener and

Diener (1995) found that self esteem is strongly related to subjective well-being. For that reason their subjective-well-being is high.

Rohe (1982) found that when the social relationship between occupants is close and when individuals have a history of high density living conditions, then household density have no effect on satisfaction. Bangladeshi people have a long history of high density living conditions, because a few years ago it was a common picture that two or three families or generations were living together. Rather they were not so much adapted with less density household. This might be a rational explanation for the poor well-being of less density respondents.

Booth (1976) also found that crowded conditions seldom have any consequences and even when they do their effects are very modest.

4.1.2. Age Effects on Psychological Well-being.

Age has significant effects on psychological well-being. In his review of psychological well-being, Wilson (1967) concluded that younger individual has higher happiness than older individual. But one of the striking finding of the present study is that older people have reported highest happiness or well-being, middle age persons have moderate well-being and the youngest respondents have the poorest well-being. This finding is not surprising. As Diener et. al. (1999) argued that most studies contradict the Wilson's simple interpretation of age effects on psychological well-being. Furthermore, Diener and Suh (1998) indicated that the relations depend on the component being measured and age-related declines in happiness may be due to the types of measures that are used.

In the present research attempts have been made to investigate the age effects on psychological well-being. Previous research findings have shown that (1) Well-being is influenced by the objective conditions of our life (e.g., income, social support, health), and these conditions tend to worsen as we age (Diener and Suh, 1998; Wilson, 1967), or, (2) Well-being is

influenced by our ability to regulate our emotions, and this ability tends to improve as we age (Carstensen, 1995; Lawton, 1996). For this, some theorists argue that well-being should decrease with age, while others argue that well-being should increase with age. Empirical support for these contradictory viewpoints is mixed (Mroczek and Kolarz, 1998).

Cantril (1965) examined the relationship between age and subjective well-being and his data showed that approximately the same percentage of older adults as middle aged or young adults report high life satisfaction. Inglehart (1990) also conducted a series of studies and found only small differences in life satisfaction across age groups.

On the other hand, Okma and Veenhoven (in press) found that affect balance (defined as the difference between pleasant and unpleasant affect) declined slowly from age 18 to 48 and more dramatically after age 65. Similarly, Diener and Suh (1998) reported that when plotted against age, life satisfaction scores formed an almost perfect flat line—from age 18 to age 90 mean levels of life satisfaction were stable.

Lu (1995) found that in old age, social support and extraversion were related to higher happiness. Chan and Joseph (2000) observed that greater extraversion was associated with higher scores on happiness. Extraversion dimension of personality is characterized by a disposition to be sociable, friendly, and impulsive and risk taking (Eysenck, 1990). It is also characterized by talkative, fun-loving and affectionate (McCare and Costa, 1987). It may be that the old aged respondents of the present study are more extraversion types and as a result they have higher happiness.

We can also explain the findings of the present study after Carstensen (1995) and Lawton (1996). Following their view point it may be assumed that with the advancing years the ability of the old aged respondents of the present study to regulate emotion has increased and therefore, their subjective well-being was found to be best. Middle aged respondents have acquired that

ability moderately and young respondents have acquired the least. That is why psychological well-being of the middle aged respondents is medium and that of young aged respondents is the poorest.

4.1.3. Gender differences in Psychological well-being.

Wilson (1967), after doing a major review of psychological well-being research, concluded that sex had no effect on avowed happiness - the happy individual was "of either sex". Since that time, researchers have tried to reconcile this fact with the knowledge that women suffer from much higher rates of depression and other internalizing disorders (Nolen - Hocksema, 1990). But differential rates of clinical levels of emotional disorders do not necessarily reflect gender differences in normal ranges of emotional experience. Pleasant and unpleasant affect are only slightly correlated when assessed over long time periods (Diener and Emmons, 1984; Diener, Smith, and Fujita, 1995).

In the present study it has been found that female has better psychological well-being than their male counterparts. This finding is inconsistent with the finding of Brody and Hall, (1993); Manstead (1992); Nolen-Hocksema and Rusting (1999). They reviewed on gender differences in psychological well-being and found that women tend to experience higher levels of unpleasant affect than men. Women report more frequent and intense internally focused moods such as fear, shame, guilt, sadness, nervousness etc. Due to these differences internalizing disorders such as depression, anxiety disorder, eating disorder etc are experienced by women in higher rates. But all emotions are not internally focused. An externalizing emotion is anger. In some studies it has been found that man experience more anger than women (Biaggio, 1980; Doyle and Biaggio, 1981), where as in others, no significant differences are found (Allen and Haccoun, 1976; Averill, 1983; Brody, 1993).

The causes of sex differences in psychological well-being may be explained in terms of personality explanations and social context explanations. Personality explanations focus on the traits, behavioral styles and coping styles that are associated with gender. Social context explanations emphasize in status, roles and social expectations of men and women. Cultural variation in gender roles also moderate sex differences in psychological well-being. Triandis (1989) argued that in collectivist cultures, behaviour is determined more by norms and social roles.

In Bangladesh, from their childhood women are taught to be submissive, to be dependent on males and to be well adjusted with stresses. Due to this differential pressure of socialization, men and women have the difference in perception of their own needs and environmental demands. Bangladesh has a patriarchal culture and here men have to face environmental demands more as they are the main earning members of families. Moreover, in comparison to men women live a sheltered life and may be because of this social position women's life is less stressful than males (Begum and Mahmuda, 1997).

Hoffman (1984) found that girls get more parental protectiveness and less encouragement in independent exploration of their environment. For that, they continue to be dependent for their emotional fulfillment, and they score high in "Support" value (Khanam, 1994). Higher scores in support mean being treated with understanding, kindness and consideration; receiving encouragement from other people. In Bangladeshi culture, most of the females are economically dependent, they don't participate in decision making and most of them try to adjustment easily with any unfavorable situation. They are satisfied with less opportunities and achievements. So, it may be stated that the behaviour pattern and the easy coping style of life have made their well-being so high and rich.

4.1.4. Income effects on psychological well-being.

It is an important question to psychologists whether greater wealth produce greater happiness or not? There are potential problems with a wealthy world (Droge et al. 1993; Wachtel, 1983). It is the potential for ruining the environment. It might redirect attention from more important aims such as love, self-development and spiritual. On the other hand, it helps people to meet a number of their needs and motives and therefore produced a heightened well-being. Veenhoven (1991) reported that the correlation between income and subjective well-being was stronger and he concluded that income is important to satisfaction when it helps to fulfil basic human needs.

In the present study it has been found that income has no significant effect on psychological well-being. It may be said that high income does not always lead to net psychological effect. Another alternative explanation is that only a very sharp increase in income will produce a rise in psychological well-being and that rise will last only a short period of time before people adapt.

Bangladesh is a collectivist society. Here individuals have a strong tie of love with each other. This warm relationship increases their well-being. Besides this, mass people of Bangladesh are very religious. They have deep faith in God. This spiritual believe also help to raise their well-being. Hadaway's (1978) research showed that the people use religion as a resource in the sense that faith helps them view the world with a stronger sense of "happiness, satisfaction and feelings of well-being". It may be said that though these groups of respondents belong to three different income groups, but they have more similarities in their attitudes and values. So, it may be concluded that these similarities have lead their equal psychological well-being.

Kasser and Ryan (1993) noted that financial success was negatively correlated with self actualization and vitality and positively associated with behavioral problems.

There is an old proverb that 'money does not bring happiness' and findings of the present study support the proverb. However, as an explanation of this nonsignificant result it may be said that only money cannot bring happiness. Along with it education, age, health etc. play important role in this regard.

4.1.5 DENSITY $\times$ AGE (Two-way interaction between density and age in Psychological well-being)

In present study, two way interactions among density and age were found to be significant. The two way interaction between these two variables reveals that the psychological well-being of the young respondents is the poorest in all three density group. In high density old aged respondents have best psychological well-being and middle aged respondents have moderate level of psychological well-being. But the picture is totally opposite in middle density group. Here is middle aged respondents having best psychological well-being and old aged respondents have moderate psychological well-being. In case of low density, the picture replicates high density. Here old aged respondents have best psychological well-being and middle aged respondents have moderate psychological well-being.

The above findings thus indicate that old people are in an advantageous position than young and middle aged respondents of high residential density. In Bangladesh, we can still see many extended families where two or three generations live together. Where old people get an honour and respect, young people look after them. For these caring, they may not be bothered by the problems aroused due to high residential density. Helson's (1964) adaptation level theory

also indicates that individuals with previous exposure to high density should have adapted to the associated stimulus intensity and should have reacted less dramatically to the high density conditions. As the old respondents are well adjusted to density, they give more emphasis on their position which satisfy them most and they feel happy. As a result they have best psychological well-being. These findings may also be explained after Cantril (1965) who found that approximately the same percentage of older adults as middle aged and young adults report high life satisfaction.

We can also explain the findings of the present study after Carstensen (1995) and Lawton (1996). According to their view point it may be that the old aged respondents of the present study are being more influenced by their ability to regulate their emotion of being aged. For this reason their subjective well-being is best. Middle aged respondents have acquired that ability moderately and young respondents have acquired the least. May be that is why middle aged respondents have the medium and young aged respondents have the poorest well-being.

The interaction between density and age indicates that in medium density group middle aged respondents are in the best position than young and old aged people. In Bangladesh, middle age is the age when an individual reach to a more or less stable position. Most of them are settled in a job, their monthly income is regular, family life is well regulated and their health condition is also fine. They have many responsibilities, but they think all of those are manageable and under their control. Like young age group, they are not worried about suitable job or regular monthly income or they are not worried about their increasing health related problems like old age people. According to the view point of Diener and Suh (1998) it may be said that the psychological well-being of middle aged respondents of medium density group of the present study are being more influenced by their objective conditions like income, social support, health etc.

In low density group, it has been found that old peoples are happier and they have better psychological well-being than young and middle aged individuals. This result was very much expected in case of low density group and the findings has confirmed that expectation. In Bangladesh, males are the main earning members of the family. They have to bear different types of responsibilities. So, when the numbers of family members decrease, their responsibilities also decrease. In our country, old age is the age when after finishing all duties like looking after the children, making them educated, making arrangement for their marriage etc. individuals generally go into retired life and enjoy the company of their in laws and grand children. Their grown up sons usually take the rest of their liabilities. The situations surrounded them generally make them happy. May be for that, their psychological well-being is better.

4.1.6 DENSITY BY GENDER (Interaction between density and gender in respect of psychological well-being)

A two-way interaction between residential density and gender was found statistically significant. The mean values showed that in case of male respondents, those belong to middle density have best psychological well-being. The male respondents of low density have medium psychological well-being and the male respondents of high density have the poorest psychological well-being. In case of female respondents it has been found that respondents of middle density have also the best psychological well-being, respondents of high density have medium and the respondents of low density have the poorest psychological well-being.

The main effect of residential density also showed that the respondents of middle density have the best psychological well-being, whereas the respondents of high density have medium psychological well-being. But two-way interaction between gender and residential density

showed a slightly changed picture. It was observed that the female respondents of high density have medium psychological well-being and the male respondents of high density have the poorest psychological well-being and the male respondents of low density have the medium psychological well-being.

The main effect of residential density revealed that the respondents of high density have medium psychological well-being and the respondents of low density have poorest psychological well-being. But interaction showed that the male respondents of high density have poorest and the male respondents of low density have moderate psychological well-being. There are definite causes behind this shifting. One of the causes is that the main effect of density was assessed on both male and female respondents. But interaction revealed that males and females have their different ways of perception of crowding. In Bangladesh, the pattern of socialization is different for boys and girls. Girls are taught to be dependent and submissive and well adjusted to stresses. As they have a long history of high density living conditions, perhaps density doesn't create any problem among them. They are well adjusted with it. May be due to this easy coping life styles females are more happy and their psychological well-being is also high. The second reason may be that female respondents think that if the number of family member increase, the opportunity of more income in future will also increase. For this expectation they have a positive attitude towards residential crowding.

It was very much expected that the male respondents those belong to high density will have poor psychological well-being. At present Dhaka is one of the costly cities of the world. High density means the more number of family members. So, the responsibility is also high. In Bangladesh, males have to bear the social and economical responsibilities. As a result they have to face varieties of stresses, which in turn decrease their well-being. Begum and Mahmuda

(1997) also found that as males are the main earning person and they have to face environmental demands more, their life is more stressful.

The two-way interaction also revealed that in comparison to other two groups of female respondents, the female respondents of low density have poorer psychological well-being. Gove and Hughes (1983) stated that women take nurturant role obligations to person with whom they live, particularly their husbands and their children. But when the number of children reduces, their responsibilities also reduce. As most of the Bangladeshi women spent their maximum times in their households, they may feel lonely; they may think that they are deprived of warm and close relationship of large family etc. This loneliness or this deprivation may have a negative impact on their psychological well-being.

On the other hand, the male respondents of low density have moderate level of psychological well-being. Probably two contradictory things are responsible for this moderate well-being. Firstly, as they belong to low density group, their responsibilities is low-which is a relief and leads to positive well-being. On the other hand, as Bangladeshies are well-adjusted to living with high density, the sudden fallen ratio of household members may lead to loneliness. The deprivation of warm and close relationship with the family members may depress them sometimes. These mixed feelings may lead their moderate psychological well-being.

4.1.7 DENSITY, AGE, GENDER AND INCOME

An interaction effect of density, age, gender and income on psychological well-being was found to be statistically significant. Results revealed that in high density, the psychological well-being of young and middle aged female respondents of low income group is better than their male counterparts respectively. But old aged female respondents of low income group have poor psychological well-being than that of male respondents. It is previously stated that Bangladeshi people, specially females are very much well adjusted with residential density. In all cultures

there are ways in which one can socially construct a situation and setting and there are very sharp cultural variations in how social interaction and privacy are regulated (Hall, 1966; Anderson, 1972; Gregor, 1977; Mitchell, 1975; and Altman, 1975). Beside this, specially in low income group, more number of children is considered as God's blessing. As, in low income group children become engaged in money earning activities in their very childhood. It can be assumed that the age of children of middle and young female respondents is less and they are under their control. For these reasons they are more optimistic about their future and have better psychological well-being. On the other hand, as males are the person, who have to face and bear all types of responsibilities, higher number of family member may create tension and stress on them. As a result young and middle age male respondents of high density have poor psychological well-being. In case of old aged female respondents of high density, the picture is different. It may be that their grown up children don't look after them. As most of them are not economically independent, they feel helpless. They are frustrated about their future. In Bangladesh, females are more helpless than males. Males can find out any means for their existence, most of the cases which females cannot. As a result, their well-being is poor. 429921

In case of respondents of middle income group of high density, the picture is different from low income group. Here the results revealed that the young female respondents have better psychological well-being than their male counterparts. On the other hand, middle and old aged female respondent have poorer psychological well-being than middle and old aged male respondents. In Bangladesh, the condition of middle class is the worst one. They do not have enough money or other properties like upper class people. They can not fulfill their basic needs so easily like higher class. On the other hand, like lower socio-economic class of people they cannot express their wants, needs or seek help from others. They have to maintain a minimum standard of living. But in a costly city like Dhaka, it is very much tough to maintain the standard

they want. Gove and Hughes (1983) stated that women tended to take nurturant role obligations to person with whom they like, particularly to their husbands and their children. It may be that the middle and old aged female's respondents are more nurturant to their husbands and children's, but due to more members in family, they are not able to fulfill their basic needs. They may think that they are not properly playing their roles. For these reasons, they are not happy and their score is more than the middle and old aged male respondents of high density. But young female respondents of middle income group are more optimistic about their future. As they are young, they are more hopeful about their future. They may have better self-concept and confidence. So, they have better psychological well-being than their male counterparts.

In case of respondents of high income group of high density, the results revealed that in all age groups females have better psychological well-being than male respondents. As these female respondents belong to high income group they can easily meet their needs, density in the household doesn't disturb them. May be, they enjoy the warm and close relation among the members of the family. Kitayama and Markus (1999) also observed that in East Asian cultures, participation in a certain form of mutually sympathetic relationship is closely associated with good feelings.

In respect of middle density, results showed that psychological well-being of young and middle aged female respondents of low income group are better than their male counterparts. But the old aged female respondents of low income have poorer well-being than the old aged male respondents of low income. In case of middle density and middle income group, young aged female respondents have poorer psychological well-being than young aged male respondents, but middle aged and old aged female respondents have better psychological well-being than male respondents. In middle density and high income group, results revealed that old aged female respondents have poorer psychological well-being, but young and middle aged respondents have

better psychological well-being than their male counterparts. In short, findings indicated that in middle density, old age female respondents of low income group, young aged female respondents of middle income group and again old aged female respondents of high income group have poorer psychological well-being than the male respondents of these groups. The findings of the old aged female respondents can be explained after Diener and Suh (1998). They point out that well-being is influenced by the objective conditions of our life (e.g., income, social support, health), and these conditions tend to worsen as we age. May be these two old aged females are suffering from these conditions. Nolen-Hocksema and Rusting (1999) found that women report more frequent and intense internally focused moods such as fear, shame, guilt, sadness, nervousness etc. It may be that they are also suffering from internally focused moods. But in case of young aged female respondents of middle income group, the explanation behind their poor psychological well-being that as they are young, they are more influenced by their ability to regulate their emotions, which tends to improve as we age (Lawton, 1996) or this particular group of women may have low self-esteem which is strongly related to subjective well-being (Diener and Diener, 1995).

In low density, the result showed that young aged female respondents of low and middle income group and old aged female respondents of low and high income group have poorer well-being than their male counterparts. Though these respondents belong to different density group, the same explanation may be applicable here. That is, young respondents are more influenced by their ability to regulate their emotion, which they have not learned to control well or they have poor self-esteem. On the other hand, old aged respondents are suffering from health, social support or monitory problems. In both cases, it may be that they are suffering from feelings of insecurity or loneliness, as they belong to low density.

The four-way interaction among density, age, gender and sex has indicated one important fact, that is, the main effect of gender revealed female respondents have better psychological well-being than male respondents. But four-way interaction has revealed that among the nine categories of women, six categories of women have shown poorer psychological well-being. It is a matter of thinking. In old age, health related problems increase gradually. They become less capable physically. They more or less lose their earning capacity. They are in a state of helplessness. In such a condition, if their growing up children does not look after them, their helplessness increases more. As a result, their psychological well-being becomes poorer. May be, this helpless condition and their dependency on others is responsible for their poorer well-being.

4.2.1. Effects of residential density on anxiety.

Increasing the number of people within a limited space may lead to interruptions in an individual's activities. Individuals may find it difficult to cope because of continued stimulus overload. As Dalma (1971) stated that there is a minimum of space, which every human needs to be psychologically adjusted. Studies of Evans (1975); and Saegert, McIntosh and West (1975) have demonstrated that negative mood and anxiety may result from high social density, specially for males.

But the present study has failed to find out any significant effect of residential density on anxiety, which indicates that it does not matter whether people live in low, medium or high density - they have equal anxiety. This finding may be explained by self presentation theory of Maddux and others (1988). According to this theory people are eager to present themselves in ways that make a good impression. They feel anxious when they are motivated to impress others but doubt their ability to do so.

All the participants of the present study were the member of a specific family. They were habituated with the limited space of their household. The loving ties among themselves have taught them how to neglect the stimulus overloading. They have no intention to impress the other family members or make a good impression before them. Their relations are easy and simple. May be that is why the participant of low, medium and high density have equal anxiety.

4.2.2. Age effects on Anxiety.

Age has an effect on anxiety. Wilson (1967) concluded that younger individual has higher happiness than older individual. Our present finding is exactly in this line. It has been found that young respondents have the lowest anxiety than that of middle and old aged respondents. Anxiety is one of the negative components of psychological well-being. In present study, it has been found that the respondents of young age group have the poorest psychological well-being. So, it was expected that their anxiety will also be high. But the result revealed that they have lowest anxiety among the three age groups of respondents. This finding indicates that anxiety is not a strong determinant of poor psychological well-being; at least it is true for these groups of respondents.

The present finding may be explained by the findings of Ali (1975). He stated that threat to economic security and failure in competition are associated with creation of anxiety. It may be that the young respondents of the present study are engaged in a secure job and where the competition is less. Afroze and Rabbi (1985) observed a strong correlation between self concept and anxiety. They found that the higher the self concept, the lower the anxiety is. So, it may be stated that the young respondents may have high self concept about themselves. As a result, their anxiety is lower. But to reach any conclusion further research is needed where self-concept may

be taken as a variable. However, this finding is very much consistent with the finding of Khanam (2000). She also found that old people are more anxious than young people.

4.2.3. Gender differences in anxiety.

Some researches on anxiety have been conducted in Bangladesh. From those findings it is very much difficult to reach any conclusion about the gender effect on anxiety. Because the research findings are not always consistent. In 1985, Afrose conducted a study on anxiety and found no significant difference between the boys and the girls in their anxiety reactions. Khanam (2002) also found no significant difference between male and female respondents regarding their anxiety. On the other hand, some studies revealed significant sex differences (Afrose, 1983; Khanam and Rahman, 2003).

Bangladesh is a male dominating society. Here all the responsibilities specially economic responsibilities have to borne by male persons. Ali (1975) observed that threat to economic security and failure in competition are mainly associated with the development of anxiety among the males of Bangladesh. So, it was expected that male respondents will score higher in anxiety.

The results of the present study reveal that female respondents have more anxiety than their male counterparts. There are many possible reasons behind this reverse finding. Firstly, our culture and social system is mostly responsible for this difference between the genders. Social learning theorists believe that the boy and girl children's behavioral pattern is different because from the very infancy they are treated differently. Girls are taught to conform, to be docile, and to be dependent. Whereas, the boys are taught to succeed, to achieve and to be independent. The girl children's stereotype role is thus inferior to the boy children. Bee (1974) emphasized on biological point of view. He stated that due to the biological differences during adolescence boys are less anxious than the girls. Secondly, it has been found that self concept has an important

influence on anxiety. The better the self concept the less the anxiety is (Coopersmith, 1959; Mitchell, 1959). It is highly possible that women having inferior gender role may have poor self concept and as a result they are more anxious than their male counterparts. Moreover, this finding is also consistent with that of Khanam and Rahman (2003); and Afrose, (1983). They also found that females are more anxious than males.

This finding is also consistent with the finding of Twenge (2000). He also found that girls score higher an anxiety measures than boys do.

It has been observed that when everyone is doing well, there is more pressure to succeed, leading to anxiety. This argument also explains why women's anxiety would rise even as they obtained greater opportunities; because greater opportunities lead to greater expectations and more stress and anxiety.

4.2.4. Income effects on Anxiety.

Income has very little independent effect on anxiety. Why might this be? It has been observed that one feels less deprived when everyone else is deprived too. As several authors have suggested, it may be the perception rather than the reality that is most important for producing anxiety (Beck and Emery, 1985; Lazarus and Folkman, 1984; Spielberger, 1972). Besides this, beyond a certain level of survival, having more money does not lead to greater happiness (Myers and Diener, 1995).

The findings of present study reveal that income has no significant effect on anxiety of the respondents. It means that the anxiety of the respondents of different income level of different residential density is more or less equal. These findings can be explained in the social context of Bangladesh. In case of high income group, they have lots of money, which is more than enough for their need fulfillment. Thus in comparison to the respondents of other socio-

economic groups they have very little reason to be anxious. On the other hand, respondents of medium and low income groups, being citizens of a poor developing country like Bangladesh, are used to the idea of having less money. They have learned to manage with less. As a result, the fact of having less money itself does not produce extra anxiety among them. This finding may be explained according to the view point of Beck and Emery (1985); Lazarus and Folkman (1984), and Spielberger (1972) also. They stated that it is the perception, rather than the reality, that is most important for producing anxiety. So, it may be concluded that the respondent's perception about money is responsible for their similar score in anxiety.

4.2.5 Anxiety by Age, Gender and Income

In case of anxiety three way interactions between age, gender and income was found to be significant. Results revealed that in high income group young female respondents have less anxiety than their male counterparts. But in other two groups of high income, female respondents have more anxiety than male respondents. This finding may also be explained in terms of social context of Bangladesh. Social learning theorists believe that the boy and the girl children's behavioral pattern are different because from the very infancy they are treated differently. The boys are taught to succeed, to achieve, and to be independent because they are considered as future source of income and future leader of the family. But, as present, the society has changed a lot. Parents treat their boy and girl children equally. Now, females are actively taking parts in every aspects of life. These activities, in turn, increase the self-concept of the females. Coopersmith (1959), Mitchell (1959) observed that the better the self-concept, the less the anxiety. So, it may be concluded that as these female respondents have got better treatment from their parents, they have better self-concept - as a result they have less anxiety.

In middle income group, it has been found that old aged female respondents have less anxiety than their male counterparts Meloyd, Jayaratno, Ceballo and Borquez (1994) observed that economic difficulties can increase anxiety. As Bangladesh is a poor country, the old aged female respondents of middle income group may think that they are in a better position than most of the people of the country. As they are old, it may be expected that they think they have completed their most of the responsibilities. Due to economic difficulties, they do not face severe problems. Now, at the edge of life, they have very few things to be worried about. This fullness gives them a sense of happiness. As a result, their anxiety is less.

In low income group, middle aged females have less anxiety than their male counterparts. As these respondents belong to low income, it is assumed that they have monetary problem. Probably the young females of this group try hard to overcome those difficulties by their own efforts such as working in the garment factories. They hope that one day they will be able to solve their problems. They are too hopeful about their future. On the other hand, old female respondents of this group are more frustrated about their future. Probably they struggled hard but at last have found themselves as failure. Too much hope and too much frustration have made these two groups of women unhappy. Barlow (1988) suggested that economic hardship in the modern world equivalent of physical (and some times emotional) threat. In the modern world, economic difficulties are detrimental to optimal survival and reproduction and thus might also be seen as a threat, producing anxiety. Economic difficulties can increase anxiety for children as well as adults. (Meloyd, Jayaratno, Ceballo and Barquez, 1994). But the middle aged women are not so optimistic like young respondents or not so frustrated like old aged individuals. They are more adjusted with their life styles. So, they are not so unhappy. Because of these reasons, their anxiety is low.

4.3. Correlation between psychological variables.

In the present study, responses in psychological well-being and anxiety showed a strong negative relationship with each other. Further analysis revealed that in all levels of density, the correlation between psychological well-being and anxiety is also negative. It indicated that whether people live in high, middle or low density houses, the higher the anxiety will be, the lower will be the psychological well-being.

Further more, the results revealed that the high the density is, the higher is the negative relationship. Accordingly, it was expected that as the respondents of medium density have the best psychological well-being, the negative correlation between psychological well-being and anxiety will be the highest in their case. But results revealed that in case of high density, the negative correlation between anxiety and psychological well-being is highest, whereas in medium density it is moderate and in low density it is lowest. So, it may be concluded that anxiety not as a negative component of psychological well-being, but as a co-variable of density is having a negative impact on psychological well-being. Residential density also contributes to increase negative relationship between anxiety and well-being.

Our present finding is very much consistent with the findings of Nagpal and Shell (1985). They also found that there exists a negative correlation between psychological well-being and anxiety. As a result they treated anxiety as a negative component of psychological well-being.

4.4. CONCLUSION

Bangladesh is a densely populated country. The number of population is increasing day by day. This growing number of population is not only creating physical, social and environmental problems, but also impairing the psychological field. Healthy, normal and skilled individuals are the wealth of a country. But when these individuals do not find enough

opportunities for their normal and healthy development, they become a burden of the country. Personal growth, autonomy, financial success, social reputation, meaningful relationships, goals and values etc. are the markers of well-being. But these indicators may face difficulties due to over population of the country as well as in the home. At the same time these obstacles may increase the level of anxiety.

The findings of the study have shown that the females in general have better psychological well-being than that of males. But it was also revealed that gender per se is not a significant factor for psychological well-being, but other factors like education, profession etc interact with gender to determine the psychological well-being of the respondents. Thus we find out of nine different groups of women, six groups of women respondents have poorer psychological well-being. It may be further pointed out that better economic condition does not necessarily mean better psychological well-being.

The study also revealed that respondents of medium density have better psychological well-being than that of low and high density. This is an important finding of the study. In case of implementation of family planning programme this point should be keep in mind.

Present Government of Bangladesh is giving emphasis on gender equality and as a step towards reducing gender discrimination female education has been made free of cost upto Higher Secondary level. But how far the different projects and programmes are successful in reducing gender discrimination is subject to question as the present study has shown a considerable gender gap in anxiety. So, any future planning in this sector should address this problem.

Based on the findings of the study the following recommendations are made:

(a) Bangladeshi people are well-adjusted with high density in their residence. They have a long history of living in densely populated household. So, if the government of Bangladesh wants to make the population control programme a success, then it will be wise if they encourage people

first to make the family a medium size family. After achieving this goal they may be encouraged to make their family size small.

- (b) Special attention should be given for the upliftment of the psychological well-being of the old aged females.
- (c) To reduce the gender disparity, attitudes toward women's role and status should be changed.
- (d) To make the female education programme a success, mass people have to work hard with the government.
- (e) More emphasis should be placed on exploring the mode of adjustments used by respondents in a crowded household.
- (f) Whether these adaptive behaviors are desirable, need to be explored.

Indication for further research

A number of the limitations of the present study provide the basis for further research in the area of mental health, more specifically in the area of psychological well-being. As the participants were from Dhaka city only, the findings cannot be generalized and further studies are therefore needed in order to have a common picture. Further studies are also suggested for generalizing the results to other socio-cultural groups.

Another limitation of the study was that some of the extraneous variables like education, profession etc. those could have affected the results of the study were not controlled. The researcher felt that this was not necessary as the study aimed to see the general pattern. However, if the study is to be replicated in future, it would be worth while to have a more rigorous control over the variables.

Moreover, the study yielded some contradictory findings which need to be investigated either for confirmation or refutation. For example, in the present study it has been found that old people have the best psychological well-being but their anxiety is high. Whereas young

respondents have the poorest psychological well-being but has low anxiety. Anxiety being a negative component of psychological well-being this finding possessed research question which needs to be answered.

The study also indicate that causal factors behind certain findings need to be explored, such as what causes increase in anxiety with increasing age, what are the underlying causes of poorer psychological well-being among young respondents of the study.

Lastly, further research may be undertaken to investigate, how children are affected by residential density.

In short, the study is probably the first attempt in the perspective of Bangladesh to acquire knowledge about the effects of residential density on psychological well-being. It is not possible in a single research to include all the major variables, not to talk of all the variables. Therefore, still much research need to be done with other related variables to have a better understanding of the effects of residential density on individuals.

Despite all these limitations, this study has an unique contribution in understanding the effects of residential density on anxiety and psychological well-being of different age, gender and income groups. The findings of the study give a general picture as well as give rise to many research questions which may invite further investigation.

CHAPTER-5

SUMMARY

SUMMARY

Long term, generation to generation harm resulting from dense urban living is a world wide pattern. The effects of high density seem to be mediated by individual differences, gender and the nature of the setting, negative consequences have been noted in both laboratory and field studies. "Density" mean more people in a small area where individuals are constantly making contact with others. The household is usually the nexus of daily life, a continuing experience. It represents a place to which one habitually returns. Increasing the number of people within a limited space may multiply the number of unwanted inputs from others and to interruptions in individual's activities. These may lead to increase anxiety as well as negative psychological well-being. Researchers and theorist have their different point of views in their explanation of psychological well-being. According to some, psychological well-being is considered to be the composite measure of physical, mental and social well-being perceived by each individual. While others view it as people's feelings about their everyday life activities. Some theorists have given more emphasis on 'quality of life'. Such variations in theoretical explanations contributed to enrich the understanding of human behaviour as they viewed the issue from different dimensions and perspectives. Based on their views three models of well-being have been proposed: (1) Self-determination model (focuses on intrinsic goals); (2) Multidimensional model (emphasizes on emotional well-being); and (3) The Goal Approach model (focuses on goals and values). Anxiety is a state of intense apprehension, uneasiness, uncertainty, or fear resulting from the anticipation of threatening event or situation of a degree that the normal physical and psychological functioning of the affected individual is disrupted. Through three separate systems anxiety may manifest. These systems are: the mental system (focuses on nervousness, panic); the physical system (includes physical symptoms such as dizziness, sweating, palpitation, chest pain, breathlessness); and the behavioural system (includes pacing, avoidance, foot tapping). The aim

of the all systems to make prepare the organism for immediate action and to protect the organism. The factors determining psychological well-being and anxiety are complex and their direct and composite relationships are difficult to determine. Although researchers have discovered many of the causal and influencing factors which are responsible for promoting or hindering psychological well-being and anxiety of an individual. As the area of psychological well-being and anxiety is very wide, the present research has limited the number of variables so as to concentrate the study only on a few variables namely, residential density, age, gender and income of the respondents. The rationale in selecting these factors was that these factors are very closely associated with psychological well-being and anxiety. In Bangladesh, the socialization process of boys and girls is different; different ages of people are treated differently and different income groups have their different way of living. Besides these different types of residential density have differential effects on its residents. Based on this argument the present research was undertaken to investigate the effects of residential density on psychological well-being and anxiety of the individual. At the same time, the study also explored the role of age, gender and income in psychological well-being and anxiety.

More specifically, the objectives of the study were to find out differences, if there are any, in psychological well-being and anxiety between:

- * Low, medium and high residential density group;
- * Young, middle and old age group;
- * Males and females and
- * Low, medium and high income group.

Sample: The sample of this study comprised 540 individual. An equal number of males (270) and females (270) were selected for the study. They were also categorized equally into three

groups on the basis of their residential density viz high, medium and low density. That is 180 respondents from high density, 180 from medium and 180 from low density. Each group was again equally sub-divided according to their major demographic characteristics i.e., age and income. The sample was drawn from Dhaka Metropolitan City following a stratified and purposive random sampling technique. Among nineteen thanas in Dhaka district, seven thanas were excluded as they were situated outside the Dhaka Metropolitan area. After that from each of the twelve thanas three localities were randomly selected. From each locality eight to eighteen persons were purposively selected on the basis of the criteria and their availability.

Instruments: Instrument used in the present research comprised two questionnaires. To measure psychological well-being of the respondents Subjective Well-being Questionnaire was used and to measure anxiety Dutt Personality Inventory was used. Both the questionnaires were in Bangla. The Subjective Well-being questionnaire was originally developed in English and Hindi. The questionnaire was adapted in Bangla by Begum. The present author determined the reliability of the questionnaire by employing test-retest method. The anxiety scale was also originally developed in English and Hindi. The scale was translated in Bangla by Khanam and Arjumand. Seven judges judged each item of the scale independently. The reliability of the translation was estimated employing a sample of twenty university students. Test-Retest method was used for determining the reliability having an interval of two weeks.

Procedure: The researcher was assisted by two field investigators to collect data from the selected areas. The field investigators were trained before they started administering the questionnaires for data collection. One of the field investigators was a male and other was a female. They were the students of M.Sc. Final year in psychology, University of Dhaka. The questionnaires were administered individually on each respondent. Half of the respondents were

given Subjective Well-being questionnaire at first and Dutt Personality Inventory in the second. On the other hand, another half of the respondents were administered Dutt Personality Inventory at first and Subjective Well-being questionnaire in the second. Both of the questionnaires were self-administering. Before administering both the questionnaires, the investigators collected personal and household information. By dividing the total room by the total number of family member, the density of the house was measured. After that the respondents were asked about their monthly total family income and by using these three criteria viz, age, gender and income the sample were divided into different category.

Results: After collection of data two different types of statistical techniques were applied to the data to attain the purpose of the present research. The Four-Way Analysis of variance was used to compare respondents of high, medium and low density, male and female respondents, respondents of different age groups (young, middle and old) and different income groups (high, middle and low) regarding the psychological variables, viz subjective well-being and anxiety. Correlations of coefficients were determined to see the nature of relationships between these variables.

The Four-Way Analysis of Variance for the psychological variables by respondent's residential density, ages, gender and income have produced the following results:

1. Significant differences were found between the respondents of high, medium and low residential density, ($F= 11.884$, $df= 2.486$ and $p= <.01$) in subjective well-being. Respondents of medium density showed best, respondents of high density showed moderate and the respondents of low density showed poorer subjective well-being.
2. Significant differences were found between male and female respondents in psychological well-being ($F= 16.623$, $df= 1.486$ $p<.01$). The result showed that females have better psychological well-being than males.

3. The main effect of age was found to be significant in psychological well-being ($f=38.424$, $df=2.486$; $p<.01$). Results revealed that respondents of old age have the best, middle age respondents have moderate and young age respondents have poorest psychological well-being.
4. Significant Interaction Effect was obtained for Density and Age in psychological well-being ($F=3.727$, $df=4,486$ $p <.01$). The mean values of the above variables showed that the more is age, the more the psychological well-being are. The comparison between low, medium and high density indicated that the respondents of medium density have the best ($\bar{x}=156.822$), the respondents of high density have moderate ($\bar{x}=163.689$) and the respondents of low density ($\bar{x}=164.561$) have poorest psychological well-being.
5. Significant Interaction Effect was found between Density and Gender in psychological well-being ($F=3.212$; $df=2, 486$; $p<.01$). The result showed that the female respondents of medium density have the best ($\bar{x}=153.733$) and the male respondents of high density have the poorest ($\bar{x}=168.844$) psychological well-being.
6. A four-way interaction involving density, age, gender and income was also found to be significant ($F=3.105$; $df=8,486$; $p<.01$). The mean values showed that the young male respondents, those belong to low income and high density group have the poorest psychological well-being ($\bar{x}=182.70$). On the other hand, middle aged female respondents of high income and medium density have the best psychological well-being ($\bar{x}=138.0$).
7. In case of anxiety, the main effect of age was found to be significant ($F=10.695$; $df=2,486$; $p<.01$). The result revealed that in comparison to middle ($\bar{x}=31.18$) and old aged ($\bar{x}=31.23$) respondents, young age group ($\bar{x}=26.97$) has the lowest anxiety.
8. Significant difference was observed between male and female respondents in anxiety. Female showed ($\bar{x}=31.01$) more anxiety than male respondents ($x=28.58$).

9. Three-way interaction between Age, Gender and Income was found to be significant in anxiety. The mean values showed that old aged female respondents of high income group have the highest ($\bar{x}=34.90$) and the young aged male respondents of low income group have the lowest anxiety ($\bar{x}=23.70$).

The correlation coefficients between psychological well-being and anxiety showed the following significant relationships:

* Respondents psychological well-being showed a negative relation with anxiety ($r = -.292, p < .01$).

* Respondents of three different density group (high, medium and low) also showed a negative correlation between psychological well-being and anxiety ($r = -.414, -.301$ and $-.144$ respectively, $p < .01$).

The findings of the study have brought into focus many factors of psychological well-being and anxiety of individuals. Residents of medium density have shown the best psychological well-being. Possible reason for this is may be the people of Bangladesh have a long history of residential density. Bangladesh is a densely populated country and people here were well adjusted with high density. But at present this density of population is creating various types of problems. The cost of living has increased so much that it has become difficult to maintain a big family. So, the Government of Bangladesh is encouraging people to make their family a small one. As a result, individuals are gradually decreasing their number of family member. At the same time they are not well-acquainted with small families. They may fear that it will create loneliness among them. For this reason, the psychological well-being of medium density is the best.

The findings of the study have shown that the female respondents have better psychological well-being than that of male respondents and it has shown a considerable gender gap in anxiety. The study also pointed out that only economic condition did not allow for better psychological well-being.

In a concluding remark it can be said that the findings of the study has focused some light on the effects of residential density on psychological well-being and anxiety of different age, gender and income group.

REFERENCES

REFERENCE

- Afrose, D. (1983). Anxiety reaction in male and female children. *Dhaka University Journal of Psychology*. Vol. 13. 1-5.
- Afrose, D. (1984). A study of children's achievement and anxiety in relation to birth order. *Bangladesh Journal of Psychology*. 7, 1-10.
- Afrose, D. (1985). An investigation of the factors related to anxiety in children. *Bangladesh Journal of Psychology* 8, 1-9.
- Afrose, D. (1985). Anxiety in juvenile cardiac patients. *Dhaka University Journal of Psychology*. Vol. 15, 1-6.
- Afrose, D. and Rabbi, F. (1985). Self-concept, anxiety and delinquency. *Bangladesh Journal of Psychology*. 8, 106-113.
- Ahmed, M. K; and Mahbuba K. (1995). Level of Anxiety and Perceived Parental Attitudes of Adolescent Girls. *Bangladesh Psychological Studies*. Vol. 5. 55-72.
- Aiello, J.R., Epstein, Y.M., and Karlin, R.A. (1975). Field experimental research on human crowding. *Paper presented at the Eastern Psychological Association Convention*. New York.
- Ali, M.R. (1975). Factors related to anxiety and depressive reactions among the males and females in Bangladesh. *Dhaka University Journal of Psychology*. 5, 19-23.
- Allen, J.G., and Haccoun, D.M. (1976). Sex differences in emotionality: A multi-dimensional approach. *Human Relations*. 29: 711-22.
- Altman, I (1975) The Environment and Social Behaviour: Privacy, Personal space, Territory and crowding. *Brooks/cole, monterey, CA*.
- Anderson, E.N. (1972). Some Chinese Methods for dealing with Crowding. *Urban Anthropology*. 1:141-50
- Anderson, C.A., and Harvey, R.J. (1988). Discrimination between problems in living: An examination of measures of depression, loneliness, shyness, and nation social anxiety. *Journal of Social and Clinical Psychology*, 6, 482-491.
- Andrew, F.M. and Withey, S.B. (1976). Social Indicators of Well-being. *American's Perception of Life Quality*. Plenum Press, New York.
- Aries, P. (1962). Centuries of Childhood: A Social History of Family life. *Knopf*, New York.

- Asendorpf, J.B. (1987). Videotape reconstruction of emotions and cognitions related to shyness. *Journal of Personality and Social Psychology*, 53, 541-549.
- Averill, J.R. (1983). Studies on anger and aggression: Implications for theories of emotion. *American Psychologists* 38: 1145-60.
- Baldassare, M. (1975). The Effects of density on social behaviour and attitudes. *American Behavioral Scientist*, 18, 6, Jul-Aug. 815-825.
- Baldassare, M. (1975). Residential Density, Local Ties and Neighborhood attitudes. Are the Findings of Micro-studies Generalizable to Urban Areas? *Sociological Symposium*, 14, Fall, 93-102.
- Barker, R.G. (1964). Ecological Psychology: Concepts and methods for studying the environment of human behaviour. *Stanford, Calif: Stanford University press*.
- Barlow, D. H. (1988). Anxiety and its disorders. *New York: Guilford*.
- Baron, R.M., Mandel, D.R., Adams, C.A., and Griffen, L.M. (1976). Effects of social density in University residential environments. *Journal of Personality and Social Psychology*, 34, 434-446.
- Baum A. (1988). Disasters, Natural and otherwise. *Psychology Today*, 56-60.
- Baum, A., and Greenberg, C. G. (1975). Waiting for a crowd. The behavioral and perceptual effects of anticipated crowding. *Journal of Personality and Social Psychology* 32, 667-671.
- Beck, A.T. and Emery, G (1985). Anxiety disorders and phobias: A cognitive perspective. *New York: Basic Books*.
- Bedford, T. (1964). Basic Principles of Ventilation and Heating. *Lewis. London*.
- Bee, H.L. (1974). Sex differences: An overview. *Social Issue in Developmental Psychology*, 5-7.
- Begum, H.A. (1990). Development of Bengali version of Subjective well-being Questionnaire. *Unpublished manuscript*.
- Begum, H.A. and Akand, S.S. ((2000). Psychological Well-being of Women as a function of Occupation and Socio-economic Status. *Khamatayan*, Vol. 3, 17-40.
- Begum, H.A., and Mahmuda, A. (1997). Psychological Well-being as a Function of Socio-Economic Status, Sex and Place of Residence. *Bangladesh Psychological Studies*. Vol. 7, 15-30.
- Begum, H.A., and Mahmuda, A. (1999). Psychological Well-being in Bangladesh as a function of Socio-Economic Status, Sex and Place of Residence. In Sugiman, I. Karasawa,

- M., Liu, J.H. and Ward, C. (eds.). *Progress in Asian Social Psychology*, Vol. 2, 317-326.
- Berg, O. (1975). Health and the quality of life. *Acta Sociol*, 18, 3-22.
- Biaggio, M.K. (1980). Assessment of anger arousal. *Journal of Personality Assessment*. 44: 289-98.
- Bickman, L.; Teger, A.; Gabriele, T.; McLaughlin, C.; Berger B. and Sunaday, E. (1973). Dormitory density and helping behavior. *Environment and Behavior*, 5, 464-491.
- Bland, S.H.; O'Leary, E.S., Farinaro, E. Jossa, F.; Trevisan, M. (1996). Long term psychological effects of natural disasters. *Psychosomatic Medicine*. 58, 18-24.
- Bolger, N. and Schilling E. (1991). Personality and problems of everyday life. The role of neuroticism in exposure and reactivity to daily stressors. *Journal of Personality* 59: 355-86.
- Bolger, N. and Zuckerman, A. (1995). A framework for studying personality in the stress process. *Journal of Personality and Social Psychology*. 69: 890-902.
- Booth. A. (1976). Urban crowding and its consequences. *New York: Praeger*.
- Bradburn, N.M. (1969). The Structure of Psychological Well-being. *Chicago: Aldine*.
- Brodt, S.E., and Zimbardo, P.G. (1981). Modifying shyness-related social behavior through symptom misattribution. *Journal of Personality and Social Psychology*, 41, 437-449.
- Brody, L. R. and Hall, J.A. (1993). Gender and emotion. In M. Lewis and J.M. Haviland, eds., *Handbook of Emotions*. New York: Guilford Press, pp. 447-60.
- Brody. L. R. (1993). On understanding gender differences in the expression of emotion: Gender roles, socialization, and language. In S. Ablon, D. Brown, E. Khantzian, and J. Mack, eds. *Human Feelings: Explorations in Affect Development and Meaning*. New York: Analytic Press.
- Brunstein, J.C. (1993). Personal goals and subjective well-being: A longitudinal study. *Journal of Personality and Social psychology* 65: 1061-70.
- Brunstein, J.C.; Schultheiss, O.C. and Grassmann, R. (1988). Personal goals and emotional well-being: The moderating role of motive dispositions. *Journal of Personality and Social Psychology*. 75: 494-508.
- Bugelski, B.R. (1964). *The Psychology of Learning Applied to Teaching Indianapolis: Bobbs-Merill*.

- Calhoun, J. (1962). Population density and social pathology. *Science. Amer.* 206(2). 139-150.
- Campbell, A. (1976). Subjective measures of well-being. *American Psychologists.* 31, 117-124.
- Campbell, A., and Converse, P. (1971). Monitoring the Quality of American Life. A Proposal to the Russell Sage Foundation. *Survey Research Centre.* University of Michigan.
- Cantor, N., Norem, J., Langston, C., Zirkel, S., Fleeson, W.; and Cook-Flannagan, C. (1991). Life tasks and daily life experience. *Journal of Personality* 59: 425-51.
- Cantrill, H. (1965). The Pattern of Human Concerns. *New Brunswick, NJ: Rutgers University Press.*
- Carson, C.R., Butcher, N.G. and Coleman, C.J. (1988). *Abnormal Psychology and Modern Life* (8th Ed.) 192-193.
- Carstensen, L.L. (1995). Evidence for a life-span theory of socioemotional selectivity. *Current Directions in Psychological Science* 4: 151-55.
- Carstensen, L.L. (1998). A life span approach to social motivation. In *Motivation and Self-Regulation Across the life Span*, ed. J Heckhausen. CS Dweck, pp. 341-64. New York: Cambridge University Press.
- Carver, C.S., and Scheier, M.F. (1986). Analyzing shyness: A specific application of broader self-regulatory principles. In W.H. Jones, J.M. Cheek, and S.R. Briggs (Eds), *Shyness: Perspectives on Research and Treatment.* New York: Plenum.
- Chambless, D.L., Cherney, J. Caputo, G.C., and Rheinstein, B.J. (1987). Anxiety disorders and alcoholism: A study with inpatient alcoholics. *Journal of Anxiety Disorders*, 1, 29-40.
- Chan, R. and Joseph, S. (2000). Dimensions of personality, domains of aspiration and subjective well-being. *Personality and Individual Differences* (Feb.), 28(2), 347-354.
- Charles, S. T., Reynolds, C.A. and Gots, M (2001). Age Related Differences and change in Positive and Negative affect over 23 years. *Journal of Personality and Social Psychology.* 80 (1).
- Charles, S. T., Mather, M, and Carstensen, L.L. (2003). Aging and Emotional Memory. The Forgettable Nature for Older Adults. *Journal of Experimental Psychology.* General 132 (2).
- Charles, S.T., Reynolds, C.A. and Gats, M. (2001), Age related Differences and change in Positive and Negative Affect over 23 Years, *Journal Personality and Social Psychology.* 80(1).

- Charles, S.T., Mather, M and Carstensen, L.L> (2003). Aging and Emotional Memory: The Forgettable nature of Negative Images for Older Adults. *Journal of Experimental Psychology, General*, 132(2).
- Choi, I., Nisbett, R.E. and Norenzayan, A. (1999). Casual attribution across cultures: Variation and universality. *Psychological Bulletin*, 125, 47-63.
- Choldin, H.M., Jacobsen, E., and Yahnke, G. (1975). Effects of crowded dwellings on family life. *Sociological Symposium*. 14, 59-76.
- Cohen, S. (1977). Environmental load and the allocation of attention. In a. Baum and S. Valins (Eds.). *Advances in environmental research*. Hillsdale, N.J.: Lawrence Erlbaum.
- Cohen, Sheldon; Sherrod, Drury R. (1978). When Density Matters: Environmental control as a determinant of crowding effects in laboratory and residential settings. *Journal of Population*: 1, 3, fall, 189-202.
- Cooper, C.L; Rout, U., and Faragher, B. (1989). Mental Health, Job Satisfaction and Job Stress among General Practitioners. *BMJ. Feb 11*, 298 (6670): 366-370.
- Coopersmith, S.A. (1959). A method for determining types of self-esteem. *Journal of Educational Psychology*. LIX, 87-94.
- Cote, S., and Moskowitz, D. S. (1998). On the dynamic covariation between interpersonal behavior and affect: Prediction from neuroticism, extraversion, and agreeableness. *Journal of Personality and Social Psychology* 75: 1032-46.
- Dalma, J. (1971). Collective Neurosis of Shock and of Adaptation: *International Review of Sociology*. 7, 2, Part 2, Aug, 457-478.
- Demos, J.A. (1970). Little Commonwealth. *Oxford University Press*. New York.
- DeNeve, K. M. and Cooper, H. (1988). The happy personality: A meta-analysis of 137 personality traits and subjective well-being. *Psychological Bulletin*, 124, 197-229.
- Diener, E. (2000). Subjective well being: The science of happiness and a proposal for a national index. *American Psychologists*, 55, 34-43.
- Diener, E; Suh. E.M., Lucas, R.E., and Smith, H.E. (1999). Subjective Well-being: Thirty years of progress. *Psychological Bulletin* 125: 276-302.
- Diener, E., and Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*. 68: 653-63.

- Diener, E., and Fujita, F. (1995). Resources, personal strivings and subjective well-being. A nomothetic and ideographic approach. *Journal of Personality and Social Psychology*. 68: 926-35.
- Diener, E., and Suh, E. (1998). Subjective well-being and age: An international analysis. In K.W. Schaie and M.P. Lawton, eds., *Annual Review of Gerontology and Geriatrics*, Vol. 17; New York: Springer, pp. 304-24.
- Diener, E., Emmons. R.A. (1984). The independence of positive and negative affect. *Journal of Personality and Social Psychology*. 47: 1105-17.
- Diener, E., Smith, H., and Fujita, F. (1995). The personality structure of affect. *Journal of Personality and Social Psychology*. 69: 130-41.
- Doyle, M.A., and Biaggio, M.K. (1981). Expression of anger as a function of assertiveness and sex. *Journal of Clinical Psychology*. 37: 154-157.
- Droge, C., Calantone, R., Agrawal, M. and Mackoy, R. (1993). The consumption culture and its critiques: A framework for analysis. *Journal of Macromarketing*, 13: 32-45.
- Duckitt, (1983). Household crowding and psychological well-being in a south African coloured community. *Journal of Social Psychology*, 121, 2, Dec. 231-238.
- Durkheim, E. (1947). *The Division of Labor in Society*. (Translated by Simpson G.). *The Free Press*, Glencoe (1893).
- Dutt, N.K. (1966). Psychological and educational implication of the concepts of mental health in Indian thought. Ph.D. *Thesis in psychology, unpublished*, Panjab University.
- Elliot, A.J., Sheldon K.M. and Church, M.A. (1997). Avoidance personal goals and subjective well-being. *Personality and Social Psychology Bulletin* 23: 915-27.
- Elliot, A.J. and Sheldon, K.M. (1997). Avoidance achievement motivation: A personal goals analysis. *Journal of Personality and Social Psychology*. 73: 171-85.
- Emmons, R.A. (1986). Personal strivings: An approach to personality and subjective well-being. *Journal of personality and Social Psychology* 51: 1058-68.
- Emmons, R.A. (1991). Personal strivings; daily life events and Psychological and Physical Well-being. *Journal of personality*, 59: 453-72.
- Evans, G.W. (1975). Behavioral and psychological consequences of crowding in humans. *Unpublished doctoral dissertation*. University of Massachusetts.
- Evans, G.W. (1977). Human spatial behavior. The arousal model. In A. Baum and Y. Epstein. (Eds.). *Human response to crowding*. Hillsdale, N.J.; Lawrence Erlbaum.

- Evans, Gary W. Lepore, Stephen J.; Schroeder Alex. (1996). The role of Interior Design Elements in Human Responses to crowding. *Journal of Personality and Social Psychology*; 70, 1, Jan, 41-46.
- Evans, Gary W., Palsane, M. N., Lepore, Stephen J., Martin, Janea (1989). Residential Density and Psychological health: The mediating effects of social support. *Journal of Personality and Social Psychology*. U. California, Program in Social Ecology, Irvine, U.S.A.
- Eysenck, H.J. (1990). Genetic & environmental contributions to individual differences: A natural science approach. *New York: Plenum Press*.
- Eysenck, M.W. (1982). Attention and arousal: *Cognition and Performance*. Berlin: Springer-verlag.
- Feiner, K. (1988). A Text of a Theory of Anxiety about Body Integrity. Part 2. Psychoanal Psychol, 5:71-79.
- Feldman Barrett, L. (1997). The relationships among momentary emotion experience personality descriptions and retrospective ratings of emotion. *Personality and Social Psychology Bulletin* 23: 1100-10
- Feldman & Pietro Fenigstein, A., (1997). Self-consciousness and the over-perception of self as a target. *Journal of Personality and Social Psychology*, 47, 944-952.
- Fenigstein, A (1978). Self consciousness and the over-perception of self as a target. *Journal of Personality and Social Psychology*. 47: 944-952.
- Fleming, R; Baum, A., Gisriel, M.M. and Gatchel, R.I. (1982). Mediating influences of social support on stress at Three Mile Island. *Journal of Human Stress*. 8, 14-22.
- Fontana, A.F; Marcus, J.L; Noel D, B; and L.A. Jughes (1980). Psychological Impairment and Psychological Health in the Physically Ill, *Psychosomatic Medicine*. 42, 279-288.
- Freud, S. (1959). Inhibitions, symptoms and anxiety. In standard edition. (Vol 20, *London: Mogarth*, First German Edition, 1926b).
- Freudiger, P.T. (1980). Life Satisfaction among American Women. (Doctoral Dissertation. North Texas State University, 1979). *Dissertation Abstracts International*, 40(A): 6438.
- Fuller, T. D., Edwads, J. N.; Sermisri, S. Vorakitphokatorn, Sairudee (1990). Household Crowding and Psychological well-being. International Sociological Association (ISA). *Dept Sociology Virginia Polytechnic Institute and State University*.

- Gabe, - Jonathan; Williams, - Paul (1987). Women, Housing, and Mental Health. *International Journal of Health services*; 17, 4, 667-679.
- Gabe, - Jonathan; Williams, - Paul (1986). Is space bad for your health? The relationship between crowding in the home and emotional distress in women. *Sociology of Health and Illness*; 8, 4, Dec. 351-371.
- Galle, O.R. Grove, W.R., and McPherson. J.M. (1972). Population density and pathology. What are the relations for man? *Science*, 176, 23-30.
- Geller, T.D. (1996). Marital adjustment, Job Satisfaction and Anxiety. *Journal of Psychology*. 127(2): 353-8
- Glenn, N.D. and Weaver, C.N. (1981b). Education's Effect on Psychological Well-being. *Public Opinion Quarterly*, 45: 22-39.
- Gove, W., Hughes, M. and Galle, O. (1979). Overcrowding in the home: an empirical investigation of its possible pathological consequences. *American Sociological Review*. 44, 1, 59-80.
- Gove, W.R. and Hughes, M. (1983). Overcrowding in the household. *Academic Press. New York*.
- Gregor, T. (1977). Mehinoku: The Drama of daily Life in a Brazillian Indian Village. *Chicago: University of Chicago Press*.
- Gupta, A. and Indira, S. (1993). Anxiety and health problems in traditional and dual-carrer couples. *Pharmacopsyoecologia*, Vol. 6(1), 21-26.
- Hadaway, C.K. (1978). Life satisfaction and religion: A reanalysis. *Social Forces*, 57, 636-642.
- Hall, J. (1966). The quality of life. *Unpublished research report*.
- Harlow, R. E., and contor, N. (1996). Still participating after all these years. A study of life tasks participation in later life. *Journal of Personality and social Psychology*, 71: 1235-49.
- Hardee, K., Eggleston, E; Wong, E; Irwards and Hull, T. H. (2004). Unintended pregnancy and Womens psychological well-being in Indonesia. *Journal of Biological Science*, Vol. 36, no.5, pp. 617-626.
- Heine, S.J. and Lehman, D.R. (1997). Culture, dissonance, and self affirmation. *Personality and Social Psychology Bulletin*, 23, 389-400.
- Helson, H. (1964). Adaptation level theory: An experimental and systematic approach to behaviour. *New York: Harper*.

- Herzberg, F. (1966). *Work and the Nature of Man*. New York: World publishing company.
- Hilgard, R.E., Atkinson, C.R., and Atkinson L.R. (1975). *Introduction to Psychology*. New York. Marcount Brace, 440.
- Hoffman, L.W. (1972). Maternal Employment and the Young Child. In M. Perimutter (Ed.). Parent-child Interaction and parent-child Relations and Child Development. *The Minnesota Symposia in child psychology*. Vol. 17. Hillsdale, New Jersey:Lawrence Erlbaum Associaters.
- Holden, C. (1980). Love Canal residents under stress. *Science*, 208, 1242-1244.
- Hoskins, W.G. (1963). *Provincial England : Essays in Social and Economic History*. Macmillian, London.
- Hull, J.G., and Young, R.D. (1983). The self-awareness-reducing effects of alcohol consumption: Evidence and implications. In J. Suls and A.G. Greenwald (Eds). *Psychological perspectives on the self*, Vol. 2, Hillsdale, N.J. Erlbaum,
- Hardee, K; Eggleston, E; Wong, E; Irwanto and Hull, T.H. (2004). Unintended pregnancy and womens psychological well being in Indonesia. *Journal of Biological science*. Vol. 36, no.5. pp. 617-626.
- Inglehart, R. (1990). *Culture shift in Advanced Industrial Society*. Princeton, NJ: Princeton University Press.
- Islam, N. and Nahar, N. (2003). Anxiety as a Predictor of Performance in Learning Situation. *Dhaka University Journal of Psychology*. Vol. 27: 9-15.
- Ittleson, W., Proshansky, H., and Rivlin, L. (1970). The environmental psychology of the psychiatric ward. In H. Proshansky, W. Ittelson and L. Rivlin (Eds). *Environmental Psychology*. Man and his physical setting. New York: Holt, Rinehart and Winston, 1970.
- Jahoda, M. (1958). *Current Concepts of Mental Health*. New York: Basic Books.
- Jorm, A.F. (2005). Psychiatric Epidemiology Research Centre. The Australian National University, Canberra, ACT 0200, Australia.
- Karlin, R. A., Epstein, Y.M. and Aiello, J.R. (1979). A setting specific analysis of crowding. In A. Baum and Y. Epstein (Eds.), *Human response to crowding*. Hills dale, NJ: Lawrence Erlbaum Associates.

- Kasser, T., and Ryan R.M. (1996). Further examining the American Dream. Differential correlates of intrinsic and extrinsic goals. *Personality and Social Psychology Bulletin*. 22:280-87.
- Kasser, T., and Ryan, R.M. (1993). A dark side of the American dream: Correlates of financial success as a central life aspiration. *Journal of Personality and Social Psychology*. 65: 410-22.
- Kennedy, Q., Mather, M., and corstinsen, L.L. (2004). The role of Mtivation in the Age Related Positively Effect in Autobiographical Memory. *Psychological Science*, 15(3).
- Kennedy, Q., Mather, M., and Carstinsen, L.L (2004). The role of Motivation in the Age related Positivity Effects in Autobiographical Memory. *Psychological Science*, 15 (3).
- Khamis, V. (1998). Psychological distress and well-being among traumatized Palestinian women during the intifada. *Social Sciences Medicine*. Vol. 46. No. 8. pp. 1033-1041.
- Khanam, M. (1994). Interpersonal Values and Married Life. *Dhaka University Journal of Biological Science*. 3(2): 137-143.
- Khanam, M. and Arjumand, S. (2002). Anxiety as a Function of Generation and Sex. *Dhaka University Journal of Psychology*. Vol. 26: 45-50.
- Khanam, M. and Rahman, M. (2003). Investigating the Degree of Anxiety of Incoming and outgoing Men and Women Students of Dhaka University. *Pakistan Journal of Psychological Research*. Vol. 18. Nos. 1-2: 13-21.
- Kirmeyer, S.L. (1978). Urban density and pathology: A review of research. *Environment and Behavior*. 10, 267-269.
- Kitayama, S., and Markus, H.R. (1999). Yin and Yang of the Japanese self: The cultural psychology of personality coherence. In D. Cervone and Y. Shoda, eds., *The Coherence of Personality: Social Cognitive Bases of personality consistency, Variability and Organization*. New York: *Gusilford Press*.
- Lai, Wan, Foon, Gina; Lu, Han, Long: Scott, Lennox, Jane A. (1992). Predicting Depressive symptoms in Urban China. The Roles of Gender and Life Stage in understanding work and family stress. *American Sociological Association (ASA)*. Dept. Psychology Duke U. Durham N.C. 27706.
- Lawton, M.P. (1996). Quality of life and affect in later life. In C. Magai and S.H. McFadden, eds., *Handbook of Emotion, Adult Development and Aging*. San Diego, C.A: Academic Press, pp. 327-48.

- Lazarus, R. (1966). Psychological stress and the coping process. *New York: McGraw -Hill.*
- Lazarus, R.S. (1991a). Cognition and Motivation in Emotion. *American Psychologists*, 46, 352-367.
- Lazarus, R.S. (1991b). Emotion and Adaptation. *Oxford: Oxford University Press.*
- Lepore, S. J.; Evans, G. W.; Palsane, M.N. (1991). Social hassles and Psychological Health in the context of chronic Crowding. *Journal of Health and Social behaviour*; 32, 4, Dec. 357-367.
- Levi, L. and Anderson, L. (1975). Psycho-social Stress: Population, Environment and Quality of life. *New York: Halsted.*
- Levy, L., and Herzog, A.W. (1974). Effects of population density and crowding on health and social adaptation in the Netherlands. *Journal of Health and Social Behaviour*, 15, 228-240.
- Lindgren, H.C. (1978). Anxiety as indicated by responses towards associated with stressful experiences. *Unpublished research*. San Francisco State University.
- Lu, L. (1995) The relationship between subjective well-being and psychosocial variables in Taiwan. *Journal of Social Psychology*, (Jun), 135(3) 351-357.
- Maddux, J. E., Norton, L.W., and Leary, M.R. (1988). Cognitive components of social anxiety: An investigation of the integration of self-presentation theory and self-efficacy theory. *Journal of Social and Clinical psychology*, 6, 180-190.
- Mahmuda, A. (1998). Effect of Education, Income, Age and Family Structure on Psychological Well-being. *Bangladesh Psychological Studies*. Vol. 8, 9-20.
- Mahmuda, A. (2003). A comparative study of Psychological well-being of Retired Defense Personal and Retired Civilians. *Bangladesh Psychological Studies*. Vol.13, 27-36.
- Mandler, G. and Sarason, S.B. (1952). A study of anxiety and Learning. *Journal of Abnormal and Social Psychology*, 47, 166-173.
- Manstead, A.S.R. (1992). Gender differences in emotion. In A. Gale and M.W. Eysenck, eds., *Handbook of Individual differences: Biological Perspectives*. New York: Wiley, pp 355-87.
- McCain, G., Cox, V.C., and Paulus, P.B. (1970). The relationship between illness, complaints and degree of crowding in a prison environment. *Environment and Behavior*. 8, 283-290.

- McCare, R.R. and Costa, P.T. (1987). Validation of the five -factor model of personality across instruments and observers. *Journal of Personality and Social Psychology*. 52, 81-90.
- McCarthy, J.D. Galle, O.R. and Zimmer, W. (1975). Population density, Social structure and interpersonal violence. *American Behavioral Scientist*. 18, 771-791.
- McLoyd, V.C., Jayaratne, T.E., Ceballo, R. and Borquez, V. (1994). Unemployment and work interruption among African-American single mothers: Effects on parenting and adolescent socio-emotional functioning. *Child Development*. 65, 562-589.
- McPherson, J.M. (1975). Population density and social pathology: A re-examination. *Sociological Symposium*. 4, 77-92.
- Milgram, S. (1970). The experience of living in cities. *Science*, 167, 1461-1468.
- Mitchell, J.V, Jr. (1959). Goal-setting behaviour as a function of self-acceptance, over and under achievement and related personality variables. *Journal of Educational Psychology*. 50, 93-104.
- Mitchell, R. (1975). Ethnographic and historical perspectives on relationships between physical and socio-spatial environments. *Sociological Symposium*. 14: 25-40.
- Mitchell, R.F. (1972). Some social implications of high density housing. *American Sociological Review*, 36, 18-29.
- Morgan, Griscom. (1972). Mental and Social Health and Population Density. *Journal of Human Relations*; 20, 1-2, 196-204.
- Moskowitz, D.S. and Cote, S. (1995). Do interpersonal traits predict affect? A comparison of three models. *Journal of Personality and Social Psychology*. 69: 915-24.
- Mroczek, D.K., and Kolarz, C. M. (1998). The effect of age on positive and negative affect: A development perspective. *Journal of Personality and Social Psychology*. 73: 713-718.
- Mullaney, J.A. and Trippett, C.J. (1979). Alcohol dependence and phobias: Clinical description and relevance. *British Journal of Psychiatry*, 135, 565-573.
- Mumford, L. (1961). *The City in History*. Harcourt, Brace and World. New York.
- Myers, D. G. and Diener, E. (1996, May). The pursuit of happiness: New research uncovers some anti-intuitive insights into how many people are happy - And why. *Scientific American*, pp. 70-72.
- Myers, D.G. (1993). *Social Psychology*. McGraw Hill, Inc. USA.

- Myers, D.G. (2000). The funds, friends and faith of happy people. *American Psychologist*, 55, 56-67.
- Nagpal and Shell (1985). Subjective Well-being, Indicators of Mental Health. *SEARO Report on A WHO/UNICEF Inter-country workshop*. 1-160.
- Najman, J.M. and Levine S. (1981). Evaluating the Impact of Medical Care and Technologies on the quality of life. *Soc. Sub. and Med.*, 15 F; pp: 107-115
- Nelson, Franklyn L. (1978). Residential Dissatisfaction in the crowded urban neighborhood International, *Review of Modern Sociology*, 8, 2, July-Dec, 227-328.
- Nolen-Hoeksema, S. (1990). Sex Differences in Depression. Stanford, CA: *Standord University press*.
- Nolen-Hoeksema, S., and Rusting. C.L. (1999). Gender differences in well-being. In D. Kahneman, E. Diener, and N. Schwarz, eds., *Well-being: The Foundations of Hedonic Psychology*. New York: Russell Sage Foundation. pp. 330-52.
- O'Leary, K.D. and Smith, D.A. (1991). Marital interactions. *Annual Review of Psychology*, 42, 191-212.
- Oishi, S., Diener, E., Lucas, R. E. and Suh, E.M. (1999). Cross cultural variations in predictors of life satisfaction: Perspectives from needs and values. *Personality and Social Psychology Bulletin*, 25: 980-90.
- Oishi, S., Diener, E., Suh, E.M, and Lucas, R, E. (1999). Value as a moderator in subjective well-being. *Journal of Personality*. 67: 157-84.
- Okma, P., and Veenhoven, R. (in press). Is Langer Leven Nog Wel Leuk? Levensvoldoening van hoog-bejaarden in 8 EU-Laden (is a longer life a better life? Happiness of the very old in 8 EU countries). *Sociale Wetenschppen* 43.
- Pablo, R, Y., McDougall, G, M., (1986). Ecological correlates of Psychiatric Illness in the city of Calgary. *Social Indicators Research*; 18, 2, May, 205-220.
- Palisi, Bartolomeo, J. (1984). Household crowding and well-being; A cross cultural analysis. *International Journal of Sociology of the Family*; 14, 1, Spring 17-31.
- Palys, T.S, and Little, B.R. (1983). Perceived life satisfaction and the organization of personal project systems. *Journal of Personality and Social Psychology*. 44: 1221-30.
- Pozo, C., Carver, C.S., Wellens, A.R., and Scheier, M.F. (1991). Social anxiety and social perception: Construing other's reactions to the self. *Personality and Social Psychology Bulletin*, 16, 309-319.

- Rholes, W.S., Riskind, J.H. and Neville, B. (1995). The relationship of cognitions and hopelessness to depression and anxiety. *Social Cognition*, 3, 36-50.
- Rocklin, T. and Thompson, J.M. (1985). Interactive effects of test anxiety, test difficulty, and Feedback. *Journal of Experiment Psychology*, 77, 368-372.
- Rohe, W. and Patterson, A.H. (1974). The effects of varied levels of resources and density on behaviour in a day care center. *Paper presented to Environmental Design Research Association*. Milwaukee.
- Rohe, W.M. (1982). Models of residential density and their impact on planning: A historical and contemporary analysis. *Urbanism Past & Present*. 7(1), 15-27.
- Rohe, W.M. (1985, 86). Urban Planning and Mental Health. Prevention in Human Services. Fal-Win; Vol. 4(1-2): 79-110.
- Rone, William M. (1985, 1986). Urban planning and mental health. Prevention in Human Services, *U North Carolina*, Chapel Hill.
- Rogers(s) (2002). The contribution of gender role orientation, work factors and home stressors to psychological well being and sickness absence in male and female dominated occupational groups.
- Ryan, R.M., Sheldon, K.M, Kasser, T., and Deci, E.L. (1996). All goals are not created equal. In P.M. Gollwitzer and J.A. Bargh, eds., *The Psychology of Action: Linking Cognition and Motivation to Behaviour*. New York: Guilford. pp. 7-26.
- Ryff, C.D. (1989a). Happiness is everything, or is it? Exploration on the meaning of psychological well-being. *Journal of Personality and Social Psychology*. 57: 1069-81.
- Ryff, C.D. (1989b). In the eye of the beholder: Views of psychological well-being in middle and old-aged adults. *Psychology and Aging* 4: 195-210.
- Ryff, C.D. and Keyes, L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*. 69: 719-27.
- Saegert, S., McIntosh, E., and West. S. (1975). Two studies of crowding in urban public spaces. *Environment and Behaviour*. 1, 159-184.
- Sanderson, C. A., and Cantor, N. (1997). Creating satisfaction in steady dating relationships: The role of personal goals and situational afford anccs. *Journal of Personality and Social Psychology*. 73: 1424-33

- Sarafino, E.P. (1987 a). Personal space. In. R.I. Corsini (Ed.). *Concise encyclopedia of psychology*. New York: Wiley.
- Sarason, I.G. (1978). The Test Anxiety Scale: Concept and Research in C.D. Spiegelberger and I.G. Sarason (Eds.). *Stress and Anxiety*. (Vol. 5, 193-216). Washington, DC: Hemisphere.
- Sarasfino, P.D. and Armstrong, W.J. (1980). Child and Adolescent Development. Foresman and Company, USA. P.S.
- Sarason, I.G. (1986). Test anxiety, worry and cognitive interference. In R. Schuwarzer (Ed.), *Self-related cognitions in anxiety and motivation*, 19-35, Hillshale, NJ: Erlbaum.
- Sarason, I.G., and Sarason, B.R. (1990). Test anxiety. In H. Leitenberg (Ed.), *Handbook of social and evaluative anxiety*, 475-496. New York: Plenum Press.
- Schimmack, U., and Hartmann, K. (1997). Individual differences in the memory representation of emotional episodes : Exploring the cognitive processes in repression. *Journal of Personality and Social Psychology*, 73: 1064-79.
- Schwartz, S.H. and Sagiv, L. (1995). Identifying culture-specifics in the content and structure of values. *Journal of Cross-Cultural Psychology* 26: 92-116.
- Seipp, B. (1991). Anxiety and academic performance: A meta-analysis of findings. *Anxiety Research*, 4, 27-41.
- Shahidulla, S.M. (1985). A perceptual personality differential of anxiety of college students. *Bangladesh Journal of Psychology*. Vol. 8, 56-60.
- Sharma, S. (1970). Manifest anxiety and school achievement of adolescents. *Journal of Consulting and Clinical Psychology*, 34, 403-407.
- Shechter, M., and Zeidner, M. (1990). Anxiety: Towards a Decision Theoretic perspective. *Journal of Mathematical and Statistical Psychology*, 43, 15-28.
- Sheldon, K.M. and Kasser, T. (1998). Pursuing personal goals. Skills enable progress, but not all progress is beneficial. *Personality and Social Psychology Bulletin*. 22: 1270-79.
- Sheldon, K.M. Ryan, R.M., and Reis, H. (1996). Wat makes for a good day? Competence and autonomy in the day, and in the person, *Personality and Social Psychology Bulletin*. 22: 1270-79.
- Sherrod, D.R. (1974). Crowding, perceived control. and behavioral after effects. *Journal of Applied Social Psychology*. 4, 171-186.

- Shin, D.C. and Johnson, D.M. (1978). Avowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, 5, 475-492.
- Simmel, G. (1971). The Metropolis and Mental Life. *On Individuality and Social Forms*. (Edited by Levine D.N.), P. 324. University of Chicago, Chicago, (1903).
- Smail, P., Stockwell, T., Canter, S. and Hodgeson, R. (1984). Alcohol dependence and phobic anxiety states: I. A prevalence study. *British Journal of Psychiatry*, 144, 53-57.
- Snyder, C.R., and Smith, T. H. (1986). On being "Shy like a Fox". A self-handicapping analysis. In W.H. Jones et al. (Eds.). *Shyness: Perspectives on research and treatment*. New York: Plenum.
- Sorcar N.R. and Chowdhury, T.H. (1975). Learning and recall as a function of induced anxiety. *Dhaka University Studies*. B. xxvii (2): 199-204.
- Social science and Medicine Journal (Jeb 15, 2002 V54 14 p.481(12) Roger(ss) 2002. The contribution of gender-role orientation, work factors and home stressors to psychological well-being and sickness absence in male and female dominated occupational group.
- Social Science and Medicine Journal (Feb 15, 2002 V45 14 p.481 (12)
- Specter, M. (1996). 10 years later, through fear. Chernobyl still kills in Belarus. *New York Times*. pp. 1, 6.
- Spiegelberger, C.D. (1972). Current trends in theory and research on anxiety. In D.D. Spiegelberger (Ed.). *Anxiety: Current trends in theory and research*. Vol. 1, New York: Academic Press.
- Spiro, S.E. and Baldassare, M. (1977). Residential Density, Neighbouring and Local Personal Relationships: A comment on Two Papers by M. Baldassare. *Sociological Symposium*, 20, Fall, 84-85.
- Srole, - L; Fischer,- Anita-Kassen (1989). Changing Lives and Well-being: The Midtown Manhattan Panel Study, 1954-1976. *Acta- Psychiatrica- Scandinavica*; 79, Supplement 348, 35-44.
- Stokols, D. (1973). The relationship between micro and macro crowding phenomena: Some implications for environmental research and design. *Man-Environment Systems*. 3, 139-149.
- Stokols, D. (1976). The experience of crowding in primary and secondary environments. *Environment and Behavior*. 8, 49-86.

- Stokols, D., and Ohlig, W. (1975). The experience of crowding under different social climates. Paper presented at the meeting of the *American Psychological Association*, Chicago.
- Suh, E., Diener, E., Oishi, S. and Triandis, H.C. (1988). The shifting basis of life satisfaction judgments across cultures: Emotions versus norms. *Journal of Personality and Social Psychology*, 74, 482-493.
- Suls, J. Green, P., and Hillis, S. (1998). Emotional reactivity to everyday problems, affective inertia, and neuroticism. *Personality and Social Psychology Bulletin* 24: 127-36.
- Suls, J., Martin, R., and David, J.P. (1998). Person-environment fit and its limits: Agreeableness, neuroticism, and emotional reactivity to interpersonal conflicts. *Personality and Social Psychology Bulletin*. 24: 88-98.
- Sundstrom, E. (1975). An experimental study of crowding: Effects of room size, intrusion, and goal blocking on nonverbal behaviours and self-reported stress. *Journal of Personality and Social Psychology*. 32, 645-654.
- The Financial Express, October 7, 2005.
- Toch, H. (1985). Ware houses for people? *Annals-of-the- American Academy of Political and Social Science*. 478, 58-72.
- Triandis, H.C. (1989). The self and social behaviour in differing cultural contexts. *Psychological Review* 96: 506-20.
- Twenge, J.M. (2000). Similarities and differences in past and present personality measures. Unpublished manuscript, *University of Michigan*,
- Van Dam, F.S. A. M., Linssen, A.C.G. and A.L. Couzijn (1984). Evaluating Quality of Life: Behavioural Measures in Clinical Cancer Trials. In Staquet, M., Sylvester, R. and M. Bayse (Eds.): *The Practice of Clinical Trials*. Oxford University Press, London.
- Veenhoven, R. (1991). Is happiness relative? *Social Indicators Research*. 24: 1-34.
- Wachtel, P.L. (1983). The Poverty of Affluence. *New York*: Free Press.
- Wadud N. (2000). Identifying Predictors of Mental Health among the Three Groups of Industrial Managers. *Bangladesh Psychological Studies*. Vol. 10, 65-72.
- Wadud, N. and Mahmuda, A. (1996-97). A Comparative Study of Anxiety and Mental Stress of Players. *The Bangladesh Journal of Psychology*. Vol. 16. 1-7.
- Warr, P. and Wall, T. (1975). Work and Well-being. *Harmondsworth*: Penguin.

- Warr, P., Barter, J. and Brownbridge, G. (1983). On the Independence of Positive and Negative Affect. *Journal of Personality and Social Psychology*. Vol. 44; 644-651.
- White, L. and Edwards, J.N. (1990). Emptying the nest and parental well-being. *Am. Social. Rev.* 55, 235.
- White, M. G. (1983). The Quality of the residential environment as a social problem: Empirical findings on the mental health consequences of poor housing, and neighborhood. *Society for the study of social problems (SSSP)*. 1983. Columbia U. New York NY. 10027.
- Wilson, W. (1967). Correlates of avowed happiness. *Psychological Bulletin*. 67: 294-306.
- Worchel, S., and Teddlie, C. (1976). The experience of crowding: A two-factor theory. *Journal of Personality and Social Psychology*, 34, 30-40.
- Zuravin, Susan, J. (1986). Residential Density and Urban Child Maltreatment: An aggregate Analysis. *Journal of Family Violence*; 1, 4, Dec. 307-322.

APPENDICES

APPENDIX - A

BIO-DATA

Name:

Sex:

Profession:

Age:

Level of Education:

Monthly total income of the family:

Total number of family members:

Approximate size of the rooms:

Total room number of the household:

APPENDIX - B
Psychological Well-Being Questionnaire
INSTRUCTIONS

People are different. They live in a variety of situations and they do not feel the same way about life and the world around them. From a practical viewpoint, it is important to know how different persons feel with regard to their day-to-day concerns such as their health, family, work etc. Such knowledge is necessary if an improvement in the quality of life of people is to be brought about.

This is a questionnaire on how you feel about some aspects of your life and about your life as a whole. Each question may be answered by any one of the given categories by putting a circle 0 around the number which seems to represent your feelings best. For example, in the first question if you feel your general health is very good and you feel physically fit, please put a circle around the response 'Very good' (1). At times you may find that your feeling is not represented perfectly by any one of the given response categories. In such cases, just choose the one closest to what you think.

You may find that some question appear repetitive. Nonetheless, please answer them all. You don't need to have your answers agree with each other.

This questionnaire may appear long to you. But if you work as fast as you comfortably can, you will find that it does not really take long fill in.

All information given by you will treat as confidential and will be used only for research purposes.

Thanks.

QUESTIONNAIRE ITEMS

1. How do you feel about your general health and physical fitness?

Very good	1
Quite good	2
Not so good	3
2. How happy are you with the education you have received?

Very happy	1
Quite happy	2
Not so happy	3
Not applicable	4
- 3.. Do you feel confident that you will be helped out adequately by someone in case you lose Your job or your property?

Very good	1
To some extent	2
Not so much	3
4. How do you feel about your family life?

Very much	1
Quite good	2
Not so good	3
5. How do you feel about the relationship you and your wife/husband have?

Very good	1
Quite good	2
Not so good	3
Not applicable	4
6. How do you feel about the relationship you and your children have?

Very good	1
Quite good	2
Not so good	3
Not applicable	4

7. How do you feel about the relationship you and your friends have?
- | | |
|-------------|---|
| Very good | 1 |
| Quite good | 2 |
| Not so good | 3 |
8. Do you think other people around you like you?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
9. Are you able to concentrate well on things you are doing?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
10. Are you able to remain calm and to control yourself even in critical situations?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
11. Do you feel you can manage situations even when they do not turn out as expected?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
12. Do you have someone, e.g. family member, a friend or a neighbour, to whom you can talk freely when you feel like it?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
13. Do you feel confident that relatives and/or friends will help you out if there is an emergency, e.g. if you lose what you have by fire or theft?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

14. Do you sometimes experience moments of intense happiness almost like a kind of ecstasy or bliss?
- | | |
|--------------|---|
| Quite often | 1 |
| Sometimes | 2 |
| Hardly every | 3 |
15. Do you sometimes feel that you and the things around you belong very much together and are integral parts of a common force?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
16. Do you consider it a source of confidence and strength for you that you are not alone in what you are aiming for?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
17. Do you consider it a source of inner strength for you that you belong to a bigger group of people (other than the family) with whom you share common values, interests or beliefs?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
18. Do you sometimes experience a joyful feeling of being part of mankind as of one large family?
- | | |
|--------------|---|
| Quite often | 1 |
| Sometimes | 2 |
| Rarely/never | 3 |
19. How do you feel about the religious fulfillment in your life?
- | | |
|----------------|---|
| Quite deeply | 1 |
| To some extent | 2 |
| Not so much | 3 |

20. Do you feel you have control over your life the way you want to?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
21. Do you feel confident that in case of a crisis (any thing which substantially upsets your life situation) you will be able to cope with it/face it boldly?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
22. How do you feel about what you have accomplished in your life?
- | | |
|-------------|---|
| Very good | 1 |
| Quite good | 2 |
| Not so good | 3 |
23. On the whole, how happy are you with the things you have been doing in recent years?
- | | |
|--------------|---|
| Very happy | 1 |
| Quite happy | 2 |
| Not so happy | 3 |
24. Taking all things together how do you feel things are these days?
- | | |
|-------------|---|
| Very good | 1 |
| Quite good | 2 |
| Not so good | 3 |
25. The way things are going now do you feel confident in coping with the future?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
26. Compared with the past, do you feel your present life is:
- | | |
|--------------|---|
| Very happy | 1 |
| Quite happy | 2 |
| Not so happy | 3 |

27. Compared with others, do you feel your life is:
- | | |
|--------------|---|
| Very happy | 1 |
| Quite happy | 2 |
| Not so happy | 3 |
28. Do you feel your life is interesting?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
29. Do you feel your life is enjoyable?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
30. Do you feel your life is worthwhile?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
31. In your family, are husband and wife both earning members?
- | | |
|----------------|---|
| Yes | 1 |
| No | 2 |
| Not applicable | 3 |
32. In your family, is there a good agreement on how family income should be spent?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
33. Do you think that most of the members of your family feel closely attached to each other?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

34. When there is an important decision to be taken in your family, like choice of a marriage partner, choice in education, business, etc., is other members consulted by the head of the family?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
35. Do you consider your family a source of confidence for you in what you are doing?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
36. Do you consider your family a source of help to you in finding solutions to most of the problems you have?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
37. Do you think you would be looked after well by your family in case you were seriously ill?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
38. Do you consider that the family would be fully supporting any member in times of a crisis, e.g. if a family member becomes disabled with old age?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
39. Do you sometimes worry that there is nobody who would really help your children if you were unable to do so or if you would be no more?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
| Not applicable | 4 |

40. Do you worry about your family life?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
41. Do you sometimes worry about the relationship you and your wife/husband have?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
| Not applicable | 4 |
42. Do you sometimes worry about the relationship you and your children have?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
| Not applicable | 4 |
43. Would you wish to have more friends than you actually have?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
44. Do you sometimes feel that you miss a real close friend?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
45. Is it a source of preoccupation for you that people around you do not like you?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
46. Do you feel your friends/relatives would help you out if you were in need?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

47. Do you miss a person you can have full confidence in and with whom you can talk freely about personal matters and problems?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
48. Do you feel part of a group of people who are mutually friendly and supportive?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
49. If something were to happen to your family, do you think your neighbours would provide help?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
50. Do you feel confident that relatives and /or friends will look after you if you are severely ill or meet with an accident?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
51. Do you suffer from pains in various parts of yours body?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
52. Are you disturbed by palpitations/a thumping heart?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
53. Are you disturbed by a feeling of gaudiness?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |

54. Do you feel you get tired too easily?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
55. Are you troubled by disturbed sleep?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
56. Do you sometimes worry about your health?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
57. Do you find it difficult to relax when you want to?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
58. Are you disturbed by the fact that your mind gets distracted when you want to do something or think of something?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
59. Do you get easily upset if things don't turn out as expected?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
60. Do you feel easily irritated, too sensitive?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

61. Do you feel that minor things upset you more than necessary?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
62. Do you consider it a problem for you that you sometimes lose your temper over minor things?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
63. Do you get easily upset if you are criticized?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
64. Do you feel disturbed by feelings of anxiety and tension?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
65. Are you worried over the lack of confidence you have in what you are doing?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
66. Do you experience that the circumstances of your life are beyond your control?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
67. Do you sometimes worry about accomplishing so little of what you want to accomplish?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

68. Do you worry about having less success in life than you think you deserve?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
69. Do you sometimes feel sad without reason?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
70. Do you sometimes worry over disharmony and conflicts between members of your family?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
71. Do you worry about your future?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
72. Do you sometimes worry about your mental wellbeing?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
73. Do you feel your life is boring/uninteresting?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
74. Do you feel your life is miserable?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |

75. Do you feel your life is useless?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
76. Do you feel you have most of the things you need?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
77. Do you think you have achieved the standard of living and the social status that you had expected?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
78. Do you normally accomplish what you want to?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
79. Do you think you have achieved what you had expected in terms of the freedom to do what you want to do?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
80. How do you feel about the extent to which you have achieved success and are getting ahead?
- | | |
|-------------|---|
| Very good | 1 |
| Quite good | 2 |
| Not so good | 3 |
81. Considering your life as a whole do you think it is the life you want most to live?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
82. Considering all the efforts you have made, do you think you should have accomplished more in life?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

APPENDIX - C

Dutt Personality Inventory

There are some statements in this questionnaire which individuals considered important in their life. What you have to do is: read all the statements. There are three types of answer beside each statements - " often ", " Sometimes " and " Never ". Decide, which answer is applicable in your case and put a tick mark ($\checkmark$) in that answer. For example, after reading the first statement you may feel that often you need others help or you want that other people look after you. In that case put a tick mark on "Often ". At times you may find that your feeling is not represented perfectly by any one of the given response categories. In such cases, just choose the one closest to what you feel.

1	Do you want someone to look after you or advise you?	Some times ☐	Often ☐	Never ☐
2	Do you feel uneasy if you have to sit long in a small room with the door shut?	Some times ☐	Often ☐	Never ☐
3	Does your attention wander so badly that you lose the thread of what you are doing?	Some times ☐	Often ☐	Never ☐
4	Do you find it difficult to go to sleep due to excitement?	Some times ☐	Often ☐	Never ☐
5	Have you been afraid of going mad?	Some times ☐	Often ☐	Never ☐
6	Do you find it difficult to concentrate your mind when you need doing so?	Some times ☐	Often ☐	Never ☐
7	Do you think you are much more cautious, tense and strung-up than need be?	Some times ☐	Often ☐	Never ☐
8	Do you bother about pains in your heart or in chest?	Some times ☐	Often ☐	Never ☐
9	Do you worry about your health?	Some times ☐	Often ☐	Never ☐
10	Do you wish that you should be as happy as others seem to be?	Some times ☐	Often ☐	Never ☐
11	Do you have periods of such great restlessness that you cannot sit long in a chair?	Some times ☐	Often ☐	Never ☐

12.	Do you definitely admit that you have been worried beyond reason over something that did not really matter?	Some times ☐	Often ☐	Never ☐
13.	Do you think you are careless about what happens to you?	Some times ☐	Often ☐	Never ☐
14.	Is life a strain for you?	Some times ☐	Often ☐	Never ☐
15.	Does your heart beat too quickly or thump in your ears so that you cannot sleep?	Some times ☐	Often ☐	Never ☐
16.	Have you feared that you are a victim to heart-trouble or to some disease like cancer or tuberculosis?	Some times ☐	Often ☐	Never ☐
17.	Do you try to avoid going to a strange shop or talking to a strange man?	Some times ☐	Often ☐	Never ☐
18.	Do you feel yourself a happier person than many others?	Some times ☐	Often ☐	Never ☐
19.	Do you get mentally tired easily?	Some times ☐	Often ☐	Never ☐
20.	Do you get a dragging sense of pressure on the top of your head or the back of your neck?	Some times ☐	Often ☐	Never ☐
21.	Do you find yourself getting irritated and aggressive without cause, bursting at people over trifles?	Some times ☐	Often ☐	Never ☐
22.	Do you have much trouble in making up your mind as to what you will do next?	Some times ☐	Often ☐	Never ☐
23.	Are you troubled by the sweating of the skin and palms?	Some times ☐	Often ☐	Never ☐
24.	Do you suffer from frequent urination?	Some times ☐	Often ☐	Never ☐
25.	Have you tremors of hands and feet?	Some times ☐	Often ☐	Never ☐
26.	Do you suffer from indigestion and impaired appetite?	Some times ☐	Often ☐	Never ☐
27.	Do you have feelings of fulness in the stomach?	Some times ☐	Often ☐	Never ☐

28.	Do you have feelings of dizziness and sickness without any apparent cause?	Some times ☐	Often ☐	Never ☐
29.	Do you have feelings of suffocation or inability to get sufficient air and choking of breath?	Some times ☐	Often ☐	Never ☐
30.	Do you jump badly at sudden lights, sounds or touches?	Some times ☐	Often ☐	Never ☐
31.	Are you bothered by cold feet and hands going blue even in moderate cold?	Some times ☐	Often ☐	Never ☐
32.	Does the power go out of your limbs so that you have to lean against somethings?	Some times ☐	Often ☐	Never ☐
33.	Do things swim before your eyes, go blurred or misty?	Some times ☐	Often ☐	Never ☐
34.	Is your sleep fitful and disturbed?	Some times ☐	Often ☐	Never ☐
35.	Did you have period when you lost sleep over worry?	Some times ☐	Often ☐	Never ☐
36.	Do you feel that you are going to blush?	Some times ☐	Often ☐	Never ☐
37.	Do you have nightmares?	Some times ☐	Often ☐	Never ☐
38.	Do you worry as to what will happen to your family members after your death?	Some times ☐	Often ☐	Never ☐
39.	Do you find yourself much bored and irritated when waiting for something?	Some times ☐	Often ☐	Never ☐
40.	Do you feel you are a relaxing and happy-go-luck sort of person?	Some times ☐	Often ☐	Never ☐

পরিশিষ্ট - ক

জীবন বৃত্তান্ত

নামঃ

লিঙ্গঃ

পেশাঃ

বয়সঃ

শিক্ষাগত যোগ্যতাঃ

পরিবারের মোট মাসিক আয়ঃ

পরিবারের মোট সদস্য সংখ্যাঃ

বাসার মোট কক্ষ সংখ্যাঃ

পরিশিষ্ট - খ

জীবনযাত্রার বিভিন্ন দিক সম্বন্ধিত মনোভাব প্রশ্নমালা

নির্দেশনা

মানুষ বিভিন্ন পরিবেশে বাস করে। তাছাড়া তাদের মধ্যে বিস্তার পার্থক্য রয়েছে। তাই জীবন ও আপন জগৎ সম্বন্ধে সকলের অনুভূতি এক রকম হয় না। স্বাস্থ্য, পরিবার, কাজ-কর্ম ইত্যাদি প্রাত্যহিক বিষয়গুলো নিয়ে তাঁরা কি ভাবেন সে সম্বন্ধে জানা প্রয়োজন। জনগণের জীবনযাত্রার মান উন্নয়নের জন্য এ বিষয়ে জ্ঞানলাভের প্রয়োজনীয়তা অনস্বীকার্য।

জীবনের বিশেষ বিশেষ দিক এবং সার্বিক জীবন সম্বন্ধে আপনি কি মনে করেন সে সম্বন্ধে জানার জন্যেই এই প্রশ্নমালাটি প্রণয়ন করা হয়েছে। এতে বেশ অনেকগুলো প্রশ্ন রয়েছে। প্রতিটি প্রশ্ন মনোযোগসহকারে পড়ুন এবং যে উত্তরটি আপনার নিজের বলে বিবেচনা করেন সেটিকে বৃত্ত দিয়ে চিহ্নিত করুন। অনেক সময় মনে হতে পারে কোন উত্তরই আপনার অনুভূতির সাথে খাপে খাপে মিলছে না। সে ক্ষেত্রে যেটি আপনার উত্তরের সবচেয়ে কাছাকাছি মনে হয় সেটিকে চিহ্নিত করুন।

আপনার দেওয়া তথ্যের গোপনীয়তা সম্পূর্ণভাবে রক্ষা করা হবে এবং তা কেবলমাত্র গবেষণার কাজে ব্যবহার করা হবে। কাজেই সম্পূর্ণ খোলা মনে উত্তর দিয়ে আমাদের প্রচেষ্টাকে সাফল্য মণ্ডিত করে তুলুন।

ধন্যবাদ।

প্রশ্নমালা

১।	আপনার নিজের সাধারণ স্বাস্থ্য এবং শারীরিক যোগ্যতা সম্পর্কে আপনার অভিমত কি ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়।
২।	আপনার শিক্ষাগত যোগ্যতা নিয়ে আপনি কতটুকু সুখী ? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নই (ঘ) প্রযোজ্য নয়।
৩।	আপনার চাকুরী বা সম্পত্তি যদি খোয়া যায় তবে কি আপনি অপরের পর্যাণ্ড সাহায্য পাবেন বলে বিশ্বাস করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৪।	আপনার পারিবারিক জীবন কেমন মনে করেন? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়।
৫।	আপনার সাথে আপনার স্বামী/স্ত্রীর সম্পর্ক সম্বন্ধে আপনি কি মনে করেন? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় (ঘ) প্রযোজ্য নয়।
৬।	আপনার সাথে আপনার সন্তানদের সম্পর্ক কেমন? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় (ঘ) প্রযোজ্য নয়।
৭।	আপনার সাথে আপনার বন্ধু-বান্ধবদের সম্পর্ক কেমন? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়।
৮।	চারি পার্শ্বের লোকজন আপনাকে পছন্দ করে বলে কি আপনি মনে করেন? (ক) খুব বেশী (খ) কিছুটা বেশী (গ) তেমন বেশী নয়।
৯।	আপনার কাজ কর্মে আপনি মনোযোগী হতে পারেন কি? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
১০।	সংকটময় পরিস্থিতিতেও আপনি কি নিজেকে শান্ত রাখতে এবং নিজেকে নিয়ন্ত্রণে রাখতে পারেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
১১।	কোন পরিস্থিতি আশানুরূপ না হলেও সে পরিস্থিতিতে মোকাবেলা করতে পারেন বলে আপনার মনে হয় কি? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়।
১২।	পরিবারের সদস্য, বন্ধু-বান্ধব অথবা প্রতিবেশীর মধ্যে এমন কেউ আছে কি যার সাথে আপনি প্রয়োজনে খোলাখুলি আলাপ করতে পারেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
১৩।	জরী অবস্থায়, যেমন, আপনার সব কিছু যদি পুড়ে যায় অথবা চুরি যায় তখন আপনার আত্মীয় স্বজন অথবা বন্ধু-বান্ধব আপনাকে সাহায্য করবে বলে আপনি বিশ্বাস করেন কি? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।

১৪।	অনেকটা স্বর্গীয় সুখের মত প্রচন্ড সুখের অনুভূতি কি আপনার কখনো হয়েছে? (ক) বেশ প্রায়ই (খ) মাঝে মাঝে (গ) কখনই নয়।
১৫।	আপনার কি মাঝে মাঝে মনে হয় যে আপনার চার পার্শ্বের পরিবেশ এবং আপনি নিজে একই শক্তির একটি অংশ? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
১৬।	আপনার লক্ষ্যে আপনি একা নন, এই বিশ্বাস কি আপাকে আত্মবিশ্বাস ও শক্তি যোগায়? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
১৭।	বৃহত্তর দলের (নিজ পরিবার ছাড়া) মূল্যবোধ, আগ্রহ অথবা বিশ্বাসের অংশীদার হতে পারা কি আপনি আভ্যন্তরীণ শক্তির উৎস বলে মনে করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
১৮।	আপনিও বিশ্বমানব পরিবারের একজন একথা ভেবে মাঝে মাঝে কি আপনি সুখ অনুভব করেন? (ক) প্রায়ই (খ) মাঝে মাঝে (গ) কদাচিৎ / কখনও নয়।
১৯।	আপনি কি আপনার জীবনে ধর্মীয় স্বার্থকতা খুঁজে পান? (ক) গভীরভাবে (খ) কিছুটা (গ) তেমন বেশী নয়।
২০।	আপনি কি মনে করেন আপনার জীবনকে আপনি যেভাবে পরিচালিত করতে চান সেভাবে চালিত করার ক্ষমতা আপনার আছে? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়।
২১।	সংকটের সময় (যা আপনার স্বাভাবিক জীবনযাত্রা ব্যাহত করতে পারে) আপনি পরিস্থিতির যথার্থ মোকাবেলা করতে পারবেন বলে কতখানি আত্মবিশ্বাসী? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
২২।	আপনি আপনার জীবনে যা কিছু অর্জন করেছেন সে সম্পর্কে আপনি কি মনে করেন? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়।
২৩।	সাম্প্রতিক কালে আপনি যা করেছেন তাতে সামগ্রিকভাবে আপনি কতটা সুখী? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নয়।
২৪।	সব কিছু মিলে আজকাল দিনকাল কেমন যাচ্ছে বলে মনে করেন? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়।
২৫।	এখন যেভাবে সবকিছু চলছে তাতে ভবিষ্যতে খাপ খাওয়ানোর ব্যাপারে আপনি কতটুকু আত্মবিশ্বাস অনুভব করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
২৬।	অতীতের তুলনায় আপনার বর্তমান জীবনকে কেমন মনে হয়? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নয়।
২৭।	অন্যদের তুলনায় আপনার জীবনকে কেমন মনে করেন? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নয়।

২৮।	আপনি আপনার জীবনকে কি চিত্তাকর্ষক বলে মনে করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
২৯।	আপনি কি আপনার জীবন ধারাকে উপভোগ্য বলে মনে করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩০।	আপনি আপনার জীবনকে কি মূল্যবান মনে করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩১।	আপনার পরিবারে স্বামী/স্ত্রী উভয়েই কি উপার্জনক্ষম সদস্য? (ক) হ্যাঁ (খ) না (গ) প্রয়োজ্য নয়।
৩২।	আপনার পরিবারে পারিবারিক আয় কিভাবে খরচ করা হবে সে সম্পর্কে সদস্যদের মধ্যে ভাল সমঝোতা আছে কি? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়।
৩৩।	আপনি কি মনে করেন আপনার পরিবারের অধিকাংশ সদস্য একে অন্যের সাথে ঘনিষ্ঠভাবে জড়িত? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩৪।	যখন আপনার পরিবারে বিয়ের পাত্র/ছাত্রী নির্বাচন, শিক্ষা, ব্যবসা, প্রভৃতি কোন গুরুত্বপূর্ণ বিষয়ে সিদ্ধান্ত নেয়ার প্রয়োজন হয় তখন পরিবারের অন্যান্য সদস্যরা পরিবার প্রধান পরিবারের সদস্যদের সাথে আলাপ আলোচনা করেন কি? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়।
৩৫।	আপনি কি মনে করেন আপনি যা করছেন তার জন্য আপনার পরিবার আপনাকে মনে জোর যোগাচ্ছে? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩৬।	অধিকাংশ সমস্যা সমাধানে আপনার পরিবারকে বিশেষ সহায়ক বলে বিবেচনা করেন কি? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩৭।	গুরুতর অসুস্থ অবস্থায় আপনার পরিবার আপনাকে যথাযথ বা উপযুক্ত দেখাশুনা করবেন বলে কি আপনি মনে করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩৮।	কোন সদস্যের সংকটাপন্ন অবস্থায় যেমন কেউ যদি বয়সের কারণে অকর্মণ্য হয়ে পড়ে, তাহলে আপনার পরিবার পুরাপুরি তার ভরণপোষণ করবে বলে আপনি মনে করেন? (ক) খুব বেশী (খ) কিছুটা (গ) তেমন বেশী নয়।
৩৯।	আপনি যদি মারা যান বা কখনো অক্ষম হয়ে পড়েন তখন আপনার ছেলেমেয়েদেরকে যথার্থ সাহায্য করতে তেমন কেউ থাকবে না একথা ভেবে আপনি মাঝে মাঝে দুশ্চিন্তাগ্রস্ত হন কি? (ক) খুবই (খ) কিছুটা (গ) তেমন বেশী নয় (ঘ) প্রয়োজ্য নয়।
৪০।	আপনি কি আপনার পারিবারিক জীবন নিয়ে উদ্দিগ্ন হন? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।

৪১।	আপনাদের স্বামী/স্ত্রীর সম্পর্ক নিয়ে আপনি কি মাঝে মাঝে উদ্ভিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) খুব কম (ঘ) প্রয়োজ্য নয়।
৪২।	আপনি কি মাঝে মাঝে আপনার সাথে আপনার সন্তানদের সম্পর্ক নিয়ে উদ্ভিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) তেমন বেশী নয় (ঘ) প্রয়োজ্য নয়।
৪৩।	প্রকৃত পক্ষে আপনার যত বন্ধু আছে আপনি তার চেয়ে অধিক সংখ্যক বন্ধু পেতে চান কি? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়
৪৪।	আপনি কি মাঝে মাঝে একজন প্রকৃত ও অন্তরংগ বন্ধুর অভাব অনুভব করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৪৫।	আপনার চার পার্শ্বে মানুষ আপনাকে পছন্দ করছে না এটা কি আপনার সার্বক্ষণিক চিন্তার বিষয়? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৪৬।	আপনি কি মনে করেন আপনার বন্ধু/বান্ধব/আত্মীয় স্বজন আপনার বিপদে সাহায্য করতে এগিয়ে আসবে। (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৪৭।	যার উপর আপনার সম্পূর্ণ আস্থা রয়েছে এবং যার সাথে আপনি আপনার ব্যক্তিগত বিষয় ও সমস্যাবলী নিয়ে খোলাখুলি আলাপ করতে পারেন এমন কোন ব্যক্তির অভাব অনুভব করেন কি? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৪৮।	যে জনগোষ্ঠী পারস্পরিকভাবে বন্ধু ভাবাপন্ন এবং সাহায্যকারী আপনি কি নিজেকে তাদের একটি অংশ বলে মনে করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৪৯।	যদি আপনার পরিবারে কিছু ঘটে তবে আপনি আপনার প্রতিবেশীদের সাহায্য পাবেন বলে মনে করেন কি? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৫০।	গুরুতর অসুস্থতায় বা দুর্ঘটনার সময় আপনার আত্মীয় স্বজন কিম্বা বন্ধু-বান্ধব আপনাকে দেখাভা করা হবে বলে কতখানি বিশ্বাস রাখেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৫১।	আপনি কি আপনার শরীরের বিভিন্ন অংশের ব্যথায় কষ্ট পান? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৫২।	আপনি কি হৃদপিণ্ডের ধড়পড়ানীতে অস্বস্তিবোধ করেন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৫৩।	মাথা ঝিম ঝিম করার অনুভূতি আপনার বিরক্তি ঘটায় কি? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়।
৫৪।	আপনি কি মনে করেন যে আপনি খুব অল্পতেই ক্লান্ত হয়ে পড়েন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।

৫৫।	ভাল ঘুম না হওয়ার কারণে কি আপনি অসুবিধা বোধ করেন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৫৬।	আপনি কি মাঝে মাঝে আপনার স্বাস্থ্য সম্পর্কে উদ্দিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৫৭।	আপনি আপনার ইচ্ছানুযায়ী বিশ্রাম নেওয়ার ব্যাপারে কি অসুবিধা বোধ করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৫৮।	আপনি যখন কিছু চিন্তা করেন বা কিছু করতে চান তখন মনোনিবেশ না করতে পেরে অস্বস্তিবোধ করেন কি? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৫৯।	কোন কিছু আপনি যেভাবে মনে করেন যদি সেভাবে না ঘটে তবে কি আপনি সহজে ভেঙ্গে পড়েন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৬০।	আপনি কি সহজেই উত্তেজিত বা সংবেদনশীল হয়ে পড়েন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৬১।	আপনি কি ছোটখাটো বিষয়ে প্রয়োজনাতিরিক্ত ভেঙ্গে পড়েন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৬২।	ছোট খাটো বিষয়ে আপনি মাঝে মাঝে আপনার মেজাজ ঠিক রাখতে পারেন না, এটাকে কি আপনি সমস্যা বলে মনে করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৬৩।	সমালোচনা করলে আপনি সহজেই ভেঙ্গে পড়েন কি? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৬৪।	উদ্বেগ এবং মানসিক চাপের কারণে আপনি কি বিরক্তিবোধ করেন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৬৫।	আপনি যা করেছেন তাতে আপনার আত্মবিশ্বাসের অভাব আছে বলে কি আপনি উদ্দিগ্ন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৬৬।	আপনার জীবনের বিভিন্ন অবস্থা আপনার নিয়ন্ত্রণের বাইরে বলে মনে হয় কি? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৬৭।	আপনি যা সম্পন্ন করতে চেয়েছেন তা সামান্য পরিমাণে সম্পাদিত হওয়ায় আপনি কি মাঝে মাঝে উদ্দিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৬৮।	আপনি যা পাওয়ার যোগ্য বলে মনে করেন তার চেয়ে কম সাফল্য অর্জন করেছেন বলে কি উদ্দিগ্ন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৬৯।	বিনা কারণে আপনি কি মাঝে মাঝে দুঃখ অনুভব করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।

৭০।	আপনার পরিবারে সদস্যদের মাঝে মনোমালিন্য ও দ্বন্দ্বের কারণে কি আপনি মাঝে মাঝে উদ্ভিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭১।	আপনি কি আপনার ভবিষ্যৎ নিয়ে উদ্ভিগ্ন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭২।	আপনি কি মাঝে মাঝে আপনার মানসিক সুস্থতা নিয়ে উদ্ভিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭৩।	আপনার জীবন নিরানন্দময় বা এক ঘেয়েমীপূর্ণ বলে কি আপনি মনে করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭৪।	আপনি কি মনে করেন আপনার জীবন দুঃখময়? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়।
৭৫।	আপনার জীবনকে কি অপ্রয়োজনীয় বলে মনে করেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭৬।	আপনি কি মনে করেন আপনার যে সব জিনিষ প্রয়োজন তার অধিকাংশই আপনার আছে? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭৭।	আপনি কি মনে করেন আপনার প্রত্যাশিত সামাজিক মর্যাদা ও জীবন যাত্রার মান অর্জন করতে পেরেছেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৭৮।	আপনি যা করতে চান তা কি সাধারণতঃ সম্পাদন করতে পারেন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ।
৭৯।	আপনি কি মনে করেন নিজের ইচ্ছেমতো কাজ করার জন্য যতখানি স্বাধীনতা প্রত্যাশা করেছিলেন, ততখানি স্বাধীনতা অর্জন করেছেন? (ক) বেশ অনেকটা (খ) কিছুটা (গ) তেমন নয়।
৮০।	আপনি যতটুকু সাফল্য লাভ করেছেন এবং এগিয়ে যাচ্ছেন সে সম্পর্কে আপনি কিরূপ মনে করেন? (ক) খুব ভাল (খ) বেশ ভাল (গ) তেমন ভাল নয়।
৮১।	আপনার সার্বিক জীবনযাত্রাকে বিবেচনা করে আপনি কি মনে করেন যে এটাই সে জীবন যেভাবে আপনি চলতে চেয়েছিলেন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়।
৮২।	যাবতীয় প্রচেষ্টার পর এখন আপনি কি মনে করেন যে আপনি জীবনে যথেষ্ট কৃতকার্য হয়েছেন? (ক) খুবই (খ) কিছু মাত্রায় (গ) তেমন নয়।

পরিশিষ্ট - গ

দশ এর ব্যক্তিগত ইনডেক্স

এই প্রশ্নমালায় এমন কিছু উক্তি রয়েছে, ব্যক্তির যেগুলো তাদের জীবনে গুরুত্বপূর্ণ বলে বিবেচনা করে থাকে। আপনাকে যা করতে হবে তা হলোঃ প্রতিটি উক্তি পড়ুন। প্রতিটি উক্তির পাশে তিন ধরনের জবাব দেয়া আছে- প্রায়ই, মাঝে মাঝে এবং কখনো না। আপনার নিজের ক্ষেত্রে কোনটি প্রযোজ্য, সেটি স্থির করুন এবং সেটির পাশে একটি টিক (✓) চিহ্ন দিন। উদাহরণ স্বরূপ, প্রথম উক্তিটি পড়ে আপনার মনে হয় যে, আপনি প্রায়ই অন্যের সাহায্য কামনা করেন বা অন্যেরা আপনার দেখাশোনা করুক, এটা চান। তাহলে আপনি “প্রায়ই” শব্দটির উপরে টিক (✓) চিহ্ন দিন। কখনো কখনো আপনার মনে হতে পারে যে, যেসব উত্তর দেয়া আছে, তার কোনটিই আপনার অনুভূতিকে সঠিকভাবে উপস্থাপনা করতে পারছে না। ঐসব ক্ষেত্রে, আপনার চিন্তার সাথে সবচেয়ে বেশী মিলে যায় যে উত্তরটি সেটিকে পছন্দ করুন।

১.	আপনি কি চান কেউ আপনার দেখাশোনা করুক বা উপদেশ দিক?	প্রায়ই	মাঝে মাঝে	কখনও না
২.	একটি ছোট ঘরে দরজা বন্ধ অবস্থায় যদি অনেকক্ষণ বসে থাকতে হয়, তাহলে আপনি বিরতবোধ করেন কি?	প্রায়ই	মাঝে মাঝে	কখনও না
৩.	আপনার মনোযোগ কি এই খারাপভাবে বিঘ্নিত হয় যে, আপনি যে কাজ করতে যান তার যোগসূত্র হারিয়ে ফেলেন?	প্রায়ই	মাঝে মাঝে	কখনও না
৪.	উত্তেজনার জন্য ঘুমোতে যাওয়ায় কি আপনার কাছে কঠিন মনে হয়?	প্রায়ই	মাঝে মাঝে	কখনও না
৫.	আপনি কি কখনও পাগল হয়ে যাচ্ছেন মনে করে ভীত হন?	প্রায়ই	মাঝে মাঝে	কখনও না
৬.	প্রয়োজনের সময় মনোযোগ দেওয়া আপনার পক্ষে কি কঠিন মনে হয়?	প্রায়ই	মাঝে মাঝে	কখনও না
৭.	আপনি কি মনে করেন প্রয়োজনের তুলনায় আপনি বেশী সতর্ক, উত্তেজিত এবং উৎকর্ষিত?	প্রায়ই	মাঝে মাঝে	কখনও না
৮.	আপনার হার্টের বা বুকের ব্যথা কি আপনাকে উদ্ভিগ্ন করে?	প্রায়ই	মাঝে মাঝে	কখনও না
৯.	আপনি কি আপনার স্বাস্থ্য সম্বন্ধে দুঃশ্চিন্তাগ্রস্ত?	প্রায়ই	মাঝে মাঝে	কখনও না
১০.	আপনি কি ইচ্ছা পোষণ করেন যে, অন্যদের মত আপনারও সুখী হওয়া উচিত?	প্রায়ই	মাঝে মাঝে	কখনও না
১১.	আপনার মধ্যে কি এমন কোন অস্থিরতার মুহূর্ত আসে যে, আপনি এক জায়গায় দীর্ঘক্ষণ বসে থাকতে পারেন না?	প্রায়ই	মাঝে মাঝে	কখনও না
১২.	আপনি কি দৃঢ়ভাবে স্বীকার করেন যে, আপনি কারণ ছাড়াই দুঃশ্চিন্তা করেন, যা আসলেই কোন চিন্তার বিষয় নয়?	প্রায়ই	মাঝে মাঝে	কখনও না
১৩.	আপনি কি মনে করেন আপনার জীবনে যা ঘটে সে সম্পর্কে আপনি উদাসীন?	প্রায়ই	মাঝে মাঝে	কখনও না
১৪.	জীবন কি আপনার জন্য যন্ত্রণাময়?	প্রায়ই	মাঝে মাঝে	কখনও না

১৫.	আপনার হৃদস্পন্দন কি এত দ্রুত হয়, যার জন্য আপনি ঘুমাতে পারেন না?	প্রায়ই	মাঝে মাঝে	কখনও না
১৬.	আপনি কি ভীতিগ্রস্ত যে, আপনি হৃদপিণ্ডজনিত সমস্যা বা ক্যান্সার বা যক্ষ্মা রোগের শিকার?	প্রায়ই	মাঝে মাঝে	কখনও না
১৭.	আপনি কি অপরিচিতি দোকানে যাওয়া বা অপরিচিত লোকের সাথে কথা বলা এড়িয়ে যেতে চেষ্টা করেন?	প্রায়ই	মাঝে মাঝে	কখনও না
১৮.	আপনি কি অনেকের চেয়ে নিজেকে অধিকতর সুখী ভাবেন?	প্রায়ই	মাঝে মাঝে	কখনও না
১৯.	আপনি কি সহজেই মানসিকভাবে ক্লান্ত হয়ে পড়েন?	প্রায়ই	মাঝে মাঝে	কখনও না
২০.	আপনি কি আপনার মাথার উপরিভাগে বা ঘাড়ের পিছনে ভারী কোন বস্তু টেনে নিয়ে যাওয়ার মত চাপ অনুভব করেন?	প্রায়ই	মাঝে মাঝে	কখনও না
২১.	আপনি কি কারণ ছাড়াই বিরক্ত ও আক্রমণাত্মক হয়ে লোকদের উপর চড়াও হন?	প্রায়ই	মাঝে মাঝে	কখনও না
২২.	পরবর্তীতে আপনি কি করবেন, সে বিষয়ে মন স্থির করতে গিয়ে কি খুব সমস্যায় পড়েন?	প্রায়ই	মাঝে মাঝে	কখনও না
২৩.	আপনি কি হাতের তালু ও ত্বক ঘামানো সংক্রান্ত সমস্যায় ভোগেন?	প্রায়ই	মাঝে মাঝে	কখনও না
২৪.	আপনি কি ঘন ঘন প্রস্রাবের সমস্যায় ভোগেন?	প্রায়ই	মাঝে মাঝে	কখনও না
২৫.	আপনার কি হাত, পা কাঁপে?	প্রায়ই	মাঝে মাঝে	কখনও না
২৬.	আপনি কি বদহজমগত সমস্যায় এবং ক্ষুধামন্দায় ভোগেন?	প্রায়ই	মাঝে মাঝে	কখনও না
২৭.	আপনার পেটে ভরে আছে এমন অনুভূতি হয় কি?	প্রায়ই	মাঝে মাঝে	কখনও না
২৮.	কোন সুস্পষ্ট কারণ ছাড়াই কি আপনি অসুস্থ হন বা মাথা ঘোরানোর অনুভূতি সৃষ্টি হয়?	প্রায়ই	মাঝে মাঝে	কখনও না
২৯.	আপনার কি কখনও শ্বাসবৃদ্ধকর অনুভূতি হয়, যখন আপনি পর্যাপ্ত বাতাস গ্রহণ করতে পারেন না এবং দম বন্ধ হয়ে আসে?	প্রায়ই	মাঝে মাঝে	কখনও না
৩০.	আপনি হঠাৎ আলো, শব্দ অথবা স্পর্শে ভীষণভাবে লাফিয়ে উঠেন?	প্রায়ই	মাঝে মাঝে	কখনও না
৩১.	স্বপ্ন ঠান্ডায়ও হাত-পা নীল হয়ে যাচ্ছে বলে কি আপনার মনে হয়?	প্রায়ই	মাঝে মাঝে	কখনও না
৩২.	আপনার অঙ্গ-প্রত্যঙ্গের শক্তি কি এমনভাবে চলে যায় যে, আপনাকে কোন কিছুতে হেলান দিতে হয়?	প্রায়ই	মাঝে মাঝে	কখনও না
৩৩.	আপনার চোখের সামনে কি জিনিস-পত্র ভেসে বেড়ায় এবং ঝাপসা, অস্পষ্ট বা কুয়াশাচছন্ন দেখায়?	প্রায়ই	মাঝে মাঝে	কখনও না
৩৪.	আপনার ঘুম কি ক্ষণস্থায়ী এবং বিঘ্নিত ?	প্রায়ই	মাঝে মাঝে	কখনও না
৩৫.	আপনার কি এমন সময় এসেছিল যখন আপনি দুঃশ্চিন্তার কারণে ঘুমাতে পারেন নি?	প্রায়ই	মাঝে মাঝে	কখনও না

৩৬.	আপনার কি মনে হয় লজ্জায় আপনার মুখ লাল হয়ে যাচ্ছে?	প্রায়ই	মাঝে মাঝে	কখনও না
৩৭.	আপনার কি দুঃস্বপ্ন হয়?	প্রায়ই	মাঝে মাঝে	কখনও না
৩৮.	আপনার মৃত্যুর পর আপনার পরিবারের সদস্যদের কি হবে এমন দুঃশ্চিন্তা হয় কি?	প্রায়ই	মাঝে মাঝে	কখনও না
৩৯.	কোন কিছুর জন্য অপেক্ষা করার সময় কি আপনার খুব অস্বস্তি ও বিরক্তি লাগে?	প্রায়ই	মাঝে মাঝে	কখনও না
৪০.	আপনি কি মনে করেন আপনি একজন আরামপ্রিয় এবং ভাবনাহীন (যা পাওয়া যায় তাই নিয়ে সুখী) প্রকৃতির লোক?	প্রায়ই	মাঝে মাঝে	কখনও না