Research Proposal on Happiness and Health
Psy 4370-Psychology of Aging Capstone (Spring 2020)
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Abstract

We diet, practice yoga, work out, and get adequate hours of sleep, but there might be something we are missing. Happiness is a factor of our well being that many people may be overlooking. Two hundred adult men and women will be given surveys through Survey Monkey asking about their levels of happiness and about their health. We expect to find those who are happier at home, at their jobs, and at church also have less illness, less trips to the doctors, and overall a higher quality of life. Those who are not happy with their significant other or family, with their career, or with their church life are predicted to be more likely to have more trips to the doctor’s office and more illnesses throughout the year.

Introduction

Health is one of the top priorities of most people that want to live long and happy lives. People have spent years trying to figure out what is the perfect regimen of food and exercise that can build them their ideal body. Some go to pilates classes, others spend thousands of dollars to look healthier in the public’s eye. There are a number of factors that contribute to one’s health status. Exercise and yoga are great ways to keep the physical body in shape. Doctors also preach about the foods people should eat and the hours of sleep they should get. However, there is one aspect of our health that is often ignored. An article by Rebecca Adams and Rosemary Blieszner explains the benefits of elderly people having family and friends around them as they age (1995). Building and maintaining these relationships are important to keep the mental status of their loved one positive (Adams & Blieszner, 1995). They also suggest that a positive mental status can lead to overall better physical health as well. The article states, “Family members can contribute to older adults’ ability to age well by providing opportunities for them to contribute to the care and nurturing of the relative and by stepping in to give assistance when older adults need it” (Adams & Blieszner, 1995, p. 216). They go on to explain that the child-parent relationship is the only one that is not chosen for us, like a significant other, and it should be cherished.

Friends can also play a large part in having a happy lifestyle. An article titled Friends Can Be Good Medicine lays out a study done in 1984 in California (Taylor, Lam, Roppel & Barter, 1984). They also found that many studies highlighted the benefits of eating healthy foods, exercising and reducing stressful situations from an individual’s life. At the same time, past studies had left out how long term personal relationships can seriously affect the health of a person (Taylor et al., 1984). The study distributed information via the media to explain to people how friendships can benefit their health. They found after participants gained information, they scored higher on their phone interviews, meaning that they had gained knowledge on the topic. This was evidence that their data did improve scores in the interviewing procedure. Taylor and Medhat Medicine is a perfect example of how people may not know about the benefits of friendships and personal relationships to their health.

Another factor that can be attributed to an individual’s happiness level is their participation in a religion. Some people believe that religion is a very important part of their life. Religion can lay a strong foundation for a person’s personality and can help them find a purpose for their life. Religion can also give people hope that they are not alone. The community of a church can provide a great deal of social support that includes friendships, faith and a general feeling of security. Research from a study by Laura Koenig and George Vaillant, in Health Psychology, included questions about the use of alcohol and cigarettes and the mood of the subject (2009). They analyzed how church attendance and the use of substances correlated with the individual’s health later in life. The goal of the previously mentioned research project was to relate church activity to healthier lifestyles. The current study is using church attendance as one of three causes for happiness, however this study would not want to explore the repercussions of substances use or abuse like Koenig and Vaillant’s study did.

Overall, the goal of this study is to find the best associations of happiness that lead to personal health benefits. The current study chose to look into three main forms of socialization that can generate happiness in a person’s life. Happiness can come from a family and a positive family lifestyle. A person can also gain happiness from their career or place of employment. Finally, someone can acquire happiness from a wholesome church life, like at a church or place of worship. We predict positive family life, career life and church life will lead to an overall healthier lifestyle.

Methods

Participants

The main portion of this study will be done in a survey format to reach the maximum amount of participants. Researchers will ask 200 participants to complete a survey asking questions on the topic. Participants will be notified by researchers that their answers will not be used anywhere other than in the study and their participation is strictly on a volunteer basis. At the end of the survey, each participant will be thanked for their time in the research project.

Apparatus:

The survey for this study will be constructed and distributed through SurveyMonkey. The participants for the study will be randomly selected through Facebook. The researcher will send the survey to the participant after they request and then consent to participate. The survey will consist of two lists of questions. Each question will be asked on a 7-point scale. The first half of the questions (List A) will be asking participants about what gives them happiness in day to day life. They will be asked questions about their family life while they are at home, while they are at their job and while they are at their place of worship. These variables will be the independent variables predicting for the dependent variable in this study. The second half of the survey (List B) will consist of questions about the participant’s mental and physical health. The participants will also be asked about generic health information, but will not ask participants to disclose personal medical information. In conclusion, List A will be used to predict the outcome of List B.

Predicted Results

The statistical test in this study will be a multiple regression analysis. The multiple regression analysis will allow us to analyze the outcomes between the three different predictor variables and how they predict the dependent variable. List A will result in three different scores that will predict the score from List B. If the participant scores high in the home life section, this means they experience more happiness at home than someone who receives a low score. Once a participant scores high from List B, this means they experience little to no health concerns on a regular basis. A significant relationship between the three predictor variables (happiness in home life, work life, and church life) and the health of the individual is expected. In general, the individuals that score higher on the 7-point scale in the survey will receive a better score in the health section. Researchers will also test how each individual variable will contribute to the health of the participant. Each variable and its corresponding score will be compared to the score from List B. It is important to look at how each variable compares to the group mean to ascertain the best association of health in the participant. Researchers can see that someone is happy at home, but not at their place of employment. If researchers were to only look at the three variables as one score, this varying data could sway the results of the analysis.

Some alternative findings may include one or two variables contributing to the individual’s health, but not all three of them. For example, it is possible that home life may be a sole predictor for a high score in the health survey and the work life and church life variables are insignificant. Another scenario may show that work life and church life significantly predict the participant’s health, but home life was insignificant. The final possibility is that the hypothesis will be denied and none of the variables will predict a higher level of health in the participant. This would mean that the scores from List A did not successfully predict the scores in List B.

References