

Research & Reviews: Journal of Medical and Health Sciences

Decision Making and its Positive Approach

Kranthi Kumar Bijili^{1*}, Satish Kumar Voleti²

¹Department of Business Administration, Osmania University, Telangana State, India

²Department of Biotechnology, Acharya Nagarjuna University, Andhra Pradesh, India

Review Article

Received: 02/05/2015

Revised: 05/05/2015

Accepted: 01/06/2015

*For Correspondence

Department of Business Administration, Osmania University, Telangana State, India, Tel: +91 9848204443; E-mail: bijilikranthikumar@gmail.com

Keywords: Decision, Hypothesis Risk, Nervousness, Unwilling

INTRODUCTION

The choice sciences and care hypothesis both concentrate on consideration regarding perspectives and their roots. Truly, these two models of investigating thought have, notwithstanding, wandered. Research and hypothesis in the choice sciences have concentrated on the comprehension of inclinations, heuristics, and what some may call botches, in choice making. In the choice sciences, endeavors have been gone for highlighting the impact of these oversights, and on exhibiting imperfect discernments so as to show the requirement for more reactions to jolts. While the choice sciences give profitable data about the routes in which individuals make imperative, and not all that critical, decisions, endeavors to diminish the impacts of predispositions on choice making have had blended results, and little is presently thought about how to enhance choice making results notwithstanding inclinations ^[1].

While the choice sciences and care have been independently investigated, little research exists to depict how advancing care propensities could help to accomplish the objectives of the choice sciences in diminishing rash thinking and reacting, or in making a superior basic comprehension of the procedures behind choices. The individuals who have distinguished the potential connection between these vital regions have proposed that care strategies may be essential techniques to help diminish the impacts of predispositions on human choice making ^[2]. Both care and choice sciences are speak to by expansive writings, and we don't endeavor to audit either idea completely. Maybe, we quickly investigate every zone, especially portraying proof recommending that influence sways choice making. Next, we depict care procedures and their rise in cutting edge drug, incorporating different courses in which care has been incorporated into psychological well-being medicines. At long last, we recommend that care systems may enhance choice making results through numerous components, including the perception of state of mind states. Through more prominent coordination in the middle of care and the choice sciences, it is conceivable that commonsense systems of progress in choice making may be open.

As per past work, choice making inclinations can be separated into four classifications. Time predispositions speak to those in which a man misinterprets certainties in view of the progression of time. The Ignore heuristics are those in which the individual neglects to note critical data when settling on a choice. The Paternalistic class depicts those heuristics in which a central point in their choice making is outside of their control. At last, the Risk/Loss heuristics are those in which the chief tries to lessening saw misfortune. Each of these classes includes various predispositions that influence ordinary choice making ^[1].

Choice making results are variable and different. It is conceivable that choices made through inclinations may have no specifically negative results. It is likewise, then again, conceivable that these choices could control people toward unhelpful or even damaging results. Indeed, even sweeping develops, for example, bigotry, poor numeric thinking, jury inclination, imperfect doctor choice making, and negative financial results have been connected to choice making predispositions ^[3-7].

Notwithstanding the immediate impacts of inclinations on choice results, choice understanding self and self-viability. Post-choice misgiving, for occasion, can happen when a man feels that their choices don't mirror their actual qualities, or when they observe that they have settled on the choice for their life, adding to self-accuse ^[8,9]. Instability in choice making or emotions of low viability can likewise add to a brought down feeling of certainty and

expanded negative influence ^[10]. Moreover, worries about what choice is correct or how best to approach a circumstance obliging a choice may build a level of nervousness, prompting rumination or fixation.

Endeavors to build attention to choice making examples and the regular use of heuristics and inclinations may enhance a general choice making quality, especially in high-stakes circumstances. Choice sciences, on the other hand, concentrate little consideration on curing defective choice making. Given the more prominent comprehension of how choice having inclinations can adversely effect results, it is significant that exploration proceed toward enhancing choice settling on results and overcoming negative choice making examples ^[11].

Numerous studies have taken a gander at the effect of mind-set state on a choice making, and it has turn out to be progressively evident that inclination states influence the result of choices and that an individual may settle on altogether different choices relying upon their level of negative influence (NA), outrage, trouble, or tension ^[12-18].

Bitterness and emotions of dejection may impact choice making in light of the fact that people are going for or choices that may enhance the shots of a constructive result ^[12]. NA may make a man more inclined to being influenced by encircling impacts, such that people encountering NA show larger amounts of danger taking ^[19]. These state of mind states can be brought on or exacerbated by restorative conditions, for example, endless agony ^[20], and also psychiatric issue like despondency. NA might likewise build a propensity to see dangers ^[21]. At the point when settling on choices while encountering NA, people have a tendency to take a gander at their own verifiable encounters, and to concentrate all the more on the quick emotions connected with the choice ^[22].

The emotional condition of annoyance likewise impacts choice making and can make a man more inclined to stereotyping and more inclined to utilize heuristics in choice making ^[23]. These impacts have been demonstrated to be particular from those found among people with pitiful NA ^[23]. Individuals encountering furious influence have a tendency to minimize their future dangers and are hence more prone to settle on higher danger choices ^[24]. Also, they may give careful consideration to surface level subtle elements than to more profound implications or proof ^[24].

A few studies have demonstrated that people with high state uneasiness have a tendency to be more hazard unwilling and settle on choices taking into account bringing down possible hazard however much as could reasonably be expected, even to the detriment of conceivable prizes ^[12,25,26]. What's more, people with nervousness issue have a tendency to show more serious hazard avoidance in choice making undertakings ^[25]. It has been exhibited that these choice making propensities in very restless people may be the consequence of a drive toward decreasing vulnerability ^[12]. Nervousness amid choice making likewise adds to physiological excitement and may make it more troublesome for people to measure the choice choices properly ^[27].

Notwithstanding the immediate effect that influence can have on prosperity, different emotional wellness conditions have been indicated to specifically impact a capacity to settle on choices that mirror their qualities and best advantage. People with bipolar issue, for occasion, have been indicated to battle with utilizing data as a part of their surroundings to land at exact conclusions ^[28]. This raises the likelihood that certain predispositions and heuristics are excessively spoken to in choice making styles of gatherings with particular psychopathologies.

Choice making itself can be a depleting process and can take a toll on people. A few studies have exhibited the depleting impact of choice making, showing that it can drain an asset and make them less inclined to perform different capacities at an abnormal state ^[29]. The comprehensive procedure of choice making can make a man less ready to completely examine future choices, and may make them more inclined toward future choice make lapses. This procedure may aggravate the impacts of negative inclination on choice making so as exhaustion builds so too does capacity to make very much contemplated choices advancing ^[16, 29].

Positive influence (Dad) has, on the other hand, been indicated to have an advantageous effect on choice making such that those encountering Dad have a more noteworthy capacity to ponder choice making and to fuse applicable data [30]. Dad has been fixed to lessened confining impacts and gambling taking [19], and can add to more proficient choice making techniques ^[31].

The impacts of mind-set and impact on choice making are expansive and not completely caught on. In spite of this, it is evident that a disposition or emotional state extraordinarily impacts his or her choices when confronted with a decision or a requirement for activity. Specifically, NA may build confining impacts ^[19] and the impression of danger ^[21]. Nervousness might likewise expand hazard avoidance and expanded inclinations toward the sunk-expense inclination as may outrage ^[33,34]. Since a number of this state of mind states influence choice making outside of the mindfulness, it is far-fetched that an individual will have the capacity to characteristic his or her choice making procedure to the mind-set experienced at the time. Expanding attention to state of mind states and enhancing the capacity to name and recognize those dispositions may help rise seeing about the effect of impact on a choice

making. Likewise, the impacts of Dad show that enhancing general state of mind and expanding prosperity may be a vital stride in diminishing negative choice making examples ^[30].

Care as an introduction and practice rose up out of Buddhist speculations ^[35]. The work of Jon Kabat-Zinn in the 1970 amongst others advanced care hypotheses in the western world and pushed toward consolidating care into therapeutic consideration.

Care based mediations have been utilized as a part of mental practice and in addition in option pharmaceutical for a long time. These exercises have been demonstrated all the more as of late to have huge effects on encounters of nervousness, bitterness, and different feelings. Care can assume a vital part in expanding general prosperity and can be especially helpful on the grounds that it can be taught and kept up more effectively and cost viably than some different mediations ^[36]. Innovation has expanded access to care based mediations such that people can now learn breathing activities and careful reflection abilities utilizing their telephones or PCs.

A few exactly upheld mental medications including acknowledgement duty treatment, rationalistic behavioral treatment, and intellectual behavioral treatment have joined components of care works on including contemplation and self-perception. Care has been demonstrated to be especially powerful in diminishing the experience of nervousness (and its physiological connects) and melancholy, and has even been indicated to be compelling in lessening agony and other substantial protests ^[37].

These methods have been indicated to be powerful in for diminishing anxiety reactivity and tension and also wretchedness and can enhance solace levels and prosperity measures in people with medicinal ailments ^[41]. Care is emphatically connected with lessened negative influence ^[42] and can diminish indignation and hostility ^[38-43].

Different care based methodologies have been demonstrated to influence physiological procedures including heart rate, breathing rate, and neurological capacities. One study demonstrated expanded cortisol reactivity to an upsetting talking undertaking in people who had experienced brief care preparing contrasted with the individuals who got psychological expository preparing ^[44]. Creators estimated that care expanded engagement and dynamic adapting in managing to stressors ^[44]. Changes in dim matter were distinguished in various territories of the mind in a recent report by Hölzel and partners. This study discovered increments in dim matter of the left hippocampus, back cingulate cortex, the temporo-parietal intersection, and the cerebellum in people partaking in a Care Based Anxiety Lessening (MBSR) system contrasted with controls ^[45]. A different investigation of people who had finished a MBSR program additionally indicated more prominent interconnectedness of cerebrum locales including between tactile frameworks (sound-related and visual), and associations that demonstrate expanded consideration, tangible handling, and tactile mindfulness ^[46].

Care has been discovered to be a compelling instrument for decreasing the experience of agony, especially in perpetual torment patients. A few studies have shown that this may have its establishes in neural changes coming about because of care based mediations ^[47]. Care based intercessions have likewise been connected to differential neural reactivity in instances of misery actuation, with an example that may bolster flexibility and result in diminished probability of encountering sorrow while as yet encountering negative feeling ^[48].

Some neurological proof recommends that the tension decreasing impacts of contemplation and care based methodologies are situated in the mind. For example, Zeidan and partners demonstrated that people who reported more noteworthy uneasiness alleviation from a contemplation activity indicated more prominent actuation in the front cingulate cortex, ventromedial prefrontal cortex, and foremost insula ^[49]. Conversely, the individuals who experienced more tension had more prominent actuation in the back cingulate cortex ^[49]. This recommends that the actuation of certain mind locales amid care mediations may encourage its adequacy. Likewise, standard contemplation is connected with more prominent initiation of the left-sided foremost cerebrum, a region connected with positive influence ^[50] showing the neurological underpinnings of the impact of care on influence.

The demonstration of opening personality to the present and to different encounters and viewpoints has been recommended to be an essential part of enhancing choice making ^[30]. On account of lessening predispositions and heuristics, care mediations may affect choice making results from multiple points of view keeping in mind the end goal to add to all the more all around contemplated choices. Furthermore, care based mediations permit people to better investigate their own qualities and needs, conceivably settling on choices more certified and in-accordance with a feeling of self. While couple of studies have specifically investigated the impacts of care preparing on choice making results, the individuals who have present promising results.

Hafenbrack and partners, for example, have demonstrated that care reflection decreases the effect of the sunk expense inclination on choice making ^[51]. Another study found that people with higher dispositional care performed better on a betting assignment showing that they had a more sensible feeling of certainty and danger when finishing the errand ^[52]. This study likewise exhibited that successive players have lower dispositional care ^[52].

Others have found that careful people are more inclined to settle on moral choices, a sensation that they connection to lessening in self-trickery, self-serving cognizance, and oblivious predispositions [53]. A different study taking after this one showed that preparation in care practices enhanced moral choice making, notwithstanding other positive psychological well-being results [54]. This shows that the positive effects of care on choice making don't just apply to dispositional care, yet that it can be taught.

Care may help to enhance choice making in numerous ranges including acknowledgment that a choice needs to be made, the plan of alternatives, trust in capacity to settle on a choice, and in the capacity to think about reasonably a choice already made [2]. Furthermore, care preparing, for example, ACT or contemplation consider equivocalness and can help to expand solace with not knowing, and may permit people to better sit with the vulnerability that accompanies choice making [2]. Expanding confirmation recommends that choice making heuristics may be versatile and positive parts of human choice making [55]. Careful ways to deal with choice making take into consideration the acknowledgment of this instability, and the capacity to measure alternatives so as to settle on the best conceivable choice [56].

Care based strategies additionally attract thoughtfulness regarding quick sentiments and feelings, with the impact that people honing care methods are better ready to distinguish passionate states [57]. Given the essential impact that enthusiastic states have been demonstrated to have on choice making, this part of care intercessions may be imperative in enhancing choice making. This may likewise make it simpler for careful people to gain from past choice committing keeping in mind the end goal to enhance errors later on [2]. The impact of diminishing negative influence through care on choice making is a vital region of future study and may speak to a crisp approach to take a gander at decreasing tricky choice making inclinations.

Given that people with specific conditions, for example, bipolar issue may be more inclined to choice making inclinations [28], care instruments may be especially useful in work with those populaces. In reality, care educated persuasive conduct treatment has been indicated to be compelling for people with bipolar and different genuine psychological well-being conditions [58-61]. These intercessions might likewise be valuable for people inclined to antagonistic influence, for example, those with melancholy, nervousness, or trouble controlling outrage. Care based medicines can diminish negative influence [62-70], possibly enhancing choice making.

Reference

1. Merga M, et al. Challenges in Decision Making Among Homeless Pregnant Teens in Addis Ababa, Ethiopia: A Descriptive Phenomenological Study. *J Preg Child Health* .2015;2:140.
2. Raglan GB, et al. Decision Making, Mindfulness and Mood: How Mindfulness Techniques can Reduce the Impact of Biases and Heuristics through Improved Decision Making and Positive Affect. *J Depress Anxiety* .2014;4:168.
3. Shelley-Egan C, et al. The Challenge of Distributing Regulatory Responsibilities for Unknown Risks:Cosmetics and the EU Cosmetics Regulation as a Case Study. *J Clinic Res Bioeth* .2015;6:212.
4. Sangaran G, et al. The Effects of Job Satisfaction towards Employee Turnover in the Hotel Industry: A Case Study of Hotels in Kuala Lumpur City Center. *J Tourism Hospit* .2015;4:142.
5. Weldearegay HG , et al. Factors Affecting Choice of Place for Childbirth among Women's in Ahferom Woreda, Tigray, .2015;2013. *J Preg Child Health* 2:133.
6. Yegezu RT, et al. Assessment of Factors Affecting Choice of Delivery Place among Pregnant Women in Jimma Zone, South West Ethiopia: Cross Sectional Study. *J Women's Health Care* .2015;4:211.
7. Quttainah MA, et al. Linking Business Owners's Choice of Organizational Form to Appraisers's Determination of Value: An Agency Theory Perspective. *Arab J Bus Manage*

- Rev .2014;4:004.
8. Eremie MD , et al. Comparative Analysis of Factors Influencing Career Choices among Senior Secondary School Students in Rivers State, Nigeria. Arab J Bus Manage Rev .2014;4:004.
 9. Grayson SE, et al. Epigenetics: Understanding How our Choices Lead to our Diseases. J Clin Case Rep .2014;4:447.
 10. Nalina KB, et al. A Study on Investors Segmentation Based on Choice Criteria. Int J Econ Manag Sci .2014;3:187.
 11. Giugliano FM, et al. Elderly Patients with Painful Bone Metastases. The Impact of Comorbidity on the Choice of Radiation Therapy Regimen. J Palliat Care Med .2014;4:199.
 12. Kerbage H, et al. Screening of Emotional and Behavioral Problems among Youth in the Schools of Beirut. J Depress Anxiety .2105;4:183.
 13. Xantus A, et al. The Relationship between Social Media Bullying and the Adolescent's Self Report of Emotional Health: A Study of Urban Youth on an Acute Inpatient Psychiatric Unit. J Depress Anxiety .2015;4:186.
 14. 2015 Kim WJ, et al.;
 15. Oudeh A, et al. Emotional and Cognitive Responses of Children Attending Summer Camps in Occupied Palestine: A Pilot Study. J Psychol Abnorm Child .2015;4:136.
 16. <http://omicsonline>, et al.;
 17. Chung SY, et al. Emotional Memory and Posttraumatic Stress Disorder: A Preliminary Neuropsychological Study in Female Victims of Domestic Violence. J Psychiatry .2014;17:148.
 18. Hirakawa Y , et al. Emotional and Spiritual Pain and Suffering of Older People with End-of-Life Dementia from the Perspective of Nurses and Care Workers: A Qualitative Study. J Nurs Care .2014;3:212.
 19. Guest R, et al. A Prospective Study of the Change in Quality of Life in Adults with a Newly Acquired Spinal Cord Injury . Int J Phys Med Rehabil .2014;2:222.
 20. Hess JD , et al. Enhancing Innovation Processes through the Application of Emotional Intelligence Skills. Review Pub Administration Manag .2015;2:143.
 21. Grimaldi Capitello T, et al. Parental Perception of Emotional Problems in Children and Adolescents with Mixed Specific Developmental Disorder . J Child Adolesc Behav .2014;2:159.
 22. Christian SE, et al. Emotional Reactions to Sports Heroes™ Rise and Fall: Application of Affective Disposition Theory Via the Hero Narrative. J Mass Communicat Journalism .2014;4:201.
 23. Golan M , et al. Engaging Patients with Eating Disorder to Treatment via Collaborative

- Understanding of their Emotional Issues Across Lifespan. *J Psychol Abnorm Child* .2014;3:123.
24. Gollan J, et al. The Relationship between Age and Affective Reactivity in Depressed and Healthy Females Across the Lifespan. *J Depress Anxiety S*.2014;1:004.
 25. Maaike Cima et al, et al. Don't you Dare Look at me, or else: Negative and Aggressive Interpretation Bias, Callous Unemotional Traits and Type of Aggression. *J Child Adolesc Behav* .2014;2:128.
 26. Bletzer KV , et al. "Borders, Peoples and Issues of Concern". *Anthropol* .2015;2:141.
 27. Parlani S, et al. Role of Panoramic Radiographs in the Detection of Osteoporosis. *Oral Hyg Health* .2014;2:121.
 28. Raglan GB, et al. Decision Making, Mindfulness and Mood: How Mindfulness Techniques can Reduce the Impact of Biases and Heuristics through Improved Decision Making and Positive Affect. *J Depress Anxiety* .2014;4:168.
 29. Shonina E, et al. Mindfulness and the Social Media. *J Mass Communicat Journalism* .2014;4:194.
 30. Shonin E, et al. Mindfulness as a Treatment for Behavioural Addiction. *J Addict Res Ther* .2014;5:e122.
 31. Kim Penberthy J , et al. Mindfulness Based Interventions for Addictions: What is Next? *J Addict Res Ther* .2012;3:e116
 32. Jean G, et al. Relationship between Two Dimensions of Object Relations and Group Psychotherapy Attendance Rate in Borderline Personality Disorder Individuals . *J Psychol Psychother* .2015;5:171.
 33. Galletta D, et al. Self- Injurious Behaviour: Self Identity, Impulsiveness and Self-Injury in Patients with Borderline Personality Disorders and Bulimia. *J Psychiatry* .2015;18:262.
 34. Cohen D, et al. Can Research Confirm Psychopathological Subtypes and Relationship between Recurrent Mood Disorders and Personality Disorders?. *J Sleep Disord Ther* .2015;4:195.
 35. Naessén S, et al. Sensory Neuropeptides, Serotonin Innervations and Personality in Women with Vulvodinia. *J Clin Exp Dermatol Res* .2015;6:266.
 36. Kalinin VV, et al. Personality Variables in Prediction of Control over Seizures in Patients with Partial Epilepsies. *Int J Neurorehabilitation* .2014;1:137
 37. Merlhiot G, et al..2014;
 38. McDonald KR, et al. Personality Style in Behavioural Disturbances in Parkinson's Disease. *J Neurol Neurophysiol* .2014;5:251.
 39. Tutuncu R, et al. The Relationship between Co morbid Psychiatric Illnesses and Psychopathy Levels on Male Individuals with Antisocial Personality Disorder in the Turkish Community. *J*

Psychiatry .2015;18:1000192.

40. Mercier G , et al. Discriminative Aspects of the Rogersâ€™™ Propositions for the Validation of Change in the Client. J Psychol Psychother .2014;4:157.
41. Yazici AB, et al. The Relationship between Temperament and Character Traits and Burnout among Nurses. J Psychol Psychother .2014;4:154.
42. Heyde AVD, et al. Counterproductive Work Behaviour in a Simulated Production Context: An Exploratory Study with Personality Traits As Predictors of Safety-Related Rule Violations. J Ergonomics .2014;4: 130.
43. Sakuragi , et al. Effects of Foot-Massage on Mood and Autonomic Nervous System and the Interaction with Personality. Int J Sch Cog Psychol .2014;1:112.
44. Yilmaz ED, et al. Is Anxiety and Depression Related with Personality in Caregivers for Patients with Bipolar Disorder?. J Psychiatry .2014;17:122.
45. Yilmaz ED, et al. Correlation between Anxiety and Personality in Caregivers for Patients with Schizophrenia. J Psychiatry .a2l.014;17:130.
46. Yilmaz ED, et al. Anxiety and Depression Levels and Personality Traits of Mastalgia Patients. J Psychiatry .2014;17:118.
47. Kumar S, et al. Prevalence of Adult Attention Deficit Hyperactivity Disorder and its Correlates among Recently Diagnosed Young Adult Males with HIV. J AIDS Clin Res .2014;5:314.
48. Gilbert P, et al. Fears of Negative Emotions in Relation to Fears of Happiness, Compassion, Alexithymia and Psychopathology in a Depressed Population: A Preliminary Study. J Depress Anxiety S.2014;2:004.
49. Coupland S, et al. Illicit and Prescription Opiate Dependence: The Impact of Axis II Psychiatric Comorbidity on Detoxification Outcome. J Addict Res Ther S.2014;10:008.
50. Therien P, et al. The Treatment of Complex Dual Disorders: Cliniciansâ€™™ and Service Usersâ€™™ Perspectives. J Addict Res Ther S.2014;10:006.
51. Chamorro-Premuzic T, et al. Understanding the Motivations of Female Entrepreneurs. J Entrepren Organiz Manag .2014;3: 111.
52. Nguyen NT , et al. Forced-Choice Personality Assessment in Organizational Human Resource Selection. J Entrepren Organiz Manag .2014;3: e110.
53. Wojciechowska BP, et al. The Sense and Pointlessness of the Concept of a Norm in the Analysis of Psychopathic Personality Disorders. J Socialomics .2014;3:106.
54. Forster C, et al. A Systematic Review of Potential Mechanisms of Change in Psychotherapeutic Interventions for Personality Disorder. J Psychol Psychother .2014;4:133.
55. Björkqvist K, et al. Does Childhood Physical Punishment Predispose to a “Victim Personality”?

- Pediat Therapeut .2014;4:190.
56. Laugharne J, et al. Eye Movement Desensitisation and Reprocessing Treatment of Posttraumatic Stress Disorder, Comorbid Disorders and Personality Traits: A Case Series with .2013;12 Month Follow Up. *J Trauma Treat* S4:003.
 57. Uji M , et al. The Role of Clinical Psychiatry in Nurturing Autonomy in Female Japanese Patients with Pathological Personality Traits. *J Clin Res Bioeth* .2013;4:158.
 58. Sarappa C, et al. Crime and Mental Illness: Impulsivity and Jealousy in a Case of Uxoricide. *J Forensic Res* .2013;4:202.
 59. Franchow EI, et al. More than Education: Openness to Experience Contributes to Cognitive Reserve in Older Adulthood. *Aging Sci* .2013;1:109.
 60. Trifu S , et al. The Malignant Narcissistic Dimension in the Antisocial Personality Disorder. *J Forensic Res* .2013;4:188.
 61. Zeichner S , et al. Borderline Personality Disorder: Implications in Family and Pediatric Practice. *J Psychol Psychother* .2013;3:122.
 62. Tran X , et al. Football Scores on the Big Five Personality Factors across .2012;50 States in the U.S. *J Sports Med Doping Stud* 2:117.
 63. Tse WS , et al. The Role of Personality in Understanding Job Stress and Employee Selection of Staff in Hospitality Industry. *J Tourism Hospit* .2012;1:e107.
 64. Theofilou P , et al. The Impact of Personality Traits on Quality of Life in Patients Diagnosed with Breast Cancer. *J Women's Health Care* .2012;1:e102.
 65. Ingrid Gilles, et al. Social Support, Social and Temporal Comparisons Protect Well-Being and Health between .2015;45 and 70 Years Old in Four Urban Communities. *Aging Sci* 3:133.
 66. Sharma R, et al. Effectiveness of Life Style Interventions as Self Help Technique to Enhance Psychological Well- Being of Institutionalized and Non-Institutionalized Senior Citizens. *J Gerontol Geriatr Res* .2014;3:189.
 67. Archer T, et al. Physical Exercise Influences Academic Performance and Well-being in Children and Adolescents. *Int J Sch Cogn Psychol* .2014;1:e102.
 68. Wozniak D, et al. Positive Gerontology: Well-Being and Psychological Strengths in Old Age. *J Gerontol Geriatric Res* .2012;1:e109.
 69. Alexander Jimmefors, et al. *Locomotion*. 2014.
 70. Sumi K , et al. Temporal Stability of the Japanese Versions of the Flourishing Scale and the Scale of Positive and Negative Experience. *J Psychol Psychother* .2014;4:140.