ABSTRACT. A serious illness is a severe threat to the assumptive world, sense of mastery and self-concept of the individual. The quality of life of the person with a chronic disease depends upon the degree to which the patient is able to cope with these and other major adaptive tasks confronting him. The influence of the social environment on successful adaptation and well-being has been investigated in a longitudinal study with a representative sample of male German cardiac patients (N = 980). The quality of interpersonal relationships and experienced socio-emotional support were found to affect both the positive and negative dimensions of psychological well-being as defined by Bradburn (1969). Perceived health status, a pivotal variable in the adaptation process, and physical disability mainly influenced the negative dimension.

The level of psychological well-being in Western societies is partly dependent upon the health status of the population and, therefore, on its age structure. Individuals in the latter decades of the life cycle are frequently afflicted with one or more chronic illnesses. Most industrialized societies presently contain a sizable subpopulation of individuals who have survived a myocardial infarction, stroke or some form of cancer and must live with permanent physical impairment. Several studies have shown that health status is a major determinant of psychological well-being. As the proportion of society that has survived a life-threatening illness grows due to medical progress, the general level of well-being should decrease in the population as a whole. The extent of this decrease, however, depends on how well or how poorly individuals are able to adapt to life with a chronic disability and to maintain a reasonable emotional balance. Psychosocial morbidity is a frequent concomitant of serious physical morbidity. This is partly due to the threat that disability poses to the assumptive world, sense of mastery and self-image of the chronically ill person. In our study, approximately one third of the patients show signs of a tendency towards poor adaptation and cardiac invalidism. Similar results have been reported for cancer and other patient groups (Cohen et al., 1982).

Physical impairment and psychological well-being were found to be only weakly related to one another. This means that patients with the same level of cardiac disability differ considerably in their success at adaptation and in restructuring their lives following a serious illness. Adverse life events, such
as widowhood and illness, threaten the assumptive world and self-concept of the individual. The life event is an object and symbolic loss. The maintenance of a reasonable emotional balance and the restoration of a sense of mastery and positive self-image are major adaptive tasks of the patients influencing his sense of well-being.

Effective coping with the problems arising during the various phases of the patient career, it will be argued, is influenced by the personal and social resources of the individual. Professional support from the attending physician and socio-emotional support from significant others are considered key variables affecting various adaptive processes, as well as physical, psychological and social outcome. Our results show quite clearly that patients who perceive themselves as embedded in emotionally adequate and supportive relationships maintain a reasonable level of psychological well-being in spite of their change in health status. A favorable social environment, therefore, has direct and indirect effects on the quality of life of the individual. On the average, healthy individuals may have higher levels of psychological well-being than those living with a chronic disease. This papers argues, however, that the considerable differences in the quality of life of the latter group are dependent upon successful coping with physical impairment and therefore on the social context in which adaptation takes place.

PREVIOUS RESEARCH FINDINGS

Bradburn (1969) investigated factors influencing the positive and negative dimensions of psychological well-being in a large representative sample in the United States. He found negative affect associated with poor health and positive affect with the level of social interaction. Beiser (1974) in a study of the mental health of adults in a rural area of Canada also found a relation between social participation and well-being. Three factors emerged among the twelve items he used to measure psychological well-being:

- negative affect;
- pleasurable involvement (similar to Bradburn's positive affect);
- long term satisfaction.

Just as with Bradburn, the degree of social participation correlated with pleasurable involvement or the positive dimension of well-being. A health variable (psychophysiologic conditions) showed a substantial relationship with negative affect and a weaker one with long-term satisfaction. A third