ABSTRACT. Psychological well-being and psychological distress are often regarded as distinct, if not orthogonal dimensions of mental health. Based on analyses in this paper, we consider the distinction misleading. Four dimensions seem worth measuring in general population surveys: life satisfaction, positive affect, anxiety and depression. Furthermore, one of the well-being dimensions, life satisfaction, is quite strongly correlated with a distress dimension, depression. A person is unlikely to be both satisfied with life and depressed, but may be satisfied and anxious. The paper is based on convergent validity (exploratory and confirmatory factor analyses) and divergent validity assessments of a range of widely used measures, which were included in the Victorian Quality of Life Panel Survey, 1987.

A major unresolved issue concerns the dimensions of mental health appropriate for inclusion in general population surveys. At present such surveys typically include measures which relate to life satisfaction, happiness, positive affects, negative affects, psychosomatic symptoms, anxiety and depression. The question is how many and which distinct dimensions underlie these measures.

We initially intended to use the more contemporary terms ‘psychological (subjective) well-being’ and ‘psychological distress’ rather than the older term ‘mental health’ in the title of this paper. Use of the contemporary terms, however, already implies assumptions about dimensionality; assumptions with which we began and which are reflected in the initial analyses presented in the paper. By the time the paper was complete, however, we had reached the conclusion that four dimensions — life satisfaction, positive affect, anxiety and depression — need to be distinguished. One of the well-being dimensions, life satisfaction, is quite strongly (negatively) correlated with a distress dimension, depression; life satisfaction and depression are near opposites. However, there is no strong association between life satisfaction and anxiety; people can be both satisfied and anxious.
Findings from quality of life and community mental health research are relevant to the dimensionality question. Quality of life research has tended to be data driven rather than based on a clear conceptual framework. Researchers can be divided into advocates of one, two and three dimensional solutions. Fordyce (1978), Grichting (1983) and Kamman et al. (1979) developed their own measures and concluded, on the basis of second order factor analyses, that a single dimension, which they term happiness, best summarizes the data. Stones and Kozma (1985) analysed a range of measures, including geriatric morale scales, and also reported that a single second order factor adequately represented the data.

Bradburn and Caplovitz (1965) first proposed that positive and negative affects should be treated as distinct dimensions. This was based not only on evidence of virtually no association between measures of the two concepts but also on divergent validity assessment. Positive affect was strongly associated with active participation in social activities, while negative affect correlated with perceived health and marital problems. Warr and colleagues (Warr, 1978; Warr et al., 1983) confirmed Bradburn's results, as did a meta-analysis by Watson and Tellegen (1985). Watson et al. (1988) have subsequently developed new scales based on the positive affect-negative affect dichotomy.

The Michigan quality of life researchers (Andrews and Withey, 1976; Andrews and McKennell, 1980; Campbell et al., 1976) have favoured a three dimensional solution. They distinguish between cognitive and affective measures of well-being — namely life satisfaction and positive affect — and negative affect. Argyle (1987) endorses this conceptualisation, although he uses the term 'psychological distress' rather than negative affect.

The position of Diener and his colleagues (Diener and Emmons 1984; Diener et al., 1985a, 1985b) is not completely clear as between two and three dimensional solutions. The main additional distinction they have drawn is between hedonic level (they note an inverse relationship between the frequency with which positive and negative affects are experienced) and hedonic intensity (they note a positive relationship between intensity of positive and negative affects). This distinction derives from Wessman and Ricks (1966) and helps to account for the observed near-zero correlation between measures of positive and