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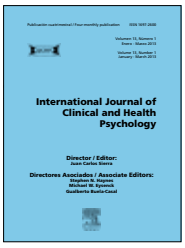

ORIGINAL ARTICLE

Is it possible to be too happy? Happiness, personality, and psychopathology

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Abstract The types of relationship between happiness, personality and psychopatholgy are assessed in an available sample (n = 321, adults, both sexes). Empirical results from two happiness scales and two questionnaires, one of personality (NEO-PI-R) and other of personality disorders (Loranger's scale), do not confirm the Diener's threshold hypothesis, that makes a distinction between optimum and maximum happiness; or the Seligman's supposition, that assumes that happiness has no limits; The main results are: a) negative affect (Neuroticism) is negatively related to happiness across its full range; b) Extraversion and Openness to experience are positively related to happiness across its full range; c) in the rest of the basic personality factors, relationships are not linear, though not in the sense anticipated by Diener, and d) in personality disorders, the tendencies observed diversify according to the type of disorder, and the type of happiness factor. On most occasions, the close relationship between personality disorders and the Neuroticism dimension is verified in a consistent manner. These results are discussed within the context of clinical psychology, and the general theory about happiness.
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PALABRAS CLAVE
Felicidad;
Personalidad;
Trastornos de personalidad;
Estudio *ex post facto*

Resumen En este estudio se ponen a prueba los tipos de relación entre felicidad, personalidad y psicopatología en una muestra de 321 adultos de ambos sexos. Los resultados, en dos escalas de felicidad, un cuestionario de personalidad (NEO-PI-R) y otro de trastornos de personalidad (escala de Loranger) no confirman la hipótesis del umbral de Diener, de que existe una felicidad óptima y otra máxima; ni el supuesto de Seligman, de que la felicidad no tiene limites: a) la afectividad negativa (neuroticismo) se relaciona negativamente con la felicidad en todo su rango; b) extraversión y apertura a la experiencia se relacionan positivamente con felicidad en

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todo su rango; c) en el resto de factores básicos de personalidad las relaciones son no lineales, aunque no en el sentido previsto por Diener; d) en los trastornos de personalidad las tendencias se diversifican por el tipo de trastorno y tipo de factor de felicidad, aunque se contrasta en la mayoría de las ocasiones el compromiso de los trastornos de personalidad con la dimensión de neuroticismo de manera coherente. Se discuten estos resultados en el contexto de la clínica psicológica y la teoría general sobre la felicidad.
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Everybody wants to be happier, and achievement of happiness is the main objective of positive psychology (Seligman, 2002, 2011); although there are authors that wrongly define positive psychology as paradigm (Fernández-Ríos & Novo, 2012). But, can one get to be too happy? And, if one can, is a paradoxical effect achieved? (which would be a contradiction and limitation of that movement). In two of the three currently most powerful theories, Seligman, on the one part, and Lyubomirsky (2008), on the other, say nothing about it, since they assume that there is an unlimited growth and, to the extent positive affect is identified with happiness, from a psychological viewpoint, the relationship between positive affect and happiness would be linear and positive. Diener differs from them (Diener & Biswas-Diener, 2008): he assumes that there is a level of "optimum" happiness, which is different and lower than the "maximum" happiness, as assessed by happiness scales, basically with his scale of subjective well-being and satisfaction with life (Diener, 1984), also happy people live longer (Diener & Chan, 2011). He proposes that this optimum happiness is found around score 8, on a happiness scale from 0 through 10 based on an empirical review, and the rest, up to 10, would correspond to negative affect, which would act as a compensating incentive for the individual to continue to pursue happiness.

Happiness is theoretically conceptualized as a process rather than a state (with some critics, Burns, 2010, 2011; Kristjánson, 2010), in which achievements many times matter less than the fact of having actually achieved them, and which demands effort. Its assessment is possible through estimations of a single question (indicate on a scale the degree of happiness felt), of several questions (such as Diener's subjective well-being scale, with five questions), or of a questionnaire with alternative answers (such as Argyle's Oxford questionnaire, with four options in each of the 25 items). There are more complex options, even for the estimation of subjective well-being, though they are less used.

The connection of happiness with psychopathology and psychotherapy has been scarcely thematized (Baumgardner & Crothers, 2009; Burns, 2010). In Seligman, and in Diener, bipolar disorder and sadism are pointed out as clear limits of happiness: the sadist can be extremely happy, but with actions which are completely disturbing for the others; and in the manic phase, the feeling is that of happiness, although behavioral effectiveness has disappeared. And there are more examples concerning personality disorders, which could be the histrionic, the dissocial, the discussed narcissist, and, possibly within the latter category, the psychopath, who seem to be happy by causing damage to the rest of humans or threatening them, without being conscious of that damage. The study of the relationship between happiness and personality disorders is presented as a way of opening the repercussions experienced by individuals with possible personality disorders with respect to their happiness, which, so far, has not appeared to be an issue discussed or supported by empirical data. On a very general level, the affect present in most personality disorders might be expected to be negative, and, therefore, the same hypotheses might be extended to this group of disorders, and, in any case, based on the achieved results, more precise hypotheses could be formulated.

Method

Design

It is a descriptive cross-sectional population study with non-probabilistic samples (Montero & León, 2007), by means of questionnaires with *ex post facto* components for the contrasting of hypotheses on happiness and personality on the one hand, and on the relationship between personality disorders and happiness based on very general hypotheses.

Participants

The participating available sample consisted of 321 adult subjects, of a mean age of 24.2 years (*SD* = 7.43); 63% of them were women, with 45% of university students, and 12% married or living as a couple.

Instruments

The personality questionnaire used was NEO-PI-R authored by Costa and McCrae (1992), official Spanish version (Avia, Sanz, & Sánchez-Bernardos, 1997), which evaluates the "Big Five": *Neuroticism, Extraversion, Openness to experience, Agreeableness*, and *Conscientiousness*, each of them having six facets. The first is mainly identified with emotional instability, and tendency to anxiety, characteristic of the so-called "negative affect". *Extraversion* is characterized

by the tendency to establish social relations (though not long-lasting), and is regarded as a positive emotionality factor. *Openness* to experience implies remaining open to reality, and has significant and positive cognitive contents. *Agreeableness* is assumed to be a positive personality factor, and the reference is the interaction with the others. Finally, the *Conscientiousness* factor is more complex to interpret, for having positive and compulsive contents (tendency to continue and finish the task started), and commitment to the tasks to be done. The alphas of the factors are high and within the normal levels in this population: *Neuroticism* = .88, *Extraversion* = .87, *Openness to experience* = .82, *Agreeability* = .84, and *Conscientiousness* = .90.

The questionnaire used for personality disorders was Loranger's scale (1997) about the WHO ICD-10, which describes and examines nine disorders: paranoid, schizoid, impulsive, borderline, histrionic, dissocial, anxious, dependent, and obsessive-compulsive. The diagnostic interview has not been applied, which is necessary for the diagnosis of a personality disorder. Cronbach alphas have been calculated on the criterion scales, and they are low, between .31 (histrionic) and .46 (schizoid, anankastic, anxious).

Two happiness scales have been applied: Diener's Subjective Well-Being and Satisfaction With Life Scale (1984, Spanish translated version, with two matching inverse translation versions by bilingual people), and the Oxford Happiness Scale by Argyle (Argyle, 2001; translated into Spanish, with two matching inverse translation versions by bilingual people). The former isolates a global subjective well-being factor; the latter isolates two factors, which have been named (in Spanish), personal satisfaction plus achievement of goals, and social happiness at interacting with the others.*

Procedure

The recruitment of participants began in university classes in the School of Psychology (80% of the sample), although the School of Economic Sciences (15% of the sample), and the School of Business Sciences also cooperated (5% of the sample). Students were asked to cooperate in an ongoing research, with the gathering of information from psychological tests, and in the analysis and systematization of the collected data. People willing to cooperate were given an envelope containing the package of tests to be done, and they were asked to do those tests themselves, and, if possible, to have them done by one or two persons close to them (family, friends). Envelopes were returned 10 days later, preferably closed and with the tests done. The cooperating students received as an incentive a 10% increase in their final grade for coursework.

Data was coded (each person was given a number), and recorded, item by item, along with certain identification data (age, sex, education level, occupation/professional level), in a data file, which was analyzed with SPSS-19 package.

For the purpose of contrasting the hypotheses about "level 8" (optimum happiness), each happiness factor was divided into three groups: the first group up to percentile 40 (lower happiness group); the second group, characterized by optimum happiness, which covered percentiles 41 through 80, and the third group, reflecting the data of percentiles 81 through 100 (maximum happiness group). We made two types of comparisons: the first, between the mean scores of each group, and for each factor, and the second, by applying a Wilcoxon signed-rank test for the detection of the increase or decrease tendencies between personality factors and/or psychopathology on the one hand, and happiness factors, on the other.

Results

For the achievement of the results, two tests were applied: the difference of the means which are shown in the tables, on the one hand, and, on the other, the increase-decrease tendency in the scores obtained in the three groups within each factor, with each group being compared with the previous. It has been accepted that there is change if the difference in score is at least .01 point. As from this estimation of the tendency, the Wilcoxon signed-rank test has been applied.

Happiness and personality

Neuroticism and *Extraversion* have been associated in recent years with negative and positive affect, respectively. *Neuroticism* or emotional instability is the root of psychology of anxiety and depression, while *Extraversion* has been associated with positive social affect, present in the search for, and the enjoyment of, social interaction.

Diener's hypothesis about the excess of happiness, assumes that up to percentile 80 of happiness criteria, *Neuroticism* should gradually diminish, while *Extraversion* should gradually increase. On the maximum level (last percentile rank), score tendencies would be reversed. The results obtained are compiled in Table 1, which shows separately the results from Diener's scale, and the results from the two factors of Argyle's Oxford questionnaire, in connection with the five personality factors. Note that the idea of happiness underlying each of the two instruments is different. If, in spite of that, results go along the same line, the comparison will have more strength, since the personality results would be maintained with different happiness tests (Diener's, as an overall estimation of the subjective well-being state, without references to specific domains, and with reference to some of those domains in Argyle's test).

With regard to *Neuroticism* and *Extraversion*, results are very clear: in the first case, a decrease is maintained across the rank of employed percentiles, and, just the opposite occurs in the case of *Extraversion* (the probability that these tendencies are by chance is < .016 in each of the factors). Of the 18 comparisons of means made, 16 are statistically significant ($p < .01$ and $p < .001$), and against the hypothesis.

*In the original version, the existence of two factors is suggested. We have factor-analyzed the test, and isolated these two factors (varimax rotation with principal component analysis), though they were a little different from the English factors. The relationship between them does not exceed .10, therefore, we have an instrument with two happiness facets, and the relationship between them and the rest of the factors would not necessarily go in the same direction since they are independent from each other.

Table 1 Happiness and personality dimensions (the Big Five) in three percentile ranks for the Diener's scale, and the two factors of the Oxford inventory.

Factors	*n*1	*M*1	*n*2	*M*2	*n*3	*M*3
Diener's scale (subjective well-being), and basic personality dimensions (means in each factor)						
Neuroticism	96	101.10	89	90.06	66	79.74
Extraversion	93	101.87	86	109.33	60	112.42
Openness to experience	110	111.44	98	111.63	61	112.14
Agreeableness	94	121.11	92	122.80	68	121
Conscientiousness	114	113.37	90	116.82	63	125.50
First factor of Oxford inventory (satisfaction with life, and achievement of goals), and personality dimensions						
Neuroticism	113	101.07	74	87.32	64	79.67
Extraversion	103	100.31	78	107.51	58	119.02
Openness to experience	124	110.01	81	111.65	64	114.90
Agreeableness	112	121.76	80	120.76	62	122.77
Conscientiousness	123	111.09	82	121.22	62	124.87
Second factor of Oxford inventory (happiness to be with the others), and personality dimensions						
Neuroticism	129	96.12	64	87.37	58	86.09
Extraversion	120	97.57	65	113.31	54	121.24
Openness to experience	140	109.29	67	111.10	62	117.66
Agreeableness	126	119.71	70	122.74	58	124.72
Conscientiousness	134	117.46	74	118.86	59	115.44

Note: *n* represents the number of subjects in the subgroup; *M* represents the mean of the subgroup for each group of isolated percentiles. The number of subjects can vary because not everyone has completed all the items of the instruments. Comparisons in the signed-rank tests have been made on the basis of the decrease, increase, or maintenance of mean scores. The criteria adopted to establish these categories are explicit in the text. Bilateral significance has been chosen for the test of the differences between subgroup means.

There is no specific prediction published with respect to the *Openness to experience* factor, though on account of its facets, it clearly appears to have positive emotional and cognitive components so that a person open to experience should be expected to be happier than any other person who is not (lively fantasy, deep esthetic appreciation, receptivity to their own feelings, search for new and interesting actions, great intellectual curiosity, and availability to re-analyze social, political, and religious values); therefore, the hypothesis for Extraversion might be applied (as positive affect). The results shown in the table go along this line (the probability that the increase tendencies observed in the signed-rank test are by chance is < .016). This tendency is less intense than in the case of *Extraversion* (only three of the nine differences between subgroups reach a statistical significance level), and not in Diener's scale, but it is restricted to the Oxford inventory, and more in the second factor corresponding to "social" happiness at interacting with the others, than in the achievement of goals and personal satisfaction.

Agreeableness refers to people tending to believe in the others, they are sincere and somewhat ingenuous, altruistic, conformist in conflict situations, and have outstanding empathy and even a tendency to help others. Therefore, it could also be considered a positive emotionality and cognition factor. Only one of the comparisons between means is statistically significant ($p < .05$), and concerning the analysis of the tendencies observed, they are different according to the happiness criterion chosen. Only in Diener's scale on subjective well-being, Diener's hypothesis would be confirmed (increase up to percentile 80, and from there, decrease). In the first factor of the Oxford inventory (personal satisfaction, and achievement of goals), the tendency is the opposite; in the Oxford "social" happiness factor, the tendency is towards progressive increase. The results obtained do not seem to follow a uniform pattern across factors.

Finally, the personality factor named *Conscientiousness* is more complicated since it is about persons who feel competent concerning life issues, they are clean, well-organized, have a strong sense of duty, are goal- and objective-minded, remarkably self-disciplined, and tend to think carefully before acting. In brief, it appears that in these individuals, elements of personal security are present, they are obsessed about order, oriented to work and the achievement of goals, self-disciplined, and afraid of failure. In four of the nine comparisons, we found statistically significant subgroup differences in Diener's scale, and in the first Oxford factor (personal satisfaction and achievement of goals; one with $p < .01$, and three with $p < .001$). There appears no significance in Oxford social happiness factor, The tendency in five of the six comparisons made is towards increase, as the happiness percentile progresses, except in the case of the second Oxford factor (social), which represents a marginally significant significance ($p < .10$).

With respect to regression values, the personality dimensions and the Diener's scale give a corrected R^2 of .17, and the highest beta corresponds to *Neuroticism* (−.38; $p < .001$). For the first factor of Oxford, the corrected R^2 is .431, and the highest standardized Beta is −.33, $p < .001$, corresponding to *Neuroticism*. For the second factor of

Oxford, the corrected R^2 is .38, and the highest standardized beta corresponds to *Extraversion*, .65, $p < .001$.

Happiness and personality disorders

What is expected from personality disorders is something confusing, since when we discuss them, we assume, on more than one occasion, that they are in syntony with the individual's ego (even sometimes it has been upheld that they are not disorders, but peculiar "ways of being"), and this ego-syntony can cause subjective happiness states that can be socially rejected, though for the individual, are totally accepted (the individual would feel satisfied with themselves). In the absence of specific hypotheses, we could suggest the following:

On the basis of some theoretical considerations, personality disorders have been described as egosyntonic, and for this reason, on several occasions there is no awareness of the existence of problems, and, it could be deduced from this that there would exist in them a "certain degree" of happiness, which would constitute the resistance to change. On the other hand, it has been empirically found quite often that the closest relationship between the various personality disorders and the personality dimensions is found in Neuroticism (De Miguel & Pelechano, 2000) and, hence, we could expect tendencies to a closer relationship with this dimension. Certainly, this would happen in those cases in which clear anxiety is observed (for example, in the anxious, dependent, borderline, histrionic, paranoid, obsessive-compulsive disorders), and apart from that, we could consider the schizoid disorder (if it develops without anxiety), certain types of the dissocial disorder, and, secondarily, the impulsive disorder (though in the latter, impulsiveness might entail a certain dose of anxiety which would appear to be putting pressure on impulsiveness itself). Of course, these general hypotheses should be modulated according to the "contagion", or diagnostic comorbidity that there exists among the different disorders (in some study with Spanish samples [by De Miguel & Pelechano, 2000]), we found the presence of an outstanding probability of three disorders in a considerable part of subjects to be more frequent, and we advise an analysis of greater clinical intensity.

With respect to regression coefficients, the corrected R^2 for the Diener's scale has been .22; and the highest standardized Beta, −.24, $p < 0.001$, corresponding to the anxious disorder. The corrected R^2 for the first factor of Oxford, has been .27; the highest standardized Beta has been .35, with $p < .12$ corresponding to the anancastic disorder; and in the second factor of Oxford, the corrected R^2 has been .184, with the highest standardized Beta of .26, $p < .001$, corresponding to the anxious disorder of personality. More results are shown in Table 2.

Like in the previous case, the means and the number of participants in each percentile subgroup are inserted in the scales that identify each personality disorder. Note that the score in a self-applied questionnaire is insufficient for the diagnosis of a personality disorder, and an interview with the subject, and desirably with a person close to them, is required. Under this procedure a first examination (screening) is carried out, which must be confirmed later, but which already indicates a certain tendency or probability that one disorder or other is suffered.

In the first place, the hypothesis of concord between ego-syntony and happiness does not seem to be totally confirmed; it only appears in the second Oxford happiness factor (social interaction happiness), and with the histrionic disorder. It may be surprising to find increase tendencies between happiness and personality disorders, (which would be in favor of syntony), complemented by the presence of very high scores in happiness above percentile 80 across personality disorders.

In the second place, the hypothesis about the influence of neuroticism-anxiety is present in the three happiness factors, and in seven of the personality disorders (paranoid, schizoid, anxious, dependent, obsessive-compulsive, and borderline, with a probability of $p < 0.01$ of those tendencies being by chance).

As regards the differences between the subgroup means, almost one half (43.20%) is statistically significant, which would be an indicator that the observed score tendencies in almost half of the cases do not appear to be by chance. The greatest volume of statistically significant differences are found in Diener's subjective well-being factor (14 out of 27 comparisons), and only in two disorders, no statistically significant differences are detected in the tendencies (dissocial, and obsessive-compulsive disorders), where the greater happiness, the lesser presence of these disorders. In addition to these two disorders, there appears the histrionic disorder in the first Oxford inventory factor (personal satisfaction, and achievement of goals), and it is in the second Oxford inventory factor where the lesser number of statistically significant differences is found.

The "union" of happiness and personality disorders appears across the full histrionic disorder range (it would be a comparison, though partial, of the ego-syntony hypothesis) in the three happiness factors, as from percentile 80 in the three comparisons made. Furthermore, in the dependent disorder a simultaneous increase in disorder and happiness at being with the others is observed, as from percentile 80.

In brief, of the two suggested hypotheses concerning the role of personality disorders in the achievement of happiness, it appears that the most probable is the one which insists on the role of anxiety-neuroticism and its "negative" effects on the achievement of happiness (even in the case of the dissocial disorder, in two of the three general comparisons made, which correspond to the Oxford inventory). This general tendency does not apply either to the histrionic disorder in all comparisons, or to the obsessive-compulsive and dependent disorders, which diversify according to the type of happiness factor used as a criterion.

Discussion

To the question, which constitutes the title of this paper, about whether one can be "too happy", and the threshold corresponding to level 8 of response on happiness scales, the majority answer is that it is not possible. A negative effect of "negative" affect (emotional instability) on happiness appears clearly, while *Extraversion* appears as a happiness facilitator in the two instruments employed in this research.

The other three factors of basic personality dimensions, though "positive" in their conceptualization, offer a quite more complex panorama, although Diener's hypothesis is

Table 2 Happiness and personality disorders in three percentile ranks, for Diener's scale, and Oxford inventory. The explanation is in the text.

Disorders	*n*1	*M*1	*n*2	*M*2	*n*3	*M*3
Means in criterial scales of personality disorders, and three percentiles in Diener's scale						
Paranoid	96	3.32	135	2.81	80	2.65
Schizoid	79	3.15	196	2.64	57	2.05
Dissocial	96	1.30	137	0.92	82	1.00
Impulsive	96	1.41	136	0.96	82	0.87
Borderline	95	1.79	136	1.01	79	0.71
Histrionic	96	1.99	138	1.52	81	1.65
Obsessive-compulsive	95	4.01	134	3.67	82	3.71
Anxious	96	2.99	137	2.27	80	1.55
Dependent	96	2.11	137	1.76	80	1.61
Means in criterial scales of personality disorders, and three percentiles in the first factor of the Oxford scale: satisfaction with life, and achievement of goals						
Paranoid	117	3.33	118	2.81	76	2.49
Schizoid	99	3.03	88	2.55	55	2.22
Dissocial	119	1.13	118	1.09	78	0.90
Impulsive	118	1.30	119	0.93	77	0.94
Borderline	118	1.62	114	0.95	78	0.83
Histrionic	120	1.73	117	1.65	78	1.73
Obsessive-compulsive	118	4.01	116	3.66	77	3.64
Anxious	120	2.82	117	2.32	76	1.49
Dependent	119	2.10	116	1.72	78	1.59
Means in criterial scales of personality disorders, and three percentiles in the second factor of the Oxford scale: social happiness at being with the others						
Paranoid	99	3.16	140	2.91	72	2.63
Schizoid	72	3.22	115	2.56	55	2.18
Dissocial	101	1.17	142	1.01	72	1.00
Impulsive	100	1.13	142	1.06	72	1.00
Borderline	99	1.27	139	1.13	72	1.13
Histrionic	102	1.42	141	1.63	72	2.22
Obsessive-compulsive	100	4.30	139	3.55	72	3.51
Anxious	100	2.57	142	2.23	71	2.10
Dependent	100	1.94	143	1.67	70	2.00

Note: *n* represents the number of subjects in the subgroup; *M* represents the mean of the subgroup in the percentile group (1-40; 41-80; 81-100). The number of subjects varies because not all of them have completed all the elements that form part of questionnaires. Comparisons with the signed-rank test have been made on the basis of the observed tendencies of decrease, similarity, or increase. The criteria adopted are found in the text. The chosen significance of the differences in means was the bilateral.

not proved in a generalized way, with the type of happiness factor used having considerable influence on that. Of the five basic personality factors, *Conscientiousness* is the one that offers a less regular and predictable pattern.

As far as personality disorders are concerned, the hypothesis having the greatest number of favorable results is that which recognizes the role of anxiety in the slowdown of happiness, although there appear exceptions which are mainly found in the histrionic, dissocial, and obsessive-compulsive disorders, which, in turn, are mediated by the happiness factor used. Results would point to the theoretical possibility of interpreting most of these results in the sense that disorders would represent complex and mixed versions of a considerable part of what was at the time called "neurotic personalities", which are hard to live with, difficult to recover, and very long-lasting.

However, results may not be as conclusive as they seem on a first consideration, due to several reasons: a) Samples are incidental, so, although they are large in number, results are only provisional. In the absence of systematic research in this domain, this study represents an advance which must be contrasted by other studies. It is true that in these samples very heterogeneous persons have participated, though they are not necessarily representative of the social and personal stratification of Spanish society; b) It is possible that there exist cultural differences, and some results obtained with Spanish samples cannot be necessarily identified with previous samples of American students. Thus, for example, "threshold 8" may be different for different populations, with different types of happiness criteria, and, from here, exercises can be promoted to increase the personal well-being upheld by the three above mentioned happiness theories which are applicable, at least, to anxiety states, and to depression; c) Results from widely known standard tests have been presented, although there are other personality dimensions, located in other

contexts (Fisher, 2010), which can provide more enlightening results. In fact, it is possible that other factors more related to personal relationships, or to more specific psychopathologies, yield different results. The excluding positive and negative affect differentiation has been repeatedly criticized, and its functional significance should be interpreted in the diverse contexts of action, and, especially, in clinical contexts: the inoculation of stress. Management of suffering, and tolerance to pain, sometimes have positive effects on the patient and the therapeutic relationship; d) The analyses performed, though illustrative, are not the only ones that adapt to the data, and it is possible that, as a subsequent step, the analysis of tendencies and profiles may give an answer to some of the questions which have not been answered with what has been done, in addition to harder multivariate procedures, which may allow us to differentiate between groups of persons according to their expressed happiness and the type of happiness to which we refer, a typology on which no consensus has been reached so far; e) The need is suggested because the instruments used for the assessment of happiness are multifaceted, so that we can appreciate, on an isolated basis, the weight of each of them within the overall happiness concept, and conveniently, we can clear up similarities and differences between happiness, individual quality of life, and social quality of life.

In spite of these considerations, we should not forget that the important thing is to open the way for discussion about the actions to be performed in a domain, significant in itself, and that with the work already done, results are contributed, which allow us to start to discern a field of work of great scientific and personal interest.

On the other hand, the inclusion of "negative", and not only positive, elements in the research on happiness, indicates the convenience of incorporating elements of effort, sacrifice, and even psychopathology, which should be overcome for the achievement of a greater and better happiness. It is common sense to think that happiness can manifest itself in various ways in different persons, and, therefore, different manners of assessment, different domains of assessment, would be required, which allow the comparison of results for the purpose of offering a coherent image of the field, which, so far, is still at the start of the scientific analysis from different perspectives. Just as psychopathology without the strengths and potentialities is radically insufficient, ignorance of the role of negative elements and their overcoming for the achievement of a full life seems to overlook a substantial part of human nature.

This has an extensive application in clinical psychology and health psychology, which in the last twenty years have gone from upholding at all costs the achievement of a generalized personal well-being (massive application or social reinforcement and support) to a professional position, which considers that a person with a psychopathology, or with a chronic disease, should learn to know suffering and to get to know to endure it, without falling into useless masochism (Pelechano, 2010). Only knowing the mechanisms of both well-being and suffering, strategies can be formulated to unite them, and allow the human being to generate resistance and strengths that enable them to live a full life, and make the people close to them live that full life, precisely to "be able to help them get to be happier". In fact, the history we have been living in the last few years suggests a comeback to effort techniques for the overcoming of stress in its different manifestations, and to the recognition of pleasures and annoyances as essential integral parts of human everyday life.

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