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Pace of Life, Sensation-Seeking and Health outcomes: The Indian Context

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The pace of life has significantly accelerated in today's digitization era, which could be thrilling, for some individuals, but it may also carry health implications. The present study, therefore, explored the association between pace of life, sensation-seeking and health. 148 participants from the Mumbai Metropolitan Region, aged 18-60 years, completed Sensation-Seeking Scale (Zuckerman, 1994); Pace of Life Scale (Wiseman, 2006); Positive and Negative Affect Scale (Watson et.al, 1988); Scale of Psychological Well-being (Ryff & Keyes, 1995); Satisfaction with Life Scale (Diener et. al, 1985); single-item Self-Rated Health Scale (Ware & Sherbourne, 1992); and Physical Symptoms Inventory (Spector et.al, 1998). Findings indicate that individuals having fast-paced life reported better self-rated health than those having slow-paced life. High sensation-seekers demonstrated better self-rated health and higher positive affect compared to low sensation-seekers. Considering these variables, mental health professionals can better tailor interventions to support challenge navigation in modern life.

Keywords: health, pace of life, sensation-seeking, well-being

In today's world, rushing to meet deadlines and juggling responsibilities has become the norm. This rush might be thrilling for some individuals, while overwhelming for others. Capturing both sides of this experience, Mukherjee (2013) reflects on the craving for speed and excitement in life while simultaneously acknowledging its cost, stating "*Beet-ta waqt hai, lekin kharch hum hote hai*" (Time passes- and we get spent). Fast-paced living may affect well-being. The current study, therefore, examines the association between pace of life, sensation-seeking and health.

The 'time scarcity' experience has become prevalent, which stems from constraints due to long work-hours and how time is perceived; living in dynamic, noisy and crowded settings amplifies this feeling and affects mental well-being by creating urgency that influences one's time perception. (Correia, 2024).

Levine and Norenzayan (1999) define *pace of life* as "the rate, speed and relative rapidity/density of experiences, meanings, perceptions and activities" (p. 178). They found factors such as climate, economic vitality and cultural values to influence the pace of life. In a study by Ticha et al. (2017), life in the countryside was perceived to be relatively calmer compared to that in town. This study highlighted the role of age; rural, older adults perceive countryside as more peaceful than their urban counterparts. Furthermore, though urban environments offer cognitive stimulation due to a variety of stimuli, they also lead to perceptual overload and stress, particularly in older adults (Ticha et al., 2017). Constant exposure to such rapid pace can pose challenges, particularly

in maintaining attentional control (Setti et al., 2017).

WHO defines *health* as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (Constitution of the World Health Organization, 2025). Mental and physical health, being integral to overall health, are closely associated (About Mental Health, 2024).

Sensation-seeking, defined by Zuckerman (1994), is the desire for novel and intense experiences and includes the following dimensions: thrill/adventure-seeking, experience-seeking, disinhibition and boredom susceptibility. High sensation-seekers may gravitate towards stimulating environments that help them maintain optimal arousal, while low sensation-seekers may find such environments overwhelming (Zuckerman & Aluja, 2015). Carter (2018) states that differences in sensation-seeking may affect one's approach and coping in life. Moreover, according to Zuckerman, though high sensation-seeking associates with risky behavior, it is a normal personality trait, and valued in prosocial, high-stress occupations (Munsey, 2006).

These constructs underscore the complexity of individuals navigating well-being within contemporary life.

Relationships:

Pace of life and Health: Pace of life and its implications have gathered significant attention in research. Slower pace of life is often associated with reduced stress; however, this relationship may not hold true when work-life balance and life satisfaction are controlled. A mediation analysis showed that students manage a fast pace of life through effective time management, improving work-life balance and leading to reduced stress, underscoring the importance of coping strategies (Lippke et al., 2021).

Lippke et al. (2021) state that Japan, despite being recognized for its fast pace, paradoxically, has lower occurrences of coronary heart disease (CHD) - a stress related illness. In fact, Lippke et al.'s (2021) research underscores the role of sociocultural norms or healthcare systems in influencing health outcomes. Other findings, however, suggest that fast-paced living is associated with stress and related health conditions (Melnikov et al., 2020) as well as Type-A behaviour which predisposes an individual to CHD (Lippke et al., 2021).

Some studies assert a positive association between fast-paced life and life satisfaction, provided fast-paced life reinforces one's sense of productivity and achievement (Levine & Norenzayan, 1994). However, others associate it with adverse effects: "driven by rising competition and the need to meet family demands, the modern, fast-paced life contributes to increased depression and other mental health challenges" (Qidwai et al., 2016).

Pace of life and Sensation-seeking: Scholars draw parallels between human behaviors and life history strategies in animals, regarding behavioral patterns associated with life pace. Organisms with fast life histories, such as insects, focus on immediate outcomes, while organisms with slow life histories, such as mammals, prioritize future-oriented outcomes (Mishra et al., 2017). In humans, a fast life orientation is linked with risk-associated personality traits such as impulsiveness, sensation-seeking and reduced self-control, leading to harmful behaviors such as gambling and criminality (Mishra et al., 2017).

*Sensation-seeking and Health:*A complex relationship exists between sensation-seeking and health. Ravert et al. (2013) associated sensation-seeking with risk behavior as well as psychological well-being.

According to Xu et al. (2019), high sensation-seekers demonstrate neural insensitivity to negative outcomes during decision-making, which may contribute to increased risky behavior, as one may not adequately weigh the potential losses. Health-risk behaviors and activities associated with high sensation-seeking include alcohol use, drug usage, promiscuous sexual activities and gambling (Roberti, 2004).

In addition, sensation-seeking has been associated with self-esteem and extraversion- the predictors of life satisfaction (Stegman, 2010). Stegman's (2010) study further reports high thrill/adventure-seeking to be associated with lower stress, while high disinhibition and boredom susceptibility to be linked with lower life satisfaction and self-esteem. Ravert et al. (2013), found that while high intensity-seeking is linked with depressive symptoms, high novelty-seeking positively correlates with well-being. Among high sensation-seekers, 'flow experiences' are linked to happiness, and their quality of discomfort tolerance promotes resilience (Carter, 2018).

Rationale:

So far, the triadic relationship between pace of life, sensation-seeking and health outcomes remains unexplored. Most studies on pace of life as well as sensation-seeking have been carried out on Western populations. With a demographically heterogeneous population, India offers a unique opportunity to explore these constructs. India's growing economy and varied lifestyles reflect both fast and slow-paced living. By integrating these elements, an enhanced understanding and support towards wellness can be promoted.

Objective:

This study explores whether levels of pace of life and sensation-seeking individually associate with health, as well as whether their interaction relates to health outcomes.

Hypotheses:

1. There will be a statistically significant difference in health outcomes (physical symptoms, positive affect, negative affect, psychological well-being, satisfaction with life and self-rated health, respectively) experienced by individuals, based on pace of life (fast versus slow).
2. There will be a statistically significant difference in health outcomes (physical symptoms, positive affect, negative affect, psychological well-being, satisfaction with life and self-rated health, respectively) experienced by individuals, based on levels of sensation-seeking (high versus low).
3. The association of pace of life (fast versus slow) with health outcomes (physical symptoms, positive affect, negative affect, psychological well-being, satisfaction with life and self-rated health, respectively) will vary depending on levels of sensation-seeking (high versus low).

Method

Sample:

The study included 148 participants, aged between 18-60 years (Mean = 36.6 years, SD = 14.8), who were residents of the Mumbai Metropolitan region. Exclusion criteria included presence of a mental health disorder.

A power analysis (power = 0.8, alpha-value = 0.05) indicated a minimum sample size of 120. Other demographic details are presented in Table 1.

Participants belonged to diverse fields such as engineering, commerce, psychology, law, medicine, healthcare, management, education, IT and business to list a few. They

were engaged as students, self-employed professionals, salaried employees and homemakers. Their workplaces/educational institutes and residential locations were spread across Mumbai city, suburban and extended metropolitan areas.

Table 1- Sample details

	Age		Level	Counts	Percentage
N	148	Gender	Male	38	25.68%
Mean	36.619		Female	110	74.32%
		Annual Family Income	90000 - 2 Lakhs p.a	9	6.08%
Std.dev.	14.807		2-5 Lakhs p.a.	22	14.86%
Minimum	18		5-10 Lakhs p.a.	39	26.35%
Maximum	60		>10 Lakhs p.a	78	52.70%

Procedure:

Convenience sampling was employed to recruit eligible individuals from varied fields, professions and backgrounds. A Google form was circulated across social media for data collection, accompanied by study details, participation criteria and confidentiality assurance. An informed consent section ensured that the participants read, understood the details and provided consent before participation. They were informed about their right to withdraw any time. Of the 156 responses received, 148 responses that met the inclusion criteria were considered for further analysis.

Measures:

Sensation-seeking: Zuckerman's (1994) 13-item sensation-seeking scale was utilized. It follows a binary response pattern and measures four facets: thrill-seeking, experience-seeking, disinhibition and boredom-susceptibility. Scores range from 0= Low sensation-seeking to 13= High sensation-seeking. Zuckerman and Aluja (2015) found Cronbach's á for sensation-seeking subscales to range from 0.83 to 0.86 and found Sensation-Seeking Scale, Form V (SSS-V) to have significant correlation with NEO-PI. The study depicts criterion/ predictive validity too.

Pace of life: Wiseman's (2006) pace of life questionnaire was employed. The questionnaire comprises 7 questions, with three options having 10, 5 and 1 point/s respectively. Total scores span from 7-70, where higher scores suggest faster pace of life. Cronbach's á value of 0.60 was reported; the scale demonstrated construct, discriminant, face and group validity across studies, indirectly through its associations with 'delay-discounting', 'temporal constructs', clear behavioral item content and significant group-based differentiation (Wang et al., 2023).

Health outcomes:

a. Ryff scale of psychological well-being (Ryff & Keyes, 1995) is an 18-item self-report measure, assessing six factors: autonomy, environmental mastery, personal growth, purpose in life, self-acceptance and positive relations with others, using a 7-point Likert scale, with total scores ranging from 18-126. The scale's response trend is opposite to that of most other measures used (PSI, PANAS and SWLS; where low scores mean lesser and high scores mean greater presence of a phenomenon). Hence, to avoid participant confusion and maintain uniformity, its scoring was reversed, resulting in all the scales following an ascending response pattern.

The six scales (factors) have internal consistency á, ranging from 0.86 to 0.93, test-retest reliability over six weeks lead to coefficients ranging from 0.81 to 0.88; the scale has good discriminant validity and associations with existing tools of positive and negative functioning (Celestine, 2021).

b. *Positive and Negative Affect Schedule* (PANAS), a 20-item scale by Watson (1988) was used. Participants responded using a 5-point Likert scale. It includes two subscales with 10 items each: Positive Affect (PA) and Negative Affect (NA). Both affects' scores span from 10 (lowest) to 50 (highest). Reliability and validity were satisfactory: the Cronbach's Alpha coefficient for PA ranged from 0.86 to 0.90 and for NA from 0.84 to 0.87; test-retest correlations over eight weeks was from 0.47 to 0.68 for PA, and for NA - from 0.39 to 0.71 (Watson & Clarke, 2024).

c. *Self-rated health scale* (SRH; Ware & Sherbourne, 1992), consisting of a single item was used. Using a 5-point Likert scale, it enquires "*In general, would you say your health is: poor(5), fair(4), good(3), very good(2), or excellent(1)*?" This scale follows an opposite response trend compared to most other scales employed in this study. Hence, to avoid participant confusion and maintain uniformity, its scoring was reversed, resulting in all the scales following an ascending response pattern. In terms of validity, the WHO-5 well-being index correlated positively with the SRH measure ($r = 0.5$, $p < 0.001$) and high scores on SRH are negatively related to the Charlson Comorbidity Index- a medical tool used to predict mortality risk (Hosseini et al., 2019).

d. *Satisfaction with life scale* (SWLS; Diener et al., 1985) was employed, where participants respond to 5 statements on a 7-point Likert scale. The score spans from 5-35. Greenspace, in their article (Satisfaction With Life Scale, 2020), report Cronbach's á from 0.79 to 0.89 (high internal consistency). Instances of test-retest correlation over a month's interval include coefficients of 0.80 (Steger et. al., 2006) and 0.84 (Pavot et. al., 1991).

e. *Physical Symptoms Inventory* (PSI; Spector & Jex, 1998) measures physical and somatic health symptoms related to psychological distress. The form includes 13 items with five options and the total score ranges from 13 to 65. A four-point Likert scale was employed in the current study, the scoring key was revised as follows: 1-not at all, 2-once/twice a week, 3-most days, 4-every day. As the inventory is a causal indicator, coefficient alpha is irrelevant (Spector, 2024). The scale demonstrates convergent validity, correlating with anxiety ($r = 0.48$) and depression ($r = 0.46$), and it shows associations with doctor visits ($r = 0.54$) and work absenteeism ($r = 0.31$), supporting construct validity (Spector & Jex, 1998).

Results

Table 2: Descriptive Statistics

	Pace of life	Sensation-seeking	Physical Symptoms	Positive Affect	Negative Affect	Psychological lWell-being	Satisfaction with Life	Self-rated Health
Mean	36.9054	4.4595	19.7365	33.4662	21.8108	90.0270	24.0000	3.3108
Median	36.0000	4.0000	19.0000	33.0000	20.5000	91.0000	24.0000	3.0000
Std.dev.			4.8953	7.7155	7.9337	13.0028	6.0170	0.9608
Skewness			1.1075	-0.0057	0.7894	-0.1283	-0.2471	0.2256

Std.error skewness	0.1993	0.1993	0.1993	0.1993	0.1993	0.1993
Kurtosis	0.9299	-0.4427	0.1215	-0.6820	-0.5541	-0.6851
Std.error kurtosis	0.3961	0.3961	0.3961	0.3961	0.3961	0.3961
Shapiro-Wilk W	0.9078	0.9890	0.9434	0.9803	0.9793	0.8852
Shapiro-Wilk p	<.001	0.300	<.001	0.032	0.025	<.001

Most dependent variables show roughly symmetrical distributions; however, physical symptoms and negative affect show high and moderate positive skewness respectively. Kurtosis values suggest mild departure from normality. The Shapiro-Wilk test confirmed that only positive affect follows a normal distribution (p >.05), while all the other variables deviate significantly from normality (p <.05)

Both the independent variables were categorical in nature. Reliability analyses were conducted for all the scales. The Cronbach's á for health outcomes are as follows: physical symptoms (α = 0.8049), positive affect (α = 0.8787), negative affect (α = 0.8881), psychological well-being (α = 0.7145) and satisfaction with life (α = 0.8112). Sensation-seeking shows moderate reliability (Cronbach α = 0.7189). Pace of life shows lower reliability with a Cronbach α value of 0.4308.

Table 3: ART-ANOVA Results (Type III Tests); Model: No Repeated Measures

Dependent Variable	Independent Variable	F value
Physical Symptoms	Pace.of.life	0.23658
	Sensation.Seeking	3.50673
	Pace.of.life × Sensation. Seeking	1.07146
Positive Affect	Pace.of.life	2.6529
	Sensation.Seeking	5.6467*
	Pace.of.life × Sensation. Seeking	0.6170
Negative Affect	Pace.of.life	0.2372
	Sensation.Seeking	0.7091
	Pace.of.life ×.Sensation. Seeking	0.9289
Psychological Well-being	Pace.of.life	0.3454
	Sensation.Seeking	0.4128
	Pace.of.life × Sensation. Seeking	0.9676
Satisfaction with Life	Pace.of.life	0.0509
	Sensation.Seeking	0.9076
	Pace.of.life × Sensation. Seeking	0.2948
Self-rated Health	Pace.of.life	7.0416**
	Sensation.Seeking	8.8372**
	Pace.of.life × Sensation. Seeking	0.1994

* p < 0.05, ** p < 0.01

ART-ANOVA results revealed some significant main effects. First, sensation-seeking was associated with positive affect *(F (1, 144) = 5.6467, p < .05)*: high sensation-seekers reported significantly higher positive affect (34.83) than low sensation-seekers (32.21). Second, sensation-seeking was also associated with self-rated health *(F (1, 144) = 8.8372, p < .01)*: high sensation-seekers reported significantly higher self-rated health (3.44) as compared to low sensation-seekers (3.19). Finally, pace of life was linked to self-rated health *(F (1, 144) = 7.0416, p < .01)*: participants with a faster pace of life have significantly higher self-rated health (3.40) than those with a slower pace of life (3.23).

No other significant main or interaction effects were reported.

Discussion

The current study examined whether pace of life and sensation-seeking independently and conjunctively relate to health outcomes. Health was measured through outcomes such as: physical symptoms, positive affect, negative affect, psychological well-being, satisfaction with life and self-rated health.

The current study found high sensation-seekers to have significantly higher positive affect than low sensation-seekers. This reinforces the notion that high sensation-seekers tend to experience more positive emotions pertaining to their propensity for engaging in novel and stimulating activities (Zuckerman, 2015). Previous research shows that experiences linked to happiness are more common in high sensation-seekers than in low sensation-seekers (Carter, 2018); as the 'flow state' i.e. complete involvement and thorough enjoyment of a moment is associated with greater happiness, creativity, life-satisfaction and self-esteem among adults (Csikszentmihalyi, 2012).

In the current study, high sensation-seekers reported greater self-rated health than low sensation-seekers. Existing research indicates that high thrill and adventure-seeking are associated with lower stress levels (Stegman, 2010). Lower stress indicates better health, marked by reduced risk of various physical and mental health problems, which elevated stress can cause (How stress affects your health, 2024).

However, the study could not find evidence for main effects of sensation-seeking on physical symptoms, negative affect, psychological well-being and life-satisfaction. As sensation-seeking was examined as a composite construct, it may have limited the detection of associations pertaining to its individual dimensions. Previously, Ravert et al. (2013) found novelty-seeking to positively associate with well-being, however the current study could not replicate this finding. On the other hand, some of the literature suggests that high disinhibition and boredom-susceptibility are linked to lower life satisfaction (Stegman, 2010), while high intensity-seeking are linked to depressive symptoms, (Ravert et al., 2013).

The current study found that people experiencing a faster pace of life report higher self-rated health than those with a slower pace of life. These findings to some extent align with the previous research, which associates a faster pace of life with positive health outcomes i.e. low stress, low coronary heart disease rate (Levine & Norenzayan, 1994) as well as with life satisfaction and well-being (Lippke et al., 2021). Furthermore, Lippke et al.'s (2021) found that adaptive coping and ability to maintain work-life balance interacted with pace of life to influence life satisfaction and well-being.

In the present study, pace of life was not significantly associated with positive affect, negative affect, physical symptoms, well-being and satisfaction with life. Hence, contrary to previous findings by Levine and Norenzayan (1994) and Lippke et al. (2021), there was no significant relationship between varied pace of life and life satisfaction or well-being.

On the other hand, some studies also found a faster pace of life to be associated with higher stress (Melnikov et al., 2020) and decreased life satisfaction, especially when individuals could not maintain a healthy work-life balance (Lippke et al., 2021).

The interaction of pace of life and sensation-seeking with health outcomes was not found to be statistically significant. Srivastava (2009), looking at the Indian context, explores how urbanization impacts

health through increased stressors such as polluted environment and reduced social support. These factors are relevant in the light of the current study. In the multifaceted relationship between pace of life, sensation-seeking and health, it appears that various contextual factors- such as socioeconomic status, upbringing, living environments and climate may play a crucial and impactful role (Setti et al., 2017; Clayton et al., 2021). In addition, nature may serve as a buffer against stress: engagement with nature is a key strategy alleviating the negative effects of a fast-paced life by promoting relaxation (Correia, 2024). According to Qidwai et al. (2016), activities such as family vacations and spiritual practices maintain positivity and health in fast-paced living. Furthermore, the pace of life scale procured lower reliability coefficients in the analysis, which may possibly account for the non-significant main and interaction effects.

Implications

The study contributes to the growing literature. Pace of life and sensation-seeking were independently associated with self-rated health, which lends support to a biopsychosocial (Engel, 1977) understanding of mental health. Life-pace variations play a distinct role in shaping one's perception of being healthy. This perception may be related to how well individuals manage work-life balance; effective balance may enhance health outcomes despite a fast-paced life (Lippke et al., 2021). High sensation-seekers having higher positive affect, suggesting they may derive emotional benefits from novelty and stimulation, supports Zuckerman's theory of optimal stimulation (Zuckerman & Aluja, 2015). The absence of interaction effects may hint that various aspects of sensation-seeking tendencies too, should be considered in the model. The derived complexities underscore the need for more nuanced models incorporating additional variables- for instance coping strategies and social support, in order to facilitate enhanced understanding.

Findings bear practical relevance for mental health professionals and workplace consultants. Personalised interventions could be more effective than uniform approaches. Professionals could consider the client's life pace, sensation-seeking, and integrate personality assessments while tailoring effective therapeutic treatment plans. High sensation-seekers may respond well to approaches involving stimulation and activity-based tasks, while low sensation-seekers would gain greater benefits from emotion and health management strategies. Interventions such as time management, mindfulness and structured breaks that encourage effective coping could be helpful, particularly for those overwhelmed by fast-living.

In occupational settings, aligning job demands with individual preferences could enhance one's experience and productivity, i.e. high sensation-seekers may benefit from opportunities, careers and lifestyles offering stimulation and novelty, whereas low sensation-seekers may require an environment that offers predictability and lower stimulation to maintain health.

Limitations and suggestions for future

While the diverse sample in terms of age, education, occupation and financial background may strengthen generalizability, sample heterogeneity may have led to increased variability, making it difficult to detect subtle effects or potential interaction effects. Second, a sample of 148 participants from the Mumbai Metropolitan region may limit generalizability, particularly in diverse cultural contexts. Furthermore, employing self-report measures may have introduced bias due to social desirability (Fisher, 1993) or subjective misinterpretation. Additionally, the reliability for the pace of life scale was discovered to

be lower and the scoring system was found arbitrary. Lastly, Sensation-seeking was examined as a composite variable for categorisation purposes and its individual dimensions were not assessed separately, which may have masked more nuanced associations with health.

Future studies could explore additional variables that may interact with pace of life and sensation-seeking, such as coping mechanisms and social support, providing deeper insights into the complexities of health outcomes. Incorporating a longitudinal design could help in understanding how the relationship among these variables unfolds over time. Qualitative methods may additionally offer valuable insights regarding the underlying mechanisms among these associations.

Conclusion:

The study provides insights into relationships between pace of life, sensation-seeking and health outcomes. It revealed that sensation-seeking is significantly related to positive affect and self-rated health, while pace of life also shows a significant relationship with self-rated health; no significant interaction effects were found. The findings indicate that pace of life and sensation-seeking independently contribute to health perception and emotional outcomes; the absence of interaction effects highlights the complex and context-dependent nature of these variables and their interactions, underscoring the need for a nuanced understanding. Considering individual variations in life-pace along with traits like sensation-seeking, can lead to an enhanced understanding, and help mental health practitioners design more effective, personalized interventions to support challenge navigation in modern life.

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