

M. Joseph Sirgy

The Psychology of Quality of Life

Wellbeing and Positive Mental Health

Third Edition



Springer

Social Indicators Research Series

Volume 83

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ISSN 1387-6570 ISSN 2215-0099 (electronic)
Social Indicators Research Series
ISBN 978-3-030-71887-9 ISBN 978-3-030-71888-6 (eBook)
<https://doi.org/10.1007/978-3-030-71888-6>

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*This book is dedicated to all quality-of-life
and well-being researchers worldwide.*

Preface

In 2002, I wrote *The Psychology of Quality of Life* that was published by Kluwer Academic Publishers. In 2012, the second edition of the *Psychology of Quality of Life* was published. Much research on quality of life and well-being had been published between 2002 and 2012. As such, the second edition of the book was a major overhaul of the 2002 book. Much more research on quality of life and well-being was published between 2012 and 2020, calling for a third edition. The references in each chapter are a testament to the quality and quantity of research conducted on the psychology of quality of life and well-being published during the last decade.

The third edition, like the second edition, is divided into six major parts. Part I is, essentially, an introduction. This part has three chapters. Chapter 1 lays the philosophical foundation of much of the research in the subjective aspects of quality of life in terms of three major constructs: hedonic well-being, life satisfaction, and Eudaimonia. Although throughout the book I tried to be as specific as possible in the way quality-of-life and well-being researchers use the concepts of *hedonic well-being* (other interchangeable terms and concepts include emotional well-being, happiness, the affective component of subjective well-being, positive and negative affect, etc.), *life satisfaction* (researchers refer to this concept as the cognitive component of subjective well-being), and *Eudaimonia* (researchers use terms such as psychological well-being, self-actualization, self-realization, individual growth, self-development, mental health, flourishing, etc.), I sometimes used the term *subjective aspects of quality of life* as an “umbrella” term. In Chap. 2, I cover much of the research dealing with major distinctions among constructs that are encompassed by the “subjective aspects of quality of life.” In Chap. 3, I make a case for the importance of the research in the psychology of quality of life. I discuss much of the research showing the beneficial effects of happy people at work, health, and to society at large.

Part II of the book focuses on research dealing with objective reality. That is, I describe research showing how socio-cultural factors (Chap. 4), income factors (Chap. 5), other demographic factors such as age, gender, and education (Chap. 6), personal activities (Chap. 7), and biological and health conditions

(Chap. 8) influence the subjective aspects of quality of life. These conditions, essentially, reflect the actual internal and the external physical environment of the individual. This objective reality impinges on their hedonic well-being, life satisfaction, and Eudaimonia.

Part III of the book focuses on subjective reality. Objective reality ultimately translates into subjective reality, and in this context the individual transforms information from “objective reality” into “subjective reality,” which in turn influences the individual’s sense of well-being. Subjective reality can be in the form of personality (Chap. 9), affect and cognition (Chap. 10), beliefs and values (Chap. 11), needs and need satisfaction (Chap. 12), goals (Chap. 13), self-concept (Chap. 14), and social comparisons (Chap. 15). I discuss not only how people process information from the objective environment but also how they manipulate this information that ultimately puts a dent into the subjective aspects of quality of life (hedonic well-being, life satisfaction, and Eudaimonia).

Part IV focuses on the psychology of well-being that is specific to life domains. In this context, I begin this part of the book with a chapter dealing with domain dynamics (Chap. 16). This chapter covers much of the theories explaining how domain satisfaction plays a role in subjective well-being. Then, I describe much of the research in relation to work well-being (Chap. 17), residential well-being (Chap. 18), material well-being (Chap. 19), social/family/marital well-being (Chap. 20), health well-being (Chap. 21), leisure well-being (Chap. 22), and well-being in other less salient life domains such as spiritual well-being, political well-being, educational well-being, and environmental well-being (Chap. 23).

In Part V of the book, I review much of the research on special populations. Specifically, Chap. 24 focuses on the psychology of quality of life in relation to children, youth, and college students. Chapter 25 focuses on the well-being of the elderly; Chap. 26 on well-being issues of women, Chap. 27 on the well-being of entire countries; and Chap. 28 covers a potpourri of other population groups such as the disabled, drug addicts, prostitutes, emergency personnel, immigrants, teachers, and caregivers.

The final part of the book (Part VI) has two chapters. Chapter 29 focuses on theories and models of well-being that are designed to integrate and unify disparate concepts and programs of research in well-being. In the final chapter (Chap. 30), I offer my concluding thoughts by addressing the importance of the psychology of quality of life in the context of public policy. That is, I echo the overall sentiment by the vast majority of well-being researchers that public policy should be, at least in part, guided by well-being research. But also, I warn the reader that well-being research is not enough. The call to action is to broaden our approach in well-being research to incorporate other aspects of quality of life at higher levels of analysis (i.e., the group level, the community level, the societal level).

This book holds much information about the psychology of quality of life (hedonic well-being, life satisfaction, and Eudaimonia). It is not designed to be a comprehensive review of every concept in quality of life and well-being research. The reviews are highly selective, and they are designed to give the reader a good

overview of the established concepts as well as the emerging ones. I hope that readers of this book will find this book helpful to their own understanding of quality-of-life and well-being issues, in guiding their own research agenda in this blossoming field of study, and most importantly in guiding policy-making.

Happy reading,

Joe Sirgy

Blacksburg, VA

M. Joseph Sirgy

Acknowledgements

I am grateful to all my colleagues and friends who have collaborated with me on all aspects of research related to quality of life and well-being over the many years. Among them are my many co-authors: Alan Andreasen, Murphy Bird, Michael Bosnjak, Carol Brown, Jim Brown, Jean-Charles Chebat, Kaye Chon, C. B. Claiborne, Muris Cicic, Dennis Cole, Terri Cornwell, Bob Cummins, David Efraty, Ahmet Ekici, El-Sayed El-Aswad, Karma El-Hassan, Richard Easterlin, Richard Estes, Abbott Ferriss, Thomas Foscht, Tao Gao, Marvin Goldberg, Dhruv Grewal, Stephan Grzeskowiak, Eda Gurel-Atay, Salah Hassan, Kamel Hedhli, Ibrahim Hegazi, Andreas Hermann, Pamela Jackson, J. S. Johar, Jinfeng Jiao, Mohsen Joshanloo, Derya Kara, Dohee Kim, Hyelin Kim, Kyungmi Kim, Minyoung Kim, Rustan Kosenko, Frank Kressmann, Stefan Kruger, Kenneth Land, Val Larsen, Dong-Jin Lee, Jim Littlefield, Tammy Mangleburg, Joao Maroco, Janet Marta, Elaine Mathis, Lee Meadow, Tom Mentzer, Dwight Merunka, Alex Michalos, Chad Miller, Michael Morris, Janet Neal, Jae Park, Jooanha Park, Seolwoo Park, Donald Patrick, Bill Pavot, Richard Perdue, Mark Peterson, Rhonda Phillips, Don Rahtz, Nora Reilly, Josh Samli, Audrey Selian, Kalaynee Senasu, Andrew Sharpe, Cliff Shultz, Philip Siegel, Anusorn Singhapakdi, Jorge Sinval, Bernhard Swoboda, Chenting Su, Bob Underwood, Muzaffer Uysal, Joachin Vogel, Dave Webb, Robin Widgery, Newell Wright, Eunju Woo, Jiyun Wu, Grace B. Yu, among others.

I am most grateful to Alex Michalos, the editor of Springer's Social Indicators Research Book Series. Alex Michalos is my role model and a major source of inspiration since I first met him back in the early 1990s, and since then we became friends. I am equally grateful to Shinjini Chatterjee, senior editor at Springer who had enough confidence in me to produce a new edition of the *Psychology of Quality of Life* that was first published in 2002 (1st edition) with the second edition published in 2012. My gratitude also extends to Springer's production team who helped produce this third edition of the book, especially Bharat Sabnani and Chitra Sundarajan.

I am additionally grateful to my family for their love and moral support—my wife, Pamela Jackson, my four daughters: Melissa Racklin (her husband Anton

Racklin and my three beautiful grandchildren: Isabella, Alec, and Jake), Danielle Gray (and her grandson Scott), Michelle Sirgy (and her partner Jon Sledd), and last but not least, our youngest daughter, Emmaline Smith. My many thanks are also extended to my two brothers, Abraham and Jimmy, and their families, as well as his many cousins and their families scattered in many places in the USA and around the world, for their moral support.

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His recent books include:

- Sirgy, M. Joseph (2020). *Positive Balance: A Theory of Well-Being and Positive Mental Health*. Dordrecht: Springer Publishing.
- Sirgy, M. Joseph, Richard J. Estes, El-Sayed El-Aswad, and Don R. Rahtz (2019). *Combating Jihadist Terrorism through Nation Building: A Quality-of-Life Perspective*. Dordrecht: Springer Publishing.
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Part I

Introduction

This part of the book makes up three chapters. The first chapter introduces the reader to the concepts of subjective aspects of quality of life. There is a plethora of concepts directly related to subjective wellbeing: life satisfaction, domain satisfaction, positive/negative affect, emotional wellbeing, hedonic wellbeing, subjective wellbeing, perceived quality of life, perceived life quality, personal happiness, psychological wellbeing, Eudaimonia, authentic happiness, flourishing, positive mental health, psychological happiness, prudential happiness, perfectionist happiness, the good life, social wellbeing, among others. The reader is exposed to what the philosophers of happiness have to say about the proliferation of these concepts and their meaning. Philosophers seem to agree that these concepts of subjective aspects of quality of life or happiness can be captured using three major concepts: psychological happiness, prudential happiness, and perfectionist happiness. I will show that these three philosophical concepts of happiness do indeed capture most of these subjective concepts of quality of life. *Psychological happiness* captures affective-related concepts of wellbeing such as hedonic or subjective wellbeing (the affective component), emotional wellbeing, and positive/negative affect (which is considered as a component of hedonic or subjective wellbeing). *Prudential happiness* is a more macro-level concept. It incorporates a variety of wellbeing concepts such as life satisfaction, perceived quality of life, domain satisfaction, and subjective wellbeing (cognitive component). Finally, *perfectionist happiness* is a more macro-level concept that captures concepts such as eudaimonia, flourishing, positive mental health, psychological wellbeing, and personal development. It seems to me that these three major concepts of subjective aspects of wellbeing (or quality of life) reflect a certain level of symmetry or correspondence to Martin Seligman's (2002, 2011) concepts of the *pleasant life* (i.e., psychological happiness), the *engaged life* (i.e., prudential happiness), and the *meaningful life* (i.e., perfectionist happiness). I will discuss this symmetry in the conclusion section of Chap. 1. Also, in describing the major concepts of subjective aspects of quality of life, I will expose the reader to examples of measures that have gained a certain level of popularity in the wellbeing research literature.

Chapter 2 addresses many distinctions made differentiating concepts of subjective aspects of quality of life. Many of these distinctions have been made by wellbeing scholars and supported by empirical evidence. The chapter begins by addressing the distinction between subjective and objective indicators of quality of life. The evidence shows that these two sets of indicators are not highly correlated, which provides ammunition to the argument that both sets of indicators are necessary to paint a complete picture of quality of life in relation to a particular population segment. Another distinction is between inputs and outcomes of wellbeing. Empirical research shows that these are interrelated in a hierarchical fashion. That is, input indicators of wellbeing can be construed as lower-levels goals in a goal hierarchy, while outcome indicators as higher-level goals. Furthermore, inner versus outer indicators of wellbeing are distinguished from one another. Inner goals are within the individual, while outer goals are related to the environment. Research has also shown that the construct of happiness is distinctly different from life satisfaction. The measurement of happiness is more affective, while the measurement of life satisfaction is more cognitive. As such, empirical evidence has shown that the determinants of happiness are not the same determinants of life satisfaction. We then turn to the concept of subjective wellbeing and show the reader how it has been treated as an umbrella concept to cover both cognitive and affective dimensions of wellbeing. In that vein, I make an attempt to help the reader develop an appreciation of the concept of subjective wellbeing by showing how it can serve as an integrative framework involving three major dimensions: (1) cognitive versus affective concepts of wellbeing, (2) concepts of wellbeing that focus on positive versus negative aspects of wellbeing, and (3) short-term versus long-term concepts of wellbeing. I then conclude the chapter by discussing the emergent concepts of eudaimonia and psychological wellbeing—they are emergent from the concept of subjective wellbeing. In other words, I argue based on the research literature that eudaimonia and psychological wellbeing go beyond our traditional and early notion of subjective wellbeing. The eudaimonia concepts of wellbeing reflect a long-term perspective of wellbeing that not only focuses on subjective wellbeing (in the traditional sense) but also personal and moral development.

Chapter 3 focuses on reviewing the wellbeing research literature on the effects of wellbeing concepts such as hedonic wellbeing, life satisfaction, and eudaimonia on a variety of personal, social, organizational, and societal outcomes: health; achievement and work; and social relationships, prosocial behavior, trust, and future happiness. This is especially important because this discussion is designed to help the reader understand the growing importance of the psychology of quality of life. The consequences of wellbeing are far reaching; they impact not only people's lives but also society at large. The main argument is that the understanding the psychology of quality of life should help decision makers in both the private and public sectors make better decisions, more effective decisions, the kind of decisions that could enhance societal outcomes. The take-away message is that the study of the psychology of quality of life is far more important than initially recognized. Embracing the science of wellbeing should help policy makers make better decisions in many areas of endeavor across many basic science disciplines (e.g., economics, psychology,

sociology, biology, etc.) and the applied sciences (e.g., public policy, public administration, political science, management, marketing, accounting, applied psychology, applied sociology, social work, hospitality and tourism management, leisure studies, sports and recreation, health and medicine, urban planning and architecture, communication studies, wildlife management, education, etc.). I end the chapter by discussing the research concerning the level of happiness that is optimal. In other words, the research I review attempts to answer the question: Are people who are happiest experience higher levels of wellbeing, compared to people who are moderately happy and least happy? The reason for this question is because there seems to be a hint of evidence suggesting that moderately happy people are likely to experience higher levels of motivation to achieve than the happiest. If so, interventions and programs should be designed to enhance happiness but up to an optimal point. Read the chapter.

Chapter 1

Philosophical Foundations, Definitions, and Measures of Wellbeing



“Conceive yourself, if possible, suddenly stripped of all the emotion with which your world now inspires you, and try to imagine it as it exists, purely by itself, without your favorable or unfavorable, hopeful or apprehensive comment. . . No one portion of the universe would then have importance beyond another; and the whole collection of its things and series of its events would be without significance, character, expression, or perspective. Whatever of value, interest, or meaning in our respective worlds may appear endowed with are thus pure gifts of the spectator’s mind.”

—William James, *The Varieties of Religious Experience*
(cited in Spurlock, 2006).

1.1 Introduction

Philosophers have long debated the meaning of happiness. For example, Feldman (2010) has argued that philosophers view happiness as sensory hedonism *a la* Bentham, Mill, and Sedgwick traditions. Feldman rejects this view of happiness by asserting that to be happy in life is different from experiencing high levels of pleasure and low levels of pain. Consider the following example:

Suppose Dolores has been suffering from serious chronic pain for a long time. Suppose her doctor informs her of a new pain management drug that Dolores then takes. Suppose it works. The pain is dramatically reduced. Instead of suffering with constant 400 dolor pain, Dolores is now suffering with pain somewhere in the 12 dolor range. She is very happy about this reduction in pain. Since the pain is so relentless for such a long time, this is definitely an important matter for her. If asked, she might say that she is surprised, delighted, and in general fairly happy today. Yet she still has a negative hedono-doloic balance. She feels more dolors of sensory pain than hedons of sensory pleasure. There are many reasons to think that Dolores is happy in the scenario described. She has a smile on her face; she is asserting that she is delighted with the amazing reduction in pain; she is optimistically looking forward to a better future. She might express her heartfelt thanks to her doctor, saying that the new medicine is truly a miracle drug. (Feldman, 2010, p. 33)

Haybron (2008) has argued against the sensory hedonism view of happiness because this theory of happiness counts all sorts of pleasures toward happiness—those that are meaningful and intense and those that are shallow and fleeting.

Intuitively, the trouble seems to be that such pleasures don't reach "deeply" enough, so to speak. They just don't *get* to us; they fit through consciousness and that's the end of it This consideration alone appears to undermine any hedonistic account of [happiness]. (Haybron, 2001, p. 506)

Haybron (2001) also has argued against this view of happiness because it does not consider the person's disposition toward happiness. In other words, for a person to be happy, he or she must be disposed to react happily to positive stimuli and to carry these feelings into the future. Hedonistic happiness is "backward-looking"; true happiness has to be "forward-looking."

. . . happiness ascriptions possess an interesting and important connection to the present: unqualified true attributions of happiness strongly suggest, and appear to entail, that the subject is happy *now*. They do not merely summarize the subject's *recent psychological history* but tell us something about the subject's present condition. . . . happiness is not *backward-looking* in the extreme manner that hedonism takes it to be, for ascriptions are firmly anchored in the present. It is doubtful whether hedonism can respect this property of happiness ascriptions at all. (Haybron, 2001, pp. 511–512)

Ruut Veenhoven (2003), one of the key founders of the happiness research movement, has examined the evidence of the relationship between hedonism and happiness at both the individual and national levels. At the individual level, the consumption of hedonic products tends to follow an inverted U-curve in which a moderate level of consumption is positively associated with subjective wellbeing. But then what is the trade off with physical wellbeing? Veenhoven offers a solution: assess the effect of hedonistic living on the number of years lived happily.

To help the reader better understand, let alone appreciate, this debate among philosophers of happiness, I will try to sensitize the reader to the study of subjective aspects of quality of life by addressing the philosophical foundations of wellbeing concepts such as happiness, positive and negative affect, emotional well-being, life satisfaction, subjective wellbeing, perceived quality of life, psychological wellbeing, and Eudaimonia. In doing so, exact definitions with example measures will be offered. The measures serve to bring those definitions to life.¹

¹See McMahon (2018) for an interesting and a thought-provoking read on the history of understanding happiness.

1.2 Happiness Is Both a Philosophical and Psychological Concept

Jeremy Bentham, 1789/1969, the founder of the moral philosophy of utilitarianism, viewed happiness as a consequence of choice among alternative courses of action. His famous moral dictum of *choosing the action that leads to the greatest happiness of the greatest number* illustrates his view of happiness. Happiness is a state of being that people experience as a result of action by oneself or others. Russell, 1930/1975, another utilitarian philosopher and ethicist, asserted that people who experience pleasure from seeing others being happy become happy too.

It is important to note that philosophers have addressed the issue of happiness. Happiness to most philosophers is not simply a psychological matter; it is evaluative. It concerns the conditions of leading a good and moral life. Therefore, it is not a psychological phenomenon but a phenomenon of ethics (Haybron, 2000). Happiness to philosophers, such as Aristotle and Thomas Jefferson, requires more than a state of mind. People can be deluded to be happy by religion. Many religions promise happiness in the here and now as well as in the “afterlife.” Do people who “discover” religion find true happiness? A man lives in dire poverty and in wretched material conditions may find solace in religion. Is this man happy? Not according to some philosophers. For example, Aristotle viewed happiness as living in a manner that actively expresses excellence of character or virtue (Aristotle, 1962/1986). Thus, one can be happy by expressing excellence of character (the essence of the good and moral life), not by being cheerful and serene (feeling happy).

1.3 Happiness as a Strong and Universal Motive

Philosophers have long addressed this question. The consensus is that happiness is a universal motive that guides much of human behavior. In the words of one philosopher:

All men seek happiness. There are no exceptions. However different the means they may employ, they all strive towards this goal. The reason some go to war and some do not is the same desire in both but interpreted in two different ways. They will never take the least step except to that end. This is the motive of every act of every man, including those who go and hang themselves. (Pascal, 1995, p. 45; originally published in 1669)

William James, the father of modern psychology, once said:

How to keep, how to gain, how to recover happiness is ... for most men at all times the secret motive for all they do. (James, 1902, p. 76)

Empirically speaking, surveys have documented the importance of happiness as a strong and universal motive, compared to other motives. Consider the following studies by Ed Diener (the founder of the subjective wellbeing research movement)

and his colleagues. Diener, Sapyta, and Suh (1998) conducted a study that surveyed college students in 41 countries in which one of the survey items instructed respondents to rate the importance of happiness as a goal in life on a 7-point scale where 7 reflects “extraordinarily important and valuable.” The average rating was 6.39 showing that happiness is extremely important as a life goal. In another study by Diener and Oishi (2004) found that “being happy” is considered to be more important than having good health, a high income, being attractive, and even more important than experiencing love and finding meaning and purpose in life. Furthermore, Diener and Oishi (2006) conducted a large international survey involving 10,000 respondents from 48 nations and found that happiness is rated very important in comparison to other desired end states such as success, intelligence/knowledge, and material wealth.

Yet another study focusing on the American public, King and Napa (1998) reported that Americans consider happiness in their judgment of what is a good life to be more relevant than wealth and moral goodness.

1.4 Bentham Versus Aristotle

Quality-of-life researchers have long argued that quality of life (or wellbeing) can be construed *a la* Bentham or *a la* Aristotle (e.g., Graham, 2011). Quality of life in the Benthamite tradition is contentment, whereas quality of life in the Aristotelian sense is a *meaningful and fulfilling life*. Bentham viewed human welfare in terms of hedonic utility: *the greater good is to maximize pleasure for the greatest number of people*. Aristotle, on the other hand, focused on happiness as *Eudaimonia*, which translates as flourishing, wellbeing, success, or the opportunity to lead a purposeful and meaningful life.

From a public policy perspective, Carol Graham (2011) argues that this philosophical distinction can be used to segment people into those with agency (those who have capability to change their life circumstances) and those without. Public policy can be formulated in ways to enhance wellbeing in the Aristotelian sense for those with agency in that policies would encourage the pursuit of meaning and fulfilment in life. There are countless examples of public policies (e.g., reducing unsustainable fiscal deficits, reforming the healthcare system, and upgrading the educational system) that fit the Aristotelian bill—policies that do not bring happiness in the short term but contribute to the eventuality of living a fulfilling and meaningful life. Conversely, public policies can be formulated differently for those without agency, guided by the Benthamite conception of happiness (i.e., contentment). Examples may include policies directed to the sick and disabled, at end-of-life stage, and those who seek leisure experiences.

1.5 Three Philosophical Views of Happiness

Daniel Haybron (2000) makes the distinction among three philosophical concepts of happiness: psychological happiness, prudential happiness, and perfectionist happiness.

1.5.1 *Psychological Happiness (Hedonic Or Emotional Wellbeing)*

Martin Seligman, the father of positive psychology, has authored a seminal book titled *Authentic Happiness* (Seligman, 2002). Seligman made the distinction among the pleasant life, the engaged life, and the meaningful life. The concept of “psychological happiness” used by philosophers (and discussed in this section) is highly akin to Seligman’s concept of the *pleasant life* (cf. Sirgy & Wu, 2009).

According to Haybron (2000), *psychological happiness* is indeed a state of mind involving feelings of joy, serenity, and affection. Psychological happiness is the experience of positive emotions over time. Philosophers who address happiness in psychological terms include Benditt (1974, 1978), Carson (1978a, 1978b, 1979, 1981), Davis (1981a, 1981b), Gauthier (1967), Griffin (1986), Mayerfield, 1996, 1999), Nozick (1989), Rescher (1972), Sen (1987), Sumner (1996), Von Wright (1963), Wilson (1968), and Wolf (1997).²

David Phillips (2006), a philosopher of happiness, clearly distinguishes between two approaches to happiness: hedonic and eudaimonic. He argues that the hedonic tradition highlights the individual and assumes that the individual is motivated to enhance personal freedom, self-preservation, and self-enhancement. The hedonic tradition is based on the philosophical tradition expounded by Hobbes, Locke, and Rousseau. Thus, the focus is on the integrity of the individual and his own judgment about what makes him happy. In contrast, the eudaimonic tradition derives from the Aristotelian conception of the good life, prudence, reason, and justice. The goal is to have people flourish or to function to meet their full potential, to contribute to society, and achieve the highest standards of morality. This tradition is consistent with the teachings of St. Thomas Aquinas and the moral imperatives extrapolated from Confucianism. I will discuss the hedonic approach in greater detail in the following sections and then shift to the eudaimonic approach in a later section.

²For an informative philosophical discussion of “heterogeneous pleasures,” please see a recent publication by Andrew Alwood (Alwood, 2018).

Table 1.1 A scale of positive and negative experience

Please think about what you have been doing and experiencing during the past 4 weeks. Then report how much you experienced each of the following feelings, using the scale below. For each item, select a number from 1 to 5, and indicate that number on your response sheet.
1 = very rarely or never
2 = rarely
3 = sometimes
4 = often
5 = very often or always
• Positive • Negative • Good • Bad • Pleasant • Unpleasant • Happy • Sad • Afraid • Joyful • Angry • Contented
Scoring: The measure can be used to derive an overall affect balance score but can also be divided into positive and negative feeling scales.
<i>Positive feelings (SPANE-P):</i> Add the scores varying from 1 to 5, for the six items: Positive, good, pleasant, happy, joyful, and contented. The score can vary from 6 (lowest possible) to 30 (highest possible).
<i>Negative feelings (SPANE-N):</i> Add the scores varying from 1 to 5, for the six items: Negative, bad, unpleasant, sad, afraid, and angry. The score can vary from 6 (lowest possible) to 30 (highest possible).
<i>Affect balance (SPANE-B):</i> The negative feelings score is subtracted from the positive feelings score, and the resultant difference score can vary from −24 (unhappiness possible) to 24 (happiest possible).

Source: Adapted from Diener et al. (2010)

1.5.2 Psychological Happiness as Positive and Negative Affect

Many quality-of-life researchers have captured the concept of subjective wellbeing by measuring two types of affect, positive and negative, and then summing up the scores to derive an index of subjective wellbeing (e.g., Bradburn, 1969; Chamberlain, 1988; Diener & Emmons, 1984; Diener, Sandvik, Seidlitz, & Diener, 1993; Diener, Smith, & Fujita, 1995; Fredrickson, 2016; Headey, Kelley, & Wearing, 1993; Kim & Mueller, 2001; Lucas, Diener, & Suh, 1996; Watson, Clark, & Tellegen, 1988). That is, a person who has a high level of subjective wellbeing is one who has a preponderance of positive affect (such as joy, contentment, or pleasure) over negative affect (such as sadness, depression, anxiety, or anger). See example of a positive/negative affect measure in Table 1.1.

A measure commonly used to capture positive and negative affect is the Intensity and Time Affect Scale (ITAS; Diener et al., 1995). The ITAS is a 24-item measure capturing how frequently respondents have experienced different positive (e.g., joy, affection) and negative (e.g., anger, fear) emotions. Subjects respond to a 7-point rating scale in which “1” denotes “never experience” and “7” representing “always experience.”

This perspective of positive and negative affect underscores the relative independence of positive and negative affect. As such, Diener and Lucas (1999) have found four distinct types of people experiencing various states of happiness:

1. Those who experience high levels of pleasant affect plus low levels of unpleasant affect—“happy” people
2. Those who experience low levels of pleasant affect plus high levels of unpleasant affect—“unhappy” people
3. Those who experience high levels of both pleasant and unpleasant affect—“emotional” people
4. Those who experience low levels of both pleasant and unpleasant affect—“unemotional” people

1.5.2.1 Psychological Happiness as Hedonic Sensations of Momentary Pleasures

An illustrative conceptualization of psychological happiness is Parducci’s theory of happiness (Parducci, 1995). Parducci, a renowned psychologist who is well-known for his *range-frequency theory of satisfaction*, viewed happiness as a theoretical summation of separate momentary pleasures and pains. Although happiness can refer to a moment, the term is often used to describe our state of affect over much longer periods such as one’s lifespan. However, within any period, happiness can be viewed as a conceptual summation of separate hedonic values, positive and negative, divided by the duration of that period.

Daniel Kahneman, a Nobel Laureate, and a leading scholar in the psychology of quality of life, has conceptualized happiness as sensations that are associated with real-time feelings of happiness (Kahneman, 1999). He calls this happiness as “objective happiness.” To measure this concept of happiness, he employed an *experiential sampling method*. Subjects are contacted at set time intervals during the day and are asked to report their positive and negative feelings they experienced now (or during the last hour or so). See examples of measures in Table 1.2.

Phillips (2006) objects to this hedonic view of happiness by saying the following:

... it is not necessary for a person to be articulating a sensation, feeling or mood at the moment they are experiencing it. Indeed, people’s happiest moments are often when they are too deeply engrossed in an activity to be self-conscious about their state of mind. (Phillips, 2006, p. 16)

Fred Feldman (2010), in his book on *What Is This Thing Called Happiness*, also objects to Kahneman’s theory of objective happiness by arguing that it cannot be a

Table 1.2 Measuring hedonic sensations of momentary pleasure

Ecological momentary assessment: Participants are given a sampling diary and are instructed to rate their current feelings on a series of affect adjectives (happy, tired, stressed, frustrated, and angry) on 5–point scales (1 = not at all, and 5 = very much) at 6 time points: At the office, at bedtime, 30 minutes after waking the next morning, noon, and at 3 pm. Day reconstruction method: A diary is completed online at the end of each 24 hours period. Participants are asked to recall the monitoring period as a continuous series of episodes (e.g., similar to episodes of a television show). Each episode is defined in terms of time of onset and duration, location, social situation, and activity. After the complete 24 hours are reconstructed, participants rate their feelings related to each episode on a series of affective states (happy, tired, worry, feeling hassled, angry, and frustrated) on 7-point scales (0 = not at all and 6 = very much).

Source: Adapted from Dockray et al. (2010)

theory of welfare. Feldman uses the following example to illustrate the short sidedness of this view of happiness. The example is a woman who is labor, giving birth. She is in so much pain but reports to be happy.

More importantly, perhaps, the concept of objective happiness explicated by this theory seems to be of questionable interest. I see no particularly tight connection between anything we would ordinarily call ‘happiness’ and this concept of objective happiness. Nor do I see any justification for thinking that nations should craft their policies so as to increase levels of objective happiness among citizens. To put it bluntly: objective happiness seems different in important ways from happiness; it seems unconnected to welfare. (Feldman, 2010, p. 49)

1.5.2.2 Psychological Happiness as Neuronal Chemical Release of Dopamine in the Brain

At a much more micro level, one can argue that happiness has to be viewed at a molecular level in terms of neuronal activity related to the release of dopamine (and possibly other neurochemicals) in the brain. For example, Warburton (1996) argues that happiness is a pleasant, physiological sensation caused by neurochemical responses in the dopamine system in response to external stimuli that have rewarding properties (e.g., food, drugs, sex, and music). Therefore, people have a natural proclivity to increase their happiness by experiencing stimuli that triggers the release of dopamine in the brain—the reward system.

1.5.2.3 Psychological Happiness as Utility

Warburton (1996) uses the biological/physiological concept of happiness to argue for a utilitarian conception of happiness. In other words, people maximize their happiness by making decisions and engaging in behaviors that would increase their happiness. Courses of action are evaluated based on their utility in deriving pleasure

and reducing pain to the individual. This view is highly consistent with the utilitarian philosophy of Jeremy Bentham and John Stuart Mill (Collard, 2003).

1.5.2.4 Psychological Happiness as Emotional Wellbeing

The concepts of positive and negative affect capture what wellbeing researchers call *emotional wellbeing* at a macro level. Simsek (2009) has argued that the traditional measures capturing psychological happiness in terms of positive and negative affect (e.g., the PANAS measure) do not refer to “life.” Therefore, the author developed such a measure by combining positive and negative affect with references to life at large. The exact measure is shown in Table 1.3.

1.5.3 Prudential Happiness (Life Satisfaction Or the Cognitive Component of Subjective Wellbeing)

Prudential happiness, on the other hand, refers to a state of well being. Psychological happiness may be a necessary but not sufficient condition of prudential happiness. Prudential happiness is achieved when a person achieves a high state of well being, both mentally and physically (cf. Veenhoven, 2000). Prudential happiness is leading a good life. It involves both the feelings of happiness and the action that generates personal growth. In the context of Seligman’s (2002) distinction among the pleasant life, the engaged life, and the meaningful life, prudential happiness seems most consistent with the engaged life (cf. Sirgy & Wu, 2009).

Table 1.3 An emotional wellbeing scale

Positive emotional wellbeing
• Life gives me pleasure.
• Life excites me.
• I feel at peace with life.
• I am content with life.
• I appreciate the life I lead.
• I completely accept life as it is.
Negative emotional wellbeing
• I feel pain about my life.
• I feel upset about my life.
• The life I lead gets me down.
• The life I lead frightens me.
• I worry about the life I lead.
• The life I lead saddens me.
• I feel I’m wasting my life.
Response scale: 5-point Likert scale varying from “1 = strong disagree” to “5 = strongly agree.”

Source: Adapted from Simsek (2009)

Haybron illustrates this condition by describing a brain in a vat. The brain in a vat may experience perfect bliss (psychological happiness), but physically it is not leading a good life as a person (prudential happiness). In other words, happiness is more than feelings of joy. It needs engagement in life to realize one's potentiality. It is what people do in life to achieve personal fulfilment. It is leading the good life.

Philosophers who talk about prudential happiness include Almeder (2000), Annas (1993, 1998), Cottingham (1998), Edwards (1979), Gert (1988), Hill (1999), Jacobs (1985), Kekes (1982, 1988, 1992), Kenny (1966), Kraut (1979), Luper (1996), Mill (1979), Rawls (1971), Scrutton (1975), Simpson (1975), Tatkiewicz (1976), Thomas (1968), and Warner (1987).

Psychological happiness cannot be the only element of the good life. Kesebir and Diener (2009) assert that

It is immensely difficult to imagine a desirable life that is devoid of happiness. As much as happiness [psychological happiness] is necessary to the good life; however, it is not sufficient. When we deem happiness as a worthwhile object of study, it is because we trust that pursuing happiness is one form of the good life, but not the only one. (Kesebir & Diener, 2009, p. 66)

1.5.3.1 Prudential Happiness as Life Satisfaction

A vast majority of wellbeing researchers view life satisfaction as self-avowals of happiness (see Diener, 1984; and Veenhoven, 1984a, 1984b; Veenhoven and co-workers, 1994 for literature reviews). Life satisfaction is viewed as a “cognitive” conceptualization of happiness or subjective wellbeing. It may involve judgments of fulfilment of one's needs, goals, and wishes. This view is essentially based on seminal studies of the founding fathers of the life satisfaction research movement: Andrews and Withey (1976); Campbell, Converse, and Rodgers (1976); Cantril (1965); Diener (1984); and Michalos (1985). Diener et al. (1985a) defined life satisfaction as “a cognitive judgmental process dependent upon a comparison of one's circumstances with what is thought to be an appropriate standard” (p. 71); thus, the lower the discrepancy between the perception of life achievements and some standard the higher the life satisfaction. Michael Frisch (1998, 1999, 2000, 2001), a clinical psychologist who is also a well-known wellbeing therapist and coach who has written an excellent book on *Quality of Life Therapy* (Frisch, 2006), equates quality of life with life satisfaction and defines life satisfaction also in cognitive terms. He assumes that the affective correlates of subjective wellbeing are determined by cognitively based life satisfaction judgments. Also, Bernard Van Praag and Ada Ferrer-i-Carbonell (2004), well-know happiness economists, report the results of numerous studies they have conducted in their book, *Happiness Quantified*, in which the key dependent variable is life satisfaction.

This view of happiness is defended by philosophers. For example, Wladyslaw Tatkiewicz (1976) has argued that happiness is satisfaction with one's life as a whole. A person is happy when he is fully satisfied with the current circumstances of

Table 1.4 The satisfaction with life scale

• In most ways my life is close to ideal. • The conditions of my life are excellent. • I am satisfied with my life. • So far, I have gotten the important things I want in life. • If I could live my life over, I would change almost nothing.
<i>Response scale:</i> Responses are captured on 7-point Likert-type scales varying from 1 = strong disagree to 7 = strongly agree

Source: Adapted from Diener et al. (1985b)

his life, the past circumstances, and those future circumstances too (cf. Brandt, 1967; Sumner, 1996; Telfer, 1980).

Typical studies of life satisfaction use surveys in which respondents are asked to assess how their lives have been going over a designated period, such as the last few weeks, months, or years. A typical way of measuring life satisfaction is a single item with a three-point scale: “Taken all together, how would you say things are these days—would you say that you are very happy (1), pretty happy (2), or not happy (3)?” (Andrews & Robinson, 1991).

Andrews and Withey’s (1976) D-T measure involves a straightforward repeated³ question: “How do you feel about your life as a whole?” Responses are coded on a scale: “delighted,” “pleased,” “mostly satisfied,” “about equally satisfied and dissatisfied,” “mostly dissatisfied,” “unhappy,” and “terrible.” These researchers conducted a national study to measure subjective wellbeing at the societal level. The study employed several samples totalling around 5000 respondents for obtaining self-reported assessments about a factor-analyzed list of life domains, as well as a global question about satisfaction with life in general. The developed measure was guided by the theoretical notion that quality of life is an overall sense of well being reflecting affective responses to various life domains.⁴ The resulting instrument containing global measures of satisfaction and the domains were found to have high convergent and predictive validity, and repeated samplings produced reliability coefficients between 0.7 and 0.8. This effort generated a linear additive indicator of well being called the Index of Overall Life Quality.

Here is another example of a life satisfaction measure that has gained a great deal of popularity in wellbeing research: the Satisfaction with Life Scale or SWLS. Diener et al. (1985a) developed this measure that involves five questions, rated on a 7-point Likert scale. The items are shown in Table 1.4. The SWLS has been validated in many contexts (e.g., Bai, Wu, Zheng, & Ren, 2011; Gouveia, Milfont, Nunes da Fonesca, & Pecanha de Miranda Coelho, 2009; Swami & Chamorro-Premuzic, 2009; Wu & Wu, 2008).

³Repeated in the sense that the item appears in different part of the questionnaire to allow the testing of internal consistency-type of reliability.

⁴Examples of life domains include leisure life, work life, family life, social life, and community life, among others.

The Cantril Ladder (Cantril, 1965), yet another popular measure of life satisfaction, employs a visual graph of a ladder to capture the respondent's feelings about his or her life overall. The measure has the following instructions:

The respondent is first asked to describe wishes and hopes for his or her future, and then describe what would be the most unhappy life for him or her. The respondent is then presented with a picture of a ladder numbered from zero on the bottom rung to nine on the top rung. The respondent is then asked to suppose that the top of the ladder represents the best possible life for him or her, and the bottom represents the worst possible life. The respondent is then asked: "Where on the ladder do you feel you stand at the present time? Here is a picture of a ladder. Suppose the top of the ladder represents the best possible life for you and the bottom of the ladder the worst possible life. Where on the ladder do you feel you personally stand at the present time? (0–10 rating scale using a picture of a ladder)"

Based on a comprehensive literature review of studies involving large-scale surveys, Dolan, Peasgood, and White (2008) identified many life satisfaction measures used in large-scale national surveys. These are shown in the Appendix section at the end of this book.

1.5.3.2 Prudential Happiness as Domain Satisfaction

Much research in the psychology of quality of life has focused on conceptualizing and measuring wellbeing in terms of domain satisfaction. That is, high wellbeing is defined as satisfaction in salient life domains. Let us examine selected domain satisfaction measures to help the reader develop an appreciation of this concept.

Consider the Quality-of-Life Inventory (Frisch, 1992, 1993, 1994a, 1994b, 1998). Frisch conceptualized domain satisfaction in terms of 16 dimensions: (1) health, (2) self-esteem, (3) goals-and-values, (4) money, (5) work, (6) play, (7) learning, (8) creativity, (9) helping, (10) love, (11) friends, (12) children, (13) relatives, (14) home, (15) neighborhood, and (16) community. In this context, life satisfaction is defined as how one feels one's most important needs, goals, and wishes are being met in important life domains. Operationally speaking, an overall life satisfaction is computed as the sum of satisfaction ratings in important life domains. That is, for each domain the satisfaction score is multiplied by an importance weight. The weighted domain satisfaction scores are then summed and divided by the sum of the weights.

The work of Robert Cummins, a renowned wellbeing researcher, is also worth noting. Cummins and his colleagues developed a measure of domain satisfaction called the ComQuality of Life-A5 (Cummins, 1993, 1996, 1997a, 1997b; Cummins, McCabe, Romeo, & Gullone, 1994; Jovanovic, Cummins, Weinberg, Kaliterna, & Prizmic-Larsen, 2019). Quality of life is captured in both subjective and objective terms. Each subjective and objective axis is composed of seven life domains: (1) material well being, (2) health, (3) productivity, (4) intimacy, (5) safety, (6) place in community, and (7) emotional well being. The measurement of wellbeing in each domain is carried out through a composite satisfaction score of that domain weighted by the perceived importance of that domain. Thus, a total

Table 1.5 The personal wellbeing index

Part 1: Life Satisfaction Overall:
Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?
Part 2: Domain Life Satisfaction:
1. How satisfied are you with your standard of living?
2. How satisfied are you with your health?
3. How satisfied are you with what you are achieving in life?
4. How satisfied are you with your personal relationships?
5. How satisfied are you with how safe you feel?
6. How satisfied are you with feeling part of your community?
7. How satisfied are you with your future security?
8. How satisfied are you with your religion or spirituality?
<i>Response scale:</i> Responses are recorded on a 11-point scale varying from 0 (extremely dissatisfied) to 10 (extremely satisfied)

Source: Adapted from Yiengprugsawan et al. (2010)

subjective score is derived by summing the product of domain satisfaction scores weighted by perceived importance. Internal consistency tests have shown that the objective, importance, and satisfaction subscales have satisfactory reliability. Test-retest correlations (5-month interval) have been reported to be satisfactory too. The ComQuality of Life-A5 is now replaced by the Personal Wellbeing Index (PWI) developed by Cummins and his colleagues (Cummins, Eckersley, Pallant, van Vugt, & Misajon, 2003; Nielsen, Paritski, & Smyth, 2010a; Nielsen, Smyth, & Zhai, 2010b; Renn et al., 2009; Smyth, Nielsen, & Zhai, 2010; Tiliouine, Cummins, & Davern, 2006). See Table 1.5 for the survey items of the PWI.

1.5.3.3 Prudential Happiness as Flow and Engagement

The well-known psychologist who introduced us to the concept of *flow*, Mihaly Csikszentmihalyi, has argued repeatedly that a happy life is an *excellent life*. To lead an excellent life is to engage in activities that help us grow and fulfill our potential (Csikszentmihalyi, 1975, 1982, 1990, 1997). In his book *Finding Flow*, he states:

The quality of life does not depend on happiness alone, but also on what one does to be happy. If one fails to develop goals that give meaning to one’s existence, if one does not use the mind to its fullest, then good feelings fulfill just a fraction of the potential we possess. A person who achieves contentment by withdrawing from the world “to cultivate his own garden,” like Voltaire’s *Candide*, cannot be said to lead an excellent life. Without dreams, without risks, only a trivial semblance of living can be achieved. (Csikszentmihalyi, 1997, p. 22)

Waterman (1993) asserts that subjective wellbeing is significantly enhanced when the individual’s life activities are most congruent with his deeply held values and personal identity. In other words, life’s activities must be *personally expressive*—reflecting the person’s sense of identity.

1.5.3.4 Prudential Happiness as Desire Satisfaction

Philosopher V. J. McGill (1967), in his book *The Idea of Happiness*, argues that happiness is essentially “a lasting state of affairs in which the most favorable ratio of satisfied desires to desires is realized” (p. 5). Wayne Davis (1981a, 1981b), another philosopher, developed a theory of happiness in the same genre. The central concept in Davis’ theory is his concept of momentary happiness. The theory can be captured as follows: to be happy is to be thinking about a number of things that are turning out as you want them to turn out. For example, if a person is thinking at a moment that he wants to be healthy, wealthy, and wise, and he realizes that he is indeed healthy, wealthy, and wise, then he is experiencing happiness.

1.5.3.5 Prudential Happiness as Attitudinal Pleasure

Feldman (2010) has made a case that happiness is a state of attitudinal pleasure (attitudinal hedonism about happiness) that a person takes in things. Therefore, to be happy is to take pleasure in things; the greater the extent to which a person takes pleasure in things the happier he is (minus displeasure in things too). For example, “Joe is pleased living in Burlington, Vermont.” This statement reflects attitudinal pleasure or happiness about Joe’s sense of community wellbeing.

Feldman suggests an unorthodox method of measuring happiness as attitudinal pleasure. Subjects would be asked the main things they have been thinking about recently (i.e., past few days). At this point, respondents would be asked to score the centrality of each topic.

Using 0 to indicate a topic that you have thought about very rarely if at all, and + 10 to indicate a topic that has been on your mind constantly recently, please assign a number to each of the eight topics that you have listed. (Feldman, 2010, p. 242)

Then for each topic they have been thinking about they would be asked to state the extent they take pleasure or displeasure in these topics.

Using –10 to indicate that you have been very displeased as you thought about the topic, 0 to indicate that you have been neither pleased nor displeased, and + 10 to indicate that you have been very pleased about the topic, please assign a number to each of the eight topics you have listed. (Feldman, 2010, p. 243)

The attitudinal pleasure score would then be multiplied by its corresponding level of centrality, and the product would be summed. That score should reflect the level of happiness of that respondent.

1.5.4 *Perfectionist Happiness (Eudaimonia or Psychological Wellbeing)*

In contrast, *perfectionist happiness* refers to a life that is good in all respects, including a *moral* life. It is a life that is desirable without qualification, both enviable and admirable. Perfectionist happiness is achieved when a person achieves a state of well being plus leading a moral life (Haybron, 2000). Haybron illustrates the concept of perfectionist happiness by describing an evil person. This person may be psychologically happy (high on psychological happiness), is well off in every way (high on prudential happiness) but is a parasite to society (low on perfectionist happiness). Philosophers who talk about happiness in the perfectionist sense include Austin (1968), Goldstein (1973), and McFall (1989).

In the context of Seligman's (2002) distinction among the pleasant life, the engaged life, and the meaningful life, perfectionist happiness seems most consistent with the meaningful life (cf. Sirgy & Wu, 2009). For a lively discussion of Eudaimonia and its distinction from hedonia, see Heintzelman (2018) and Kashdan, Biswas-Diener, and King (2008). Also, see Haybron (2016) for his argument about advice regarding what dimensions of Eudaimonia should be incorporated in measures of eudaimonic wellbeing. He prescribes the following dimensions: agency, relationships, meaning, emotional wellbeing, authenticity, knowledge, and virtue. Furthermore, readers interested in a comprehensive review of the measuring instruments of eudaimonia should consult Proctor and Tweed (2016).

1.5.4.1 Perfectionist Happiness as Eudaimonia

The famous and most renowned Greek philosophers, Plato, Socrates, and Aristotle, associated happiness with *virtue* (e.g., Aristotle, 340 BC/1986; Plato, 360 BC/1892). For example, in Plato's dialogue "Gorgias", Socrates tells Polus, "The men and women who are gentle and good are also happy, as I maintain, and the unjust and evil are miserable" (Plato, 360 BC/1892 translated, p. 529). They believed that people become happy through wisdom and choosing wisely. People do not act irresponsibly towards themselves or others when they choose wisely.

An example of a theory of quality of life based on this notion of perfectionist happiness is Lane (2001). He defines quality of life as the relation between a person's subjective and objective sets of circumstances. The *subjective* set of a person reflecting a high quality of life involves nine elements: (1) capacity for enjoying life, (2) cognitive complexity, (3) a sense of autonomy and effectiveness, (4) self-knowledge, (5) self-esteem, (6) ease of interpersonal relations, (7) an ethical orientation, (8) personality integration, and (9) a productivity orientation. Lane believes that these nine elements describing the psychological makeup of a person are the hallmark of mental health and social responsibility. These elements combined are responsible for a sense of subjective wellbeing and societal development. This

subjective set makes up what Lane calls the “quality of the person” (or QP). I will discuss Lane’s theory in more detail in Chap. 28.

In recent years, several psychological theories of Eudaimonia have been developed: self-determination theory, the broaden-and-build theory of positive emotions, and the theory of human flourishing. These theories are based on humanistic psychology. With respect to *self-determination theory*, Ryan and Deci (2000) suggest that there are several universal human psychological needs, such as the need for competence, relatedness, and autonomy that contribute to human flourishing. Further, Fredrickson’s (2001) *broaden-and-build theory of positive emotions* suggests that cultivating positive emotions is useful for building resilience to stressful events. Positive emotions serve to enhance coping behavior. The *theory of human flourishing* by Carol Ryff (1989) focuses on defining and measuring human flourishing in terms of psychological wellbeing. This construct involves six dimensions: self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy (cf. Burns & Machin, 2009; Ryff, 1989, 2018; Ryff & Keyes, 1995; Ryff & Singer, 1996, 1998; Van Dierendonck, Diaz, Rodriguez-Carvajal, Blanco, & Moreno-Jimenez, 2008). See measure in Table 1.6. A more recent attempt to capture human flourishing is the Flourishing Scale (Diener et al., 2010). This is a brief 8-item summary measure of the respondent’s self-perceived success in key areas such as relationships, self-esteem, purpose, and optimism. Table 1.7 shows the measure. Other measures include the Questionnaire for Eudaimonic Well-Being (Waterman et al., 2010) which taps six dimensions: self-discovery, perceived development of one’s best potentials, sense of purpose and meaning in life, investment of effort in pursuit of excellence, intense involvement in activities, and enjoyment of personally expressive activities. An even broader measure of psychological well-being can be found in the Comprehensive Inventory of Thriving (Su, Tay, & Diener, 2014). This measure is based on seven dimensions of psychological well-being: subjective-well-being, supporting and enriching relationships, interest and engagement in activities, meaning and purpose in life, mastery and accomplishment, control and autonomy, and optimism.

1.5.4.2 Perfectionist Happiness as Purpose and Meaning in Life

Quality-of-life researchers have shown that the concept of purpose and meaning in life plays an especially key role in subjective wellbeing. They refer to ideas developed by Victor Frankl (1963, 1967) and the panoply of later writings (e.g. Steger, Frazier, Oishi, & Kaler, 2006; Steger, 2018; Delle Fave, 2020). Much of these writings support the notion that purpose and meaning are beneficial to human functioning. People who are aware of what life aspects are most vital and live their lives consistently with those values are likely to experience high levels of subjective wellbeing.

Examples of wellbeing measures based on the concept of purpose and meaning in life include the Meaning in Life Questionnaire-Presence Subscale (MLQ-P; Steger et al., 2006). The MLQ-P measure captures the degree to which people feel their

Table 1.6 Ryff’s psychological wellbeing measure

Autonomy: • I am not afraid to voice my opinions even when they are in opposition to the opinions of most people. • My decisions are not usually influenced by what everyone else is doing. • I have confidence in my opinions even if they are contrary to the general consensus. • Being happy with myself is more important than having others approve of me. • I tend to worry what other people think of me. (reverse coded) • I often change my mind about decisions if my friends and family disagree. (reverse coded) • It is difficult for me to voice my own opinions on controversial matters. (reverse coded) Positive Relations with Others: • Most people see me as loving and affectionate. • I enjoy personal and mutual conversations with family members or friends. • People would describe me as a giving person, willing to share my time with others. • I know that I can trust my friends and they know that they can trust me. • I often feel lonely because I have few close friends with whom to share my concerns. (reverse coded) • I don’t have many people who want to listen when I need to talk. (reverse coded) • It seems to me that most other people have more friends than I do. (reverse coded) Environmental Mastery: • I am quite good at managing the many responsibilities of my daily life. • I generally do a good job of taking care of my personal finances and affairs. • I am good at juggling my time so that I can fit everything in that needs to be done. • I have been able to build a home and a lifestyle for myself that is to my liking. • I do not fit very well with the people and the community around me. (reverse coded) • I often feel overwhelmed by my responsibilities. (reverse coded) • I have difficulty arranging my life in a way that is satisfying to me. (reverse coded) Personal Growth: • I think it is important to have new experiences that challenge how you think about the world. • I have the sense that I have developed a lot as a person over time. • I am not interested in activities that expand my horizons. (reverse coded) • I don’t want to try new ways of doing things—My life is fine the way it is. (reverse coded) • When I think about it, I haven’t really improved much as a person over the years. (reverse coded) • I do not enjoy being in new situations that require me to change my old familiar ways of doing things. (reverse coded) • There is a truth in the saying that you can’t teach an old dog new tricks. (reverse coded) Purpose in Life: • I am an active person in carrying out the plans I set for myself. • I enjoy making plans for the future and working to make them a reality. • I tend to focus on the present, because the future nearly always brings me problems. (reverse coded) • My daily activities often seem trivial and unimportant to me. (reverse coded) • I don’t have a good sense of what it is I am trying to accomplish in life. (reverse coded) • I used to set goals for myself, but that now seems a waste of time. (reverse coded) <i>Response scale:</i> Responses are captured on 6-point Likert-type scales varying from 1 (strongly disagree) to 6 (strongly agree)

Source: Adapted from Abbott, Ploubidis, Huppert, Kuh, and Croudace (2010)

lives are meaningful through five items (e.g., “I have a good sense of what makes my life meaningful”). Responses to each item are captured on a 7-point rating scale varying from “1 = absolutely untrue” to “7 = absolutely true.”

Table 1.7 The flourishing scale

-
- I lead a purposeful and meaningful life.
 - My social relationships are supportive and rewarding.
 - I am engaged and interested in my daily activities.
 - I actively contribute to the happiness and wellbeing of others.
 - I am competent and capable in the activities that are important to me.
 - I am a good person and live a good life.
 - I am optimistic about my future.
 - People treat me with respect
-

Response scale: Responses are recorded on a 7-point Likert-type scale varying from 1 (strongly disagree) to 7 (strongly agree)

Source: Adapted from Diener et al. (2010)

More recently, Schulenberg and Melton (2010) have provided some evidence of construct validity in relation to the Purpose-in-Life (PIL) measure (Chamberlain & Zika, 1988; Dyck, 1987; Hicks & King, 2007; Melton & Schulenberg, 2008; Morgan & Farsides, 2009). Respondents express the extent to which they feel enthusiasm in living, whether they feel life is exciting, if they have clear life goals, whether the life they live has been worthwhile, whether they have a reason for being alive, whether the world is meaningful, and whether they feel they have a life purpose (cf. Schulenberg, Schnetzer, & Buchanan, 2011; Zhang, Sang, Chen, Zhu, & Deng, 2018).

1.5.4.3 Perfectionist Happiness as Positive Mental Health Or Flourishing

Corey Keyes, a social psychologist from the sociology tradition, has made quite an impact in quality-of-life research by advocating a mental health concept of quality of life. Specifically, he views happiness in terms of positive mental health or flourishing. Positive mental health (flourishing) involve feeling good and functioning well (Keyes, 1998). He argues that the presence of mental health is flourishing in life, and the absence of mental health is languishing in life. *Mental health* is thus a syndrome of symptoms of both positive feelings and positive functioning in life. Keyes (2002) identified 13 dimensions of positive mental health/flourishing:

1. Positive emotions,
2. Avowed satisfaction with life,
3. Making a contribution to society,
4. Social integration,
5. Social growth and potential,
6. Acceptance of others,
7. Social interest and coherence,
8. Self-acceptance,
9. Environmental mastery (control),
10. Positive relations with others,

11. Personal growth,
12. Autonomy, and
13. And having purpose in life.

This measure of positive mental health/flourishing was related to several personality traits. The results indicate that positive mental health/ flourishing is positively related to extraversion, conscientiousness, agreeableness, and negatively related to extraversion (Joshanloo & Nostrabadi, 2009), a pattern of findings consistent with much of the research on personality and subjective wellbeing (cf. Bosmans, Hardonk, De Cuyper, & Vanroelen, 2016; Joshanloo, Sirgy, & Park, 2018; Keyes, 2006a, 2006b; Russo & Terraneo, 2020).

Marsh, Huppert, Donald, Horwood, and Sahdra (2019) advanced an integrated model of wellbeing by adopting a positive mental health perspective. The World Health Organization equates mental wellbeing with mental health, which is a positive state, and not just the absence of psychopathology. This perspective builds on well-established symptoms of psychopathology as documented in the International Classification of Diseases (ICD) Mental and Behavioral Disorders and the Diagnostic and Statistical Manual of Mental Disorders (DSM). Thus, indicators of mental wellbeing are construed as the opposite of the symptoms of psychopathology. For example, with respect to Major Depressive Episode (DSM)/Depressive Episode (ICD) and Generalized Anxiety Disorder (DSM and ICD) the opposite end of the spectrum to the common mental disorders involve states such as happiness and hopefulness (opposite of depression symptoms) or calmness and resilience (opposite of generalized anxiety symptoms).

As such, 15 dimensions of mental health were identified, and the positive polar end of these dimensions were articulated as follows with example measures:

1. Competence (e.g., “Most thing I do, I do well.”)
2. Clear thinking (e.g., “I am able to think clearly.”)
3. Emotional stability (e.g., “I am emotionally balanced and even-tempered.”)
4. Engagement (e.g., “I feel excited by many of the things I do.”)
5. Meaning (e.g., I feel I have a sense of direction in my life.”)
6. Optimism (e.g., “I am always optimistic about my future.”)
7. Positive emotions (e.g., “I am happy most of the time.”)
8. Positive relations (e.g., “I have close and secure relationships.”)
9. Resilience (e.g., “It does not take me long to recover from a stressful event.”)
10. Self-esteem (e.g., “A lot of things about me are good.”)
11. Vitality (e.g., “I feel full of energy most of the time.”)
12. Self-acceptance (e.g., “I can admit my shortcomings without shame or embarrassment.”)
13. Autonomy (e.g., “I feel free to do whatever I decide to do.”)
14. Empathy (e.g., “I easily get caught up in other people’s feelings.”)
15. Prosocial (e.g., “I frequently offer to help others.”)

The authors developed multi-item measures of these 15 positive mental health constructs. They used 2 waves of nationally representative U.S. adult samples to

develop, test, and validate this multi-dimensional measure. The results were supportive of the 15 dimensions. The study findings provided support for the reliability of the measure through evidence of invariance over time, education, gender, and age, as well as test–retest correlation. The study also provided evidence of convergent/discriminant validity based on a multitrait-multimethod analysis, and nomological validity based on established relations with demographic variables, selected psychological measures, and other well-established measures of wellbeing.

1.5.4.4 Perfectionist Happiness as Satisfaction of the Full Spectrum of Human Needs (Basic and Growth Needs)

Based on humanistic psychology, perfectionist happiness can be construed as the kind of need satisfaction related to the full spectrum of human development needs. One popular humanistic approach is Maslow’s *hierarchy of needs* (1954/1970). The idea here is that true happiness is experienced when the individual experiences satisfaction with basic needs (e.g., biological needs, safety needs, and economic needs), as well as growth needs (e.g., social, esteem, self-actualization, knowledge, and aesthetic needs) (cf. Sirgy & Wu, 2009).

My colleagues and I (Kosenko, Sirgy, & Efraty, 1990; Sirgy et al., 1995) developed a measure of happiness based on Maslow’s need hierarchy theory. Four need categories were used (survival needs, social needs, ego needs, and self-actualization needs. The items are shown in Table 1.8.

Table 1.8 A need satisfaction hierarchy measure of wellbeing

• The feeling of having been secure • The feeling of having given to (and having received help from) others • The feeling of having developed close friendships • The feeling of having been ‘in the know’ • The feeling of self-esteem (pride) a person has about oneself • The feeling of prestige (reputation) one person has about oneself • The feeling of having experienced independent thought and action • The feeling of having determined my life course • The feeling of having experienced personal growth and development • The feeling of having experienced self-fulfilment • The feeling of having had worthwhile accomplishments
The following scales are used to record responses for each of the 11 items: How much is there now? Minimum 1 2 3 4 5 6 7 Maximum How much should there be? Minimum 1 2 3 4 5 6 7 Maximum The overall score of life satisfaction of a particular respondent is computed by taking the absolute difference score (between “how much is there now” and “how much should there be”) for each item and deriving an average score. The lower the resultant average score, the higher the overall life satisfaction.

Source: Adapted from Sirgy et al. (1995)

1.5.4.5 Perfectionist Happiness as Wisdom

Wisdom is viewed by some wellbeing researchers as the pinnacle of insight into the human condition and about the means and ends of a good life (Baltes & Staudinger 1993). Zacher and Staudinger (2018) reviewed much of the research literature on the concept of wisdom and its relationship with some of the established dimensions of wellbeing. They concluded that the research literature is replete with conflicting findings—ranging from positive associations through zero to even negative associations. While it seems intuitive to assume that wisdom should be construed as a dimension of well-being, especially a eudaimonic dimension, it seems that wisdom is more related to positive personality development, not personality adjustment. This makes sense given the fact that personality adjustment is confounded with mental illness and psychotherapy (cf. Law & Staudinger, 2016).

1.5.4.6 Perfectionist Happiness as Resilience

Based on comprehensive review of the research literature on resilience and wellbeing, Harms, Brady, Wood, and Silard (2018) asserted that resilience is a pattern of psychological well-being over time—resilience as a means of thriving. As such resilience is not simply coping with adversity or trauma. Resilience is about finding meaning in trauma and using this meaning to enhance well-being. As such, resilience is a process in which the individual discovers benefits with traumatic events allowing them to grow and prosper.

The Connor-Davidson Resilience Scale (CD-RISC, Connor & Davidson, 2003) is considered the “gold standard” of resilience measures. It is a 25-item measure of resilience assessing acceptance of change, control, personal competence, spiritual influences, and trust in one’s instincts. A more recent measure is the Five-by-Five Scale (DeSimone, Harms, Vanhove, & Herian, 2016) involves 25 items capturing adaptability, emotion regulation, optimism, self-efficacy, and social support. Another well-established measure is the Global Assessment Tool or GAT (Peterson, Park, & Castro, 2011), a 105-item, used by the U.S. military in resilience development programs. The GAT involves major four dimensions: emotional, social, family, and spiritual. Each of these dimensions is broken down into subdimensions. For example, the emotional dimension is broken down into adaptability, coping, low catastrophizing, character, low depression, positive emotions, and optimism.⁵

⁵See Kunicki and Harlow (2020) for an attempt to measure resilience as a higher-order construct involving the following constructs: purpose in life, self-esteem, life satisfaction, cognitive flexibility, proactive coping, and social support.

1.5.4.7 Perfectionist Happiness as Functional Wellbeing

The key figure who introduced the functional wellbeing approach (FWA) is Joar Vittersø (Vittersø, 2013a, 2013b, 2016a, 2016b). FWA assumes that wellbeing attempts to integrate two wellbeing mechanisms related to regulation of behavior, namely the regulation of stability and the regulation of change. Regulation of stability is involved with hedonic wellbeing, while regulation of change is involved with eudaimonic wellbeing. As we all know, hedonic wellbeing involves two components: affective and cognitive. The affective component focuses on feelings of pleasure and displeasure, while the cognitive component involves a cognitive evaluation of life overall and various life domains. This can be further translated in happiness terms. The affective component refers to “being happy *in* your life,” whereas the cognitive component refers to “being happy *with* your life.”

In terms of functioning, regulation of stability is guided by the principle of homeostasis. Biological, psychological, and social states of disequilibrium generate feelings of displeasure, which prompts the individual to engage in behavior to restore equilibrium. Pleasure is experienced when equilibrium or homeostasis is restored. This is the affective component of hedonic wellbeing at work. The cognitive component operates in a similar way but at a cognitive, not affective level. That is, the individual strives to attain goals prompted by a state of disequilibrium (i.e., actual state is discrepant from desired state; the desired state represents the “goal”). As such, at a cognitive level, life satisfaction (and domain satisfaction) is experienced in relation to goal attainment. The accomplishment of goals signals good functioning.

The regulatory mechanism involved in eudaimonic wellbeing is different. There are two major components in eudaimonic wellbeing, namely growth feelings and growth processes. Growth feelings can be described as feelings of engagement, curiosity, interest, and perhaps awe. The individual experiences feelings of being absorbed in difficult and challenging tasks and events. The overriding feeling involved in Eudaimonia is “being happy *fulfilling* your life.” Growth processes involve learning and development—or what motivational and developmental psychologists refer to as “personal growth.” Personal growth is characterized by sensory, cognitive, emotional, social, and moral development—how the individual matures (or achieves their potentials) to become a fully functioning human being in a societal context.

1.6 Conclusion

I believe that these three major philosophical approaches to happiness (psychological, prudential, and perfectionist) are highly akin to Seligman’s (2002) distinction of the pleasant life (psychological happiness), the engaged life (prudential happiness), and the meaningful life (perfectionist happiness). This is Seligman’s view of the

Table 1.9 The orientations to happiness scale**The pleasant life**

- Life is too short to postpone the pleasures it can provide.
- I go out of my way to feel euphoric.
- In choosing what I do, I always take into account whether it will be pleasurable.
- I agree with the statement: “Life is short—Eat dessert first.”
- I love to do things that excite my senses.
- For me, the good life is the pleasurable life.

The engaged life

- Regardless of what I am doing, time passes very quickly.
- I seek out situations that challenge my skills and abilities.
- Whether at work or play, I am usually “in a zone” and not conscious of myself.
- I am always very absorbed in what I do.
- In choosing what to do, I always take into account whether I can lose myself in it.
- I am rarely distracted by what is going on around me.

The meaningful life

- My life serves a higher purpose.
- In choosing what to do, I always take into account whether it will benefit other people.
- I have a responsibility to make the world a better place.
- My life has a lasting meaning.
- What I do matters to society.
- I have spent a lot of time thinking about what life means and how I fit in the big picture.

Response scale: 5-point rating scale varying from 1 = “very much unlike me” to 5 = “very much like me”

Source: Adapted from Chen (2010, p. 435)

concept he calls “authentic happiness.” Thus, one can view authentic happiness is the amalgam of these three dimensions of happiness.

Peterson, Park, and Seligman (2005) developed a measure based on Seligman’s theory of authentic happiness (cf. Chen, 2010; Peterson, Ruch, Beerman, Park, & Seligman, 2007; Vella-Brodrick, Park, & Peterson, 2009). The measure is captured in Table 1.9 and seems to capture the three major dimensions of happiness—hedonic wellbeing, life satisfaction, and Eudaimonia.

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Chapter 2

Further Distinctions Among Major Concepts of Wellbeing



“The quality of life is more important than life itself.”

—Alexis Carrel (<https://www.brainyquote.com/authors/alexis-carrel-quotes>)

2.1 Introduction

Dodge, Daly, Huyton, and Sanders (2012) have highlighted the challenges related to how quality-of-life scholars went about trying to define the concept of wellbeing. They fleshed out a narrative describing the difficulties associated with a single definition of wellbeing that can be embraced by the large community of wellbeing scholars. They argued that a good definition of wellbeing has to be simple, universal in application, optimistic, and a basis for measurement. Ultimately, the definition that will eventually be embraced by the wellbeing research community should reflect the multi-faceted nature of wellbeing and should help policy makers develop policies and programs to enhance the quality of life of targeted constituencies.

In this light, I will continue to discuss these challenges related to defining the construct of wellbeing or quality of life. My goal is to help the reader better appreciate the complex challenges related to the development of an all-encompassing definition of wellbeing or quality of life—a definition that can (1) guide our understanding of its psychological underpinnings, (2) develop better measures to capture the state of wellbeing of selected populations, and (3) formulate better policies and programs to produce more positive outcomes.

2.2 Subjective Versus Objective Aspects of Quality of Life

The wellbeing research community is divided in its treatment of wellbeing. Some researchers use *objective indicators of wellbeing* (e.g., indicators of health, education, crime, pollution, income), while others use *subjective indicators* (e.g., life satisfaction; happiness; satisfaction with various life domains such as social life,

family life, work life, and so on; positive and negative affect, and psychological wellbeing). Sumner (1996) articulated this distinction by asserting that objective indicators of wellbeing require a point of view that is independent from the individual whose quality of life is being evaluated. Subjective indicators of wellbeing tap the concept of wellbeing biased by the individual's frame of mind (i.e., values, attitude, beliefs, motives, personality, and emotional state).

Quality of life usually refers to the degree to which a person's life is desirable versus undesirable, often with an emphasis on external components, such as environmental factors and income. In contrast to subjective well-being, which is based on subjective experience, quality of life is often expressed as more "objective" and describes the circumstances of a person's life rather than his or her reaction to those circumstances. However, some scholars define quality of life more broadly, to include not only the quality of life circumstances, but also the person's perceptions, thoughts, feelings, and reactions to those circumstances. Indexes that combine objective and subjective measures, such as happy life years and healthy life expectancy have also been proposed. (Kim-Prieto & Diener, 2005, pp. 401–402)

Much of this book addresses concepts of wellbeing from a psychological perspective, because it is a book about the *psychology* of quality of life. That is not to say that I dismiss the importance of objective indicators of wellbeing. They are equally important. In fact, I argue strenuously in the last chapter that public policy should rely on both subjective and objective indicators of quality of life. For example, in conducting community indicators projects, it is now the accepted norm that community wellbeing should be conceptualized and measured using both subjective and objective indicators of quality of life. Objective indicators should capture objective dimensions of economic wellbeing (e.g., household income of community residents, unemployment, quality of jobs, people who receive financial assistance, amount of resources allotted toward economic development activity), social wellbeing (e.g., crime in the community, number of people incarcerated, illiteracy, educational attainment, student dropouts, teenage pregnancy, suicide, resources allotted to law enforcement), health wellbeing (incidence of cardiovascular disease, incidence of diabetes, incidence of cancer, number of people in psychiatric facilities, physicians per capita, immunization), and environmental wellbeing (e.g., land pollution, air pollution, water pollution, noise pollution, amount of resources allotted to protect wildlife, amount of resources allotted for landscape beautification).

Objective indicators are necessary but not enough to understand and capture the true nature of community wellbeing. One needs to also capture residents' perceptions and evaluations of community conditions and services (Liao, 2009). These perceptions and evaluations (subjective indicators of community wellbeing) serve to complement the objective indicators. In some cases, objective indicators may not be consistent with the subjective indicators. The objective indicators may tell one story, subjective indicators yet another. In such situations public policy officials should attempt to explain and reconcile this divergence to capture the true picture of the quality of life in the community.

The same can be said about objective and subjective indicators of quality of life in assessing the life quality of an individual, a family, a specific segment of the population (e.g., children, elderly, the disabled, women), a large region involving

many communities, a political state, or a combination of states forming a specific union (e.g., economic union, political union, military union).

Ruut Veenhoven (1996, 2000, 2005b, 2009), a sociologist and one of the founding fathers of the social indicators movement, has long advocated the use of a clever measure to capture societal happiness that is a hybrid of objective and subjective indicators: the Happy Life Years Index. This index employs a happiness measure (“Taking all together, how satisfied or dissatisfied are you currently with your life as a whole?” responses are captured on a 10-point satisfaction rating scale varying from 1 = dissatisfied to 10 = satisfied) and life expectancy (objective measure). The happiness score is then transformed into a 0–1 scale and multiplied with life expectancy score. For example, if a country has a life expectancy of 60 and an average happiness of 6 (transformed to .6), the country’s Happy Life Years score would be 36 years (or 60 years x .6 happiness).

Alex Michalos (2008), another guru of the social indicators movement, has effectively argued that both objective and subjective indicators must be combined to reach an accurate assessment of quality of life, especially at the national level. Based on the distinction of objective and subjective indicators of quality of life, he identified four conditions:

- *Paradise*: People’s living conditions are good and they accurately perceive their living conditions as good too.
- *Real Hell*: People’s living conditions are bad and they accurately perceive these conditions as bad too.
- *Fool’s Paradise*: People’s living conditions are bad but they inaccurately perceive their living conditions as good.
- *Fool’s Hell*: People living conditions are good but they inaccurately perceive their living conditions as bad.

The idea here is to align objective and subjective assessment of quality of life in ways that may guide public policy to improve the human condition, both objectively and subjectively.

2.3 Inputs Versus Outcomes of Quality of Life

Robert Lane (1994, 1996), a political psychologist, made a distinction between the *quality of society* and the *quality of persons*. Veenhoven (2000) made a similar distinction between *life chances* and *life results*. These distinctions can be viewed in terms of inputs and outputs (or outcomes) of wellbeing. One can think of inputs as opportunities for a good life whereas outputs as the good life itself. For example, at the individual level, quality-of-life researchers commonly refer to concepts and measures of life satisfaction, happiness, and perceived quality of life. These are essentially *outcome conceptualizations* and measures of wellbeing. In contrast, *input conceptualizations* and measures of wellbeing take on the form of opportunities or determinants of life satisfaction, happiness, and other global facets of wellbeing.

Table 2.1 Inner versus outer aspects of wellbeing

	“Outer” wellbeing	“Inner” wellbeing
“Input” wellbeing	Liveability of the environment, quality of conditions external to the individual	Ability to live a fulfilling life, personal capabilities
“Outcome” wellbeing	Utility of life; personal contribution to the good life; moral character of the individual	Life satisfaction, happiness, perceived life quality, overall wellbeing

Source: Adapted from Veenhoven (2000)

These opportunities or determinants may include social conditions (e.g., support from family and friends), financial conditions (e.g., incomes and wealth), intellectual conditions (e.g., education, work experience, professional skills and aptitude), emotional conditions (e.g., emotional intelligence, coping strategies, and positive thinking), personality conditions (e.g., extroversion, self-esteem, optimism, and internal locus of control), work conditions (e.g., job opportunities, means of transportation, access to and affordability of education to training programs), leisure conditions (e.g., access to and affordability of sports and recreational programs in the community), health conditions (e.g., access to and affordability of healthcare in the community), environmental conditions (e.g., air pollution, water pollution, land pollution, noise pollution, community beautification programs), political conditions (e.g., freedom of speech, freedom of assembly, freedom of religion, government corruption, trust in political institutions), etc.

The distinction is important because quality-of-life researchers tend to develop a whole host of wellbeing indices as formative indicators by aggregating many indicators of wellbeing, some in the form of inputs, others in the form of outcomes. Many of these indices can be criticized as an inappropriate mix of “apples and oranges.” Wellbeing indices, thus, must be specific in terms of their goal: Is the intention to capture wellbeing outcomes or wellbeing determinants? As such, separate input and outcome wellbeing indices must be developed.

2.4 Inner Versus Outer Aspects of Quality of Life

Veenhoven (2000, 2016) made the distinction between inner and outer quality of life. Focusing on the preceding distinction between inputs versus outcomes, Veenhoven asserts that *inner wellbeing* can be conceptualized in terms of input conditions (e.g., ability to live a fulfilling life) versus the actual outcome itself that are typically referred to as life satisfaction, happiness, etc. See Table 2.1.

Outer wellbeing in the context of input conditions of wellbeing can be characterized in terms of the liveability of the environment. That is, the focus is on the quality of the environment in the way the environment promotes personal wellbeing (or life satisfaction, happiness, perceived life quality, or overall wellbeing). Examples of outer wellbeing in the form of input conditions include the quality of education afforded to the individual, the quality of the environment that the person

finds himself in, the quality of his family, the quality of economy that is thrust upon him, the quality of public transportation in the community, quality of government at the local and national levels, etc. In contrast, inner wellbeing in relation to input conditions are those that are internal to the individual—the ability to live a fulfilling life. In other words, the focus here is on personal capabilities or individual characteristics that help the person take advantage of environmental conditions and opportunities and transforms those conditions in ways that may generate satisfaction in various life domains and satisfaction with life overall. These personal capabilities may include personality characteristics (e.g., extraversion, genetic endowment for positive affect, high self-esteem, optimism), financial assets (e.g., high income, financial bequests, investments and savings, ownership of property), socio-economic characteristics (e.g., personal associations with the upper classes, residence in upscale neighborhood, high level of education, prestigious occupation), among others.

Focusing on the outer dimensions of wellbeing, one can conceptualize the input conditions as behaviors that people engage in to contribute to society. Veenhoven calls this condition of wellbeing as *utility of life*. Here are examples based on my interpretation of the concept: acts of charity, amount of money donated to charity, amount of work devoted to eldercare, amount of work devoted to childcare, amount of work devoted to the disabled, among others.

To me, the inner conditions of wellbeing can be construed as the ultimate “dependent variable.” In other words, all other conditions of wellbeing are determinants or antecedent conditions to “inner wellbeing.” In this case, we can construe “inner/outcome” wellbeing in terms of life satisfaction, happiness, perceived QOL, absence of ill-being, positive affect, eudaimonia, subjective wellbeing, psychological wellbeing, and overall wellbeing.

2.5 Happiness Versus Life Satisfaction

Consider the following example that helps illustrate the distinction between happiness and life satisfaction. A Catholic priest dedicates his life to the service of God and the Catholic Church. His life is characterized by many bodily and material sacrifices. He does not feel happy because he has deprived himself from the pleasures of life; yet he evaluates his life positively. Note that life satisfaction is derived from goal attainment, even if these goals lead him to experience pain, agony, and material deprivation. The priest has a goal to serve God and the Church. He does this successfully and feels good about his life. Yet he may not experience the simple pleasures of life as other people do—therefore, his “unhappiness” (cf. Rehberg, 2000; Tov, 2018).

It has been argued that happiness and life satisfaction are two different constructs (Chamberlain, 1988). *Happiness* is an affective construct, whereas *life satisfaction* is a cognitive one (Andrews & McKennell, 1980; Brief & Roberson, 1989; Campbell, 1976; Crooker & Near, 1995; McKennell, 1978; McKennell & Andrews, 1980;

Organ & Near, 1985). Measures of happiness and life satisfaction share a maximum 50–60 percent common variance (Cameron, Titus, Kostin, & Kostin, 1973; Diener, Smith, & Fujita, 1995; Kozma, 1996; Kozma, Stone, Stones, Hannah, & McNeil, 1990). That is, the meaning underlying the constructs of happiness and life satisfaction (as operationalized by the measures used in the studies) overlap significantly. Other studies have found yet lower or nonsignificant correlations (e.g., Balatasky & Diener, 1993; Friedman, 1993). Life satisfaction involves one's evaluation of one's life or life accomplishments against some standard (e.g., the achievements of significant others). Happiness, on the other hand, is more emotional. People simply report they are happy. This is an emotional response, a gut reaction, without knowing why they feel the way they do.

As such, some quality-of-life researchers have viewed life satisfaction as the cognitive element of subjective wellbeing, while happiness is regarded as the affective element. Studies have shown that the cognitive (life satisfaction) and affective (happiness) elements tend to be correlated with absolute values ranging from .25 to .50 (e.g., Diener & Fujita, 1995; Lucas, Diener, & Suh, 1996).

The results of a national survey (Andrews & Withey, 1976) revealed that fun and family contribute more to happiness than to life satisfaction. In contrast, money, economic security, one's house, and the goods and services bought in the market contribute to life satisfaction more so than to happiness (cf. Saris & Andreenkova, 2001). Similarly, Michalos (1980) showed that evaluations of all 10 measured domains (health, financial security, family life, and self-esteem, etc.) were more closely related to life satisfaction than to happiness. Financial security was a crucial factor here. Veenhoven (1991) suggested that the extent to which one's income meets one's material norm has a stronger influence on life satisfaction than happiness (cf. Diener & Fujita, 1995). This contradicts earlier findings. For example, Bradburn (1969) has shown that happiness-oriented people are less pleased with the market than satisfaction-oriented people, and money seems to be less of an important contribution to wellbeing for young than old people.

Furthermore, Inglehart and Rabier (1986) reported that substantial income increments increase happiness but not life satisfaction, while substantial income decrements increase dissatisfaction much more than unhappiness. Thus, the authors conclude that happiness, but not satisfaction, applies to substantial gains, but dissatisfaction and not unhappiness, applies to substantial losses.

Haller and Hadler (2006) have shown that having children is not related to happiness but is positively related to life satisfaction. The authors interpreted this finding as follows: Children place demands on parents to the point of diminishing returns on happiness. Nevertheless, most parents perceive that having children is important to their overall sense of wellbeing (i.e., life satisfaction).

2.6 Subjective Wellbeing as an Umbrella Concept

In a review of the literature on subjective wellbeing, Diener, Suh, Lucas, and Smith (1999) defined subjective wellbeing as a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgments of life satisfaction. They added that each of these concepts should be studied individually. However, measures of these constructs often correlate suggesting the need for a higher-order construct (cf. Busseri, Sadava, & Decourville, 2007; Tov, 2018).

Kozma and Stones (1992) have theorized that happiness is a direct function of two psychological states, one short term and the other long term. The short-term state is an affective state that involves positive and negative affect mostly influenced by environmental factors. The long-term state is also an affective state involving both positive and negative affect. The long-term component is dispositional and is less affected by environmental factors (cf. Kozma, 1996).

Based on these distinctions, an attempt is made here to reconstruct these concepts in a framework that integrates these disparate concepts. It is my opinion that this framework may reflect a semblance of consensus among quality-of-life researchers working in the area of subjective wellbeing.

The concept of subjective wellbeing used throughout this book is defined as:

Subjective well-being is an enduring (long-term) affective state that is made of a composite of three components: (a) actual experience of happiness or cumulative positive affect (joy, affection, pride, etc.) in salient life domains, (b) actual experience of depression or cumulative negative affect (sadness, anger, guilt, shame, anxiety, etc.) in salient life domains, and (c) evaluations of one's overall life or evaluations of salient life domains.

Figure 2.1 shows how these three components make up the construct of subjective wellbeing. The figure also shows the determinants of the components. Specifically, one's actual experience of *happiness* is determined by an aggregation of pleasant feelings (e.g., joy, affection, pride) over time in salient life domains, in which each pleasant feeling is determined by a positive life event. Similarly, one's actual experience of *depression* is determined by an aggregation of unpleasant feelings (e.g., sadness, anger, guilt, anxiety, and shame) over time in salient life domains, in which each unpleasant feeling is determined by a negative life event. The third component, *life satisfaction*, deals, not with the actual emotional experiences (e.g., joy, affection, pride, depression, sadness, anger, guilt, anxiety, and shame) but with cognitive evaluations of life overall and salient life domains. One's evaluation of one's own life is determined by an aggregation of evaluations of positive and negative events of important life domains (e.g., leisure life, work life, family life, community life, social life, and sex life) or recall of those evaluations made in the past from memory. The evaluation of each life domain is determined by a host of evaluations of life events in that domain or simply one's assessment of positive and negative affect in that domain.

The three components and their interrelationships as well as their determinants capture three distinctions made in the literature: (1) the distinction between the cognitive and affective aspects of subjective wellbeing, (2) the distinction between

Fig. 2.1 Subjective wellbeing: its elements

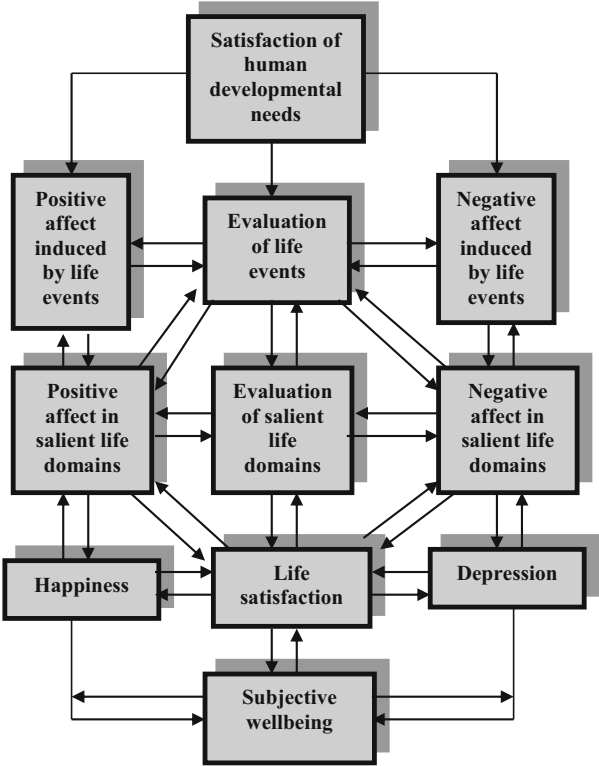


Table 2.2 The underlying constructs of the various components of subjective wellbeing

	Affective	Cognitive
Positive	Cumulative pleasant emotions (short-term) and feelings of happiness (long-term)	Positive evaluation of life events (short-term) and life domains (long-term)
Negative	Cumulative unpleasant emotions (short-term) and feelings of depression (long-term)	Negative evaluation of life events (short-term) and life domains (long-term)

positive and negative affect of subjective wellbeing, and (3) the distinction between short-term and long-term affective states of subjective wellbeing. Furthermore, satisfaction of human developmental needs is directly related to the experience of positive and negative affect. That is, life events satisfy human developmental needs (e.g., biological, safety, social, esteem, actualization needs). The satisfaction of needs also influence and guide people’s cognitive evaluation of life events.

Table 2.2 captures the underlying constructs of these three components of subjective wellbeing. The table shows the three distinctions: (1) cognitive versus affective, (2) and positive versus negative affect, and (3) short-term versus long-term.

2.6.1 *Cognitive Versus Affective*

To reiterate, the distinction between cognitive and affective is important in quality-of-life research. High profile wellbeing researchers such as Parnicci (1995) and Kahneman (1999) have argued strongly that subjective wellbeing can be captured directly and objectively,¹ rather than subjectively. Thus, subjective wellbeing of any period is a conceptual summation of these separate hedonic values, positive and negative, divided by the duration of that period. This is an “affective” conceptualization of subjective wellbeing. It is not identified with the global assessments that people make when asked to rate their overall happiness. The latter is a “cognitive” conceptualization of subjective wellbeing. This is because it is an evaluation made by thinking and judging the major elements of one’s life. This distinction is consistent with the work of many quality-of-life researchers who have made the distinction between cognitive and affective aspects of subjective wellbeing (e.g., Andrews & McKennell, 1980; Brief & Roberson, 1989; Campbell, 1976; Crooker & Near, 1995; McKennell, 1978; McKennell & Andrews, 1980; Organ & Near, 1985; Tov, 2018). These researchers have all argued that happiness and life satisfaction are two different constructs. That happiness is an affective construct, while life satisfaction is a cognitive one. That life satisfaction involves one’s evaluation of one’s life or life domains. In contrast, happiness is an emotional phenomenon. People simply report they are happy. This is an emotional response, a gut reaction, not knowing always why they feel they way they do.

Consider the following study as a sample of studies that have hammered at this point. Schimmack, Schupp, and Wagner (2008) were able to empirically demonstrate in a nationally representative survey in Germany that neuroticism is a stronger predictor of affective (than cognitive) dimensions of subjective wellbeing. In contrast, unemployment and regional differences between East and West Germany are stronger predictors of cognitive than affective wellbeing.

2.6.2 *Positive Versus Negative*

Dating back to the early sixties, wellbeing scholars noted that subjective wellbeing may involve positive and negative affect, and these two states may not be the opposite polar extremes of one dimension (Bradburn & Caplovitz, 1965). This distinction is important because positive and negative affect tend to be influenced by numerous factors. Many quality-of-life researchers have measured subjective wellbeing by a composite index made up of positive and negative affect (e.g., Bradburn, 1969; Diener et al., 1995; Diener & Emmons, 1984; Diener, Sandvik,

¹An example of an objective measure of subjective well-being is to have subjects carry with them a beeper. The experimenter would then beep subjects randomly and ask them to report on their subjective wellbeing during the last few hours or so.

Seidlitz, & Diener, 1993; Headey, Kelley, & Wearing, 1993; Lucas et al., 1996; Tov, 2018; Watson, Clark, & Tellegen, 1988). The impetus for this distinction is the realization that the factors that cause positive affect are different from those that cause negative affect. For example, experiencing culture and the arts may be a factor that may enhance happiness (or positive affect); the lack of culture and the arts may not induce depression (or negative affect). Marital abuse may cause a spouse to feel depressed (negative affect), but the absence of marital abuse does not lead to happiness (or positive affect).

Similarly, when people evaluate their lives, they focus on their evaluation of salient life domains. Certain life domains tend to generate more satisfaction than dissatisfaction, and vice versa. For example, in income and standard of living, a person who evaluates that domain positively may experience little satisfaction. In contrast, a person evaluating the same domain negatively may experience high level of dissatisfaction. How about leisure life? Evaluating one's leisure life positively may produce high levels of satisfaction. Conversely, evaluating the same domain negatively may produce little dissatisfaction (cf. Herzberg, 1966; Herzberg, Mausner, Pederson, & Capwell, 1957).

Recently, Huppert (2009) in reviewing much of the evidence of the drivers of wellbeing versus ill-being made the following assessment (cf. Sirgy, 2017):

- Personality drivers of wellbeing (e.g., extraversion) tend to be different from personality drivers of ill-being (e.g., neuroticism);
- Demographic factors (e.g., gender, age, marital status) tend to be associated with wellbeing in diverse ways than ill-being;
- Socioeconomic factors (e.g., income, education, and socioeconomic status) are differentially correlated with wellbeing versus ill-being; and
- Psychographic factors (e.g., interests and activities) are also differentially correlated with wellbeing versus ill-being.

2.6.3 Short Term Versus Long Term

Note that the model shows that the three components of subjective wellbeing are not momentary, transient, and ephemeral affective states. They are enduring and stable affective states. They are long-term states determined by an aggregation of short-term affect experienced over time. This distinction between short-term and long-term subjective wellbeing is consistent with the research conducted by Kozma and Stones (1992). Kahneman (1999) argued that assessments of happy or unhappy moments aggregated across time amount to "objective happiness" (short-term construct). In contrast, philosophers such as Sumner (1996) argue that wellbeing must be based on global evaluations of life (long-term construct) (cf. Tov, 2018; Veenhoven, 2000, 2005a).

2.7 Subjective Wellbeing Versus Eudaimonia

Kesebir and Diener (2009) have questioned whether the eudaimonistic notion of wellbeing can be truly lumped with other concepts of subjective wellbeing such as happiness, positive and negative affect, life satisfaction, perceived quality of life, and domain satisfaction. Here is what these authors had to say about this issue:

It is important for the purposes of this discussion to emphasize that most of the empirical studies conducted in psychology regarding happiness . . . conceive of happiness not in the eudaimonic sense—embodying a value judgment about whether the person is leading a commendable life—but rather in the sense of subjective well-being. Clearly, high subjective well-being and eudaimonic happiness are not necessarily interchangeable concepts, and it is easily imaginable that a person could feel subjectively happy without leading a virtuous life. However, we believe, and many contemporary philosophers . . . agree, that subjective well-being and eudaimonic well-being are sufficiently close. It is reasonable to use subjective well-being as a proxy for well-being, even if it is not a perfect match. Admittedly, current empirical psychological research cannot directly answer the ancient philosophical question of how to live well. As researchers of subjective well-being, our hope is that we answer this question indirectly by illuminating a *sine qua non* of the good life—namely, subjective well-being. (Kesebir & Diener, 2009, p. 62)

A recent study by Vitterso, Soholt, Hetland, Alekseeva Thoresen, and Roysamb (2010) discussed the theoretical distinction between *hedonic wellbeing* and *eudaimonic wellbeing*. They argue that the cybernetic principles underlying hedonic wellbeing are different from eudaimonic wellbeing. Goal attainment in hedonic wellbeing reflects homeostatic balance (i.e., a state of equilibrium and assimilation), which reflects a state of happiness. In contrast, lack of goal attainment reflects a state of disequilibrium that induces feelings of interest, curiosity, challenge, and task absorption. The latter may be reflective of eudaimonic wellbeing. Specifically, several studies were conducted in which the authors were able to show that the experience of hedonic versus eudaimonic wellbeing is dependent of the extent to which the task at hand is easy or difficult. The individual is most likely to experience hedonic wellbeing when the task is easy but eudaimonic wellbeing when the task is difficult.

Sanjuan (2011) has conducted a study to test the hypothesis that *psychological wellbeing* (another term for eudaimonic wellbeing or perfectionist happiness) may influence subjective wellbeing (another term for prudential happiness or life satisfaction) through the mediating effect of *affect balance* (hedonic wellbeing or psychological happiness). The data involved 255 adults surveyed using various instruments capturing these constructs. The results were supportive of the hypothesized interrelationships among these three concepts of happiness. Psychological wellbeing tends to induce positive affect, which in turn plays a key role in life evaluations (cf. Heintzelman, 2018; Tov, 2018).

2.8 Subjective Wellbeing Versus Psychological Wellbeing

Huppert (2009) asserts that *psychological wellbeing* is about lives going well. This means that the construct combines subjective wellbeing with *effective functioning*. Subjective wellbeing may focus too much on positive emotions. According to Huppert, psychological wellbeing focuses on sustainable wellbeing in the sense that negative emotions can play a significant and positive role in long-term wellbeing. People must learn to manage negative emotions to enhance long-term positive emotions. Of course, psychological wellbeing is undermined when negative emotions are experienced often without the benefit of learning and long-term positive emotions. Researchers working with psychological wellbeing view positive emotions more broadly than happiness and contentment. Positive emotions may include interest, engagement, confidence, and affection.

Most importantly is the concept of *functioning*, which involves the development of one's potential, having control over life's circumstances, beliefs that life has meaning and they have a purposeful role to play in life, and having positive relationships with others.

2.9 Hedonic Wellbeing Versus Eudaimonic Wellbeing

Huta (2016) has argued that Eudaimonia and hedonia have been defined in terms of the following behavioral phenomena: orientations (personal priorities, motives, values, and goals), behaviors (actions and thoughts related to the planning of action), experiences (emotions, feelings, and cognitive appraisals underlying emotions), and functioning (abilities, habits, and accomplishments). The author used these behavioral phenomena to make a clear distinction between hedonic and eudaimonic wellbeing. This distinction is clearly articulated in Table 2.3.

2.10 An Ontological Model of Wellbeing

Simsek (2009) argued that current conceptualizations of subjective wellbeing focus on unifying the affective (emotional wellbeing, positive/negative affect, and happiness) and cognitive dimensions (life satisfaction, domain satisfaction, psychological wellbeing, and eudaimonia), but these attempts have been atheoretical. The author develops a new meta construct called "ontological wellbeing" that serves to integrate the affective and cognitive dimensions. Ontological wellbeing is based on the notion that life is a personal project—a goal we desire for its own sake. This personal project can best be viewed from a temporal perspective: past, present, and future. Therefore, the ultimate personal project as life (Eudaimonia, personal growth, and

Table 2.3 Distinguishing hedonic wellbeing from eudaimonic wellbeing in terms of orientations, behaviors, experiences, and functioning

	Eudaimonic wellbeing	Hedonic wellbeing
Orientations	Pursuits of authenticity, self-discovery, autonomy, and identity; pursuits of meaning, mattering, and contributing to the big picture; pursuits of excellence, quality performance, and virtue; pursuits of growth, self-realization, maturity, and learning	Pursuits of pleasure, enjoyment, and fun; pursuits of comfort, ease, and painlessness
Behaviors	Behaviors to include planning personal goals, volunteering, expressing gratitude, listening to another person's point of view, preserving at a specific valued goal despite obstacles	Behaviors to include going to a big party, having sex with a person one does not love, drinking alcohol, shopping for non-essentials, and watching a movie that is pure entertainment
Experiences	Feelings of meaning, value, purpose, broad implications; elevation, inspiration, awe, and transcendence; feelings of self-connectedness, and authenticity; feelings of accomplishment, progress, and non-hubristic pride; engagement, immersion, interest, and flow; personal expressiveness and deep fit with one's activities; life satisfaction; happiness; vitality and feeling alive	Positive affect, emotional wellbeing, and affect balance; arousal of positive affect; satisfaction, wants/needs are met, and replenishment; carefreeness and light-heartedness; comfort, low negative affect, low strain, and relief
Functioning	Self-realization, individuation, and coming into one's own; maturity, wisdom, ego development, and sophistication; competence, excellence, insight, understanding, and skill; accomplishment, achievement, and progress; achievement of meaning, purpose, and big picture; integration, autonomy, and non-conformism; ethics, morality, virtue, honesty, integrity, and justice; social contribution, generativity, altruism, and responsibility; self-regulation, perseverance, planning, and organizing; abstract thinking, perspective-taking, and long-term view; quality relationships and social wellbeing; resilience and active coping	Abilities to savor, play, and prioritize enjoyment; abilities to let go, take breaks, and not worry needlessly; abilities to be here and now, be spontaneous, and go with flow; healthy selfishness and ability to put self first if warranted; habit of minimizing unnecessary effort and difficulty; skills at things that are hands-on, practical, and applied; sensuality, physicality, sexuality, and ability to be primal

Source: Adapted from Huta (2016, p. 224)

psychological wellbeing) is evaluated cognitively and affectively. The nature of these evaluations is best described in a 2 x 3 matrix below (see Table 2.4).

In the same vein, Durayappah (2011) proposed a 3Ps model designed to integrate disparate subjective wellbeing concepts. The 3Ps model also breaks down subjective wellbeing along a temporal dimension: past, present, and future. The past component of subjective wellbeing focuses on happiness that comes from reminiscing,

Table 2.4 Ontological wellbeing

	Affective evaluations	Cognitive evaluations
Past	Affective reactions to evaluation of one’s past circumstances (e.g., feelings of anger with one-self, regret, sadness about the past, feelings of joy)	Recall of salient past events (good and bad); reminiscence and life review
Present	One’s emotional reactions to what they are currently doing	Evaluation of life as a whole in current circumstances
Future	Affective reactions such as anxiety, hope, and optimism	One’s perception of one’s future—optimistic or pessimistic outlook on life

Source: Adapted from Simsek (2009)

expressions of gratitude, and being able to derive meaning from past experiences. Much of the evidence reflects processes and outcomes related to evaluation of past experiences. Examples of subjective wellbeing constructs and measures directly related to the “past” include happiness (happiness measure; Fordyce, 1988), subjective wellbeing (Satisfaction With Life Scale; Diener, Emmons, Larsen, & Griffin, 1985), and meaning (meaning in life questionnaire; Steger, Frazier, Oishi, & Kaler, 2006).

The present component of subjective wellbeing focuses on positive emotions, flow experiences, and emotional experiences related to self-determination. Much of the evidence reflects processes and outcomes related to the actual experience of a life event. Examples of subjective wellbeing constructs and measures directly related to the “present” include affect (PANAS is an example measure; Watson et al., 1988), experienced utility (measured to experiential sampling methods; Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004), and unpleasantness (U-Index, Kahneman & Riis, 2005).

The future component of subjective wellbeing focuses on anticipation of happiness, optimism, and issues dealing with life purpose and goals. Much of the evidence here reflects processes and outcomes related to expectations and future prospects. Examples of subjective wellbeing constructs and measures directly related to the “future” include anticipation (savouring beliefs inventory; Bryant, 2003, goals (Orientation of Life Goals Scale; Roberts & Robins, 2000, and purpose (Purpose in Life subscale; Ryff, 1989).

Concepts such as Eudaimonia, psychological wellbeing, and authentic happiness focus on personal growth, which has a futuristic view. Life satisfaction and domain satisfaction, on the other hand, focus on evaluations of life achievements in the past. In contrast, concepts such as positive and negative affect, happiness, hedonic wellbeing, objective wellbeing, and emotional wellbeing have one thing in common: a focus on the present.

2.11 A Structural Model of Wellbeing and Illbeing

Røysamb and Nes (2016, 2018) described a structural model of wellbeing and illbeing. They argued that illbeing involves various conditions such as depression, anxiety, drug abuse, eating disorders and psychoses. In contrast, wellbeing involves other conditions such as subjective wellbeing, psychological wellbeing, mental wellbeing, social wellbeing, hedonic wellbeing, and eudaimonic wellbeing. As such the structural model is their attempt to integrate these disparate concepts in theoretical framework to illustrate some of the mechanisms of environmental and genetic factors.

Table 2.5 shows their model. The model involves two basic dimensions: One *positive-negative* dimension and one of *stability-change*. The model posits that humans have various ideals, needs or goal states (e.g., striving to obtain good university grades, attempting to maintain good relationships with people important in our lives), which when attained we feel satisfied, happy, and in harmony. This is the “well-staying” condition. When we are moving towards a goal, we feel excitement, growth and a sense of fulfillment of potentials; in other words, we are in a “well-moving” condition. In other situations, we realize there are obstacles to our goal in which we feel fear, anxiety, or anger. As such we are “ill-moving.” Finally, when a goal is not attained, we may feel sadness, depression, and hopelessness—a condition termed “ill-staying.”

Thus, the model makes the distinction between two concepts of wellbeing, namely well-staying and well-moving. Conversely, illbeing involves the distinction between ill-staying and ill-moving. As we experience life, we move around in this space of illbeing and wellbeing given our genetic makeup. Thus, the good life can be viewed as movement mainly between well-staying and well-moving. With respect to the illbeing side, we are likely experience turning points in our lives. These life junctures may be opportunities for self-correction and possible return to the wellbeing sphere.

Table 2.5 The structural model of wellbeing and illbeing

	Illbeing	Wellbeing
Change	Ill-Moving: Anxiety, fear, anger, threat, obstacle, avoidance system, potential loss, goal state threatened	Well-Moving: excitement, engagement, growth, self-realization, wanting-system, potential gain, goal state approaching
Stability	Ill-Staying: depression, hopelessness, sadness, distress, dysfunction, loss realized, goal state vanished	Well-Staying: satisfaction, harmony, balance, liking system, gain realized, goal state present

Source: Adapted from Røysamb and Nes (2018, p. 273)

2.12 A Hierarchical Model of Wellbeing and Illbeing

Recently, I made some distinctions among wellbeing and illbeing concepts (Sirgy, 2019, 2020). I tried to make the case that wellbeing and illbeing can be construed at six hierarchical levels, varying from the most micro-physiological level to the very macro-social-ecological level (see Table 2.6). At the most micro-physiological level, wellbeing can be construed in terms of a state of preponderance of positive neurochemicals (neurochemicals related to rewards such as dopamine, serotonin, oxytocin, etc.). In contrast, illbeing at the same level can be viewed in terms of a state of preponderance of negative neurochemicals such as cortisol, the stress hormone.

The second hierarchical level is referred to as the “emotional level.” At that level, wellbeing is viewed in terms of a state of preponderance of positive affect (happiness, joy, contentment, etc.). In contrast, illbeing is a state of preponderance of negative affect (anger, sadness, etc.).

The third hierarchical level is referred to as the “cognitive level.” At this level, wellbeing is construed in terms of a state of preponderance of satisfaction judgments in various life domains (satisfaction in domains such as social life, family life, work

Table 2.6 The hierarchical model of wellbeing and illbeing

Hierarchical level	Wellbeing	Illbeing
Physiological level	A state of preponderance of positive neurochemicals (neurochemicals related to rewards such as dopamine, serotonin, oxytocin, etc.)	A state of preponderance of negative neurochemicals such as cortisol, the stress hormone
Emotional level	A state of preponderance of positive affect (happiness, joy, contentment, etc.)	A state of preponderance of negative affect (anger, sadness, etc.)
Cognitive level	A state of preponderance of satisfaction judgments in various life domains (satisfaction in domains such as social life, family life, work life, leisure life, etc.)	A state of preponderance of dissatisfaction judgments in various life domains (dissatisfaction in social life, family life, work life, leisure life, etc.)
Meta-cognitive level	A state of preponderance of judgments of life satisfaction (or satisfaction judgments with one’s life compared to one’s past life, the life of family members, the lives of associates and friends, etc.)	A state which reflects a preponderance of judgments of life dissatisfaction based on various referents or standards
Developmental level	A state of preponderance of positive psychological traits such as personal growth, environmental mastery, resilience, etc.	A state of preponderance of negative psychological traits (pessimism, hopelessness, etc.)
Social-ecological level	A state involving a preponderance of perceived social resources (social acceptance, social actualization, etc.)	A state involving a preponderance of perceived social constraints (social exclusion, ostracism, etc.)

Source: Adapted from Sirgy (2019, 2020)

life, leisure life, etc.). As such, illbeing reflects a state of preponderance of dissatisfaction judgments in various life domains (dissatisfaction in social life, family life, work life, leisure life, etc.).

The fourth hierarchical level is the “meta-cognitive level.” At this level, wellbeing is defined in terms of a state of preponderance of judgments of life satisfaction (or satisfaction judgments with one’s life compared to one’s past life, the life of family members, the lives of associates and friends, etc.). Illbeing is the converse state which reflects a preponderance of judgments of life dissatisfaction based on various referents or standards.

The next level is the “developmental level.” Wellbeing is essentially viewed in terms of psychological wellbeing or eudaimonia, which is a state of preponderance of positive psychological traits such as personal growth, environmental mastery, resilience, etc.). Illbeing at the developmental level is viewed as a state of preponderance of negative psychological traits (pessimism, hopelessness, etc.).

Finally, at the most macro level is what I called the “social-ecological level.” At that level, wellbeing is treated as a state involving a preponderance of perceived social resources (social acceptance, social actualization, etc.). In contrast, illbeing at the social-ecological level is a state involving a preponderance of perceived social constraints (social exclusion, ostracism, etc.).

2.13 Conclusion

As mentioned in the beginning part of this chapter, there are important distinctions that quality-of-life scholars have made concerning major quality-of-life concepts. I described these distinctions in terms of subjective versus objective indicators of quality of life, and I have argued that both conceptualizations are complementary, not conflicting. I highlighted the distinction between input and outcome indicators of quality of life and argued that this distinction is important because a comprehensive understanding of quality of life should be based on a goal hierarchy that incorporates both input and outcome indicators. I made reference to the distinction between inner and outer aspects of quality of life, and I suggested that inner/outcome concepts such as happiness, life satisfaction, and Eudaimonia should be viewed as the major dependent variables in quality-of-life studies. I then described those studies that showed that the precursors of happiness may not be the same as the precursors of life satisfaction. Building on this distinction, I developed a framework that incorporates these distinctions among quality-of-life concepts in terms of three major dimensions: cognitive versus affective, positive versus negative, and short-term versus long-term. These distinctions capture the various nuances related to subjective wellbeing. However, as demonstrated in the literature, recent research has clearly distinguished between subjective wellbeing and the emergent, higher-order, constructs of Eudaimonia and social wellbeing. The latter concepts of quality of life are built on subjective wellbeing by going beyond hedonic wellbeing and life satisfaction to capture personal development, moral strengths, and social functioning.

The ontological wellbeing and the 3Ps model attempt to unify the affective (emotional wellbeing, positive/negative affect, and happiness) and cognitive dimensions (life satisfaction, domain satisfaction, psychological wellbeing, and eudaimonia) through a new meta construct called ontological wellbeing. Ontological wellbeing is based on the notion that life is a personal project—a goal we desire for its own sake. This personal project can best be viewed from a temporal perspective: past, present, and future.

The structural model brings to the forefront two key variables, namely wellbeing/illbeing and stability/change. As such, four conditions of wellbeing are identified: (1) “well-staying” (wellbeing in state of stability), (2) “ill-staying” (illbeing in a state of stability), (3) “well-moving” (wellbeing in a state of change), and (4) “ill-moving” (illbeing in a state of change).

Finally, the hierarchical model makes distinctions among wellbeing and illbeing concepts. Well-being and illbeing are construed at six hierarchical levels, varying from the most micro-physiological level to the very macro-social-ecological level. At the most micro-physiological level, wellbeing is construed in terms of a state of preponderance of positive neurochemicals (neurochemicals related to rewards such as dopamine, serotonin, oxytocin, etc.). In contrast, illbeing at the same level can be viewed in terms of a state of preponderance of negative neurochemicals such as cortisol, the stress hormone. At the second hierarchical level (the emotional level), wellbeing is viewed in terms of a state of preponderance of positive affect (happiness, joy, contentment, etc.). In contrast, illbeing is a state of preponderance of negative affect (anger, sadness, etc.). At the third hierarchical level (the cognitive level), wellbeing is construed in terms of a state of preponderance of satisfaction judgments in various life domains (satisfaction in domains such as social life, family life, work life, leisure life, etc.). As such, illbeing reflects a state of preponderance of dissatisfaction judgments in various life domains (dissatisfaction in social life, family life, work life, leisure life, etc.). At the fourth hierarchical level (the meta-cognitive level), wellbeing is defined in terms of a state of preponderance of judgments of life satisfaction (or satisfaction judgments with one’s life compared to one’s past life, the life of family members, the lives of associates and friends, etc.). Illbeing is the converse state which reflects a preponderance of judgments of life dissatisfaction based on various referents or standards. At the next level (the developmental level), wellbeing is viewed in terms of psychological wellbeing or Eudaimonia, which is a state of preponderance of positive psychological traits such as personal growth, environmental mastery, resilience, etc.). Illbeing at the developmental level is viewed as a state of preponderance of negative psychological traits (pessimism, hopelessness, etc.). Finally, at the most macro level (the social-ecological level), wellbeing is treated as a state involving a preponderance of perceived social resources (social acceptance, social actualization, etc.). In contrast, illbeing at the social-ecological level is a state involving a preponderance of perceived social constraints (social exclusion, ostracism, etc.).

As the reader would have noted already there is a plethora of concepts of happiness, quality of life, and wellbeing; and many attempts have been made to make distinctions among concepts. I have to acknowledge that I have been very

selective in identifying concepts and making selective distinctions. For readers who are interested in immersing themselves in this complex and rich literature in both psychology and philosophy, please refer to Intelisano, Krasko, and Luhmann (2020).

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Chapter 3

Positive Outcomes of Wellbeing



“Happiness is the highest form of health.”

—Dalai Lama (<https://wisdomquotes.com/health-quotes/>)

3.1 Introduction

An impressive body of work shows that happy people function better in life than less-happy people; they are more productive and socially engaged; and they have higher incomes. Happy people are healthier than unhappy people. Much of this work is summarized in several literature reviews (e.g., Diener, 2000; Judge, Thoreson, Bono, & Patton, 2000; Kesebir & Diener, 2009; Lyubomirsky, King, & Diener, 2005). This chapter summarizes much of this evidence and addresses the adaptive significance of happiness using evolutionary psychology.

3.2 Wellbeing Effects on Health

Argyle (1996) cites much evidence suggesting that subjective wellbeing has beneficial health effects to the individual, both physical and mental. Specifically, high levels of subjective wellbeing are positively related to a *strong immune system*, *fewer disease incidences*, and *greater longevity* (also see Pressman & Cohen, 2005). Diener and Chan (2011) after reviewing much of the evidence linking subjective wellbeing and longevity concluded by stating:

Seven types of evidence are reviewed that indicate subjective well-being (such as life satisfaction, absence of negative emotions, optimism, and positive emotions) causes better health and longevity. For example, prospective longitudinal studies of normal populations provide evidence that various types of subjective well-being such as positive affect predicts health and longevity, controlling for the health and socioeconomic status at baseline. Combined with experimental human and animal research, as well as naturalistic studies of changes of subjective well-being and physiological processes over time, the case that subjective well-being influences health and longevity in healthy populations is compelling. However, the claim that subjective well-being lengthens the lives of those with certain

diseases such as cancer remains controversial. Positive feelings predict longevity and health beyond negative feelings. However, intensely aroused or manic positive affect may be detrimental to health. (Diener & Chan, 2011: Abstract)

3.2.1 *Life Expectancy and Longevity*

Vazquez, Hernangomez, and Hervas (2004) found that the wellbeing of nations predicts *life expectancy*, after controlling for income and infant mortality. Parker, Thorslund, and Nordstrom (1992) found that life satisfaction predicted mortality for those who are old (75–84 years-old), but not for those who are very old (85 plus years-old). These findings suggest that subjective wellbeing has a positive effect on physical health—the happier people are the more likely they live longer, and vice versa.

Longitudinal studies also provide much evidence linking subjective wellbeing and *longevity* (Veenhoven, 2008). For example, a study found that patients with renal failure were more likely to survive for four years if they were happy than if they were unhappy (Devins, Mann, Mandin, & Leonard, 1990).

3.2.2 *Physical Deteriorations and Morbidity*

Suggestive evidence points to the fact that optimism and positive affect may be protective against other *physical deteriorations*. Ostir, Ottenbacher, and Markides (2004) conducted a study by following 1558 initially non-frail older Mexican Americans for seven years. *Frailty* increased by 7.9% over the course of follow-up, but those men with high positive affect were found to have a significantly lower frailty.

Consider the study by Koopmans, Geleijnse, Zitman, and Giltay (2010) that assessed the relationship between happiness and *survival*. The study has come to be known as the Arnhem Elderly Study involving a large-scale elderly population aged 65–85 years. Happiness was measured by two items: “I have many moments of happiness” and “I often laugh happily.” The results of the study showed that happiness was negatively related with *mortality*. However, this relationship became non-significant when other variables were introduced in the equation: physical activity and prevalent morbidity. The authors concluded that happiness predicts lower mortality as mediated by *lower physical activity* and *lower morbidity*.

There is strong evidence suggesting that unhappiness *exacerbates illness and accelerates mortality*. For example, a study of cardiac patients demonstrated that depressives were more likely to show increasingly poor functioning over time and deteriorating symptoms (Clarke, Frasur-Smith, Lesperance, & Bouassa, 2000). A longitudinal study found that low life satisfaction predicted fatal accidents (Koivumaa-Honkanen, Honkanen, Koskenvuo, Viinamaki, & Kaprio, 2002). Carney, Rich, and Jaffe (1995) reviewed studies on coronary heart disease and found

that depression predicted illness and mortality. Depressed people were found to not comply with doctors' orders, have higher blood pressure, and have poor physiological functioning than the nondepressed. Spiegel and Giese-Davis (2003) reviewed much of the evidence linking depression and cancer and concluded that "There is growing evidence of a relationship between depression and cancer incidence and progression" (p. 278).

3.2.3 *Recovery from Illness*

How about *recovery* from significant health problem? Does subjective wellbeing help with recovery? Kopp et al. (2003) found that preoperative wellbeing predicted better recovery from surgery. Similarly, subjective wellbeing was a significant predictor of recovery of people who entered a whiplash rehabilitation program—recovery in terms of whether these patients were doing paid work two years later (Heikkila, Heikkila, & Eismann, 1998). Faller, Kirschner, and Konig (2003) found that patients, who had surgery for osteoarthritis of the knee and reported low levels of anxiety and depression, registered higher levels of functional improvement at 3 and 12 months after the surgery, compared to patients who had anxiety and depression.

Optimism and positive emotions have also been linked to recovery after a major cardiac event (Leedham, Meyerowitz, Muirhead, & Frist, 1995). These researchers studied 31 heart-transplant patients both before and after surgery. Those who reported a high level of positive expectations and good mood before the surgery were found to have greater adherence to medical regimen after surgery, as well as a better health status report six months after the surgery. Scheier et al. (1989) investigated the effect of dispositional optimism in 51 middle-aged men who had coronary artery bypass surgery. The study findings revealed that dispositional optimism was positively related to faster recovery rates during hospitalization, as well as a speedier return to normal living upon discharge. A strong positive correlation persisted between optimism and good quality of life after a 6-month follow-up.

3.2.4 *Perception of Pain and Reactivity to Stress*

Does subjective wellbeing influence the *perception of pain*? There is evidence suggesting that people low on subjective wellbeing overestimate their levels of pain. For example, Zelman, Howland, Nichols, and Cleeland (1991) found that people who are induced to experience a positive mood showed greater pain tolerance than control study participants (cf. Cogan, Cogan, Waltz, & McCue, 1987; Keefe, Lumley, Anderson, Lunch, & Carson, 2001).

Similarly, good mood plays a positive role in reducing *blood pressure reactivity to stress* (Smith, Ruiz, & Uchino, 2001). Also, evidence suggests that stress

compromises the immune system, which in turn manifests in joint pain in arthritis patients (Zautra et al., 1998).

3.2.5 *Cardiovascular Disease*

Buchanan and Seligman (1995) conducted a longitudinal study involving men with *cardiovascular disease* (CVD). The study found optimism (which is highly correlated to life satisfaction) to be a significant predictor of a second heart attack and death. The vast majority of the pessimists died. This study has been repeatedly replicated in other studies with large samples (Seligman, 2011). Seligman summarized much of the evidence as follows:

All studies of optimism and CVD converge on the conclusion that optimism is strongly related to protection from cardiovascular disease. This holds even correcting for all the traditional risk factors such as obesity, smoking, excessive alcohol use, high cholesterol, and hypertension. It even holds correcting for depression, correcting for perceived stress, and correcting for momentary positive emotions. It holds over different ways of measuring optimism. Most important, the effect is bipolar, with high optimism protecting people compared to the average level of optimism and pessimism, and pessimism hurting people compared to the average. (Seligman, 2011, p. 194)

Seligman provides three explanations for the effects of optimism on CVD: (1) health lifestyle, (2) social support, and (3) biological mechanism. With respect to the *health lifestyle explanation*, the idea is that optimists tend to have a healthy lifestyle, and it is the healthy lifestyle that plays an important role in reducing the risk of CVD. Optimists tend to take care of themselves; they diet, exercise regularly, refrain from smoking, and follow medical advice. The *social support explanation* focuses on the health effects of social connectedness. Pessimists tend to be lonely and ensuing loneliness may lead to illness (e.g., CVD). Finally, the *biological mechanism explanation* involves three different possibilities. The first possibility is that optimists have better immune systems, which in turn plays a key role in CVD. The second possibility is that optimists have genes that may ward off CVD. The third possibility involves the pathological circulatory response to repeated stress. Optimists tend to cope with stress better than pessimists. Repeated stress generates the stress hormone (cortisol) that exacerbates damage to the walls of the blood vessels and promotes atherosclerosis. Furthermore, research has found that optimists (and happy people) tend to produce less fibrinogen in the liver (a substance used in blood clotting). Fibrinogen is considered to be a major culprit in CVD. Heart rate variability is yet another factor in the pathological circulatory response to repeated stress. Evidence suggests that people with high rate variability are healthier, have less CVD, and are less depressed.

3.2.6 *The Immune System*

With respect to the *immune system*, one experimental study (Cohen, Doyle, Turner, Alper, & Skoner, 2003) purposefully infected participants with a cold virus. Those who reported high levels of subjective wellbeing were found to be less vulnerable to the common cold than those reporting lower levels. Conversely, those who reported a tendency to chronically experience negative emotions (i.e., negative affectivity) suffer from a compromised immune system (Cohen, Alper, Doyle, Treanor, & Turner, 2006; Cohen, Doyle, & Skoner, 1999; Cohen, Miller, & Rabin, 2001; Marsland, Cohen, Rabin, & Manuck, 2001).

3.2.7 *Summary*

Seligman (2000), in a key article on the effects of positive mental health on positive physical health made the following pronouncement:

The overriding theme to emerge from a decade of positive psychology research is that mental health (consisting of positive emotion, engagement, purpose, positive relationships, and positive accomplishments) is something over and above the absence of mental illness, and it is quantifiable and predictive. It predicts lack of depression, higher achievement, and—intriguingly—better positive physical health. The most important theme that runs through the tantalising positive physical health outcomes is a link between positive psychology and positive health: Subjective wellbeing, as measured by optimism and other positive emotions, protects one from physical illness. I take up this rationale again when I discuss the operationalisation of positive health into high status on combinations of subjective, biological, and functional measures. (Seligman, 2000, p. 4)

In a more recent literature review article, Diener, Pressman, Hunter, and Chase (2017) identified several mediators that can explain how subjective wellbeing impacts health. These involve the following:

- lifestyle factors (i.e., positive emotions motivate individuals to improve their diet, engage in regular exercise, and sleep more normally),
- physiological systems (i.e., positive emotions boost the cardiovascular and immune systems),
- stress (i.e., positive emotions helps by fending off exposure to stressors and to better cope with stressors given exposure—doing so reduces long-term secretion of cortisol),
- telomeres (i.e., positive emotions slow down cellular entropy and rejuvenate it by rebuilding telomeres; telomeres are protective endcaps on DNA and serve to protect the DNA from damage during replication), and
- wound healing (i.e., positive emotions accelerates wound healing).¹

¹Also see Cross, Hofschneider, Grimm, and Pressman (2018) for a thought-provoking discussion of the effects of subjective wellbeing on physical health. The discussion is broken down by the

Furthermore, a comprehensive review of the research literature linking Eudaimonia and health (Kimiecik, 2016) cited much evidence of studies showing that eudaimonic wellbeing serves a restorative function in health. That is, the evidence shows that people high on eudaimonic wellbeing have good health habits (e.g., good nutrition, an active lifestyle, regular exercise, and improved sleep), and these habits contribute to good physical and mental health at large.

3.3 Wellbeing Effects on Achievement and Work

Let us review the evidence on the effects of wellbeing on work-related outcomes. The research literature is rich in this regard.

3.3.1 *Productivity and Job Performance*

Is a happy worker a good worker? That is an important question. In other words, does quality of life play a positive role in employee productivity and job performance? Consider the following classic study by Hersey (1932) who found that workers performed better on days when they in a good mood than on days when they were in a bad mood. Early research suggested that the relationship between job satisfaction and employee productivity is weak or moderate at best (DiMaria, Peroni, & Saaracino, 2020; Iaffaldano & Muchinsky, 1985; Vroom, 1964). However, the more recent research in this area is more promising.

Judge et al. (2000) conducted a literature review of the relationship between job satisfaction and *job performance* and estimated the average size of the correlation between these two constructs is 0.30 overall and higher in relation to complex jobs. Laboratory experiments also demonstrated the causal effects of subjective wellbeing on employee *productivity* (Staw & Barsade, 1993). Happy employees performed better on an in-basket test (can handle a large number of business situations) than unhappy employees in relation to interpersonal, managerial, and decision-making tasks. A more recent study by Luna-Arocas and Danvila-del-Valle (2020) was able to demonstrate that positive wellbeing predicts job performance three months later (cf. Thompson & Bruk-Lee, 2020).

different dimensions of the various constructs of wellbeing and positive mental health, namely hedonic constructs (positive affect and life satisfaction) and eudaimonic constructs (autonomy, self-esteem, perceived control, and life purpose). Additionally, Boehm (2018) reviews evidence that suggest that initially healthy individuals with high subjective well-being are less likely to have incident disease (e.g., coronary heart disease, stroke, diabetes, arthritis). A similar pattern exists for disease reoccurrence.

3.3.2 *Organizational Citizenship*

Research has uncovered that job satisfaction is positively related to *organizational citizenship* (helping other employees and the organization at large above and beyond the call of duty) and the absence of bad citizenship such as stealing from the firm (e.g., Barrick & Mount, 1993; Bateman & Organ, 1983; Borman, Penner, Allen, & Motowidlo, 2001; Deluga & Mason, 2000; George, 1990; George & Brief, 1990; Miles, Borman, Spector, & Fox, 2002; Organ & Ryan, 1995; Williams & Shaw, 1999). And as we know, job satisfaction contributes significantly to overall life satisfaction.

3.3.3 *Creative Thinking, Problem Solving, Wisdom, and Professional Achievement*

Evidence also suggests that high levels of subjective wellbeing may facilitate *creative thinking, problem solving, wisdom, and professional achievement*. Experimental evidence is available to suggest that participants who report higher levels of subjective wellbeing tend to perform better on decision-making tasks in terms of accuracy, clerical error checking, anagram problem solving, and original and flexible thinking (Diener & Seligman, 2004; Le, 2011). Research using mood induction shows that positive mood states (compared to neutral or negative mood states) can enhance attention and other cognitive processes, which in turn, can lead to creative and flexible thinking (e.g., Fredrickson & Branigan, 2005; Gasper & Clore, 2000).

3.3.4 *Long-Term Financial Achievement and Success*

With respect to *long-term financial achievement and success*, Diener, Nickerson, Lucas, and Sandvik (2002) conducted a longitudinal study revealing that cheerfulness in college predicted job satisfaction and *income* 19 years later. Similarly, Staw, Sutton, and Pelled (1994) found that positive affect predicted higher *pay* and better *supervisors' ratings* later.

3.3.5 *Absenteeism, Tardiness, Turnover, and Accident Rates*

Using causal modelling, Judge (1991) found that job satisfaction predicted *lower rates of absenteeism and tardiness*. Furthermore, in a meta-analysis study, Harter, Schmidt, and Hayes (2002) found that business divisions in which employees were

satisfied and engaged at work were also those with *lower turnover and accident rates*, well as higher rates on *productivity* and *profitability* measures.

3.3.6 *Cooperativeness and Interpersonal Conflict*

Management teams with more happy professionals report greater *cooperativeness* and *less conflict* on group projects than teams with less happy professionals (Barsade, Ward, Turner, & Sonnenfeld, 2000). Diener and Seligman (2004) surmised that greater cooperation among happy employees might explain the observed higher levels of employee *productivity* and lower turnover rates and absenteeism (cf. Carsten & Spector, 1987; George, 1995; Miner, 2001; Spector, 1997).

The research points to the fact that happy workers do not simply trust and cooperate with others irrespective of the situation. The situation is more complex. For example, in a negotiation situation, happy people cooperated more only when they expected the other party to be cooperative—that is, the situation calls for cooperation, not competition (e.g., Hertel, Neuhof, Theuer, & Kerr, 2000). Similarly, Forgas (1998) found that negotiation was most cooperative when the two negotiating parties were both in a positive mood.

3.3.7 *Customer Satisfaction and Organizational Profitability*

There is also some evidence suggesting that employee wellbeing may lead to *customer satisfaction*. For example, Harter et al. (2002) found that job satisfaction correlated positively with *customer loyalty*. Swaroff (2000) found that satisfaction with both patients and physicians was correlated positively with hospital *financial returns*.

Using longitudinal study design, Schneider, Hanges, Smith, and Salvaggio (2003) found that financial success of companies and job satisfaction each predicted the other significantly. Koys (2001) found that across time, employees' attitudes toward the firm and their jobs predicted *organizational effectiveness*, not the other way around.

3.3.8 *Summary*

After reviewing much of the evidence related to the effects of subjective wellbeing on work-related outcomes, Diener and Seligman (2004) concluded by stating:

In sum, it is likely that the positive effects of wellbeing at work on performance go beyond the effects of personality. The wellbeing of workers results in positive organizational citizenship, customer satisfaction, and perhaps even greater productivity. Because specific

workplace variables are known to enhance wellbeing to enhance wellbeing at work, organizational policies can raise workers' wellbeing and thereby enhance organizational citizenship and possibly profitability. (cited in Diener, 2009, p. 223)

However, a study conducted by Nickerson, Diener, and Schwartz (2011) “threw a monkey wrench” into this conclusion. Their study investigated the relationship between positive affect and a host of objective and subjective college achievement and success outcomes. Examples of objective college achievement and success outcomes include cumulative grade point average and SAT scores, whereas examples of subjective achievement and success outcomes include students' self-rated academic abilities, intellectual self-confidence, self-predicted likelihoods of failing one or more courses, his/her high school GPA, and highest academic degree intended. Positive affect was measured using a “cheerfulness” measure drawn from the American Freshman database (at college entry each student rated his or her cheerfulness “compared with the average student of your own age” on a 5-point scale varying from 1 = lowest to 5 = highest). The study findings indicated positive correlations between cheerfulness and subjective achievement and success outcomes but negative correlations with objective measures. The authors conclude “Positive affect is thus associated with ‘positive illusion’ about college-success variables” (p. 746).

Bless and Fiedler (2006) showed that positive emotions are not universally more adaptive than negative emotions. It depends on whether the situation involves a perceived threat or a perceived opportunity. Externally-driven behavior (“accommodation” or behaviors involving checking and conforming) is a more adaptive response to perceived threat, whereas internally-driven behavior (“assimilation” or behaviors involving flexible or strategic thinking) is a more adaptive response to perceived opportunity.

In sum, we can conclude that happiness does contribute to a variety of positive employee and organizational outcomes; however, there may be moderators to these effects, and much more research is needed to systematically uncover these moderator effects (Warr & Nielsen, 2018).

3.4 Wellbeing Effects on Social Relationships, Prosocial Behavior, Trust, and Future Happiness

Ryan and Deci (2000) have shown that happy people tend to have attributional styles that are more self-enhancing and enabling than unhappy people. Thus, positive emotions pave way for positive cognitions, which, in turn, contribute to further positive emotions.

Experimental evidence suggests that happiness brings out the best in people, making them more *social*, *cooperative*, and *ethical* (e.g., Forgas, 2001, 2002, 2006). Consider a seminal study conducted by Isen and Levin (1972). The authors induced a positive mood by leaving a dime in a phone booth. People who found the dime

after using the phone book were more likely to help a nearby confederate (who dropped papers on the ground) than those who did not find the dime.

Many studies replicated this finding linking positive mood and *prosocial behavior* in a variety of settings (see Tov & Diener, 2009 for literature review). Positive affect, as experimentally induced, has been shown to increase self-disclosure and *positive social interactions* with others than neutral affect (e.g., Cunningham, 1988a, 1988b; Diener & Seligman, 2004). With respect to dispositional happiness, research has also shown that happy people report more *helping behavior* in the past (e.g., Krueger, Hicks, & McGue, 2001) and a greater willingness and intention to help others in the future (e.g., Williams & Shaw, 1999).

Happy people are more *likeable* than depressed people (e.g., Harker & Keltner, 2001; Lyubomirsky, King, & Diener, 2005); they are *perceived to be more moral* than unhappy people (King & Napa, 1998); they are expected to honor whatever deals they make in negotiations (Forgas, 1998), and so on. In other words, positive mood is associated with increased *interest in social and procial activities*.

In addition, a large body of evidence suggests that *active participation in social activities and involvement in one's community* is associated with higher levels of subjective wellbeing (e.g., Helliwell, 2003; Helliwell & Putnam, 2005; Putnam, 2001a, 2001b).

Tov and Diener (2009) explained the effect of subjective wellbeing on helping and cooperation by injecting the concept of mediation of positive thoughts and positive evaluation of others. Specifically, people who experience positive emotions are likely to think about other people in a more positive light (more trustworthy), which prompts actual helping. People who trust others expect others to help in the same way. Therefore, there is an implicit sense of reciprocity in helping (i.e., I help you in your hour of need because I trust that you would do the same). Happy people are not only trusting more than unhappy people, they are trusted more by others (cf. Dunn & Schweitzer, 2005).

Analyses based on the World Value Survey (Tov & Diener, 2009) show that countries that score high on subjective wellbeing also score highly on generalized trust, volunteerism, and democratic attitudes. Inglehart and Klingemann (2000) suggested that wellbeing is a necessary condition for democracies or democratic governance.

3.5 How Much Happiness Is Optimal?

Friedman, Schwartz, and Haaga (2002) investigated the effects of being too happy. They compared those who are very happy and those who are moderately happy in relation to dysfunction across a variety of measures of subjective, physiological, and behavioral adjustment. The results showed no significant differences between those who are too happy and the moderately happy in terms of hypomanic symptoms, defensive self-deception, or aggressive behavior when challenged.

Suldo and Huebner (2006) posed the question: Is extremely high life satisfaction during adolescence advantageous? They conducted a study to capture the relationship between life satisfaction and adaptive/maladaptive functioning of adolescents. Life satisfaction was captured using several measures of subjective wellbeing. They then divided the sample in three groups: very high (top 10%), average (middle 25%), and very low (lowest 10%). The high satisfaction group scored higher on all indicators of adaptive psychological functioning and lowest scores on emotional and behavioral problems

Oishi, Diener, and Lucas (2009) predicted that a moderate level of happiness is best for life outcomes that require self-improvement motivation and analytical skills (e.g., academic achievement, job performance, and wealth accumulation). Some degree of dissatisfaction of their current state of affairs motivates people to do better, thereby achieves more positive life outcomes. A certain amount of dissatisfaction is needed to motivate people to do better on academic tasks and their jobs. Otherwise, the motivation may be absent if they are too happy. A high level of happiness may lead to complacency. Using the same logic, they also predicted that moderate levels of happiness should lead to higher levels of political participation than high levels of happiness. People have to be somewhat dissatisfied with the current political situation to be motivated to take corrective action. Similarly, moderate happiness leads to a high degree of volunteer work, more so than high levels of happiness. In contrast, they predicted that very happy people are more likely to stay married than the moderately happy. The moderately happy people may be motivated to try other partners (i.e., engage in extramarital affairs during marriage or divorce for the purpose of coupling with others). Similarly, they predicted that situations less than ideal may call for moderate happiness. In other words, the moderately happy is more likely to change circumstances than are less than ideal. The very happy are likely to be complacent.

To test these predictions, the authors used data from the World Values Survey (administered in 1981, 1990, 1995, and 2000) involving a sample of 118,519 respondents from 96 countries and regions around the globe. The predictions concerning income, education, and political participation were supported. The highest levels of income, education, and political participations were most evident in people reporting moderate-to-high than very high levels of life satisfaction. Similarly, the hypothesis concerning marriage and close relationships was also supported. The highest proportion of respondents in a stable intimate relationship was observed among respondents with very high life satisfaction scores. However, contrary to their prediction, the highest levels of volunteerism were observed among the very satisfied respondents.

The same set of hypotheses was retested using a sample of college students in which happiness was captured through a positive/negative affect measure. The same pattern of results was evident. That is, the happiest students tended to score high on social domain measures (gregarious, close friends, self-confidence, energy, and time dating) but did not always score high on achievement/conscientiousness measures (grade point average, missed class, event balance, and conscientiousness). The

moderately happy scored high on achievement/conscientiousness measures but less so on the social domain measures.

The authors then turned their attention to test their hypothesis regarding achievement and income using two longitudinal surveys (Diener et al., 2002 and the Australian Youth Data). With respect to the Diener et al.'s data, respondents' cheerfulness was measured in 1976 and their reported income in 1995. Those who expressed moderate-to-high levels of cheerfulness reported the highest levels of income. This pattern provides additional support that when it comes to achievement-related tasks those who are moderately happy do better than those who are very happy. With respect to the Australian Youth Data, respondents reported life satisfaction scores in 1979 were matched with their income, educational level, and length of marital relationship scores in 1994. Again, the same pattern was evident. Those who expressed moderate level of happiness in 1979 reported the highest income and educational level in 1994. In contrast, those who expressed high levels of happiness in 1979 reported the highest degree of marriage tenure.

The income/happiness relationship was also replicated using two large-scale longitudinal survey studies: the German Socio-Economic Panel Study and the British Household Panel Study. The authors concluded:

Thus, the optimal mindset for an intimate relationship might be to see the most positive aspects of the partner and relationship, whereas the optimal mindset for income, education, and political participation might be to consider the empty part of the glass as well as the fullness of it. (Oishi et al., 2009, p. 194)

In a more recent review of the literature on optimal levels of happiness, Biswas-Diener and Wiese (2018) reiterated that there may be an optimal level of happiness. The research suggests that optimal level of happiness could exist in relation to achievement-oriented domains but not necessarily in social domains. He also concluded that optimal happiness may be contingent on culture and the type of well-being dimension involved in the research capturing optimality. This is not to infer that very high levels of happiness have deleterious consequences. That is, the relationship may not be linear—in some cases the very happiest people may not experience the full benefits of wellbeing compared to the moderately happy.

3.6 Happiness Is Adaptive

Kesebir and Diener (2009) have posed the following question: What are the adaptive functions of happiness? Evolutionary psychology has long demonstrated the adaptive effects of negative emotions (e.g., fear, anger, and anxiety). Negative affect makes people focus on the threatening stimulus or problem, marshalling the individual's efforts (both physical and mental) for the purpose of eliminating the threatening stimulus or solving the problem. Doing so enhances the individual's evolutionary fitness by allowing him or her to survive and pass his or genes to the next generation. In contrast, positive emotions allow the individual to broaden their

thought-action repertoires and harness resources (intellectual, emotional, social, and material resources) over time (cf. Fredrickson, 1998). That is, positive emotions allow people to explore their environment confidently. Positive emotions propel people to set new goals and reach new heights. Positive emotions make people more adaptive in the way they succeed in life, which translates to ensuring that their genes are transmitted to the next generation.

Diener and Diener (1996) reviewed many studies using a variety of measures and assessment methods of subjective wellbeing and concluded that much of the evidence shows that most people are happy most of the time. Putting it differently, 80% of survey respondents (large-scale surveys across many countries and cultures) show that they are very or quite happy (cf. Biswas-Diener, Vitterso, & Diener, 2005). Diener, Lucas, and Scallan (2009) explain that this general tendency to experience positive emotions is engrained in our psychological make-up. People must experience positive emotions to allow them to explore their environment, to solve problems, and to approach new goals (cf. Fredrickson, 1998; Lyubomirsky, King, & Diener, 2005).

Diener and Oishi (2011) also provided much evidence that indicate two key points: (1) the majority of people are moderately happy, and (2) happier people tend to have an evolutionary advantage in terms of longevity, fecundity, more resources, and better health and healthier children (which translates into an advantage to survival and reproductive fitness). For supportive evidence the reader should consult the following broad reviews and meta-analytic studies: Diener and Chan (2011), Howell, Kern, and Lyubomirsky (2007), Lyubomirsky, King, and Diener (2005), and Pressman and Cohen (2005).

If so, the same authors (Diener and Oishi) posed the question: why happiness is not more widespread? One would expect that because of its evolutionary advantage that happiest people should be in the majority, but this is not the case. The authors answered this question by arguing that moderate levels of happiness are more adaptive than either very high or low levels of happiness. Very high and very low levels of happiness are detrimental to health. There is sufficient evidence to suggest that it is harmful (healthwise and in relation to daily functioning) to feel intensely happy much of the time (e.g., Gruber, Mauss, & Tamir, 2011; McCarron, Gunnell, Harrison, Okasha, & Davey Smith, 2003; Ritz & Steptoe, 2000).

Furthermore, negative emotions have an adaptive function. Schwarz (2002) reviewed evidence that show how negative affect can be adaptive. Negative affect motivates people to focus more narrowly and critically analyze information, which in turn leads to effective problem solution. Negative affect motivates people to make changes to better their lives.

Grinde (2002) has argued that people are genetically disposed to be in a positive mood. That is, the default evolutionary option is to be in a good mood. Evolution dictates that the individual who is happy is more likely to engage in more procreation acts and life-supporting functions, compared to those who are less happy (perhaps depressed). Happiness also plays a role in good health. Those who are happy live longer lives because they experience lower stress, and stress is associated with morbidity. Feelings of happiness are directly related to need satisfaction, and of

course gratification of personal needs are positively associated with survival, prosperity, and procreation. Happy people are optimistic, and optimism has a strong survival value.

3.7 How About Illbeing?

Much of the preceding discussion has focused on the consequences and outcomes associated with high levels of wellbeing. But what about the consequences and outcomes associated with illbeing? Ill-being can be viewed in terms of low levels on measures of wellbeing or positive mental health. Please note that we are not focusing on measures of psychopathology, although some measures of psychopathology involve certain dimensions in which the positive polar extreme of their measures reflects wellbeing (Marsh, Huppert, Donald, Horwood, & Sahdra, 2019).

The research literature on well-being has documented evidence related to the consequences and outcomes of illbeing. Examples include the possible effects of illbeing on Islamophobia (Sirgy, Kim, Joshanloo, & Bosnjak, 2019). Specifically, colleagues and I (Sirgy et al., 2019) conducted a study investigating the effects of illbeing on Islamophobia among adult Germans. The study also investigated the moderating effects of positive and negative contact with Muslims, right-wing political views, political participation, the importance of political life, and cultural diversity orientation. Survey data from a large-scale national survey in Germany tested these hypotheses and provided support for the association of illbeing on Islamophobia in Germany. The survey also provided support for the moderating effects of cultural diversity orientation. That is, Germans with high levels of illbeing and low tolerance for cultural diversity experienced Islamophobia, much more so than those with appreciation of the benefits of cultural diversity.

Another study in South Africa (Gordon, 2018) explored the effect of life dissatisfaction of the Black African majority citizens and their attitude towards immigrants (i.e., xenophobia).

Having addressed the selected research on illbeing, the reader should note that the focus of the research in this book is on wellbeing, not illbeing.

3.8 Conclusion

Diener and Seligman (2004) have argued that subjective wellbeing is an important goal for any nation. They summarized much of the literature on the positive effects of wellbeing in terms of society, income, work, physical health, mental disorders, and social relationships. Specifically, the advantage of subjective wellbeing for society is the fact that nations with their citizens enjoying high levels of subjective wellbeing are likely to have good systems of governance. With respect to income, subjective wellbeing can lead to higher levels of employee productivity. With

respect to work, subjective wellbeing can lead to higher levels of organizational citizenship, employee productivity, customer satisfaction, and organizational profitability. With respect to physical health, subjective wellbeing can lead longevity and stronger immune systems. With respect to mental disorders, subjective wellbeing can lead to lower levels and rates of psychopathology. And finally, with respect to social relationships, subjective wellbeing can lead to high levels of marital stability, social connectedness, friendships, and social support.

Finally, the literature of evolutionary psychology explains the adaptive function of happiness. Evolution made happiness adaptive—adaptive to health, longevity, and pro-creation. How can one say no to happiness with all these positive individual and societal effects?

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Part II

Objective Reality and Effects on Wellbeing

This part of the book describes the effects of objective conditions of reality and their effects on wellbeing (hedonic wellbeing, life satisfaction, and eudaimonia). As briefly mentioned in Chap. 2 of this book, Michalos (2008) made the distinction between objective and subjective indicators of quality of life, and as such identified four conditions:

1. *Paradise*: People's living conditions are good and they accurately perceive their living conditions as good too.
2. *Real Hell*: People's living conditions are bad and they accurately perceive these conditions as bad too.
3. *Fool's Paradise*: People's living conditions are bad but they inaccurately perceive their living conditions as good.
4. *Fool's Hell*: People living conditions are good but they inaccurately perceive their living conditions as bad.

Cummins (1997b) made a similar case and argued that objective and subjective approaches to wellbeing are essential but may be poorly related to each other. He asserts that one cannot enhance wellbeing without taking into account both dimensions. He illustrates this argument by classifying people in four different groups depending on objective and subjective quality-of-life factors:

1. Good objective quality of life and good subjective quality of life. This condition is referred to as "well-being" and coined as the "happy rich."
2. Good objective quality of life and bad subjective quality of life. This condition is referred to as "dissonance" and is coined as the "unhappy rich."
3. Bad objective quality of life and good subjective quality of life. This condition is referred to as "adaptation" and is coined as the "happy poor."

4. Bad objective quality of life and bad subjective quality of life. This condition is referred to as “deprivation” and is coined as the “unhappy poor.”¹

Of course, the “well-being” (the happy rich) and “deprivation” (the unhappy poor) conditions are self-explanatory. In these two conditions, objective reality matches subjective reality and the effects on subjective well-being are noncontroversial. The controversy lies in the other two mismatching conditions: “dissonance” (the unhappy rich) and “adaptation (the happy poor). These unmatched condition may be the cause of the moderate-to-low correlations between objective and subjective indicators of wellbeing (see Campbell, Converse, & Rodgers, 1976; Dale, 1980; Diener et al., 1993; Knox & MacLaran, 1977; Kuz, 1978).

One explanation for the discrepancy between objective and subjective effects on subjective aspects of wellbeing may be in the fact that people subjected to adversities adapt to these conditions to maintain a homeostatic level of subjective well-being. This is referred as “adaptation” typically characterized by the “happy poor.” Similarly, objective and subjective reality do not match in relation to the “unhappy rich” (or the dissonance condition). Regarding people who live in positive circumstances (e.g., wealthy people who are devoid of ailments and other stresses and strains in life), they may have too high aspirations. The high aspirations may explain their dissatisfaction with life despite their positive circumstances. That is not to say that this is the only explanation accounting for the modest correlations between objective and subjective indicators of wellbeing. There are other explanations. An example may be the fact that the measures do not capture similar life domains (Hayo & Seifert, 2003).

Specifically, this part of the book focuses on the effects of objective conditions on subjective aspects of wellbeing and positive mental health. Objective conditions are actual conditions related to the individual’s demographic circumstances (e.g., age, marital status, income, education, gender, among others), biological circumstances (e.g., genetics, physiology, brain chemistry, drugs, and other physical conditions and behaviors), psychographic circumstances (e.g., the effects of lifestyle, interests, opinions, and activities), and socio-economic, political, and cultural circumstances (e.g., social change, income inequality, unemployment, economic fluctuations, inflation, welfare, democracy, and cultural acculturation and efficacy).

The literature on the objective reality and its effects on wellbeing is extraordinarily rich. Here are selected books I recommend the reader on the subject: Anderson (2017), Glatzer et al. (2015), Phillips and Wong (2017), and Pinker (2011, 2018).

¹For an insightful philosophical discussion of the same issue related to quality of life being construed in terms of both objective and subjective indicators of aspects of quality of life, see Kaminitz (2020).

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Chapter 4

Effects of Technological, Economic, Political, and Socio-Cultural Factors on Wellbeing



In nation after nation, democracy has taken the place of autocracy.

—John Polanyi (https://www.brainyquote.com/quotes/john_polanyi_278482)

4.1 Introduction

I begin Part II of the book by a chapter that addresses the effects of objective reality on wellbeing and positive mental health at the most macro level addressing the effects of socio-economic, political, cultural, and other macro factors. Country-level economic effects on wellbeing and positive mental health will be discussed first, followed by political factors, followed by cultural factors. However, we start the chapter by providing the reader with a theoretical model to better understand the mediating effects between the macro factors and wellbeing and positive mental health.

MacFadyen, MacFadyen, and Prince (1996) developed a model that helps explain how the socio-economic factors affect subjective wellbeing. The model is shown in Table 4.1. The mediating effects are evident between the first column and the last column. The first column shows the aggregate (macro) environment: economic, social, demographic, and geographic factors. Column 2 shows evaluations related to each individual in particular economic, social, and demographic situations. Column 3 shows individual's evaluation of these situations. These evaluations are based on the situations as articulated in Column 2. Column 4 shows various psychological and physiological effects of these situations. Columns 5 and 6 show behavior of the individual in the specified period, which reflect subjective and objective components. For example, an economic condition (aggregate general environment) such as economic recession may cause an adverse consequence to a specific individual such as losing one's job (individual environment). This unemployment situation will be interpreted by the individual as an adverse life circumstance (subjective evaluation of the environment). The individual may experience stress as a result of this subjective evaluation of this environmental condition (individual characteristic). The stress experienced by the individual may cause loss

Table 4.1 A socio-economic model of wellbeing

Aggregate general environment (cost/benefit) →	Individual environment (cost/benefit) →	Subjective evaluation of environment (cost/benefit) →	Individual characteristics (cost/benefit) →	Subjective individual behavior (cost/benefit) →	Objective individual behavior (cost/benefit) →	Aggregate subjective and objective behavior (cost/benefit) →
• General economic environment (e.g., recession, high unemployment) • General social environment (e.g., social disintegration, good community network) • General demographic/geographic environment (e.g., immigration)	• Individual economic environment (e.g., unemployment) • Individual social environment (e.g., divorced, married) • Individual demographic/geographic environment (e.g., several moves)	• Economic environment (e.g., job loss) • Social environment (e.g., quality of social support is poor) • Demographic or geographic environment (e.g., new neighbourhood is crowded)	• Physiological (e.g., genetic, constitutional, developmental, and health factors) • Psychological (e.g., personality, emotions, knowledge, perceptions, values, attitudes, beliefs, attributions, cognitive style, anticipations, evaluations) • Coping skills • Competency • Previous experience (e.g., failure)	• Benefit (e.g., positive personal & social work adjustment, self-esteem, coping, and health) • Cost (e.g., negative self-report of life adjustment, self-esteem, psychopathology and health) • Net benefits (e.g., self-report is positive relative to a reference group) • Net cost (e.g., self-report is negative in relation to a reference group)	• Benefit (e.g., positive personal & social work adjustment; no behavioral or health problems) • Cost (e.g., maladaptive behavior, referral for behaviour, psychiatric, or health problems) • Net benefit (e.g., severity of behavioral adjustment is positive relative to a reference group) • Net cost (e.g., self-report is negative relative to a reference group)	• Benefit (e.g., increase in population reports of wellbeing—subjective) • Cost (e.g., increase in mortality due to alcohol consumption—objective) • Net benefit (e.g., gross social product is higher in one nation than another) • Net cost (e.g., quality of life report is lower in one country than another)

Source: Adapted from MacFadyen et al. (1996, p. 296)

of self-esteem (subjective individual behavior), which in turn may cause mental health problems (objective individual behavior). Given the fact that many people are likely to experience a similar chain of events, the economic recession would translate in lower reports of life satisfaction at the aggregate level (aggregate subjective and objective behavior).

4.2 Technological Effects on Wellbeing

Based on the wellbeing research related to media technology, Kushlev (2018) developed an integrative model showing how media technology influences wellbeing. This model is shown in Fig. 4.1.

The focus of the model is to answer the questions of how and when modern media technology impacts well-being. To answer this question, the model takes into account the context involving technology use (i.e., the extent to which the physical

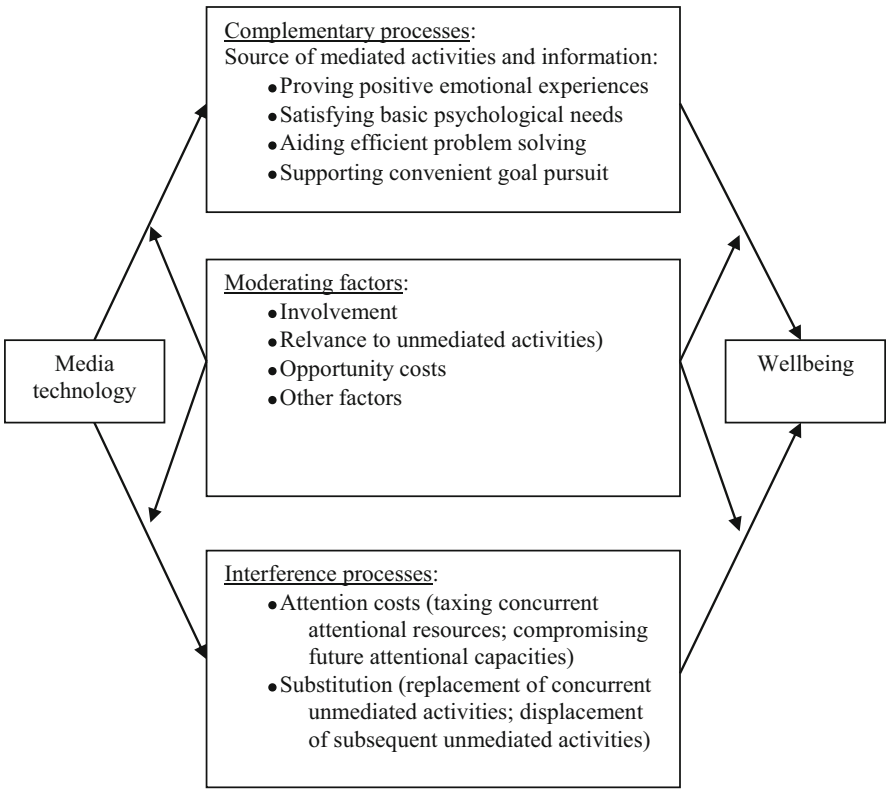


Fig. 4.1 The Complementary-Interference (CI) Model. (Source: Adapted from Kushlev, 2018, p. 962)

environment provides affordances for promoting) well-being. As such, the model addresses the question when media technology use *complements* versus *interferes* with the sources of well-being available in the immediate environment.

4.2.1 *Complimentary Processes*

Media technology provides access to numerous virtual worlds. Such access has the potential to contribute to well-being (and reduce illbeing). It does so by *affording mediated social interactions* that promote the expression of positive emotions. For example, playing a video game with a friend is likely to induce positive emotions. Access to media technology can also promote wellbeing (and reduce illbeing) by *meeting basic psychological need satisfaction*. For example, a mother can meet the need for connectedness with her children by exchanging text messages with her children. Furthermore, media technology can contribute to wellbeing (and reduce illbeing) by *making our lives easier*. For example, one can access much information directly through one's computer or mobile phone rather than having to visit one's municipal library. As such, media technology enhances efficiency and effectiveness in the use of information to help us make decisions that promote our wellbeing (and reduce illbeing).

4.2.2 *Interference Processes*

By the same token, media technology can detract from wellbeing by interfering from other tasks and duties that are integral to the individual's wellbeing—by disengaging from affordances of the unmediated environment. This interference takes form in terms of concurrent attention costs (taxing concurrent attentional resources and compromising future attentional capacities) and substitution (replacement of concurrent unmediated activities; displacement of subsequent unmediated activities).

One source of interference involves *concurrent attention costs*. When an individual is in the midst of performing an important task, media technology may interfere with the completion of this task or may render performance on the task less effective. For example, a person at work in the midst of writing an important report crucial to the job receives a text message from a friend. He is compelled to reply, and by doing so he loses a lucid train of thought that was integral to the report. Thus, the overall quality of the report is undermined using media technology. He submits a low-quality report which in turn undermines his overall job performance, leading to a low rating of job performance by his immediate supervisor causing job and life dissatisfaction.

Interference can also take form in *delayed attention costs*. That is, distraction by media technology can also compromise attention at a later time. For example, the amount of time children spend playing video games can cause downstream

attentional problems in school—children have trouble paying and maintaining attention in class.

Then there are problems related to *substitution*. For example, playing video games can easily substitute other activities that are important to the person's wellbeing, such as completing homework or doing household chores. Completing homework is important to the person's educational wellbeing and overall sense of wellbeing. Similarly, doing household chores is important to the person's family wellbeing. In sum, interference may undermine wellbeing by replacing unmediated activities that are integral to wellbeing.

Another interference factor undermining wellbeing is displacing sleep time. The relentless use of media technology interferes with sleep time, which is important to both physical and mental wellbeing. There is much evidence confirming the fact that children stay up way past their bedtime texting their friends and playing video games.

4.2.3 Moderating Effects

One may ask the question, under what conditions the benefits of media technology outweigh its costs, and vice versa. The answer to this question is the effects of media technology on well-being are moderated by involvement with media use, relevance of the media use to other activities, and the opportunity costs in using the media.

Let us focus on *involvement* first. Media technology can contribute to wellbeing when the technology is used actively rather than passively. For example, wellbeing is likely to be significantly enhanced when Facebook user is sharing content with others (active use of the media technology) rather than simply browsing through others' content (passive use).

Another moderator is the *relevance* to the unmediated environment. That is, the extent to which media technology can enhance wellbeing depend on the extent to which the use of the technology is relevant to other activities that contribute significantly to wellbeing. For example, if the use of texting is used to help communicate and interact with friends in ways that enhance social wellbeing, then the use of this media technology can amplify the social wellbeing effect.

Opportunity costs is yet another moderator. When people use media technology excessively, they may miss out on other opportunities in life that can promote their wellbeing. For example, spending excessive time online may lead to adverse outcomes, such as job loss, marriage breakdown, and academic failure. As such, using media technology excessively takes time away from other desperately needed activities that are essential to maintaining an acceptable level of life satisfaction.

4.3 Economic Effects on Wellbeing

There are many wellbeing studies that have examined economic effects on wellbeing such as socio-economic status, economic fluctuations, market openness, income inequality, unemployment, inflation, welfare system and public health insurance, labor unions, etc.¹

4.3.1 *Economic Fluctuations*

With respect to the effect of *economic fluctuations* on subjective aspects of wellbeing, a study by Madden (2011) examined the impact of the recent economic boom in Ireland on subjective wellbeing of Irish citizens. The evidence suggests a significant increase in life satisfaction (in financial wellbeing particularly) and mental health in general. In other words, economic booms may indeed play a positive role in enhancing subjective wellbeing, while economic busts do undermine people's happiness.

4.3.2 *Market Openness*

Tsai (2009) conducted a study to examine the impact of *market openness* on subjective wellbeing among nations. Using data from the World Database of Happiness (Veenhoven, 2006), the author captured subjective wellbeing using happiness and life satisfaction indicators. The author used Wacziarg and Welsh's (2003) operationalization of market openness: a country is "closed" if its average tariff rates are 40% or more, if its nontariff barriers cover 40% or more of its overall trade, if it has a black market exchange rate that is depreciated by 20% or more relative to the official exchange rate, if it has a state monopoly on major exports, and if its economy is considered socialist. The results showed that countries with a higher degree of market openness have people who report high levels of happiness compared to countries with lower degree of openness.

4.3.3 *Income Inequality*

How about the wellbeing effects of *income inequality*? There is some evidence that suggests that income inequality is associated with both wellbeing and

¹For an illuminating discussion of some of these issues, the reader is advised to consult Layard (2005) and Graham (2009, 2017).

ill-being (Veenhoven, 2005a). Countries having the highest levels of income inequality rate highly on cultural values such as materialism and individualism, which are associated with lower levels of subjective wellbeing (Kasser, 2002). Posel and Casale (2011) conducted a large-scale national survey in South Africa to explore the relationship between perceptions of relative standing in income distribution and life satisfaction. The study results indicate that comparisons with others and with oneself over time have significant effects on life satisfaction. People who believe themselves to be in the middle and richest thirds of the national income distribution report significantly higher levels of life satisfaction than those who rank themselves in the poorest third. Those who rank themselves in the richest third report the highest levels of life satisfaction. Furthermore, perceived ranking of income was found to be a stronger predictor of life satisfaction than actual income rankings.

A country-level analysis shows that higher national income inequality is positively related to a higher prevalence of mental illness (e.g., Pickett, James, & Wilkinson, 2006) and lower scores on wellbeing measures (e.g., Alesina, Di Tella, & MacCulloch, 2004; Oshio & Kobayashi, 2011). Alesina, Di Tella, and MacCulloch (2000) and Di Tella, MacCulloch, and Oswald (2003) reported that in Europe greater income inequality is related to lower subjective wellbeing, but that in the United States this effect is limited to those who are ideologically liberal in their political views. Veenhoven (2000) reported findings suggesting that while incomes in the United States and much of Western Europe have become increasingly unequal over the last three decades, the distribution of happiness in these countries did not change much. More recently, Ott (2005) and Veenhoven (2005b) found that variations among countries in income inequality have no significant effect on average levels of wellbeing. Bok (2010) attributes these findings to the fact that Americans have a strong belief that hard work will get you the American dream. This means that if one does not succeed in America, then one cannot blame society for their misfortunes.

Although there is some suggestive evidence to support the notion that life satisfaction is negatively related to income inequality, there is also some evidence to suggest otherwise. Cheung and Leung (2008) argue that social comparison theory and range-frequency theory would predict that when most people have low income, they become satisfied because of the comparison effect. The study conducted by the authors provided evidence suggesting that people at different income levels may feel differently about income inequality, which in turn may affect their life satisfaction differently.

A large-scale study covering 35 countries involving 13-year old boys and girls was conducted by Levin et al. (2011). The study examined the relationship between life satisfaction of the adolescents and family affluence. The results indicate a strong relationship between these two constructs. At the national level, the results also indicate that aggregated life satisfaction at the country levels is positively associated with national income and income inequalities.

Dolan, Peasgood, and White (2008), after reviewing the literature on the topic, have argued that empirical evidence from longitudinal studies show that the impact of income inequality on subjective wellbeing can be negative. The greater income

inequality over time the lower the life satisfaction as evidenced in Europe. However, the negative effect seems to be moderated by political leanings, household income, hours worked, and significant increases/decreases in household income. The authors conclude:

...income inequality reduces life satisfaction, particularly for those with left wing political leanings and the poor. ... for full time employed individuals, income inequality in one's reference group (based on gender, region, and year) increases life satisfaction, particularly for those under 40, those on below average incomes and those who have experienced a greater increase in income over the last 3 years. The effect of income inequality is likely to vary depending on the how the inequality is interpreted. ... What will be communicated through income inequality is likely to vary according to perceptions of mobility. Where mobility is perceived to be lower, such as Europe and Germany, inequality is found to have a negative impact. (p. 108)

4.3.4 Unemployment

How about the wellbeing effects of *unemployment*? The effect of unemployment on subjective wellbeing is profound. Many studies have documented the devastating effects of unemployment on various measures of subjective wellbeing in western countries (e.g., Clark & Oswald, 1994; Winkelmann & Winkelmann, 1998) and Eastern Europe (e.g., Blanchflower & Oswald, 2000; Hayo, 2002). Also, there is much evidence that suggest that high rates of unemployment do contribute to the ill-being of nations (e.g., Frey & Stutzer, 2002). For example, Lucas, Clark, Georgellis, and Diener (2003, 2004) have conducted a 15-year longitudinal study involving individuals who experienced unemployment. They found that these subjects did not, on average, fully recover and return to their earlier levels of life satisfaction.

However, Dolan et al. (2008), who did a comprehensive review of the research literature on this effect, have concluded that the overall evidence in the US and Europe is mixed. The relationship between unemployment and subjective wellbeing seems to be moderated by several factors such as political orientation and the level of economic development of the country. For example, Di Tella and MacCulloch (1999) reported findings suggesting that unemployment may negatively affect subjective wellbeing of people with a *left-wing political orientation* more so than inflation. Conversely, inflation negatively affects subjective wellbeing of those with a *right-wing political orientation* more so than unemployment. Helliwell (2003a) found that the negative effect of unemployment on subjective wellbeing is more pronounced in *rich than poor countries*. He attributes this moderating effect to the loss of self-respect among the unemployed in rich countries. Clark (2003) has provided evidence suggesting that unemployment is associated more strongly with lower subjective wellbeing in *regions where unemployment is low than where it is high*. This finding may signal a social comparison process. That is, people who are unemployed may feel worse when they compare themselves to others and notice that most of these "others" are employed rather than unemployed.

The effect of unemployment on happiness seems to hold in most *cultural contexts*. Graham's (2009, 2011) analysis revealed that unemployed people are less happy than others across countries such as the United States, Europe, Latin America, and Russia. However, study findings from Afghanistan show no happiness difference between the employed and the unemployed. Graham attributes this anomaly to the fact that the distinction between employment and unemployment in Afghanistan is blurred because of Afghanistan's large informal employment sector (subsistence agriculture and the drug trade) and three decades of adaptation to unemployment. A recent study conducted by Stanca (2010) found that the effect of unemployment on subjective wellbeing is larger in countries with higher than lower GDP per capita.

Dolan et al. (2008) verified the strength of the relationship but questioned the causal inference (also see literature review by Diener and Seligman (2004) and a meta-analysis by Paul, 2005). It may be that some of the unemployed may be less productive, have poorer health, and have other characteristics that may lead them to feel dissatisfied with life. To rule out reverse causation (lower levels of subjective wellbeing may have led to unemployment), two longitudinal studies (Clark, Diener, Georgellis, & Lucas, 2008; Lucas et al., 2004) suggest that people who are later unemployed do not start out with low levels of subjective wellbeing. Instead, their subjective wellbeing after unemployment drops off significantly and remains low even after several years (even after most of them have succeeded in obtaining gainful employment) (cf. Wang & VanderWeele, 2011).

The collective evidence also suggests that the unemployment effect on life dissatisfaction is more prominent in relation to

- *men* than women,
- *middle aged* more than the young and old,
- those who are *more than less educated*,
- those *working individuals who have unemployed partners* than those in which they and their partners are both unemployed,
- those who are *chronically unemployed* than those unemployed for a short time,
- those who have *right wing leanings* than other political attitudes, and
- those in *high than low income countries*.

Huppert and Whittington (2003) showed that unemployed people do not score significantly higher on *measures of ill-being* (e.g., mental disorders) but they score significantly lower on *measures of wellbeing* (e.g., flourishing). Similarly, Bockerman and Ilmakunnas (2006) explored the link between unemployment and subjective wellbeing using data from the World Values Survey focusing on four cross-sectional surveys in Finland. Subjective wellbeing was captured in terms of life satisfaction ("All things considered, how satisfied are you with your life as a whole these days?" responses captured on a 10-point scale) and happiness ("Taking all things together, would you say you are 4=very happy, 3=quite happy, 2=not very happy, or 1=not happy at all"). The results show that unemployment has a negative predictive influence on life satisfaction but not happiness. However, low income respondents who are unemployed expressed unhappiness more than the

other groups. This finding suggests that being unemployed has a negative effect at lower than higher levels of happiness.

Ouweneel (2002) examined the *interaction between unemployment and social security at the country level*. Specifically, the study examined the effect of having social security on the wellbeing of the unemployed at a country-level analysis. The expectation was that the unemployed should experience a higher level of wellbeing in countries that have social security than in countries that do not. The author analyzed 42 countries varying in social security expenditures as percent of GDP. Wellbeing was measured in terms overall happiness, life satisfaction, and mood. No relationship between social security and happiness was detected. However, overtime data reveal that in high welfare states, changes in social security benefits are related to changes in wellbeing of the unemployed.

4.3.5 Inflation

How about the wellbeing effects of *inflation*? Based on a thorough review of the research literature on this effect, Dolan et al. (2008) have concluded that there is some evidence suggesting that inflation has a negative effect on subjective wellbeing in Europe, in Latin America, and in the US (e.g., Di Tella, MacCulloch, & Oswald, 2001).

4.3.6 Welfare System

How about the wellbeing effects of a country having a *welfare system and public health insurance*? Our intuition may hint at the notion that countries, states, and regions that have good welfare systems (and public health insurance) have citizens that are likely to have high levels of life satisfaction. This may be due to the possibility that a welfare system and health insurance provide people with a sense of financial security, and this sense of security spills over to life satisfaction. Moreover, it may be that citizens in high welfare states feel that they care for their poor fellow citizens, and this caring imbues them with positive feelings. One study showed that higher benefit replacement rate (unemployment benefit entitlements divided by an estimate of the expected wage) is associated with life satisfaction for both the unemployed and the employed (Di Tella et al., 2003). Pacek and Radcliff (2008) were able to empirically demonstrate the positive effects of welfare on wellbeing by investigating the wellbeing responses of citizens from 18 industrial democracies from 1981 to 2000. The welfare enhances wellbeing by enhancing people's sense of economic security. This sense of security in turn affects the sense of wellbeing in a variety of life domains and thus affecting life satisfaction overall. Using data from the European Quality of Life Survey (launched by the European Foundation for the Improvement of Living and Working Conditions in 2003),

Bohnke (2008) was able to demonstrate that life satisfaction is positively associated with perceived reliability of the welfare system. Cheung and Leung (2007) proposed that the welfare system does affect life satisfaction in two ways: (1) through satisfying material needs, and (2) through meeting ideal goals. The concept of how the welfare system meets people's material needs is straight forward; however, the second path related to idealistic goals requires elaboration. They argue that in a postmodern era, many people are not likely to accept social welfare, because welfare is the antithesis of individuality, self-expression, and nonmaterialism. Hence, for people who have a postmodern orientation to life, being on the welfare rolls serve as a detriment to their life satisfaction. They conducted a large-scale survey among Hong Kong welfare recipients. Postmodern orientation (reflecting values of individuality, self-expression, and scepticism) was measured in this context as an average of ten items: "importance of romantic life," "no need for work to be useful to society," "no need for a commodity to have value," "no need for money in modern life," "no need for material possessions in modern life," "importance of developing human qualities," "importance of free expression," "need for expression of unique characters," and "feeling upset if unable to present one's character" (Seippel, 1999). The study results supported the negative relationship between perception of social welfare adequacy and life satisfaction for those who scored high on the postmodern orientation measure. In sum, according to Dolan et al. (2008) who conducted a comprehensive literature review on this topic, the evidence although limited it points to a possible relationship but not a strong one.

A related question is, do welfare recipients experience increased wellbeing? Research point to the double-edged sword of welfare. On the one hand, welfare does provide important economic resources allowing the welfare recipient to survive and function on a daily basis. As such, we would assume that enrolling in a welfare program should alleviate the miseries of poverty. On the other hand, welfare recipients are ostracized—there is a stigma associated with welfare recipients; they lose status and face. This issue was empirically investigated by Han and Gao (2020) in a study involving a national longitudinal survey in China. The study found evidence suggesting that welfare programs can help improve recipients' subjective wellbeing to a certain extent. The study also captured the adverse effects of the stigma associated with welfare and the loss of face being a welfare recipient. As such, the authors advocated programs designed to remove the welfare stigma to sustain wellbeing.

4.3.7 Labor Unions

Do *labor unions* improve the wellbeing of citizens, at least in the subjective sense? Flavin, Pacek, and Radcliff (2010) made an attempt to answer this question using data from 14 industrial democracies (Australia, Canada, Finland, France, Germany, Great Britain, Italy, Japan, The Netherlands, Norway, Spain, Sweden, Switzerland, and the United States) extracted from the World Values Survey. The authors argue

that labor unions may contribute to happiness directly and indirectly. The direct mechanism involves job satisfaction. They argue that belonging to a labor union is likely to increase job satisfaction (through enhancing the sense of job security, empowering employees through a formal grievance system, reducing alienation by providing members with a collective say on how the workplace may be governed, providing social support that can reduce job stress, and ensuring a positive work environment), which in turn spills over to life satisfaction. With respect to the indirect effect, labor unions affect both organized and unorganized citizens by changing social arrangements in the country, which in turn contribute positively to wellbeing. The key study finding is that life satisfaction is positively associated with union density and union membership, while controlling for salient economic factors (e.g., the level of welfare state social expenditures of a country). However, the study findings also revealed that this relationship seems to be most evident in relation to those with low income. The authors concluded by saying: “To sum as bluntly as possible, it is the most vulnerable members of society who are most positively affected by membership in and the influence of organized labor in the industrial world” (p. 447).

4.4 Political Effects on Wellbeing

In this section, I will discuss research related to the effects of democratic governance, economic and political freedoms, participatory democracy, and good governance on wellbeing and positive mental health.

4.4.1 *Democratic Governance*

Do citizens of a country perceive their overall wellbeing higher if they live in a country that has a *democratic governance system* compared to those who live in countries that have autocratic systems? The notion that democracy increases life satisfaction is based on the belief that when people have more control over the fate of their communities, their economy, and other institutions, they also feel happier with their lives (Donovan & Halpern, 2002). What does the research indicate? Inglehart and Klingemann (2000) reported a very strong, positive correlation between the extent of democracy in nations and their citizens’ levels of subjective wellbeing. Effective and trustworthy governance also correlate positively with the wellbeing of nations, even when the level of democratic institutions is controlled for (Helliwell, 2003a, 2003b; Helliwell & Haung, 2008; Ott, 2010). That is, people report high levels of subjective wellbeing in countries with low levels of corruption and high levels of law and order.

4.4.2 *Economic and Political Freedoms*

The empirical evidence also suggests that *economic and political freedoms* are positively related with the level of wellbeing of nations (Inglehart & Klingemann, 2000). As a qualifier, economic freedom was found to be highly correlated with the wellbeing of nations that are poor, more so than those that are rich. Conversely, political freedom is correlated with the wellbeing of nations that are rich, more so than those that are poor (Veenhoven, 2000). In another study, Inglehart, Foa, Peterson, and Welzel (2008) also found that the wellbeing effects of freedom were greater in countries that had more freedom and were more accustomed to freedom. Apparently, socioeconomic development that increases personal freedom and democracy in nations tend to play an important role in the wellbeing of nations (Diener, Diener, & Diener, 1995; Welzel, Inglehart, & Klingemann, 2003). In other words, income, human rights, and individualism tend to provide a climate in which people can exercise their capabilities for greater human development. Furthermore, political instability tends to negatively influence the level of wellbeing in nations. Examples may include the dismantling of the Soviet Union, changes in Belgium (the country was split into a federation), and the overthrow of the government of the Dominican Republic (Helliwell, 2003a; Inglehart & Klingemann, 2000; Veenhoven, 2002). More recently, Rahman and Veenhoven (2018) used the World Database of Happiness to address this question. The study found that freedom and happiness are positively correlated across countries worldwide.

4.4.3 *Participatory Democracy*

Frey and Stutzer (2002), in their book on *Happiness and Economics*, reported a study that links *participatory democracy* and happiness. Residents, especially nationals (not foreigners), living in jurisdictions with higher rates of political participation also report higher levels of happiness. However, Dorn et al. (2008) conducted a study in Switzerland using the Swiss Household Panel and found that the relationship between direct democracy that is practiced in Switzerland (however varied among the various Cantons) and happiness is tenuous at best.

4.4.4 *Good Governance*

Ott (2005, 2011) have conducted several analyses that revealed that *extent* and *equality* of happiness are positively associated with *good governance*, especially in relation to the technical quality of governance. Specifically, he defined technical quality of governance in terms of government effectiveness (i.e., the quality of public services and the degree of independence of civil service from political

pressure, etc.), regulatory quality (i.e., the ability of government to formulate and implement policies that fosters the development of the private sector), rule of law (i.e., confidence in law enforcement and the judicial system), and control of corruption² (i.e., government's ability to minimize the use of public office for private gain). The results also point to the possibility that good governance is not only associated (positively associated) with the extent of happiness but also with diminished inequality in happiness. However, the relationship between good governance and inequality in happiness is nonlinear. Specifically, inequality of happiness is highest in countries where the good governance is a medium level and lowest with good governance is high and low—bell-shaped curve. Also, the study findings indicate that there is a positive correlation between the *size of government* (amount of government consumption and expenditures) and happiness; however, this relationship is moderated by good governance (i.e., good-big government adds to happiness but bad-big government does not). Ott (2010) re-examined the relationship between quality of governance (the role of technical quality vis-a-vis democratic quality) and happiness in nations. The study showed strong and positive correlations between quality of governance and average happiness of citizens. Correlations between technical quality of governance and happiness were greater than the correlations between democratic quality and happiness. The positive relationship between democratic quality and happiness seems to be limited to rich, not poor countries.

Cheung and Leung (2007) conducted a study in Beijing, China to explore the relationship between citizens' perception of *government accountability* and life satisfaction especially for those who are powerless (less educated and have low occupational status). Government accountability, in this case, was defined in terms of reduction of corruption and increasing tolerance and democracy. Their study results involving a large-scale survey in Beijing supported this proposition. More recently, Liu, Gao, and Huang (2020) conducted a large-scale survey of residents in Shandong Province in China. The survey results show that the quality of government does play an important role in the happiness of Chinese citizens, both in terms of government's ability to deliver public services efficiently and the extent to which democracy is implemented in politics.

4.4.5 War

Does war have a lasting effect on subjective aspects of quality of life? The answer is yes. A recent study conducted by Kijewski (2020) has empirically demonstrated that war experiences influenced life satisfaction sixty years after the Second World War. The evidence was based on survey data from thirty-four countries ($N = 25,618$) from 2010. Traumatic experiences from wars do not only influence life satisfaction of

²Recent evidence reinforces the notion that countries with high levels of corruption report lower levels of subjective wellbeing (Li & An, 2020).

those individuals who were directly affected by war but also their descendants' life satisfaction. The authors conclude that the trauma of war has a lasting adverse impact on the quality of life of the individuals who experienced the war firsthand as well as their descendants.

4.5 Socio-Cultural Effects on Wellbeing

In this section, I will discuss the research related to the effects of social quality, social capital, cultural values, social change, and the pace of life on wellbeing and positive mental health.

4.5.1 Social Quality

Recent quality-of-life research has underscored the importance of *social quality* on quality of life. Social quality is defined as the extent to which people are able to participate in the social and economic life of their communities under conditions that can enhance their wellbeing (Beck, van der Maesen, & Walker, 1997; Beck, van der Maesen, Thomese, & Walker, 2001; Inoguchi, 2016; van der Maesen & Walker, 2005; also see <http://www.socialquality.org/site/index.html>). Social quality theory treats people as “social beings” (i.e., people interacting with one another). These interactions provide the context in which individual self-realization and fulfillment take place through collective identities such as families and communities. For individuals to experience self-realization and fulfillment, certain conditions have to exist such as socio-economic security, social inclusion, social cohesion, and social empowerment. *Socio-economic security* refers to the extent to which people have sufficient resources over time to carry out their daily functioning. A minimum level of socio-economic security is imperative to guard against the life-threatening effects of poverty, unemployment, and sickness. *Social inclusion* refers to the extent to which people have access to institutions that would allow them to realize their potential. In other words, a society has to have laws and regulations to minimize social exclusion. These laws and regulations are manifest in terms of citizenship rights, participation in the labor market, and unhindered access to public, for-profit services, as well as social networks. *Social cohesion* refers to the extent to which people have shared identities, values, and norms. Thus, social cohesion reflects social integration manifested in people's sense of trust, integrative norms and values, and social networks and identity. *Social empowerment* refers to the extent to which social networks and institutions serve to enhance the likelihood that people can realize their full potential. Social empowerment is reflected greater knowledge for self-development, access to labor markets, and institutions that are open and supportive of people in their question to realize their potential. An example of survey

Table 4.2 A societal measure of social quality

Social-economic security
This construct is captured using a composite of
• Income security: An example of survey item: “Are you satisfied with your ability to meet all monthly household expenses?”
• Housing conditions: An example of survey item: “Are you satisfied with the warmth of your apartment during the winter?”
• Housing payments: Items asking respondents about their ability to make mortgage and utility payments
• Health: A seven item scale designed to capture the extent to which health problems impact daily functionings and ability to pay for medical care
• Work conditions: Items capturing perception of workload and any adverse physical conditions of the workplace
• Access to paid employment: Example of survey item: “What was your main activity over the last 12 months?”
Social inclusion
• Items capturing satisfaction with the nature and frequency of contact with family and friends
• A measure of altruism within a family setting (i.e., a three-item measure asking respondents whether they help dependent parents financially, with personal care, and with daily activity such as shopping, cleaning, and cooking.

Source: Adapted from Monnickendam and Berman (2008)

measures capturing two dimensions of social quality is provided by Monnickendam and Berman (2008) in Table 4.2.

4.5.2 Social Capital

Helliwell, Aknin, Shiplett, Huang, and Wang (2018) summarized much of the evidence linking social capital, trust, prosocial behavior, and subjective wellbeing—studies (both correlational and experimental) in the context of the workplace, at home, in the community, and among nations (cf. Bian, Hao, & Li, 2018). The major finding is that higher levels of *social capital* are associated with higher levels of subjective wellbeing and mediated by *trust* and *prosocial behavior*. That is, more social connections seem to contribute to wellbeing by increasing social trust and prosocial behavior, which in turn play a significant role in increasing wellbeing. The effects of higher incomes and better health are partialled out in many of these studies demonstrating robust wellbeing effects. Social capital can also *buffer* the negative effects of poverty on mental health. For example, Li, Wu, and Liang (2019) were able to empirically demonstrate that the adverse effects of poverty on mental health is mitigated by social capital in family and peers among rural children in China.

The link between social connections and prosocial actions can be explained using evolutionary psychology. Not only social and prosocial activities help produce material conditions that meet various human needs (e.g., food, shelter, safety) but also psychological rewards as evidenced by positive emotions and judgments of life

satisfaction. These psychological rewards tend to offset the energy costs associated with these activities. As such, social and prosocial activities are instrumental in maintaining and enhancing the survival of societies, especially given scarce resources and other environmental risks. Social and prosocial activities foster the maintenance and growth of societies through trust and benevolence expressed by social capital—social connections and networks, concomitant with shared norms and values that facilitate cooperation among people in societies and its varied institutions.

Social capital is expressed in different ways depending on the context. For example, social capital is manifested in employee trust in management (i.e., treating the immediate supervisor as partners, not like a boss). Social capital at home is manifested in trust in family members, relatives, and neighbors to help when needed (i.e., when in trouble, one can rely on relatives and friends when needed). Social capital can also be manifested through marriage, family, and close and trusting relationships with family members. At the community level, social capital is manifested through a sense of belonging to the neighbourhood or community (i.e., sense of place attachment). At the national level, social capital is manifested through a trust in the various institutions that make the country work (i.e., sense of trust in government, in business, in religious institutions, in educational institutions, in monetary institutions, etc.),

4.5.3 Cultural Values

Do *cultural values* play a role in the subjective aspects of wellbeing? Apparently, they do. Let us consider the evidence.

Uchida, Norasakkunit, and Kitayama (2004) have argued that North American happiness is associated with both *personal achievement* (e.g., Emmons, 1991) and *self-esteem* (e.g., Diener & Diener, 1995). In contrast, in East Asia happiness is contingent on *social harmony* (e.g., Kitayama & Markus, 2000; Suh, Diener, Oishi, & Triandis, 1998).

Consider this additional study that asked European-Americans and Asian-Americans to list five important goals they hope to achieve in the next month (Oishi & Diener, 2001). The study participants rated the extent to which each goal is related to *independence* (one's own fun and enjoyment). The same participants rated their life satisfaction a month later by focusing on what they have achieved during the past month. The life satisfaction scores of European-Americans increased as more independent goals were achieved. In contrast, Asian-Americans' happiness increased when goals rated as less independent were achieved.

In another study (Kwan, Bond, & Singelis, 1997) examined the role of both *self-esteem* and *social harmony* in life satisfaction judgments among survey respondents in Hong Kong and the U.S. The study found that self-esteem was the only predictor of life satisfaction in the U.S. sample, while both self-esteem and social harmony were equivalent predictors of life satisfaction among the Hong-Kong respondents.

How do people *experience positive and negative affect in different cultures*? Bagozzi, Wong, and Yi (1999) found that positive and negative affect are negatively correlated in a U.S. sample but are positively correlated in an East Asian sample. In other words, whereas American typically may experience positive and negative affect as bipolar opposites, East Asians may experience these emotions simultaneously, or conjointly.

Kitayama, Markus, and Kurokawa (2000) was able to demonstrate that people in independent cultures (e.g., U.S.) tend to maximize their happiness by increasing their positive emotions and decreasing their negative ones. In contrast, people in interdependent cultures (e.g., Japan) are motivated to secure a balance between positive and negative emotions (cf. Oishi, 2002).

This evidence is consistent with a study based on a large-scale international survey that provided evidence suggesting that the average level of happiness is much higher in individualistic cultures than in collectivistic ones (Diener et al., 1995).

How does *economic development interact with cultural values* in relation to happiness? Ahuvia (2001) theorized that economic development serves to boost subjective wellbeing by enhancing the sense of individualism in society. Increases in economic development leads to higher individual income and consumption. Higher levels of income and consumption induce people to focus on satisfying their own individual needs, which in turn contribute to higher levels of cultural individualism (and lower collectivism). And it is increased individualism in rich nations that accounts for observed higher levels of subjective wellbeing compared to poor nations.

Does *cultural acculturation* of immigrants play a role in happiness? Zheng, Sang, and Wang (2004) conducted a study that examined the effect of acculturation (integration, separation, assimilation, and marginalization) on subjective wellbeing among Chinese students in Australia. The study results indicated that Chinese students who were more *integrated* had significantly higher levels of subjective wellbeing than others who were assimilated, separated, or marginalized.

What about *cultural efficacy*? Cultural efficacy refers to the extent to which indigenous people become encultured to the extent that they develop a positive cultural identity that buffers negative life events, thus promoting social, health, and economic wellbeing (see example measures in Table 4.3). Consider the following study. Hookamau and Sibley (2011) focused on the Maori (the indigenous people of New Zealand). The authors assert social statistics show that compared to the non-indigenous people of New Zealand the Maori have higher levels of unemployment, lower life expectancy, lower income, and increased rates of incarceration. The authors tried to demonstrate that these negative outcomes can be ameliorated by promoting the Maori culture among the Maori people (i.e., enhancing cultural efficacy). Specifically, they were able to empirically demonstrate that the Maori people who report high levels of cultural efficacy (subjective perception that one has the personal resources to engage appropriately with Maori in a cultural context) also report higher levels of personal wellbeing (satisfaction with personal aspects of one's

Table 4.3 What is cultural efficacy?

Positive group membership evaluation
e.g., “I love the fact I am [Maori]”
Socio-political consciousness
e.g., “It’s important for [Maori] to stand together and be strong if we want to claim back the lands that were taken from us”
Cultural efficacy and active identity engagement
e.g., “I have a clear sense of my [Maori] heritage and what it means for me”
Spirituality
e.g., “I feel a strong spiritual association with the land”
Interdependent self-concept
e.g., “My [Maori] identity belongs to me personally. It has nothing to do with my relationships with other [Maori]”
Authenticity beliefs
e.g., “You can always tell true [Maori] from other [Maori]. They’re real different”.

Source: Adapted from Hookamau and Sibley (2010)

life and circumstances) and national wellbeing (satisfaction with the state of the nation and society in general).

4.5.4 Social Change

Does *social change* at the societal level affect wellbeing at the individual level? This relationship was recently investigated by Cheung and Leung (2010). According to the authors, “social change is a macroscopic, societal instance that takes place in the economy, polity, community, culture, and people collectively such as social movements and population aging.” Other examples of social change include economic recession, decolonization, urban development, Westernization, and large-scale migration. The authors theorized that social change affects personal wellbeing through the individual’s experience with social change. This experience may adversely shape societal wellbeing and quality of work life, which in turn, decreases personal wellbeing. However, once a person achieves a high level of wellbeing, social change is not likely to influence personal wellbeing. By the same token, those with a lower personal wellbeing tend to be adversely affected by social change. In other words, the adverse impact of social change is buffered by the person’s prior wellbeing. Based on adaptation theory the authors argue that the wellbeing impact of social change is not enduring. People do adapt to their changed circumstances. But some adapt better than others. Those who have a higher personal wellbeing to begin with are capable of buffering the adverse effects of social change and adapt much faster than those who have lower quality of life. This theoretical notion was supported by data from a three-wave panel survey in Hong Kong. Social change was captured in this survey using a single survey item: “How much change in society did you experience in the past 6 months?” Personal wellbeing was captured using domain satisfaction items (satisfaction with personal finance, social life, leisure life,

and work life) as well as satisfaction with life as a whole. Quality of work life captured satisfaction with experiences at work: challenging work, pride in the organization, pride in work achievement, a sense of egalitarianism within the organization, being evaluated highly at work, being proud of one's career, and receiving recognition from work associates. Societal wellbeing was captured through respondents' perceptions about wellbeing of the society in terms of leisure wellbeing, economic wellbeing, and work wellbeing (during the past six months preceding the survey).

4.5.5 *Pace of Life*

How about the effect of *pace of life* on quality of life? Garhammer (2002) conducted a study on time use in Germany and found that the increasing pace of life (less time for leisure and recreation) is positively associated with subjective wellbeing. This finding is shown through an individual-level and a cross-cultural level. The author explains this finding using modernization theory. Quality of life is positively associated with economic development and the rise of living standards. The modernization of society comes with an increase in the pace of life. However, the adverse effects of this increase in the pace of life are counterbalanced by the positive returns of economic development. A second explanation is the idea that the increase in the pace of life is accompanied with choices of activities that people engage in and find fulfilling.

4.6 Conclusion

As we have seen from the evidence described in this chapter, socio-economic, political, and cultural factors do indeed affect subjective aspects of wellbeing. The MacFadyen et al. (1996) model is theoretical model helping us understand how these macro factors can translate through a chain of events to ultimately affect subjective aspects of wellbeing such as life satisfaction.

The evidence shows that macro-economic factors such as economic fluctuations may affect wellbeing in positive ways during times of economic booms, and similarly may adversely affect wellbeing adversely in times of economic busts. Market openness seem to play a positive role in wellbeing, however less so for income inequality. Unemployment is negatively associated with subjective measures of wellbeing and similarly in regard to inflation (however, a weaker effect). Countries having a welfare system, public health insurance, and strong labor unions may experience wellbeing increments.

Countries that have democratic governance systems may do better than countries having autocratic systems. Countries having economic and political freedoms may also benefit in terms of wellbeing. Participatory democracy is a positive factor too.

The quality of governance (i.e., good governance) plays a positive role in the country's level of wellbeing, especially in countries having "big government." Countries that have citizens believing that their public officials are trustworthy and accountable to citizens tend to benefit from a wellbeing increment.

Culturally speaking, cultural values of the country seem to play an important role in the subjective aspects of wellbeing. Happiness seems to be associated with values such as personal achievement in western countries; however, in eastern countries happiness is more associated with values such as social harmony. In western cultures, people's happiness tends to comprise mostly positive affect. In contrast, people's happiness is mostly reflective of balance between positive and negative affect. And because happiness in general is more of a western cultural value than an eastern one, this may help explain why people in western countries report higher levels of happiness than people in eastern countries. Economic development at the country level seems to boost the sense of individualism, which in turn translates into higher levels of happiness. Cultural acculturation also plays a role in wellbeing. Immigrants who are better acculturated tend to experience higher levels of wellbeing than those who are less acculturated. And indigenous people who maintain a high level of cultural efficacy tend to do much better in wellbeing than those who fail at cultural efficacy.

Overall, and based on the available evidence, we can conclude that "...formal institutions, like those governing the level of freedom and the generosity of the welfare state, affect self-reported wellbeing. The evidence suggests, for example, that the more freedom, as well as government structures which encourage civic engagement, participation and trust, have positive effects" (MacCulloch, 2018, p. 908).

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Chapter 5

Effects of Resources (Time, Money, Income, and Wealth) on Wellbeing



*Capital as such is not evil; it is its wrong use that is evil.
Capital in some form or other will always be needed.*

—Gandhi (<https://www.positivityblog.com/quotes-on-wealth-and-money/>)

5.1 Introduction

Resources (time, money, income, and wealth) are important resources. Juggling these resources to maintain or enhance wellbeing is indeed a major challenge in modern society. There is time scarcity that most people have to deal with day in and day out. For example, time scarcity has been implicated in changes in patterns of food consumption (Jabs & Devine, 2006). Because of time scarcity, people spend less time in food preparation at home, consume more fast foods, spend less time together at family meals, and consume more ready-prepared foods. Changes in patterns of food consumption has led to obesity and chronic health problems (e.g., cardiovascular disease, diabetes, cancer). Similarly, we also have witnessed changes in wealth concentration and income inequality over the years last two centuries. For example, wealth inequality in the United States became much noticeable in the last four or five decades. The top 20% of taxpayers saw significant gains, while the rest of America suffered real wealth losses. The median income declined for most Americans (Saez & Zucman, 2020).

In this chapter, I will discuss the effects of resources (time, money, income, and wealth) on wellbeing (hedonic wellbeing, life satisfaction, and eudaimonia). Specifically, I will highlight the wellbeing research on time by answering questions such as what activities people spend time to produce the greatest happiness, how savoring time can produce happiness, and how people extract meaning from time. I will also highlight research on how people spend money on the purchase of products designed to enhance their wellbeing. The research identifies conditions that shed light on the wellbeing effects of time versus money. I will also discuss the research dealing with the effects of income and wealth on wellbeing broken down by level of analysis (individual versus national) and time frame (short term versus long term).

5.2 Effects of Time on Wellbeing

Time, money, income, and wealth are resources that impact wellbeing. There is a prevailing belief that people can be more satisfied given more time—more time in a day to complete all the daily chores to ensure a functioning household and life. Having more spare time is also associated with greater happiness because people use their spare time for leisure. Also, the way people spend their time can impact their wellbeing. People spend their time on activities they have a passionate for, they become happier relative spending time on less-passionate activities.

Mogilner, Whillans, and Norton (2018) reviewed much of the research literature on how time influences subjective wellbeing. They broke down their discussion of the research in terms of three streams of research, namely what activities people spend time produce the greatest happiness, how savoring time can produce happiness, and how people extract meaning from time.

5.2.1 What Activities People Spend Time Produce the Greatest Happiness?

Much research shows that spending time on certain activities can promote more happiness compared to other activities. Here are some highlights from the literature review provided by Mogilner et al. (2018).

- The research points to the fact that on average, people feel more positive emotion when they spend time engaged in *leisure activities* (e.g., exercising and socializing) compared to non-leisure activities (e.g., commuting, work, and housework). However, there is some evidence suggesting that some people, perhaps workaholics, feel happier spending time at work than in leisure.
- Spending time on *active* forms of leisure activities (e.g., exercising and volunteering) produce greater subjective wellbeing compared *passive* forms (e.g., watching TV, relaxing, and napping).
- Spending time involving the *cultivation of social connections* (i.e., spending time connecting with friends, family, and associates) produce greater happiness compared to alone activities. However, research also suggests that spending too much time engaging in social activity can undermine wellbeing.
- Spending time *helping others* enhance positive mood compared spending time on self.
- Spending time on activities that make people *feel busy* contributes to wellbeing compared to spending time being idle.
- Spending time on *varied activities* contributes to subjective wellbeing compared to the same activity.

- Spending time on varied activities within shorter time periods (i.e., multitasking) decreases subjective wellbeing compared to fitting *varied activities within a longer time period*.

5.2.2 How Savoring Time Can Produce Happiness?

Research has shown that the extent to which people are mentally engaged in spending time on activities (i.e., savoring) can influence happiness (see literature review in Mogilner et al., 2018). People tend to savor certain experiences by spending time on rituals. In other words, to savor a rewarding activity, turn it into a daily/weekly/monthly routine or ritual. For example, an individual who finds pleasure in assembling things like furniture makes a habit of buying unassembled products for the exact purpose of assembling the product. He turns this experience into a pleasurable ritual.

People savor experiences by taking photos of the experience and sharing these photos with others. Thus, the act of taking photos savors the experience during the activity, and the act of sharing the photos with others serves to savor the experience too.

Time spent savoring is influenced by the perception of time is running out. That is, when people feel that they have little time left experiencing an event, they spend more time savoring the event. For example, when college students get close to the time of graduation, they spend more time visiting their college mates, the college facilities, their professors, etc. They do so to savor their college experience.

5.2.3 How People Extract Meaning from Time?

The question we can pose here is: What activities help to maximize a sense of meaning? Ironically, time spent on activities that are less pleasurable (e.g., working or spending time with young children) can have special meaning (Mogilner et al., 2018). In other words, spending time on necessary and unpleasant activities can contribute to greater well-being by enhancing meaning in life. People spend time watching TV because watching a program may contribute to hedonic wellbeing. In contrast, spending time volunteering at a place of worship may contribute to eudaimonic wellbeing.

5.3 Effects of Money on Wellbeing

Again, borrowing from the literature review provided by Mogilner et al. (2018), I will discuss the research showing that spending money on certain things are likely to contribute to greater wellbeing than other things. I will also briefly describe the research that pits time against money and its effects on wellbeing.

5.3.1 *Spending Money on What?*

Do people spend on goods and services in ways that contribute to their wellbeing? What research is out there addressing this issue? Specifically, much research suggests that the material purchases people make for themselves (e.g., cars, homes, and gadgets) often do not contribute much to happiness compared to *spending money on others* (not self). For example, spending money on gifts to others produces more happiness than the happiness extracted from spending the same amount of money on oneself. Perhaps this may be due to the perception of the prosocial impact. That is, people feel their giving is making a difference in the lives of others, and if so, this perception heightens one's happiness.

Furthermore, *spending money on services* contributes to wellbeing, much more so than spending the same amount of money on consumer goods. Research has shown that people who recalled *experiential purchases* (i.e., spending money on a service such as eating dinner at a fanciful restaurant) tend to report feeling happier compared to spending the same amount of money on goods purchases (i.e., spending money on the purchase of clothes). This may be due to the possibility that people are slower to hedonically adapt to experiences than possessions. Another explanation may be happiness those who spend money on a service decreases more slowly (over days and weeks) following the purchase than the happiness felt given spending money on a material goods. Yet another explanation is the notion that experiential purchases tend to be more emotionally acute and socially connecting than material goods.

5.3.2 *Effects of Time versus Money*

Much research has highlighted the notion that the extent to which people are focused on time versus money influences *moral behavior*. For example, in the context of charitable giving, those who agree to donate their time give more time *and* more money compared to those who agree to donate money. This may be due to their anticipating the happiness they would feel from engaging with the cause—the happiness they experience spending time is more intense than spending money.

Research has also found that when *time (vs. money) is made salient*, people become motivated to socialize more and to work less. This may be due to the

anticipation of greater happiness from socializing compared to the money they anticipate from work. Research also found that people who are more focused on time (vs. money) report feeling happier and more satisfied with life. Perhaps this is because time-focused individuals spend their time establishing and strengthening social bonds that are responsible for generating more happiness than making money.

Research also shows that the *elderly tends to focus more on time than money*, perhaps because they perceive that they don't have much time left in life. Because they perceive their future time as more limited, they extract happiness from ordinary experiences (e.g., eating a piece of chocolate, basking in a sunny morning, or receiving a text from a friend). In realizing that one's time in life is limited they become more deliberate in how they spend their time and extract greater happiness from those activities.

5.4 Effects of Income and Wealth on Wellbeing

In the last 30–40 years we have seen burgeoning research on the predictive effects of income and wealth on subjective wellbeing. The relationship between income and subjective wellbeing can be better understood by disentangling wellbeing studies and classifying them in terms of two key variables: (1) individual-level versus national-level analysis and (2) short-term versus long-term studies. These two variables serve to identify four types of wellbeing studies: (1) the relationship between wealth and subjective wellbeing at the individual level and at any point in time (i.e., cross-sectional study), (2) the relationship between wealth and subjective wellbeing at the individual level over time (i.e., longitudinal study), (3) the relationship between wealth and subjective wellbeing at the national level at any point in time (i.e., cross-sectional study), and (4) the relationship between wealth and subjective wellbeing at the national level over time (i.e., longitudinal study) (see Table 5.1).

Table 5.1 Classifying studies of involving the relationship between income/wealth and/wellbeing

	Short-term	Long-term
Individual level	Wellbeing studies that are cross-sectional in design and the focus on predicting individual-level subjective wellbeing	Wellbeing studies that are longitudinal in design and the focus on predicting individual-level subjective wellbeing
National level	Wellbeing studies that are cross-sectional in design and the focus on predicting subjective wellbeing of entire countries	Wellbeing studies that are longitudinal in design and the focus on predicting subjective wellbeing of entire countries

5.4.1 *Effects of Income and Wealth on Wellbeing: Individual Level and Short-Term*

The most prominent researcher who devoted a lifetime research program in this area is Richard Easterlin, professor of economics at the University of Southern California. His seminal work published in the early 70s (Easterlin, 1974) found that although income is associated with happiness within nations, it does not seem to be associated between nations.

His most recent book (*Happiness, Growth, and the Life Cycle*), Easterlin (2011) summarizes much of his research on the topic. Dating back to the early 1970s, Easterlin attempted to address the question: Does economic growth in modern times bring about increase in human happiness? After much study Easterlin concludes that people with higher incomes, on average, are happier than those with lower income. However, there is a point of diminishing return.

Clark, Frijters, and Shields (2008) provide a good literature review of the effect of income on subjective well-being, and they conclude that the relationship is generally positive with diminishing returns to income. Other literature reviews reinforced this basic finding (e.g., Davis, Smith, & Marsden, 2003; Diener & Biswas-Diener, 2002; Diener & Seligman, 2004; Haring, Okun, & Stock, 1984; Pinquart & Sorensen, 2000). For example, Diener, Horwitz, and Emmons (1985) showed that the very wealthy people (selected from a *Forbes* list of the wealthiest Americans) were only slightly happier than a control group who had residence in the same geographical area.

Using nationally-representative survey data from five countries (Australia, Britain, Germany, Hungary, and the Netherlands), Headey, Muffels, and Wooden (2008) were able to demonstrate that household (a measure that is broader than income that includes housing, business assets, equity and cash investments, bank accounts, accumulated pension holdings, vehicles and collectibles, housing debt, credit cards, student debt, and personal debt) is a stronger predictor of life satisfaction than household income alone.

Christoph (2010) has argued and empirically demonstrated that the relationship between income and life satisfaction is stronger with a better measure of material conditions (instead of simply income). His idea of a better measure of material conditions is the *Deprivation Index* (see Table 5.2 for items identified in large-scale surveys that are used to capture the *Deprivation Index*).

Kesebir and Diener (2009) had this to say about the evidence: “Research, all in all, suggests that an adequate amount of money is a necessary condition of happiness, albeit not a sufficient one” (p. 68).

Diener and Biswas-Diener (2009) also reviewed much of the evidence addressing the question does money increase subjective well-being and concluded as follows:

... the objective life conditions afforded by higher income do on average enhance [subjective well-being]. The lower average levels of [subjective well-being] among poor individuals and in poor nations indicates that poverty can and does lower [subjective well-being]. It also appear that once people have high incomes (by current world standards), additional increases

Table 5.2 Items used to calculate the deprivation index

• An apartment with at least as many rooms as persons living there • An apartment without damp walls or floors • An apartment located in a house, which is in a proper state of repair • The house is located in a good neighbourhood • A separate bathroom or shower • An indoor toilet • Central heating, self-contained central heating or district heating • A garden, balcony, or terrace • To be able to buy new clothing once in a while, even if the old clothes are not worn out • Sufficient winter clothing • A holiday away from home for at least 1 week a year • To invite friends for dinner at home once a month • To eat out at a restaurant once a month • Going out to the cinema, a theatre or concert at least once a month • A newspaper subscription • A telephone • A car • A TV • A video recorder • A computer with internet access • A hi-fi system • A washing machine • A dishwasher • An upright freezer, a chest freezer, or a refrigerator with a freezer section • To be able to save a fixed amount a month • Have savings for emergency • To replace worn but still usable furniture with new • To be able to pay for unexpected expenses with one's own money • To be able to afford medical treatment and dentures if necessary, even if it is not fully covered by one's health insurance • Supplemental private health insurance • Private pension plan • To be able to pay the rent for the apartment and/or interest on the house or apartment one lives in always on time • To be able to pay the gas, water, heating, and electricity bill always on time • To be able to buy over-the-counter drugs if the need arises, even if the health insurance does not cover the costs

Source: Adapted from Christoph (2010, pp. 495–496)

in wealth have a very small influence on [subjective well-being] suggesting that added income beyond modest affluence no longer helps answer important desires and needs (pp. 137–138).

Mariano Rojas (2011) picks on the fact that the relationship between income and happiness, albeit a significant relationship, is a weak one. He argues that there is more to life and well-being than standard of living. Happiness in life is a function of satisfaction in many life domains: health, work, family, friendships, community, use of free time, including one's financial situation. Thus, the author argues that income cannot be used as a surrogate measure for well-being because income and happiness are not closely related. The rejection of what he calls the "close-relationship

hypothesis” should shift our focus away from the effects of income on well-being to other important sources of happiness.

How do wellbeing scholars explain the relationship between income and subjective wellbeing at the individual level (in the context of cross-sectional studies)? There are several explanations offered. There is the assets explanation, the self-esteem/control/optimism explanation, and the top-down explanation;

Assets are valuables that provide some degree of positive financial return. Assets may include savings, stocks, bonds, vehicles, housing, and real estate. The concept of assets is different from income in that income represents the flow of money; assets focus on stocks of wealth. Assets have many benefits that can translate into quality of life. According to Sherraden (1991), these benefits include enhancing household stability, increasing future orientation, enhancing focus and specialization, decreasing risk-taking behavior, enhancing self-efficacy, fostering social influence and civic engagement, and promoting child well-being. An emerging body of research also shows that assets serve to mitigate economic hardship (Parks-Yancy, DiTomaso, & Post, 2007), increase marital satisfaction (Dew, 2007, 2009), enhance marital stability (Gudmunson, Beutler, Israelsen, McCoy, & Hill, 2007), and enhance self-esteem and self-efficacy (Scanlon & Page-Adams, 2001), and also serve to increase life satisfaction (Han & Hong, 2011). The *assets hypothesis* has been used to explain the effect of being married on subjective well-being (i.e., the finding that, by and large, married people report higher levels of subjective well-being than the nonmarried). Married people tend to have an economic advantage compared to the nonmarried (Shapiro & Keyes, 2008). Marital disruption (i.e., separation and divorce) also takes a toll on subjective well-being because it leads to financial distress, which may impact social participation (participation in social activities costs money).

The *self-esteem/control/optimism* explanation is credited to Cummins (2000) who argues that income does matter for subjective well-being because it serves to enhance self-esteem, control, and optimism. Increases in income serve to heighten one’s self-esteem, control, and optimism. Self-esteem, control, and optimism are all associated with positive affect in that people who are high (than low) on these traits tend to experience more positive affect, which may account for the higher levels of subjective well-being.

The *top-down* explanation involves the effect of happiness on income generation. Specifically, Dolan, Peasgood, and White (2008) attribute some of the positive association between income and happiness to “reverse causation.” That is, happiness may cause people to feel more economically motivated; therefore, they earn more income, compared to those who are generally unhappy with life. Some of the remaining variance may also be attributed to other personality factors.

The income effect on quality of life at the individual level seems to be moderated by many factors. Perhaps the *type of quality-of-life measure* moderates this relationship. Another prominent scientist who spent considerable time and energy investigating the relationship between income and happiness is Ed Diener, professor emeritus of psychology at University of Illinois (Diener, Kahneman, Arora, Harter, & Tov, 2009). Based on Diener’s research, the relationship between income and

happiness seems to be dependent on whether the happiness measure is a cognitive or affective measure (“How happy are you?” is an affective measure of happiness, whereas “How satisfied are you with your life?” is a cognitive measure). It turns out that income seems to be positively correlated with cognitive measures of happiness but not affective measures.

How about the distinction between *satisfaction versus dissatisfaction with life* as another moderator? Boes and Winkelmann (2010) investigated the relationship between income and life satisfaction using data from the large-scale survey, the German Socio-Economic Panel. The study found that income has only a minor effect on increasing satisfaction but played a major role in reducing dissatisfaction.

Other studies have shown that *other moderators* may be at play. Examples include *gender, age, religiosity, positive versus negative affect, and level of economic development of a country*. Adelman (1987) found that income was significantly related to happiness, more so for males than females. Consider the moderation effect of gender and positive/negative affect. Agrawal et al. (2011) conducted a large-scale survey in India and found that people across various household income categories do differ in relation to positive and negative affect, as well as life satisfaction. Specifically, men with higher incomes reported higher positive affect than those with lower income; however, this finding did not generalize to women. Among both men and women, higher income was significantly correlated with lower negative affect. Also, household income was positively correlated with life satisfaction for both men and women (cf. Wang & VanderWeele, 2011). George (1992) reported that the effect of income on subjective well-being is weaker for the elderly than the nonelderly. Veenhoven (1995) and Diener and Oishi (2000) have shown that income correlates less strongly with subjective well-being for college students than for adults. Clark (2003) reported findings indicating that the effects of income are smaller among religious believers than among nonbelievers.

5.4.2 Effects of Income and Wealth on Wellbeing: Individual Level and Long-Term

There is much data suggesting that overtime rising income does not cause rise in happiness. In other words, the relationship between income and subjective well-being overtime is nonsignificant. This phenomenon is well-known in the wellbeing research as the *Easterlin paradox*.

Easterlin (2011) explains this phenomenon using *rising material aspirations*. In other words, as income rise people adjust their material aspirations upwards, which in turn undermine potential gains of happiness. People adapt to increases in income by raising their material aspirations commensurately. Thus, rising material aspirations may explain this paradox (cf. Diener & Biswas-Diener, 2009; George, 1992; Schyns, 2000). Specifically, rising income is accompanied with rising financial expectations, which may cause people to feel less satisfied (instead of more satisfied)

with their income. Increases in dissatisfaction in financial life spill over to life dissatisfaction. Consider the following report produced by Brant et al. (1999). The report asserts that the majority of US college students now believe they will be able to retire before age 50, and 77% believe that they will be millionaires. Also consider the following evidence from the *UN Development Report* (1998): income needed to fulfil consumption aspirations doubled in the USA between 1986 and 1994.

This may account for the condition of rising income, but does the same explanation apply under conditions of diminishing income? Easterlin (2011) argues that people do not adapt their material aspirations with falling income—in other words, their material aspirations are not dampened commensurate with the decrease in income. This may be due to the fact that material aspirations are hardly ever adapted downward. Once people attain a certain level of income, they cling to it and make it their reference point in evaluating their standard of living. This may account for the asymmetric happiness response to rising versus falling income over time.

Clark (2011) asserts that yes indeed income does have a positive effect on happiness. However, there is also a *relative income effect* in that people do indeed compare themselves to others in rising aspirations. The relative income effect serves to dampen the correlation between income and happiness. For example, if a person's income rises to the same extent of everyone else, then the relative income effect on happiness would be marginal at best. Conversely, the relative income effect is likely to be substantial when increases in income are not accompanied with increases in income of others (cf. Clark, Frijters, & Shields, 2008; Clark, Kristensen, & Westergaard-Nielsen, 2008). Consider the following recent study by Hegelund et al. (2020). The study involved a 50-year follow-up of 2079 individuals in Denmark (from infancy to midlife). The results of the study showed that infant socio-economic status was positively associated with the wellbeing measures (cf. Botha, Wouters, & Booyen, 2018; Brzozowski & Spotton Visano, 2020).

Ahuvia and Friedman (1998) explained the positive association between income and happiness (with diminishing returns) as follows: The effect of income on happiness may be mediated through one's *evaluation of standard of living*. When the standard of living is low to begin with, increases in income are likely to lead people to feel satisfied with the increases; however, when the standard of living is high, increases in income are not likely to make an impact on positive evaluations of one's standard of living. The authors also offered a *buffering effect* explanation. They theorized that increased income may not make people "happier" (increasing positive affect) but it shields one from life adversities (reducing negative affect) (also see literature review by Diener & Seligman, 2004).

More recently, Tay, Zyphur, and Batz (2018) discussed the relative versus absolute income hypothesis in some depth. They argue that a functional view of income (e.g., resource-buffer and a means for need fulfillment) may explain the relationship between relative income and subjective wellbeing.

5.4.3 *Effects of Income and Wealth on Wellbeing: National Level and Short-Term*

It seems that much of the evidence shows that there is a substantial correlation at the nation level between income and happiness (e.g., Deaton, 2008; Dolan et al., 2008; Lawless & Lucas, 2011; Sacks, Stevenson, & Wolfers, 2012). However, there seems to be an important moderator effect, namely that the relationship between national income and national-level subjective wellbeing is much more evident in *lower than higher income countries* (e.g., Levin et al., 2011; Morawetz, 1977; Schyns, 1998; Veenhoven, 1991).

Schyns (2000) injects two explanatory mechanisms to account for the effects of income on subjective well-being at the national level: *bottom-up* theory of subjective well-being and *top-down* theory of subjective well-being. She explains that people in poor countries struggle to meet basic needs; in this case income matters a great deal. Thus, increases in income for poor people do heighten one's sense of well-being in a powerful way. This is the essence of the bottom-up explanation. Veenhoven (1995) calls this mechanism "livability theory." Some countries are considered more livable than others, satisfying human basic needs more than others. In contrast, when people are already well-off financially, they are likely to report higher levels of subjective well-being. In this case, it is subjective well-being that makes people do things in life that brings in more money. In other words, subjective well-being is the cause of increases in income, not the effect. This is the essence of the top-down explanation.

Cummins (2011) explains this finding in similar terms. He points to the possibility that additional income does elevate subjective well-being for low-income households. This occurs by lifting the tail of the subjective well-being distribution. However, high-income households benefit from the additional income through downward social comparison (by comparing themselves with low-income households).

Other cultural explanations were offered to explain the fact that people living in richer countries report higher levels of subjective well-being than people in poorer countries. Richer countries tend to *value individualism* (self-determination), whereas poorer countries tend to *value collectivism* (group-based identity and status). Wellbeing scholars, such as Veenhoven (1999) and Ahuvia (2001), have argued that the economic prosperity of a nation fosters individualism, which in turn enhances subjective well-being. Individualism provides people within that culture the freedom to make choices in life to satisfy their own individual needs, increasing the likelihood of self-actualization (which may be viewed as an important determinant of happiness).

5.4.4 *Effects of Income and Wealth on Wellbeing: National Level and Long-Term*

Easterlin's seminal work published in the early 70s (Easterlin, 1974) found national income is not associated with rising levels of national happiness. In other words, although research shows that there is a positive relationship between income and subjective well-being, paradoxically, over time as income increases in the course of economic growth in a given society, there seems to be no corresponding increases in human happiness—the *Easterlin paradox* (Easterlin, 2011). Easterlin found empirical evidence of this paradox in many countries throughout the world—both rich and poor.

However, there seems to be accumulating evidence suggesting that increases in the country's wealth over time is accompanied with commensurate increases in happiness. Consider the following studies. Easterlin (2011) observed that happiness does change over the course of the business cycle in the developed and transitioning economies—rising with the peak of the cycle and ebbing with the downturns (cf. Brockmann, Delhey, Welzel, & Yuan, 2009; Suzuki, 2009). Fischer (2008) was able to demonstrate that wealth and happiness do covary in time across nations. Measures of wealth in terms of GDP per capita are not sensitive measures. Instead the author was able to demonstrate that overtime variations of household income in the US covary with happiness. In sum, the cumulative evidence of the research in this area using time-series and panel analyses of a large number of nations have shown a positive relationship between income and happiness over time (e.g., Diener & Seligman, 2004; Frey & Stutzer, 2002; Sacks et al., 2012).

Carol Graham (2011b) in a position article in *Applied Research in Quality of Life* (ARQOL) attempted to shed light on the Easterlin paradox (between income and happiness) by highlighting *methodological problems* and issues. Specifically, she was able to demonstrate that income/happiness studies that frame the happiness survey items in economic/status terms tend to show a positive and linear relationship between income and happiness (within and across countries) than studies employing happiness items related to affect. *Country selection* seems to be another source of variation. The income-happiness hypothesis bears more fruit in poorer than richer countries. The *rate of economic growth* matters too. Rapid growth can create dislocation that may undermine the positive effect of income on happiness. The income-happiness relationship is also mediated by a host of factors such as *income inequality, rising aspirations, increasing knowledge, availability of public goods and services*, among others. In her latest book, *The Pursuit of Happiness*, Graham (2011a, chap. 4), describes how the *level of economic development of a country* may have a profound impact of happiness of the citizenry. She describes an analysis in which she used Gallup World Poll data (122 countries) in which she and her colleagues found a positive relationship between level of economic development and happiness at large. However, when they examined this relationship by splitting the sample into above and below median growth rates, happiness was found to be negatively correlated in countries experiencing a high level of economic growth. For

example, countries such as Ireland and South Korea experienced this “unhappy growth” in the early stages of their economic development, which seems to have dissipated in the later stages of development. She explains this finding by attributing it to the insecurity that accompanies macroeconomic volatility, rapid changes in reward structures, and the ensuing frustration that results from increasing inequality commonly found in early stages of economic development. She concludes by saying:

The findings . . . suggest that often individuals are more content in low-growth equilibrium than in a process of change that results in long-term gains but instability and unequal rewards in the short term. (Graham, 2011b, p. 86)

Consider the study by Zagorski (2011) that also underscored the moderating effect of the *level of economic development*. The author analyzed data between 1989 and 2008 from Poland (period of economic transformation) and found that economic development serves to reduce the strength of the relationship between income and life satisfaction. He explained this effect by arguing that in Poland changes were evident in the values of Polish citizens—*changes from collectivist/materialist to individualistic/post-materialist values*.

The theory of *post-materialist value change* can also help us better understand the relationship between income and happiness at a macro, societal level. This theory is attributed to Ronald Inglehart, initially developed in the 1970s (Inglehart, 1971). The basic notion of this theory is the values we place on economic well-being vis-a-vis other life domains. Inglehart has long asserted that placing much value on economic well-being (materialism) is a direct function of a *cohort effect*. The older cohorts were raised under economic deprivation conditions making them place high value on any action directed to enhance economic well-being (i.e., economic development). In contrast, the younger cohorts were raised under conditions of economic prosperity, making them highly value other aspects of life (post-materialism). The rallying cry of post materialists is “quality of life.” In other words, people tend to develop values as a direct function of the environmental conditions during early development. Thus, their values priority reflects this experience. The same theme was echoed in his later writings (Inglehart, 1997), specifically in his book, *Modernization and Postmodernization*. In a postmaterialist society change reflects changes in terms of two dimensions: (a) traditional authority values versus secular rational values and (b) survival values versus well-being values (self-expression). In other words, postmodern society becomes more secular and wellbeing oriented. However, it should be noted that societies cannot achieve the fruits of postmodernism without a certain degree of affluence. Economic development brings society to a threshold where its citizens can afford to focus on the fulfilment of their high-order needs. This is why we find positive correlations between life satisfaction and level of economic development in many cross-cultural studies of well-being. A study conducted by Delhey (2010) using data from the World Values Survey was able to demonstrate this principle—affluence of a given country drives down the salience of income; and by the same token, affluence drive up the salience of well-being. That is, the value

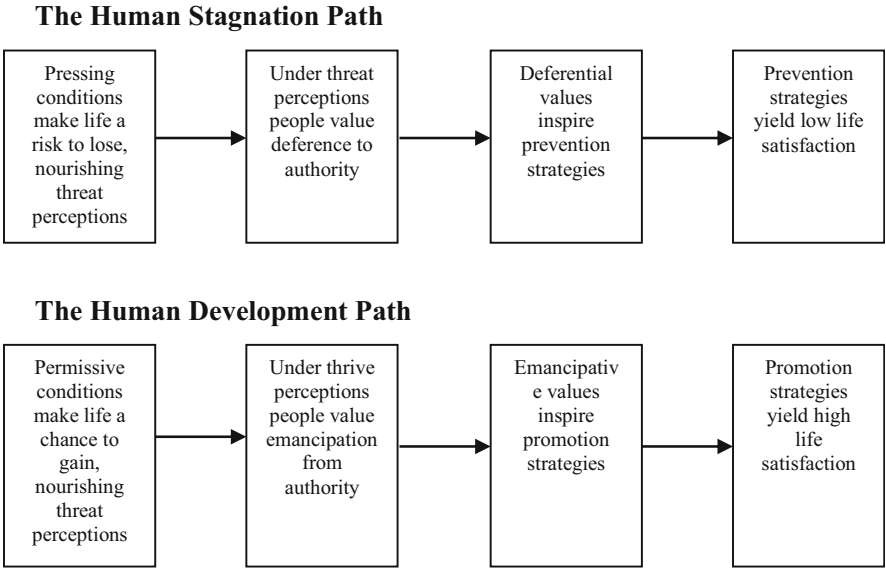


Fig. 5.1 A human development model. (Source: Adapted from Welzel and Inglehart (2010))

placed on income is less important for personal wellbeing in economically developed countries than in the developing countries.

Furthermore, Inglehart and colleagues (e.g., Inglehart & Welzel, 2005; Welzel & Inglehart, 2010; Welzel, Inglehart, & Klingemann, 2003) have argued that life satisfaction of a country population is dependent on its value-strategy link. *Prevention strategies* tend to yield low life satisfaction, whereas *promotion strategies* yield high life satisfaction. Promotion strategies can be viewed in terms of growth needs *à la* Maslow (e.g., the satisfaction of self-actualization needs), whereas prevention strategies are related to satisfaction of basic needs (e.g., needs for sustenance and safety). Prevention strategies reflect deferential values of society, where promotion strategies reflect emancipative values. For example, poor countries tend to be caught in a vicious cycle of “human stagnation” in which people are constantly struggling to survive. People in this condition are vulnerable to threat perceptions. Threat perceptions lead people to seek shelter by deferring to authority. In other words, people in this condition value deference to group authority. Deferential values in turn motivate the use of prevention strategies (actions that focus on survival and satisfaction of basic needs). If prevention strategies are realized they may produce some degree of life satisfaction but nowhere close to what promotion strategies can deliver. Economically developed countries provide their citizens many opportunities to thrive. In this condition people focus not only on satisfying their basic needs but also their growth needs. Their values are emancipative, and their action (promotion-focused) tend to deliver high levels of life satisfaction. See Fig. 5.1 for a graphic display of the full model.

Finally, Cummins (2011) made an attempt to explain the Easterlin paradox using his theory of *homeostasis*. He argues because subjective well-being is very much determined by a set point (a positive homeostatic mood), changes in subjective wellbeing at the national level occurs due to two related effects, one stronger and another weaker. The weaker effect may be due to the influence of changes in income on subjective wellbeing in the upper or lower portion of the set-point ranges. The stronger effect may be due to the influence of income on those people who are or are not maintaining homeostatic control. Increases in income should increase the purchasing power of low-income groups, which in turn should allow these people to protect their subjective well-being set point by elevating it to homeostatic levels. However, this may be offset by the fact that the purchasing power of low-income people does not rise significantly with increases in GDP because of inflation. With respect to the high-income group, increases in income do not affect their subjective well-being. Additional resources are not likely to further elevate their subjective well-being because their subjective well-being is already homeostatically protected. Thus, these two factors account for the finding that rising national wealth within wealthy countries is not accompanied by rises in happiness.

5.5 Conclusion

I tried in this chapter to shed light on the proliferating research linking resources (time, money, income, and wealth) and wellbeing (hedonic wellbeing, life satisfaction, and eudaimonia). With respect to time, the research sheds light on the activities people spend time to enhance their wellbeing. These activities that produce the greatest happiness involve mostly leisure, specifically active rather than passive forms of leisure, activities that serve to cultivate social connections, varied rather than same activities, and specifically varied activities within a longer time period. Research also shows that savoring time serves to enhance wellbeing. That is, wellbeing can be better extracted from time spent on activities with some degree of savoring. Further, research shows that people can extract meaning from time by spending time on activities that are less pleasurable. The research on the links between time and wellbeing has policy implications. Decision makers in varied sectors of society can use these research findings to develop programs that allow people to spend their time in ways that contribute to higher levels of wellbeing.

With respect to money, the research shows that money spent on others rather than self could contribute to higher levels of wellbeing. Similarly, money spent on consumer services is likely to produce more wellbeing than money spent on goods. The marketing implications related to this research is obvious. Marketers are likely to be more successful in promoting goods that are related to gift giving and more to service than durable goods. People can be persuaded to become more prosocial if they are persuaded to volunteer their time instead of donating money. Those who volunteer their time are more likely to also donate more money. As such, non-profit institutions who rely on charitable giving can use these research findings

to become more effective in fund raising. Campaigns focusing on volunteering time rather than money are likely to make people more sociable and engage in more prosocial activities compared to campaigns that focus strictly on fund raising. With respect to the elderly, research also reveals that this population segment is overly sensitive to time issues, mostly because they are keenly aware of the time they have left living. As such, elderly policies and programs should be developed in ways to enhance wellbeing by creating short-term programs and services with immediate benefits, not benefits that can be experienced in the long run.

Much of the evidence we reviewed in the latter part of the chapter points to a robust relationship between income and subjective well-being at both the individual and national levels, as well as overtime (i.e., longitudinal research). Many explanations have been offered to explain the income/wellbeing effect and the research also suggests many moderator effects.

I like to think of income in terms of resources. An individual can use this resource to enhance his or her well-being. The extent to which the individual can do so depends on how well he or she can use these resources to increase his or her personal happiness. As such there are many moderators: personality, situational, cultural, political, etc. The same can be said in relation to the wealth in a country and the extent to which this wealth (i.e., a resource) can be used effectively to enhance the wellbeing of the citizenry. Again, there are many moderators in this equation too: social, cultural, technological, political, economic, etc. In other words, yes, income and wealth do contribute significantly to the wellbeing of individuals and nations. But this effect depends on a host of other variables.

Having said this, it may be appropriate to conclude that resources *per se* do not contribute directly to wellbeing. It is how people use resources that may enhance wellbeing. Based on current research (Sarracino & Mikucka, 2019), we know that working longer to make more money and consuming more is not likely to increase happiness. Doing so detracts rather than enhances wellbeing. As such, the advice is: be mindful of how you use resources to enhance your wellbeing.

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Chapter 6

Effects of Demographic Factors on Wellbeing



Everything has changed in recent decades—the economy, technology, cultural attitudes, the demographics of the workforce, the role of women in society and the structure of the American family. It's about time our laws caught up. We watch 'Modern Family' on television, but we're still living by 'Leave It to Beaver' rules.

—Tom Perez (<https://www.brainyquote.com/authors/tom-perez-quotes>)

6.1 Introduction

Andrews and Withey (1976), in what is regarded as a seminal study in the psychology of quality of life, demonstrated that about 10% of the variance in life satisfaction can be accounted for by demographic characteristics. In later reviews, Diener (1984) and Argyle (1999) suggested a slightly higher estimate: 15%. Based on classic theories of life satisfaction (e.g., *bottom-up theory* first introduced by Andrews & Withey, 1976; and Campbell, Converse, & Rodgers, 1976), an individual's satisfaction with life is strongly influenced by the objective conditions of his or her life. Bottom-up theory asserts that when a person evaluates their life overall, they review the objective conditions of their life in various life domains (i.e., social life, family life, leisure life, work life, financial life, love life, etc.), weigh this domain satisfaction by the relative importance of this domain vis-a-vis other domains and sum up those evaluations to create an overall judgment. Such a process is essentially grounded on the objective conditions of one's life, which translates into demographics (age, income, education, marital status, gender, and so on). In the preceding chapter we discussed the effects of one important demographic factor, income/wealth, on wellbeing and positive mental health. This chapter we will shift our attention to other demographic factors such as age, gender, education, marital status, among others.

6.2 Effects of Age

A study conducted by Blanchflower and Oswald (2000, 2008) with US data found that happiness bottoms out at the age of 37 and becomes positive after the age of 74. The effect of age seems to be *U-shaped* with a minimum at an age of 37. The influence of age turns positive at 75 years. This U-shaped relationship between age and subjective wellbeing is further documented by many studies (see literature review by Dolan, Peasgood, & White, 2008; Frey & Stutzer, 2002; Graham, 2009; Wang & VanderWeele, 2011). For example, using data from the German Socio-Economic Panel and the Survey on Health, Ageing and Retirement in Europe, Gwozdz and Sousa-Poza (2010) were able to document the fact that there is a U-shaped relationship between age and level of life satisfaction for individuals between 16 and 65 years of age. After 65, life satisfaction plummets in a linear fashion recording the lowest levels of satisfaction among the oldest old. The authors attribute the decline of life satisfaction after 65 years of age to perceptions of failing health. Using the same data set (the German Socio-Economic Panel); Brockmann (2010) explained the U-shaped effect as follows. Life satisfaction seems to follow a gender-specific U-shaped trend with lowest levels observed during mid-life and late-life. Social inequalities may play an important role in the shaping of this effect. The source of midlife happiness mostly resides in long-term investment in labor and marriage. Data show that men fare better in the job market more so than women during midlife. The impact of divorce or marriage separation in midlife affects women more adversely than men.

Wellbeing scholars have also argued for slightly different variations of this relationship. Consider the study by Baird, Lucas, and Donnellan (2010). These authors analyzed data from two large-scale nationally representative surveys (the German Socio-Economic Panel Study and the British Household Panel Study) involving both cross-sectional and longitudinal data. They concluded that two consistent findings emerge from the data: (1) both surveys show that life satisfaction does not decline over much of adulthood, and (2) life satisfaction declines sharply among those older than 70.

Argyle (1999) in his review of the literature concludes that studies involving both life satisfaction and positive and negative affect provide evidence suggesting that subjective wellbeing increases with age. Furthermore, another literature review by Diener, Suh, Lucas, and Smith (1999) concludes that recent studies show that life satisfaction often increases, or at least does not drop with age.

Other conclusions are derived based on longitudinal studies. For example, The Costa Jr. et al. (1987) study provides evidence suggesting that subjective wellbeing stabilizes in adulthood. Charles, Reynolds, and Gatz (2001) focus on *positive and negative affect* for three generations of adults in varying ages and conclude that positive affect remains stable while negative affect decreases over the life span. But then another longitudinal study by Easterlin (2006) revealed an *inverted-U relationship*: happiness rises slightly from ages 18 to midlife and declines slowly thereafter. He explained this finding by examining how satisfaction in various life domains

changes with age. He surmised that the slight increase in happiness through midlife may be determined by growing satisfaction with family life and work life. However, beyond midlife, happiness declines overtime, and this may be due to decline in health and diminishing satisfaction with one's family situation and work.

Van Praag and Ferrer-I-Carbonell (2010), in a review special issue of *Foundations and Trends in Microeconomics*, argue that the age effect on life satisfaction can be better understood if one examines the effect of age on different domain satisfaction. Specifically, older people are likely to feel more satisfied with their financial situation but less satisfied with their health. Assuming that both financial and health wellbeing play a significant role in life satisfaction, satisfaction with one's finances may have a negating effect on the dissatisfaction arising from health. But then the authors assert that the U-shaped effect of age is almost "law-like." The U-shaped curve has been found in relation to nearly all other life domains besides health (see Van Praag & Ferrer-i-Carbonell, 2008 [2004]).

Interestingly, the relationship between age and wellbeing differ as a function of the *wellbeing measure*. For example, Agrawal et al. (2011) conducted a large-scale survey in India using *positive/negative affect* as a wellbeing measure and found that people across various age categories do not differ in relation to positive affect; however, there seems to an age effect in relation to negative affect. Specifically, older Indians reported less negative affect than younger Indians. A meta-analysis on age differences (Pinquart, 2002) in positive affect, negative affect, and affect balance revealed that as people get older they experience less high arousal affect (e.g., feeling excited or upset) and more low-arousal emotions (e.g., feeling relaxed or depressed).

The relationship between age and life satisfaction *varies among countries* too. Deaton (2007) found that life satisfaction declined steadily with age in Eastern European countries and the former Soviet Union, while the relationship between life satisfaction and age seems to be an S-shaped curve in Western Europe. Deaton attributes this country moderation effect to differences in national income. For example, Graham's (2009, 2011a) analysis revealed cultural variation on the relationship between retirement and happiness. Retired people, on average, seem to be happier in countries such as the United States than Russia. Perhaps this may be due to the fact that the Russian retirement system has suffered considerably when Russia transformed its political economy over the last several decades.

How do developmental psychologists explain the effect of age on subjective wellbeing? Orth, Robins, and Soto (2010) have advanced the positivity and maturity principles in the literature of personality and social psychology. They argued that positive affect remains relatively stable from young to middle adulthood, and increasing slightly in adulthood, and then slightly decreasing in old age. In contrast, negative affect decreases from young to middle adulthood and leveling off in old age. Correspondingly, life satisfaction increases from young adulthood to midlife, reaching a peak at about 65, and then declining in old age. Conversely, depression decreases from young adulthood to middle adulthood, but then increasing in old age. This is essentially what is called the *positivity principle* (i.e., the experience of pleasant affect increases while unpleasant affect decreases across adulthood).

The *maturity principle* is the alternative to the positivity principle (Orth et al., 2010). Across the life span we see increases in agreeableness and conscientiousness. Narcissism decreases from young adulthood to midlife. These life-span trajectories reflect growth of maturity with increasing age. Maturity occurs because psychologically adaptive emotions generally increase with age; and conversely, maladaptive emotions decrease with age.

Although there is some evidence suggesting stability in subjective wellbeing across the lifespan, there is also evidence of change (Lansford, 2018; Switek & Easterlin, 2018). The same author (Lansford) summarized change in subjective wellbeing across the lifespan based on a comprehensive review of the research literature. Below is a synopsis of the author's summary.

6.2.1 Wellbeing in Infancy

We usually describe infants experiencing low levels of wellbeing as “having a fussy temperament” and those high on wellbeing as “having an easy temperament.” Of course, infants do not yet have the type of cognitions that would allow them to make life satisfaction judgments compared to older individuals. However, infants experience both positive and negative affect. Positive affect is usually expressed through smiles, laughter, and cooing; negative affect is expressed through crying and fussing.

In infancy, caregivers play a more central role in emotion regulation. Responsive caregivers tend to anticipate infants' needs, and in doing so manage to promote positive affect and reduce negative affect. As such, interactions with caregivers set the stage for future interpersonal interactions. Infants with responsive caregivers develop beliefs that the world as a caring and reliable place. Infants who become attached to their caregivers grow up to experience trusting social relationships and wellbeing later in life. Conversely, infants whose emotional needs are not met by caregivers grow up with beliefs of distrust that are likely to sabotage future social relationships, thus decreasing wellbeing.

6.2.2 Wellbeing in Childhood

Young children between the ages of three and four begin to form a theory of mind (ability to understand their own and other people's mental states). Development of theory of mind is associated with a decrease in self-esteem. They become increasingly self-critical as they develop a more nuanced perspective on their own strengths and weaknesses relative to other people, and such decreases in self-esteem impacts their sense of wellbeing in negative ways.

Self-esteem plays an increasingly important role during middle childhood, which in turn impacts subjective wellbeing. Children become more reflective; they begin to evaluate many aspects of their lives. Successful play is important to subjective

wellbeing in later stages. Through successful play children practice expressing and regulating their emotions, which of course has a direct bearing on subjective wellbeing at this and later stages of development.

Children also experience high levels of subjective wellbeing when they develop positive relationships with family members and peers. As such, parent-child relationship is a strong predictor of wellbeing during the middle and late stages of childhood. Furthermore, relationships with other children (i.e., acceptance and rejection by their peers) play an important role in subjective wellbeing. Thus, social relationships impact wellbeing by providing opportunities for enjoyment through play and positive affect from satisfying the needs for self-esteem and belonging.

6.2.3 Wellbeing in Adolescence

Research has documented the tendency for girls to experience more negative affect than boys during adolescence. Chronic negative affect in this period accounts for the higher rate of depression and anxiety that persist into adulthood. Furthermore, wellbeing during adolescence for both boys and girls is mostly determined by quality of relationships with parents and peers. Adolescents also develop romantic feelings toward specific others among their peers, and the quality of these romantic relationships strongly influence their wellbeing during that period.

A model of successful adjustment in adolescence that has gained a certain degree of popularity is referred to as the “Five Cs.” This model demonstrates a strong link between subjective wellbeing and the five Cs: caring/compassion, competence, character, connection, and confidence (Lerner, Almerigi, Theokas, & Lerner, 2005). In other words, adolescents experience higher levels of subjective wellbeing when they

- express caring and compassion toward others,
- engage in activities that makes them feel competent,
- capitalize on their character strength,
- form and consolidate warm connections with significant others, and
- feel confident in their ability to control people and things in their environment.

6.2.4 Wellbeing in Early Adulthood

Relationships with parents continue to influence subjective well-being during early adulthood. However, intimate relationships trump relationships with parents in influencing subjective wellbeing. Much research has shown that married individuals in that stage of life are happier on average than those who are not married. This finding cuts across low- and high-income countries.

Many individuals in early adulthood transition to parenthood. A meta-analysis of prospective longitudinal studies shows that the transition to parenthood is associated with a decline in life satisfaction (particularly tied to a decline in satisfaction with sex life) but an overall increase in both positive and negative affect. But the evidence is conflicting. Specifically, other research suggest that compared to nonparents, parents report higher levels of life satisfaction and moment-to-moment happiness. However, these findings are moderated by gender, with men parent generally reporting more happiness than men nonparents. This difference is not evident among women perhaps because of the burden of housework and childcare experienced by mothers (much more so than fathers). Age moderates these relationships further. Younger and unpartnered parents report less satisfaction and happiness than their counterparts.

Early adulthood is influenced by transition events related to education and work. For instance, those who experience employment problems tend to move back in with their parents and doing so adversely affects their wellbeing. Also related to school and work, much evidence shows that those who engage in roles and activities that have personal value and meaning experience high levels of subjective wellbeing, compared to those who engage in roles and activities that lack value and meaning.

6.2.5 Wellbeing in Middle Adulthood

There is evidence suggesting that people in middle adulthood experience the lowest levels of subjective wellbeing in high-income countries. This stage of life is marked with juggling many roles and responsibilities related to family, work, and community. Development researchers call people in this stage of life the “sandwich generation.” This life span group is sandwiched between demands of caring for children and aging parents while still engaged in the workforce. Because of culture, women tend to provide much of the care for both their children and aging parents. This burden may explain the findings that women in this stage of life tend to experience more depression and lower subjective wellbeing. Furthermore, lower levels of subjective wellbeing are reported among parents with adult children who return home to live because of unemployment or other adverse life events.

6.2.6 Wellbeing in Late Adulthood

People in late adulthood who have good health experience higher levels of subjective wellbeing than those who have poor health. Well-being remain relatively stable during late adulthood until significant health problems arise. Evidence suggests that the drop in wellbeing is much more pronounced for older (those who die after the age of 85) than younger seniors (those between 70 and 84). This may be due to the accumulation of health problems and the loss of loved ones.

There is much research around a theory coined as “socioemotional selectivity” that has gained much prominence theory (for a review of this literature, see Charles & Carstensen, 2010). The theory posits that older people who experience high levels of subjective wellbeing tend to selectively prune their social networks. They narrow the scope of their social interactions to family members and friends to whom they are emotionally close. They shy away from meeting new people, gathering information, learning new things, and maximizing achievement. This is because they perceive that they don’t have much time left in life, hence they prioritize life goals to concentrate on short-term goals related to positive emotions and activities that are meaningful to them. Taken together, this body of research suggests that higher wellbeing during late adulthood is related to this narrowing of the social network and focusing on goals that promote positive affect.

6.3 Effects of Gender

To analyse the effects of gender on wellbeing, let us break down the literature in terms of the various components of subjective wellbeing (i.e., life satisfaction, positive affect, and negative affect), the results show certain patterns that are noteworthy.

Let us first focus on *life satisfaction*. A more recent meta-analysis (reported in Batz & Tay, 2018), men tend to report higher levels of life satisfaction than women; however, the size of the difference between men and women is small ($d = 0.03$). This finding was based on an analysis of 281 study samples involving over a million individuals.

How about *positive affect*? Many studies on wellbeing (e.g., happiness) report females are happier than males (e.g., Di Tella, MacCulloch, & Oswald, 2001 for European Community countries; Frey & Stutzer, 2000a and 2000b for Switzerland; and Blanchflower & Oswald, 2000 for Great Britain and the USA). Batz and Tay (2018) examined much of the evidence including the study findings of several meta-analyses and concluded that the results are conflicting. That is, there is a pattern of study findings that hint at women experiencing higher levels of positive affect, while a pattern of showing exactly the opposite. The authors believe that the conflicting findings may be due to:

- the inclusion of international samples,
- more samples from those over the age of 55 years old, and
- differences in time period of the studies.

How about *negative affect* or ill-being? Evidence suggests that women have substantially higher rates of mental disorders (e.g., anxiety and depression) than men (see literature review by Huppert, 2009). Using data from the Gallup World Poll, Zuckerman, Li, and Diener (2017) examined gender differences in relation to negative affect and found that women had higher levels of negative affect than men.

Fujita, Diener, and Sandvik (1991) were able to empirically demonstrate that women differ from men in the intensity of their emotions—both positive and negative affect.

6.3.1 *Moderating Effects*

Dolan et al. (2008), in a literature review, asserted that although there is some evidence suggesting that females do experience higher levels of subjective wellbeing; however, the evidence at large is conflicting—some evidence points to a relationship while other evidence point to no gender differences. Dolan and colleagues concluded that gender interacts with many other factors in relation to subjective wellbeing (i.e., other correlates should be taken into account than gender *per se*).

One moderator is *age*. A meta-analysis of 300 empirical studies found that older women tend to report lower levels of subjective wellbeing than men (Pinquart & Sorensen, 2001). Marcelli and Easterlin (2007) reported a study showing that women start their adult lives happier than men but end their lives less happy than men. The evidence suggests that this may be due to satisfaction into two important life domains: financial and family life. At the beginning of the family life cycle, women are more satisfied with both their financial and family lives. Their aspirational goals for material goods (house, car, travel abroad, and vacation home) and being married and having children are realized early on. However, men's aspirational material and family goals tend to be delayed. They experience more fulfilment in these two domains later in life. This may account for the finding that men tend report higher levels of happiness in later stages of the family life cycle than women, while the reverse is true for women (cf. Plagnol & Easterlin, 2008).

Another moderator is *country*. Focusing on country effects, Graham (2009, 2011a) analyzed the effects of gender across many countries that employed large-scale surveys, and her analysis revealed that women are happier in the United States, while the opposite is true in Russia (men are happier than women). She speculates that this moderation effect may be due to disparities in status—women hold low status in Russia than the United States. Interestingly, no gender differences were found in Latin American countries. Women seem happier in China than men (Wang & VanderWeele, 2011).

6.3.2 *Theoretical Viewpoints*

Batz and Tay (2018) in their review of the research identified two major explanations of gender differences in relation to subjective wellbeing, namely structural, social-cultural, and biological. Batz and Tay also identified literature in support of

the lack-of-gender-differences viewpoint. Let us discuss these different viewpoints on the effects of gender on wellbeing.

The *structural* viewpoint focuses differences in institutional arrangements and opportunities between men and women. Based on this viewpoint, gender differences in subjective wellbeing is due from men and women's experiences of inequality in the context of economic, educational, political, and social institutions. For example, differences in wellbeing may be influenced by access to education, income differences, and representation in government. These structural differences lead to differences in the way men and women meet their needs—women are less able to meet their needs as compared to men.

The *socio-cultural* viewpoint focuses on differences in societal expectations and norms for men versus women or what social psychologists and sociologists call gender roles. Gender roles are socially held stereotypes about what is acceptable characteristics and behavior of each sex. For example, gender roles influence what we believe as appropriate occupations for men and women. We also have beliefs about what men and women should look like, how they should behave in public, even what emotions should be expressed. Violating gender role norms and expectations have a negative impact on well-being. For example, women suffer backlash when they take on roles in organizations that are not traditionally feminine.

The *biological* viewpoint focuses on biological differences—physical and physiological differences. That is, differences in subjective wellbeing may be determined mostly by biological and physiological processes that are significantly different in men versus women. For example, research has shown that there are hormonal or genetic differences between men and women that may account for differences in the way men and women experience affective components of subjective wellbeing. Specifically, classic twin-studies have shown gender difference in the heritability of happiness—women have a greater genetic determination in their happiness level as compared to men. There may be different genes that influence women's happiness such as the monoamine oxidase A (MAOA) gene. This gene is involved in mood regulation and the common finding is that this gene may be responsible for women experiencing moods more intensely with greater frequency in mood shifts as compared to men. The same can be said about hormones (e.g., estrogen and progesterone in women) that account for women's fluctuations in positive and negative affect, particularly during the premenstrual period.

6.4 Effects of Marital Status, Family Composition, and Family Life Cycle

Much evidence exists concerning the predictive effects of marital status on wellbeing. Let us discuss this rich research literature.

6.4.1 *Marriage*

The evidence points to a positive effect of *marriage* (see Diener, 2009, for a literature review). Diener also points out that the evidence rules out the alternative explanation that happier people get married or stay married. Also new evidence suggests that marriage, on average, enhances happiness more and longer for women than men (Tao, 2019).

However, the wellbeing benefit of marriage assumes “happy marriage.” Research suggests that those who are not happily married are likely to report physical health problems and psychological difficulties (DeLongis, Folkman, & Lazarus, 1988), and thus lower levels of wellbeing. Lucas, Clark, Georgellis, and Diener (2003) conducted a longitudinal study and found no support for the notion that happiness increases after marriage. The finding shows that there may be a short-lived spike in happiness, but eventually people return to their baseline happiness they have experienced before marriage. Lucas and Clark (2006) re-analyzed the data to control for cohort effects and other confounds related to cohabitation, and the results still reinforced the core finding: people do not get a lasting boost of happiness following marriage.

In a more recent review of the research literature, Nelson-Coffey (2018, p. 404) summarized this literature as follows:

In sum, married people tend to be happier than single, divorced/separated, and widowed individuals, with the most consistent evidence from cross-sectional studies of opposite-sex couples. Longitudinal research suggests that getting married is associated with a boost in happiness that diminishes over time. Furthermore, despite these overarching trends in the association between marriage and happiness, little work has explained why marriage is associated with happiness.

The wellbeing benefits of marriage have been explained using concepts such as social support, stress-buffering effects, feelings of belonging and purpose (Nelson-Coffey, 2018). Human beings have a fundamental need to belong and to feel connected to others. Successful marriage offers men and women opportunities to feel that they belong to each other—feel connected. Furthermore, much research has demonstrated that social support has wellbeing beneficial effects, both physical and mental health. For example, receiving support from one’s spouse (or life partner) is associated with greater life satisfaction and reduced depressive stress. Having said this, recent research in Europe may have debunked the wellbeing effect notion of the married compared to the unmarried (Kislev, 2020). The research now points to the possibility that the unmarried with high levels of social capital may experience higher levels of wellbeing compared to the married.

6.4.2 *Having Children (Parenthood)*

How about *having children or parenthood*? There is evidence that having children living in the household is not good for women's wellbeing (Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004). Hansen, Slagsvold, and Moum (2009) conducted a study exploring the association between parental status (childless persons, parents with residential children, and empty nest parents) and a host of psychological wellbeing measures of people in midlife and old age. These measures included cognitive wellbeing outcomes such as life satisfaction and self-esteem and affective outcomes such as positive/negative affect, depression, and loneliness. They used a large-scale survey: the Norwegian Life Course, Ageing and Generation Survey. The study findings indicated that childless women reported the lowest cognitive wellbeing outcomes. The relationship between parental status and psychological wellbeing was nonsignificant.

Apparently, the relationship between parenthood is complex. We need to consider whether parenting involves a single parent or multiple parents, how many children, the ages of the children (parenting a toddler versus a teenager). There are studies showing that parents report greater well-being than nonparents, parents reporting lower well-being than nonparents, parents and nonparents do not differ in their reported well-being, and parents reporting both more positive and negative emotions than nonparents (see review of this literature in Nelson, Kushlev, & Lyubomirsky, 2014).

6.4.3 *Divorce and Widowhood*

Divorce is usually accompanied by emotional turmoil, depression, hostility, and loneliness (e.g., Price & McKenry, 1988; Weiss, 1979). However, it is not all gloom and doom for divorced and separated women. One study has shown that one major dimension of wellbeing, autonomy, is higher among divorced and separated women, relative to other women who are married (or never being married) (Lindfors, Berntsson, & Lundberg, 2006).

Let us try to be more specific about the psychology of divorce and its impact on wellbeing. There is evidence suggesting that divorce is stressful. Divorce has been cited as a very traumatic life. It has been linked to anxiety, depression, post-traumatic stress, substance abuse, low self-esteem, poor physical health, and low life satisfaction (see literature review in Kansky, 2018). However, recent research also shows that divorce can generate post-traumatic growth, personal growth, and positive emotions. Further, research shows that divorced individuals usually report increased satisfaction and higher relationship quality in their next romantic relationship.

Parental divorce seems to be associated with a host of negative adult outcomes including low subjective wellbeing as well, more behavioral problems, less education, lower job status, lower standard of living, lower marital satisfaction, heightened

risk of divorce, heightened risk of being a single parent, poorer physical health, and violence (e.g., Amato & Cheadle, 2005; Amato & Sobolewski, 2001; McNeal & Amato, 1998). Using a large-scale survey, Zullig, Valois, Huebner, and Drane (2005) was able to demonstrate that adolescents who lived with other relatives, non-relatives, or guardians were more likely to report lower levels of life satisfaction than other groups. Kwan (2008) conducted a study on adolescents in Hong Kong trying to examine the relationship between family structure and life satisfaction. The study findings revealed that adolescent life satisfaction is highest among those living with two parents and lowest among those living with father only, no parents, or single parent. Those living with mothers report high levels of life satisfaction equivalent to those living with two parents.

With respect to *widowhood*, Lucas et al. (2003, 2004) have conducted a 15-year longitudinal study involving widows and found that widows did not, on average, fully recover and return to their earlier levels of life satisfaction (before the loss of their spouse).

6.4.4 Cohabitation

As previously stated, much of the research show that being married is likely to contribute to wellbeing, much more so than those who have never been married (i.e., those who are divorced, separated, or widowed—see previous discussion on marriage). How about research on well for those who are cohabitating? According to a recent literature review on this subject, the evidence is mixed (Nelson-Coffey, 2018). Some studies documented evidence suggesting that married couples report greater happiness than cohabitating couples, but other studies find no difference.

The literature offers three explanations for why cohabiters may be less happy compared to married couples (Nelson-Coffey, 2018). The first explanation is *socio-cultural*. That is, it may be that cohabitating couples are less happy than married couples because they live in countries in which cohabitation is frowned upon. In other words, these couples are violating social norms, which may be a factor in the relative unhappiness. The second explanation is *attitudinal*. Specifically, people who choose to cohabit may have a negative attitude toward marriage, which undermines relationship commitment leading to dissatisfaction in their love life. This dissatisfaction may contribute to their general unhappiness at large. The third explanation is *behavior-based*. Specifically, the experience of cohabiting may create an unfavorable attitude toward commitment to the relationship, which in turn may undermine relationship quality. As suggested above, dissatisfaction with the relationship, in turn, may contribute to dissatisfaction with love life at large, which in turn spills over to life dissatisfaction.

6.4.5 Adoptive and Blended Families

Many parents adopt because of infertility problems. Infertility is stigmatized in many countries and cultures. In addition to the stigmatization associated with infertility, many adoptive parents experience much stress related to intrusive adoption screening. This stress affects the wellbeing of adoptive parents (see literature review in Nelson-Coffey, 2018). However, the research seems to be inconclusive at this point.

Research comparing stepparents to biological parents is also inconclusive other family structures is similarly inconclusive. Some studies found differences in symptoms of depression, life satisfaction, and self-esteem, other studies have no significant differences. It seems that other factors influence the wellbeing of adoptive parents (e.g., family cohesion), and less so with respect to objective family structure (Lansford, Ceballo, Abbey, & Stewart, 2001).

6.4.6 Same-Sex Marriage and Partnerships

Although same-sex marriage is legally recognized in many countries worldwide, much of the research on marital relationships and wellbeing focus on opposite-sex relations. Based on a recent review of the literature (Nelson-Coffey, 2018), it seems that the factors that predict relationship quality and wellbeing in same-sex couples are similar to those of opposite-sex couples. These include trust, communication, and conflict-resolution styles. For example, the research finds no significant differences in life satisfaction comparing lesbian, gay, and heterosexual couples.

6.4.7 Moderator Effects

Apparently, the effect of marital status on subjective aspects of QOL is not straightforward. There are many moderator effects.

One moderator effect is *gender*. There is some evidence suggesting that the link between marriage and subjective wellbeing may differ between men and women (see Nelson-Coffey, 2018, for literature review). However, this difference may be a function of the focal construct, namely relationship status versus relationship quality. Allow me to explain. In terms of relationship status (wellbeing response to being married versus divorced), the research suggests that men's wellbeing is more adversely affected by divorce than women. Perhaps men benefit more from spousal social support than women. It may be that women may rely on social support outside the marriage than men. As such, divorce does not have a devastating impact on their wellbeing compared to men. However, if we focus on relationship quality instead of relationship status, we see the opposite. Relationship quality affects women's wellbeing, much more so than men's wellbeing. In sum, for men, simply being

married seems to be important for their well-being; conversely, for women, being in a high-quality relationship is important for their wellbeing.

How about the moderating effects of gender in relation to parenthood? Based on a review of the literature, Nelson-Coffey (2018) asserts that enough evidence exists suggesting that parenthood is more strongly associated with greater well-being for fathers than for mothers. Apparently, wellbeing in mothers fluctuates in that it decreases during pregnancy, increases around childbirth, followed by a gradual decline over the course of three years (possibly because of the heavy burden of childcare).

Research has also shown that *attachment style* is also another moderator. Attachment style involves three dimensions, namely attachment anxiety, attachment avoidance, and secure attachment (Mikulincer & Shaver, 2016). Specifically, attachment anxiety refers to fear of rejection and desire for extreme intimacy; attachment avoidance refers to distrust of relationship partners along with a desire for independence; and secure attachment involves trust, comfort, and ease in close relationships. Research shows that those high on secure attachment and low on attachment anxiety and avoidance tend to experience high levels of subjective wellbeing. In addition to influencing expectations in marital relationships, attachment style also shapes expectations concerning childcare (Mikulincer & Shaver, 2016). Attachment avoidance seems to be associated with stress in parenthood. This attachment style is also associated with distant feelings toward children, more negative than positive emotions, and dissatisfaction with parenting satisfaction. In sum, this work suggests that attachment avoidance is associated with relatively lower levels of well-being among parents (Nelson-Coffey, Borelli, & River, 2017).

How about the moderating effects of *socio-economic status*? Research suggests that this construct moderates the effect of parenthood and wellbeing (Margolis & Myrskylä, 2015; Nelson et al., 2013). High socioeconomic status individuals (people with higher income, more education, and who are employed) experience a higher level of wellbeing as parents than those with low socio-economic status. Perhaps this can be explained by the possibility that high socio-economic parents have access to more childcare resources compared to those with little resources. Childcare can be a source of joy for parents, if they have the resources to manage childcare effectively (Musick, Meier, & Flood, 2016; Nelson et al., 2013; Nelson-Coffey et al., 2017).

Another important moderator is *country or culture*. The effect of culture on the relationship between marriage and happiness is evident (Graham, 2009, 2011b). For example, based on large-scale surveys, Graham found marriage is positively correlated with happiness in the United States, Latin America, and Europe, but not in Russia. Furthermore, cross-cultural evidence suggests that married couples report greater happiness than cohabitating couples, but only in cultures with stronger religious and social norms against cohabitation (Lee & Ono, 2012; Soons & Kalmijn, 2009).

Another moderator may be the conjoint effects of *positive versus negative affect and culture*. Agrawal et al. (2011) conducted a large-scale survey in India and found that people across various marital status categories do not differ in relation to positive affect; however, there seems to be a marital status effect in relation to

negative affect. Specifically, currently or previously married women (separated/widowed/divorced) reported lower negative affect compared to unmarried women. Also, married men reported lower negative affect than unmarried men. A similar effect was reported in relation to life satisfaction. In other words, married men and women reported higher levels of life satisfaction than the unmarried (cf. Wang & VanderWeele, 2011). The authors interpreted these findings in a cultural context.

Unmarried women had higher [negative affect] than those married, reflecting the high premium placed on marriage and ‘settling down’ in Indian society, particularly for women. Those women who are separated/divorced/widowed had [negative affect]. In this group, majority were widowed and generally living within a support system, which might buffer against negative life events. (p. 430)

There may be a moderation of the *age and educational gap between husbands and wives* too. Groot and van Den Brink (2002) conducted a large-scale survey in the Netherlands and found a positive age gap between husbands and wives tend to be associated with life satisfaction of both husbands and wives (with husbands tend to be older than wives). Also, wives’ life satisfaction is positively associated with a smaller education gap between husbands and wives.

Transition through stages of the family life cycle may yet to be another moderator. Using data from the British Household Panel Survey, Plagnol and Scott (2011) were able to demonstrate that important life events (turning points in the family life cycle) do influence the wellbeing for men and women differently. Specifically, entering a partnership (e.g., marriage) and retirement had the strongest effect on perceptions of wellbeing. Furthermore, a meta-analysis of this literature indicates that the transition to parenthood is associated with an initial rise in life satisfaction followed by a subsequent decline (Luhmann, Hofmann, Eid, & Lucas, 2012). The same meta-analysis also revealed that parents reported greater positive emotion after their child was born than they did prior to becoming a parent.

6.5 Effects of Ethnicity and Minority Status

In the context of the U.S., much research has shown that African American tend to report lower levels of life satisfaction than other groups. Over the past 30 years or so, longitudinal surveys of the General Social Survey have documented this phenomenon: Blacks are less satisfied in life than Whites (e.g., Hughes & Thomas, 1998; Mookherjee, 1998). A similar pattern holds for differences between Black and White employees in relation to job satisfaction across a variety of industries (e.g., Davis, 1985; Deitch et al., 2003; Greenhaus, Parasuraman, & Wormley, 1990; Moch, 1980; Tuch & Martin, 1991). However, this racial disparity in job satisfaction is not found in the U.S. military (e.g., Lundquist, 2008).

Based on a literature review, Dolan et al. (2008) pointed to evidence suggesting that in the US whites report higher levels of subjective wellbeing than *African Americans*. With respect to other ethnic minorities in the US, they conclude that

the evidence at large is less clear because in many surveys employ the category of “other” to capture several categories of ethnicity, making the findings difficult to interpret.

Focusing on country effects, Graham (2009, 2011b) analyzed the effects of *minority status* across many countries that employed large-scale surveys, and her analysis revealed that minority (e.g., Blacks) in the United States and Latin America report lower levels of happiness than non-minorities. However, the opposite is true for minorities in Russia. Graham explains that this effect may be due to the fact that the status of minorities increased in post-communist Russia and many native Russians experienced significant losses in income and status.

Based on a literature review, Yoo, Kim, and Lee (2018) have identified four programs of research that provide insight into predictors of wellbeing and positive mental health. These are: (1) racial-ethnic discrimination, (2) racial-ethnic identity, (3) acculturation and enculturation, and (4) racial-ethnic socialization.

6.5.1 *Racial-Ethnic Discrimination*

The stream of research on *racial-ethnic discrimination* focuses on how people from certain racial and ethnic background are treated by others (in a discriminatory fashion), and ultimately how this bias in their treatment impacts their well-being and other mental health outcomes. Racial-ethnic discrimination has been theoretically and empirically linked to subjective wellbeing and other mental health outcomes for people of color. Perception and experience of racism by people of color have been linked to stress and consequently leading to higher distress, lower on other dimensions of wellbeing and positive mental health, namely self-esteem, life satisfaction, control and mastery, positive affect, and general wellbeing. The adverse effects on wellbeing and positive mental health have been well-documented through several meta-analytic studies (see citations and references in Yoo et al., 2018).

6.5.2 *Racial-Ethnic Identity*

According to Yoo et al. (2018), the literature makes the distinction between racial identity and ethnic identity. *Racial identity* is defined as the collective identity of any group of people socialized to think of themselves as a racial group. In contrast, *ethnic identity* is the subjective sense of ethnic group membership that includes self-labeling, sense of belonging, knowledge, attitude, and group participation. Yoo et al. (2018) made reference to meta-analysis linking racial-ethnic identity and mental health for minority groups in the US (African Americans, Asian-Americans, Hispanics, and Native Americans). The findings from this meta-analysis show that racial-ethnic identity is positively related to general well-being, and mental health outcomes (e.g., positive adjustment, positive social functioning, and self-esteem).

6.5.3 *Acculturation and Enculturation*

The same authors (Yoo et al., 2018) described the research related to the effects of acculturation and enculturation on subjective wellbeing and other mental health outcomes. *Acculturation* refers to the process of adapting and learning about the dominant, mainstream culture. In contrast, *enculturation* refers to the process of learning about one's culture of origin. The research literature makes the distinction between unidimensional and bi-dimensional measures of acculturation. Unidimensional measures capture the individual's sentiment toward rejecting one's own heritage culture to adapt to the culture of the host country (e.g., Mexican immigrants rejecting their Mexican culture in favor of the Anglo culture in the U.S.). In contrast, bi-dimensional measures of acculturation reflect the individual's retention of their own heritage culture while also retaining the culture of their host country (e.g., Mexican immigrants in the U.S. adopting the Anglo culture while also retaining their own Mexican culture of their parents).

Research has shown that only the bi-dimensional measures of acculturation are associated with measures of positive mental health outcomes (i.e., not the unidimensional measures). That is, immigrants and refugees who manage to adopt the culture of their host country while retain their own heritage culture tend to report higher levels of subjective wellbeing and positive mental health compared to those who fail to do not.

Furthermore, there is meta-analytic research suggesting that enculturation is positively related to positive mental health. Specifically, research findings point to the notion that biculturalism (those who are highly enculturated) score higher on measures of psychological adjustment such as high self-esteem and low anxiety compared to those who are not sufficiently enculturated.

6.5.4 *Racial and Ethnic Socialization*

The research literature, according to the same authors (Yoo et al., 2018) makes the distinction between racial socialization and ethnic socialization. *Racial socialization* refers to the extent to which a person learns from their parents about the meaning associated with being from a certain race (e.g., African-American learn from their parents that Blacks are devalued in society, and learn how to cope with racial prejudice and discrimination in the U.S.). *Ethnic socialization*, in contrast, refers to the learning of one's cultural heritage—cultural values, practices, traditions, language, and history.

Research in this area show that measures of ethnic socialization are associated with wellbeing and positive mental health, but not measures of racial socialization. Ethnic socialization is commonly captured using measures of cultural socialization (the extent the individual learns about the history, values, and pride of one's own culture—racial or ethnic; see example of a popular measure in Hughes & Chen,

1997). Study findings suggest that cultural socialization is generally positively related to measures of well-being. Interestingly, there is some evidence pointing to a curvilinear relationship of preparation for bias (a dimension of racial socialization) and psychological adjustment, with low and high levels relating to poor adjustment and moderate levels relating to positive adjustment. In other words, too little or too much discussion about racial bias in the family may relate to poor well-being with moderate amounts being most adaptive.

6.6 Effects of Education

Based on a literature review, Dolan et al. (2008) point to the conflicting findings regarding the relationship between education and subjective wellbeing. There are studies that point to a positive linear relationship, a positive nonlinear relationship (in which those who report the highest levels of subjective wellbeing have middle-level education), no relationship, and even a negative relationship.

We will begin by focusing on one of the seminal studies conducted in this area, the Campbell (1981) study. This old-time quality-of-life scholar suggested that education can contribute to subjective wellbeing and at the same time be a detriment to subjective wellbeing. Positively, education may be a resource to help accomplish life goals, therefore help people attain a high level of subjective wellbeing. The downside is education could raise people's aspirations too much to the point that makes it hard to achieve aspired goals, which, in turn, adversely impacts life satisfaction (e.g., Chevalier & Feinstein, 2006; Ruiu & Ruiu, 2019). That is, education can be a double-edge sword in relation to quality of life.

The predictive influence of education on the subjective aspects of quality of life seems moderated by a host of other variables. For example, Agrawal et al. (2011) conducted a large-scale survey in India and found that people across various educational levels differ in relation to positive affect. Specifically, men who reported higher educational levels reported higher positive affect than men with lower educational levels. In contrast, for women, negative affect was associated with educational level. That is, women reporting higher education levels also report lower negative affect. With respect to life satisfaction, women who reported higher levels of life satisfaction also reported higher levels of education. This effect was not evident in men. These results point to the moderation effect of *gender* and the *positive versus negative affect*.

Lawless and Lucas (2011) conducted a study using large-scale surveys in which a measure of life satisfaction was correlated with education across all counties in the United States. The study found clear evidence of a positive association between education and life satisfaction at the regional level, but not the individual level. In other words, there seems to be a moderation effect of *individual versus regional levels*. The authors interpreted the education effects as follows:

... it does not appear that education makes individuals happier, in turn leading to greater aggregate happiness for regions with more well-educated individuals. Instead, in regions with high levels of education, the population as a whole is happier, even though the educated individuals themselves are not happier than the less-educated residents. Of course, this correlational finding cannot determine whether having a highly educated population affects their wellbeing, as education could easily be an indicator of some other underlying cause. Importantly, it is clear that the education effect is not due to underlying differences in income, as the effect holds even when income is controlled. (p. 353)

Salinas-Jimenez, Artes, and Salinas-Jimenez (2011) used the data from World Values Survey to demonstrate education does indeed have a significant effect on life satisfaction independent of its effect on income. Furthermore, they were also able to demonstrate that the effect of education on wellbeing in part depends on *relative position rather than absolute level of educational attainment*. In other words, people engage in social comparison and feel a greater sense of wellbeing when they perceive that they are more educated than others.

The moderation effect of *culture* on the relationship between education and happiness is also evident (Graham, 2009, 2011a). For example, based on large-scale surveys, Graham found education to be positively correlated with happiness in most countries, except for Latin America. Education in Latin America seems to be more highly correlated with income (than other countries) to the extent when income is entered into the regression equation it washes out the education effect.

Oshio, Sano, and Kobayashi (2010), using data from the nationwide surveys in Japan, were able to demonstrate that people who reported that they were poor growing up (compared to those who reported that they were not poor growing up) also reported lower educational attainment levels, lower income, and lower overall happiness. These results suggest that education is confounded by *poverty conditions in the early stages of the life span*.

6.7 Effects of Other Demographic Variables

Does *unemployment* influence subjective wellbeing? Yes, it does and in a big way (see literature review in Chen, 2015; a meta-analysis in McKee-Ryan, Song, Wanberg, & Kinicki, 2005; and a comparative analysis in Chen & Hou, 2019). That is, those who lose their jobs suffer significant wellbeing decrements. However, interestingly, decrements of wellbeing can be mitigated by implementing coping strategies. For example, a recent study by Clark (2020) has shown that productive use of time on meaningful activities, conserving financial resources, social support, and cognitive re-appraisals are effective coping strategies that can mitigate the unemployment effect on wellbeing. Furthermore, recent research has found that the detrimental effects of unemployment may be limited to people who experience material deprivation as a result of unemployment (Luo, 2020). Those who do not experience material deprivation may experience an increase in life satisfaction while unemployed.

Dolan et al. (2008) reviewed the literature on the effects of *type of work* on subjective wellbeing and concluded that the evidence is not clear and is insufficient to draw meaningful conclusions. However, they pointed to suggestive evidence indicating that there may be a *status hierarchy in the type of jobs* that may play a role in life satisfaction, namely casual jobs may be the least satisfying, jobs protected by unions may be somewhat satisfying, and self-employment more satisfying.

Agrawal et al. (2011) conducted a large-scale survey in India and found that people across various *work status categories* do differ in relation to positive affect—men with full-time employment reported significantly higher positive affect than those men who were earning partially (i.e., those on a stipend or pension). This effect was not evident for women. Work status was also significantly correlated with negative affect for both men and women in that those who reported full-time employment also reported lower negative affect (than those not earning), and men who were partially earning reported significantly lower negative affect than those not earning. In contrast, the study findings also show no relationship between work status and life satisfaction.

The effect of *self-employment* (those who have their own small business) on happiness varies *across countries*. For example, Graham's (2009, 2011a) analysis reveals that the self-employed are happier in the United States and Russia, but less so in Latin America. She believes that this difference may be due to the fact that self-employment in the United States and Russia is a choice, which is less so in many Latin American countries—the vast majority of the self-employed in Latin America make a living in informal markets.

How about the effect of *part-time versus full-time work* and the *number of work hours per week*? Based on a literature review, Dolan et al. (2008) point to some evidence that suggests that *part-time work* is associated with lower life satisfaction among men than *full-time work*. However, the authors also point to the fact that this finding is not consistently supported across studies. With respect to the number of hours worked and subjective wellbeing the evidence is more ambiguous. Some studies found a positive relationship (the longer hours worked the greater the subjective wellbeing), other studies suggest a negative relationship, while still others suggest an inverse U-shaped curve (subjective wellbeing rises as hours worked rise but only up to a certain point before it then starts to drop as hours become excessive).

How about *commuting time to and from work*? There seems to be some evidence that suggests that there is a negative relationship between commuting time and life satisfaction (see literature review by Dolan et al., 2008).

Does the *size of the community* make a difference on the subjective aspects of quality of life? Dale (1980) found indicators of objective wellbeing are especially high in urban areas, whereas subjective wellbeing seems larger in less-populated areas. The author explains that people compare themselves with others who are much richer and, therefore, feel much poorer, while those living in less urban areas do not compare themselves with others as much. Another explanation may involve the fact that the cost of living in rural areas is significantly lower than urban centers. Perhaps this may be due to home production (e.g., growing own gardens and canning food) and lower prices for necessity items.

How about *urbanization*? There is some evidence suggesting that living in large cities is detrimental to life satisfaction, and conversely living rural area is beneficial across a wide range of countries in Europe, Australia, Sweden, and Latin America. However, the evidence is not consistent across all studies (see literature review by Dolan et al., 2008).

How about *religious affiliation*? In a literature review of the effect of religion on happiness, Ferriss (2002) found no happiness differences in the US among respondents reporting their religious affiliation as Jewish, Catholic, or Protestant (also see Cohen, 2002; and Haller & Hadler, 2006). Agrawal et al. (2011) conducted a large-scale survey in India and found that people across various religious categories differ in relation to negative affect in that Hindus reported less negative affect than non-Hindus. This was true for both men and women. No differences were detected in relation to positive affect and life satisfaction. Snoep (2008) conducted a study on religious affiliation and happiness in three countries (Netherlands, Denmark, and the USA) using data from the *World Values Survey*. One of the findings in that study is that religious affiliation (“belong to church organization”; “belong to a religious denomination”) was found to be significantly and positively correlated with happiness, but only for USA sample (not the Netherlands and Denmark samples). More recently, a survey of older people in Vietnam found that Buddhists and Caodaists are less happy than their non-religious counterparts (Tran, Nguyen, Vu, & Doan, 2017).¹

Is *home ownership* related to subjective wellbeing? The answer is yes, but certain types of homeownership are more strongly related to subjective wellbeing than others (Hu & Ye, 2020). Joint ownership (i.e., property is owned by both spouses) is associated with higher levels of happiness compared to sole ownership.

6.8 Conclusion

This chapter described much evidence related to the effects of demographics on wellbeing and positive mental health. The preceding chapter concluded that income does indeed play an important role on subjective wellbeing (at both the individual and national levels). Other demographic factors (e.g., age, gender, marital status, family composition, family life cycle, education, religious affiliation, work status-related demographics, and community-related demographics) play a less significant role; nevertheless, they do play some role. Invariably much of the evidence point to the fact that main effects of demographic factors (other than wealth and income) on

¹This discussion has been limited to the effects of religious affiliation on aspects of wellbeing and positive mental health. Religious affiliation is only one small aspect of “religion.” To examine the research related to the effects of other dimensions of religion on subjective wellbeing the reader is encouraged to examine the article by Kim-Prieto and Miller (2018).

wellbeing are weak. These effects tend to interact with many other variables in predicting wellbeing.

Nevertheless, there are policy implications to this research. Therefore, wellbeing researchers should refrain from generalizing about the effects of demographics on wellbeing with major qualifications. For example, the wellbeing research on gender reveals how gender disparity should be avoided and parity could be achieved. Similarly, the wellbeing research on ethnicity and minority status have policy implications. Understanding this research should help policy makers develop policies and programs to reduce prejudice and discrimination against minority status people and other disadvantaged groups in all sectors of society (education, workplace, marketplace, etc.).

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Chapter 7

Effects of Personal and Consumption Activities on Wellbeing



Happiness is a State of Activity.

—Aristotle (<https://www.goodreads.com/quotes/tag/activity>)

7.1 Introduction

Lyubomirsky (2007) suggested that happiness is influenced primarily by three sets of factors: (1) major life events such marriage and changes in employment, (2) genetics, and (3) *personal activities* such as physical exercise, engaging in spiritual activities, socializing, eating, and engaging in leisure activities of all sorts. Tkach and Lyubomirsky (2006) studied the types of personal activities that college engage in on a routine basis to maintain a positive level of happiness. They used a questionnaire containing 66 personal activities they call “happiness increasing strategies” or HIS. Sample activities include “spend time with friends” and “watch TV.” Participants rated how often they engage in these activities on a 7-point scale (1 = never to 7 = all the time). An exploratory factor analysis yielded eight factors. These were labelled as: (1) “social affiliation” (e.g., supporting friends, helping others, and savouring the moment), (2) “partying and clubbing” (e.g., going to bars with friends, drinking alcohol, and taking drugs), (3) “mental control” (e.g., trying not to think about being unhappy), (4) “instrumental goal pursuit” (e.g., pursuing career goals and striving to accomplish things), (5) “passive leisure” (e.g., watching TV, surfing the Internet, reading, and sleeping), (6) “active leisure” (e.g., exercising, trying to maintain health, and working on hobbies), (7) “religion” (e.g., seeking support from faith and engaging in religious activities), and (8) “direct attempts to be happy” (e.g., acting happy, smiling, and deciding to be happy). Warner and Vroman (2011) used the HIS measure in a study involving college students and was able to determine that three major sets of personal activities contribute to explaining the majority of the variance in subjective wellbeing. These are positive/proactive activities (e.g., nurturing relationships, cultivating optimism, and acts of kindness), spiritual activities (e.g., spiritual activities, forgiveness, and meditation), and physical/health activities (e.g., exercise and savouring).

This chapter describes the effects of personal activities on the subjective aspects of quality of life (hedonic wellbeing, life satisfaction, Eudaimonia, etc.). Personal activities cover a large gamut of activities such as physical activities (e.g., sports and recreation), religious activities (e.g., church going), social activities (e.g., socializing with others), volunteering activities (e.g., helping with church-related activities), caregiving (e.g., nursing the elderly), shopping activities (e.g., visiting shopping malls, browsing and spending money buying things), arts and culture activities (e.g., painting and sculpting), etc. The chapter starts out describing three major theories that link activities with subjective aspects of quality of life and then proceeds to describe research linking subjective wellbeing with specific personal and consumption activities.

7.2 Theories Related to Personal Activities

There are several wellbeing theories that help us better understand how activities enhance (or detract from) the subjective aspects of quality of life. These theories include classical conditioning, activity, flow, and personal expressiveness.

7.2.1 *Classical Conditioning*

Diener (2009) argues that happy people may be people who have had very positive affective experiences associated with a large number of environmental stimuli that elicits positive affect. In other words, a happy person may engage in a set of activities on a daily basis that are directly associated with positive affect (i.e., they are rewarding activities). Thus, over time, happy people may have built a strong network of positive associations and learned to react habitually in positive ways.

7.2.2 *Activity Theory*

Activity theory is an established theory in gerontology that links active involvement with happiness among the elderly. The concept of activity can apply to a broad range of active involvement in things such as socializing, engaging in physical activities, hobbies, and volunteering. Diener, Suh, Lucas, and Smith (1999), in their review of the literature related to activity theory, have concluded that there is a great deal of evidence that suggests that engaging in activities does contribute significantly to subjective wellbeing; however, there are many moderators that qualify this relationship. For example, when health and socio-economic status are controlled, the contribution of activity to subjective wellbeing diminishes significantly. The

Table 7.1 The effect of specific activities on happiness

	Hours spent (per day)	Effect on happiness (5-point scale)
Intimate relation	0.2	4.74
Socializing after work	1.2	4.12
Dinner	0.8	3.96
Relaxing	2.2	3.91
Lunch	0.5	3.91
Exercising	0.2	3.82
Praying	0.5	3.76
Socializing at work	1.1	3.75
Watching TV	2.2	3.62
Phone at home	0.9	3.49
Napping	0.9	3.27
Cooking	1.1	3.24
Shopping	0.4	3.21
Housework	1.1	2.96
Childcare	1.1	2.95
Evening commute	0.6	2.78
Working	6.9	2.65
Morning commute	0.4	2.03

Source: Adapted from Kahneman et al. (2004, p. 429)

contribution of activity to happiness is also dependent on the type of activity, personality factors, and other cultural factors.

Table 7.1 shows the effect of specific activities on happiness from a study conducted by Kahneman, Krueger, Schkade, Schwarz, and Stone (2004) using the experience sampling method (the method of asking study participants about their feelings at various points in the day).

7.2.3 Flow

Activities are pleasurable when the challenge is matched with the person’s skill level (Csikszentmihalyi, 1975). When a person engages in an activity that is either too easy or too difficult, he or she is not likely to experience flow—a state of total absorption with the activity.

Csikszentmihalyi has argued repeatedly that a happy life is not an excellent life. To lead an excellent life is to engage in activities that help us grow and fulfil our potential (Csikszentmihalyi, 1975, 1982, 1990, 1997). In his book *Finding Flow*, he states:

The quality of life does not depend on happiness alone, but also on what one does to be happy. If one fails to develop goals that give meaning to one’s existence, if one does not use the mind to its fullest, then good feelings fulfill just a fraction of the potential we possess. A

person who achieves contentment by withdrawing from the world “to cultivate his own garden,” like Voltaire’s *Candide*, cannot be said to lead an excellent life. Without dreams, without risks, only a trivial semblance of living can be achieved. (Csikszentmihalyi, 1997, p. 22)

There are many measures of subjective wellbeing guided by the theoretical notion of flow. For example, the popular Reflective Life Satisfaction (RLS) measure (Wood, Wylie, & Sheafor, 1969) involves the following items: “Most of the things I do are boring or monotonous” (reverse coded); and “The things I do are as interesting to me as they ever were.”

Much evidence exists that connects flow experience with life satisfaction: flow experienced in art and science (e.g., Csikszentmihalyi, 1996), flow experienced in aesthetics (e.g., Csikszentmihalyi & Robinson, 1990), flow experienced in sports (e.g., Jackson, Martin, & Eklund, 2008), flow experienced in leisure activities (e.g., Chen, Ye, Chen, & Tung, 2010; Jones, Hollenhorst, Perna, & Selin, 2000; Seifert & Hedderson, 2010), the flow experience across cultures (e.g., Asakawa, 2004; Bassi & Delle Fave, 2004; Moneta, 2004), flow and the autotelic personality (e.g., Asakawa, 2004).

7.2.4 *Personal Expressiveness*

Waterman (1990, 1992, 1993, 2004, 2005; Waterman et al., 2003; Waterman, Schwartz, & Conti, 2008) argues that identity development proceeds most successfully when people identify their best potentials and engage in activities that move them toward realizing those potentials. Engagement in those healthy eudaimonistic activities produces feelings of personal expressiveness.

These personal expressive feelings, in turn, reinforce the motivation that people feel to continue to engage in those activities. For example, a person may train for a marathon not only because he or she views running as serving instrumental goals such as health or glory but primarily for intrinsic experiential rewards—it makes the person “feel alive” and “feel intensely involved.” In other words, engaging in the activity leads the person toward a state of eudaimonia—according to Aristotle the goal of wellbeing (not only as a psychological state but also as a rational one). The key point, though, is that the reward is intrinsic because the feeling is an end in itself.

Personal expressiveness theory distinguishes two types of activities—those leading to hedonic enjoyment alone and those leading also to personal expressiveness. Activities associated simultaneously with hedonic enjoyment and personal expressiveness are most likely to be pursued in a sustained manner, contributing to self-realization. For example, a woman may enjoy a bicycle run and eating a fine healthy dinner with friends from the bicycling sport club. Both activities are hedonically enjoyable. However, the bicycle exercise is not only hedonically enjoyable but also personally expressive. Bicycle exercise is more likely to involve a rigorous physical activity that serves to actualize the woman’s potential to master this sport, whereas having that fine dinner with friends is likely to be only hedonically satisfying.

Waterman et al. (2008) calls activities both hedonically satisfying and personally expressive as “intrinsic motivating activities,” whereas activities that are only hedonically satisfying as “hedonic motivating activities.” Examples of measurement items capturing hedonic enjoyment include: “When I engage in this activity I feel more satisfied than I do when I engage in most other activities”; “This activity gives me my strongest sense of enjoyment.” Items capturing personal expressiveness include: “This activity gives me the greatest feeling of really being alive”; “When I engage in this activity I feel more intensely involved than I do when engaged in most other activities.” Empirical evidence has demonstrated that these two constructs are highly interrelated. However, there is an asymmetry between the two constructs in the sense that there is a significantly higher percentage of activities high on eudaimonia that are equally high on hedonic enjoyment. The converse is not true; that is, a high percentage of activities high on hedonic enjoyment are not high on eudaimonia (cf. Waterman et al., 2008).

Waterman et al. (2008) have shown that intrinsic motivating activities can be predicted by at least three variables: (1) perceived importance of the activity (assessed by one-item reading: “Overall, how important is this activity to you in your life?” the endpoints of the scale are identified as “not at all important” and “extremely important”); (2) the perception that these activities advance personal potentials (assessed by two summed items embedded within a series of items with the stem: “To what extent does this activity provide you with each of the following types of opportunities?” The relevant completions are “the opportunity for me to develop my best potentials” and “the opportunity for me to make progress toward my goals”; each item is associated with a scale with the endpoints identified as “not at all” and “very extensively”), and (3) the amount of effort invested in these activities (assessed by one item reading: “What is the usual level of effort you invest when you engage in this activity?” The scale ranged from “very low” to “very high”).

7.2.5 *Self-Determination*

Self-determination can play an important role in explaining the effects of activities on wellbeing. That is, engagement in sports motivated by intrinsic motives contribute to subjective wellbeing much more so than when the motives are extrinsic (Hagger & Chatzisarantis, 2007; Ryan & Deci, 2000).

Consider the following study by Jetzke and Mutz (2020). The study was able to demonstrate that the impact of sports activities is moderated the goals and motivations associated with the sport. Specifically, intrinsic sport motivations (enjoyment, sociality, relaxation, and fitness) was shown to enhance subjective wellbeing much more so compared to sport engagement driven by extrinsic motivations (control weight, compete for medals, distraction, etc.). The authors conclude that playful forms of sport activities that are end goals can contribute to higher levels of wellbeing compared to activities that are means to other end goals.

7.3 Effects of Specific Personal Activities

In this section we narrow our attention to understanding the role of specific activities on subjective wellbeing such as, social activities, leisure and recreation activities, spiritual and community activities, and economic activities.

7.3.1 Physical Activities

A review of the research literature dealing with the effect of physical activity on wellbeing and positive mental health (Buder, Zik, & Waitzman, 2020; Ehlers, Salerno, Aguiñaga, & McAuley, 2018; Zhang & Chen, 2019) highlights the benefits of physical activity to wellbeing and quality of life in older adults as a clinical population (i.e., the older individuals tend to be afflicted with acute and/or chronic illness). But how about in healthy older adults? The cumulative evidence suggests physical activity has a strong and positive influence on daily function. The evidence also suggests that physical activity serves to reduce symptoms of anxiety and depression, and increase positive affect, self-esteem, and self-efficacy. Physical activity also serves to enhance cognitive function such as decision making and working memory (McAuley & Morris, 2007; see Fig. 7.1). Although the focus of Ehlers et al.’s literature review is on older adults, there seems to be much evidence suggesting that the same mediating effects hold for a more general adult population.

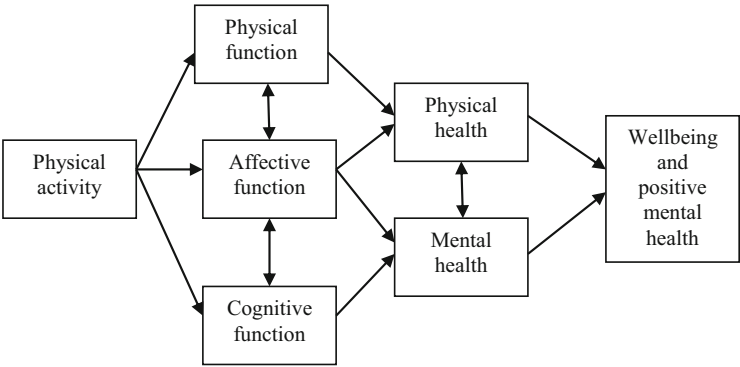


Fig. 7.1 Effect of physical activity on wellbeing and positive mental health. (Source: Adapted from McAuley and Morris (2007))

7.3.2 *Social Activities*

A large number of studies have found positive correlations between objective measures of social activities and subjective wellbeing (see literature review by Diener et al., 1999). These findings are also substantiated by longitudinal studies (see meta-analytic review by Okun, Stock, Haring, & Witter, 1984). For example, Lu and Argyle (1991) found that participation in group leisure activities, generated positive attitude toward the group, which in turn predicted greater happiness six month later, even after controlling for prior levels of happiness and personality trait such as extraversion. People experience more positive emotions when they are with others than when they are alone (Pavot, Diener, & Fujita, 1990). Menec (2003) found that participation frequency in social activities is associated with greater happiness (and better functioning and lower mortality) among the elderly. However, Diener et al. (1999) also cites studies that have found no relationship between social activities and subjective wellbeing.

7.3.3 *Leisure and Recreation Activities*

Arts-related activities are activities such as listening to music, playing music, dancing, watching dance performances, attending plays in theatre, movie going, painting, engaging in sculpture and pottery, reading literature (novels, short stories, and poetry), engaging in photography, quilting, gardening, flower arranging, and textile and fabric art activities. Michalos and Kahlke (2010a, 2010b) conducted a study in which they asked respondents to list the top 10-related activities and indicate the average hours per week they participated in these activities. These activities are:

- Listening to music
- Reading novels
- Watching films, dvd
- Singing alone
- Reading to others
- Telling stories
- Gourmet cooking
- Painting or drawing
- Singing in a group
- Watching TV art shows

After controlling a multitude of variables related to domain satisfaction and socio-demographics, the study revealed little contribution of arts-related activities on measures of life satisfaction. However, one specific relationship stood out in relation to life satisfaction: *live theater* (i.e., life satisfaction seems to be positively related to theater outings).

Galloway (2006) conducted a review of the literature on the relationship between arts/culture and quality of life and concluded by saying "...there is little evidence that cultural participation makes a significant positive contribution to individuals quality of life" (p. 335).

Biddle and Ekkekakis (2005), based on a review of the literature, asserted that there is enough evidence suggesting that even simple types of *physical exercises* such as gardening may be associated with higher levels of life satisfaction (and lower levels of depression). This effect is more evident for older than younger people.

Frey, Benesch, and Stutzer (2007) have argued that *television viewership* is negatively related to subjective wellbeing because this activity takes away from more engaging activities such as socializing, learning, sports and recreation, etc. Furthermore, heavy television viewership may lead to setting unrealistic high material aspirations that are not likely to be achieved, resulting in lower life satisfaction. Their cross-cultural data show that heavy television viewers report lower life satisfaction than light viewers.

A recent study by Lee and Heo (2020) examined the happiness impact of arts and cultural activities (visual arts, performing arts, movies, and sporting events) in Korea. Attending performing arts seems to be strongly associated with personal happiness. Watching movies was weakly linked with personal happiness. Furthermore, low-income individuals seem to benefit from arts and cultural activities much more so than high-income individuals. Similarly, a study conducted in Mexico (Reyes-Martinez, Takeuchi, Martinez-Martinez, & Lombe, 2020) showed that participation in cultural activities (reading books, reading articles, participating in art classes, and attending movies and theatre) are positively associated with life satisfaction, positive emotions, affective balance, and negatively associated with negative emotions.

7.3.4 *Spiritual and Community Activities*

Ferriss (2002) reviewed evidence suggesting that life satisfaction is higher the more frequently people attend *church*. Based on a literature review, Dolan, Peasgood, and White (2008) also point to the evidence suggesting that regular engagement in religious activities is positively related to subjective wellbeing. *Religious activities* are captured by measures such as whether the respondent reports actual "church" attendance "and time spent on religious activities (see Newman & Graham, 2018 for a recent review of the research literature demonstrating the positive association between engagement in religious activities and wellbeing—religious activities include a spectrum of activities such as reciting prayers, meditating, participating in worship services, going on a pilgrimage, and celebrating holidays and festivals).

More recent research also has supported the positive association between *religiosity* and subjective wellbeing (e.g., Hackney & Sanders, 2003; Koenig & Larson, 2001). Diener, Tay, and Myers (2011) has conducted several studies linking religiosity with subjective wellbeing and found the following:

- Religiosity is indeed associated with higher subjective wellbeing, especially where circumstances (economic and political) are difficult.
- In countries that have achieved a high level of social stability and safety and where people's needs are largely met, religiosity is less prevalent because subjective wellbeing is usually high without religiosity.
- Resources (e.g., social support, respect, and purpose or meaning) mediate the relationship between religiosity and subjective wellbeing.
- In countries where people have resources (social support and respect) without religiosity, they experience high levels of subjective wellbeing.

Graham (2009, 2011) reports results from Central Asia that shows no effect of *religious activities* on happiness. Specifically, the study gauged intensity of commitment to Islam by praying five times a day. Graham explains this anomaly by attributing it to the fact that religion is a divisive force in Central Asia than in places such as Europe and the United States (countries in which the effect of religious activities on happiness seems evident).

Holder, Coleman, and Wallace (2010) conducted a study to assess the relationship between spirituality and happiness among *children* aged 8–12 from both public and private (i.e., faith-based) schools. Children's level of spirituality was assessed in addition to their religious practices. The results indicate that spirituality is positively associated with happiness but *not* religious practices. Spirituality was measured using the Spiritual Wellbeing Questionnaire (Gomez & Fisher, 2003), which reflects four dimensions of spirituality: personal (meaning and value in one's own life), communal (quality and depth of interpersonal relationships), environmental (sense of awe for nature), and transcendental (faith in and relationship with someone or something beyond human). The construct of religious practices was measured using items from the Practice and Belief Scale (Idler et al., 2003) such as "How often do you go to a place of worship such as a church?" "How often do you pray or meditate privately outside of church or other place of worship?" and "I read religious or spiritual books or magazines." Happiness was measured using three different measures: Oxford Happiness Questionnaire (Cruise, Lewis, & McGuckin, 2006), the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999), and the *Faces Scale* (Abdel-Khalek, 2006).

Snoep (2008) conducted a study on religiousness and happiness in three countries (Netherlands, Denmark, and the USA) using data from the World Values Survey. One of the findings in that study is that *religious activities* ("spend time with people at your church"; "how often do you attend religious services") was found to be significantly and positively correlated with happiness, but only for USA sample (not the Netherlands and Denmark samples). However, not all forms of religious activities were found to be positively correlated with happiness. For example, survey items such as "I have moments of prayer/meditation" and "I pray to God outside of religious service" were not correlated with happiness measures in any of the three countries.

Harlow and Cantor (1996) found that older adults' *participation in community service* and other social activities was associated with greater life satisfaction. Thoits

and Hewitt (2001) found that people who volunteer for community activities are likely to experience greater happiness than others. Schwartz, Keyl, Marcum, and Bode (2009) conducted a study using a national sample of teens who engage in altruistic behaviour (helping others) to examine the effects of such behavior on health and wellbeing. The study findings indicate that altruistic activities are strongly linked with wellbeing (positive social relations, purpose in life, and self-acceptance). Similarly, using data from the European Social Survey, Plagnol and Huppert (2010) were able to demonstrate that volunteering activities are positively associated with measures of wellbeing.

Based on a literature review, Dolan et al. (2008) point to the fact that there is more evidence suggesting a positive relationship between *membership in community organizations* (non-church organizations) and subjective wellbeing than evidence suggesting otherwise.

With respect to *volunteering*, the overall evidence suggests that there is no relationship between volunteering and subjective wellbeing in an adult population. However, when focusing on older people, the relationship becomes positive. Some researchers have questioned whether volunteering cause happiness or it is the other way around (happy people are more likely to volunteer than unhappy people). The authors (Dolan et al., 2008) conclude:

Therefore, while some observers have claimed that greater community involvement is a win-win situation, providing better outcomes for the community at large and making those involved feel better about themselves, the evidence we review here suggests more caution is needed. (p. 104)

Caregiving involves activities that people undertake to take care of others who cannot take care of themselves (e.g., taking care of a disabled parent or a sick spouse). *Caregiving burden*, as it is called in the research literature, affects subjective wellbeing in negative ways (see Dolan et al., 2008 for a literature review). For example, Hooley, Butler, and Howlett (2005) investigated the effect of caregiving burden of people caring for those family members with congestive heart failure. The study findings show that a significant segment of caregivers scored high on depression. Similar findings were reinforced using other caregiving burden studies with other populations such as those who care for stroke victims (Han & Haley, 1999; Visser-Meily, Post, Schepers, & Lindeman, 2005) and young caregivers taking care of a sick or disabled parent (Pakenham, Chiu, Burnsall, Cannon, & Okochi, 2006). Cummings and colleagues Bride (2004) conducted literature review of the evidence related to various treatments enhance the quality of life of the caregivers and concluded that the most consistent support for effective interventions was for treatments using cognitive-behavioral, problem-solving, and reminiscence techniques.

How about *practicing compassion*? A converging body of studies point to the positive effect of practicing compassion on positive mood states (e.g., Hutcherson, Seppala, & Gross, 2008), reduced depressive symptoms (e.g., Taylor & Turner, 2001), increased self-esteem (e.g., Krause & Shaw, 2000), better coping with stressful events (e.g., Crocker & Canevello, 2008), and increased happiness and

life satisfaction (e.g., Thoits & Hewitt, 2001). Consider the following study examples. A study conducted by Schwartz, Meisenhelder, Ma, and Reed (2003) found that being a provider of altruistic behaviors has more benefits (in terms of lowered anxiety and depression) than being a recipient of altruistic behaviors. Dunn, Aknin, and Norton (2008) found that individuals who were randomly assigned to spend a windfall of money on others expressed higher levels of happiness than those instructed to spend the money on themselves (cf. Lyubomirsky, Sheldon, & Schakade, 2005). More recently, a study conducted by Mongrain, Chin, and Shapira (2011) assigned online participants to a compassionate action condition (act compassionately towards someone in a supportive and considerate ways for 5–15 the following day such as talking to a homeless person or simply being more loving to the people around) or control condition (writing about an early memory). Participants in the compassionate action condition reported gains in happiness and self-esteem (and decreases in depressive symptoms) over six-month period compared to the control condition participants.

7.3.5 Consumption Activities

There is a growing movement in wellbeing research that focus on the effects of aspects of consumption activities on aspects of wellbeing. This movement is coined as “hedonomics”—interdisciplinary studies that bridge psychology, economics, and consumer research or what some call “behavioral economics.” See Tu and Hsee (2018) for an enlightening review of this research literature.

Specifically, hedonomics refers to how consumers experience happiness as a direct function of the arrangement of and consumption choices. The authors (Tu and Hsee) review much of the research in relation to (1) pattern of consumption, (2) procedure of consumption, (3) match between the choice phase and the consumption phase, and (4) type of consumption. This research has important managerial and policy implications for “choice architects” working in both public and private sectors of society. The goal, of course, is to nudge consumers in ways to help them experience higher levels of happiness.

7.3.5.1 Pattern of Consumption

A consumer good or service can be divided into several chunks and consumed sequentially on separate occasions. Research has shown that characteristics of these chunks (e.g., number of chunks, size of each chunk in the sequence, and the changes in the size of each chunk) can influence happiness. Let’s examine this research a little more closely as described in the Tu and Hsee (2018) literature review.

According to these authors, research supports the *principle of segregation of gains*. This principle posits that segregating a fixed amount of consumption of a good or service into several chunks leads to increased happiness. For example, a

consumer who eats in a fancy restaurant and gets a relaxing massage is likely to experience greater happiness if these two consumption activities are experienced on separate days rather than on the same day. This may be due to the possibility that segregation of consumption activities allows consumers to recover from satiation.

Another pattern of consumption principle is *improving sequence*. This principle posits that arranging consumption experiences in an ascending order leads to increased happiness. That is, consumers are likely to experience more happiness when they follow a sequence of consumption events in which the last consumption activity is more satisfying than the preceding one. The last consumption experience has a more lasting satisfying effect than the preceding one. For example, a consumer is likely to experience more happiness if they eat dinner at a local Greek restaurant followed by a fancy French restaurant, compared to having dinner at the French restaurant first followed by the Greek restaurant. Happiness is felt when consumers experience an “improving sequence” of consumption activities.

How about the *accelerated increase* principle? This principle refers to the notion that happiness can be significantly increased when consumption activities of different sizes are arranged in an increasing pattern. The focus here is on velocity of positive change. Here is an example. Two video players, A and B. Video player A’s scores increase but they do so at an accelerated rate: 10, 20, 40, 80, 160, and 320. Video player B’s scores increase, but they do so at a constant rate: 100, 200, 300, and 400. Video player A experiences more happiness than video player B. Accelerated increases that are perceived as gains are associated with greater reward value than increases in gains that are constant.

7.3.5.2 Procedure of Consumption

According to Tu and Hsee (2018), goods and services can be consumed in different ways. Specifically, consumption activities can vary in terms of procedural dimensions such as delays, interruptions, speed, and curiosity towards the experience. These factors have been shown to influence overall happiness. Let us explore this research further by focusing first on the *adding delays* principle. This principle posits that delaying consumption can increase overall happiness. Consider the following experimental manipulation: study participants either waited 30 minutes before eating two chocolate candies or ate them immediately. Those who waited reported greater overall enjoyment of the chocolate candies. Why? Delay of gratification seems to amplify the reward value of the consumption.

Of course, delaying gratification from the consumption of a good or service requires self-control. Also, delay of gratification involves waiting, which in and of itself is unpleasant. The individual may experience anxiety and stress during the waiting period, which may reduce overall satisfaction.

Another principle is *adding interruptions and slowing down*. This principle posits that adding interruptions to a flow of consumption and slowing down consumption can increase overall happiness. Consider the following example: listening to one’s favorite song 10 times in a row (all in one sitting) versus listening to the same songs

with interruptions (in different sittings). The latter condition is likely to produce more happiness than the former. This is due to the disruption of the satiation effect. In the former condition, the individual becomes easily satiated; hence, they would experience diminishing happiness while listening to their favorite song in one sitting. The same can be said about slowing down the consumption experience to allow savoring. For example, slowing down eating during dinner is likely to produce greater happiness than rushing through a meal. Slowing down the meal consumption allows the individual to savor the experience, hence experience greater happiness.

Here is another principle, namely *inducing curiosity*. This principle posits that adding a curiosity induction period before consumption can increase overall happiness. Consider the following experimental treatment. Study participants were exposed to 10 pens. They learned that 5 of them deliver a painful but harmless electric shock; the remaining pens were regular pens. The experimental condition concealed which pens is wired (electric shock) and which is not wired. All 10 pens were clearly labelled as to which pen is wired. As such, the experimental condition induced curiosity—participants became curious as to which pen is wired; whereas, no curiosity was not induced. The act of consumption was to select which pen to use to write with. The experimental condition involving inducing curiosity generated more happiness than the control condition. Inducing curiosity heightens involvement with the consumption activity, which in turn serves to amplify the reward value of the consumption activity.

7.3.5.3 Match Between the Choice Phase and the Consumption Phase

Overall happiness with a consumption activity can also vary as a direct function of phase of the consumption process—choice versus consumption phase (Tu & Hsee, 2018). Research has uncovered the happiness effect of several factors such as hot or cold visceral states, independent versus joint decision-making, simultaneous versus sequential decision-making, and wide versus narrow focus. Let us discuss the happiness effects of these factors.

The principle of *hot versus cold visceral states* posits that matching the visceral state in the choice phase with that in the consumption phase can improve happiness during consumption. A hot visceral state refers to a psycho-physiological state in which the individual is agitated, hungry, sexually aroused, intellectually engaged, or motivated by some other need. In contrast to the hot visceral state, a cold state is exactly the opposite—a state of satiation, restfulness, tranquility, unarousal, etc. The challenge here is in making decisions about future states of consumption, the individual relies on their current visceral state to anticipate the extent to which they will be satisfied with a consumer good or service at a future point in time. For example, a person shopping for groceries today for meal preparation the next day will make shopping decisions influenced by their current visceral state. If they are currently not hungry for dessert, they are not likely to buy dessert for tomorrow's meal. Comes tomorrow, they feel unhappy about eating a meal without dessert. In this case, there is a mismatch between the visceral state experienced at the time of

choice and the time of consumption. This mismatch leads to unhappiness during consumption.

The *independent versus joint evaluation mode* principle states that people are usually in a joint evaluation mode in the choice phase but in an independent mode in the consumption phase; matching the evaluation mode in the choice phase with that in the consumption phase can improve happiness. For example, two people, Carol and Brittney, go grocery shopping together for a meal that will be consumed by Carol, not Brittney. Carol makes decisions that may be influenced by Brittney (e.g., buying organic and healthy food items because Brittney is health conscious and has strong opinions about what people should and not eat). As such, Carol ends up buying food items that Brittney approves. Come next day when Carol sits down at the dinner table to eat dinner—those food items purchased the day before with Brittney. She is not happy with that meal. The reason is rather obvious. Carol made meal decisions jointly while the actual consumption of the meal was independent (not a joint evaluation mode with Brittney). That is, there was a mismatch of the evaluation mode in the choice phase with that in the consumption phase. This mismatch detracts from the happiness experienced during consumption.

Here is another principle related to the (mis)match between choice and consumption phase, namely the principle of *simultaneous choices versus sequential consumption*. The focus here is the idea that while people usually consume options sequentially, their choice of goods or services may be made simultaneously or holistically. As such this mismatch between simultaneous choice and sequential consumption may detract from the happiness experienced during consumption. Consider the following experimental treatment. Study participants go to the grocery store and end up choosing three different desserts to eat for the next three days. This is the experimental group representing the simultaneous choice condition. Participants in the comparison group go to the grocery store on these three consecutive days and chose a dessert for the same day—the day when the dessert is consumed (i.e., sequential consumption). Which group is likely to experience more happiness when consuming the dessert? The obvious answer is the second group—the sequential consumption group. This is because there is a match between the choice condition and the actual consumption.

Then there is the principle involving the match/mismatch of the *contextual factors of the purchase event and the consumption event*. People are guided by their prediction of future happiness in consuming a certain good or service. In doing so, they make these predictions which guide their buying decision without considering the impact of contextual factors. But contextual factors (e.g., ambience, mood, presence of other people) do indeed influence happiness experienced during consumption. Thus, there may be a mismatch between the contextual cues in the buying event and the consumption event. This mismatch is likely to adversely influence happiness experienced during consumption. For example, people may forecast a high degree of happiness if they attend a football game. In making this forecast, they are likely to focus on how they may at the game; and in doing so, because the focus is on the game and only the game, it is very likely that they would anticipate a high degree of happiness at the game. But while at the game, their happiness is not only

influenced by the game itself but a host of contextual factors such as bad weather, the people sitting in front of them who have been blocking the view, and high noise level at the stadium). In this case, their happiness experienced at the game is likely to be lower than what they anticipated.

7.3.5.4 Type of Consumption

Happiness is experienced at different levels as a direct function of the type of consumption of equivalent monetary value (Tu & Hsee, 2018). Specifically, spending money to buy a consumer good (e.g., a fancy TV) is viewed as “material consumption.” In contrast, spending money on a short cruise that cost approximately the same amount of money in relation to the purchase of a consumer good is viewed as “experiential consumption.” Research has shown that experiential consumption is likely to produce more intensive and more durable happiness compared to material consumption (of equivalent monetary value).

It may be that experiential consumption is more integral to one’s identity than material consumption. When people are asked to write their “life story,” they tend to weave experiential consumption into their stories much more so than experiences related to material consumption. As such, experiential consumption is more central to personal identity.

7.3.5.5 Other Factors in Consumption

Several studies have uncovered the fact that *compulsive shopping* and *impulse buying* tends to heighten positive emotions and reduce negative emotions in the short run (e.g., Mick & DeMoss, 1990; Rook, 1987; Rook & Gardner, 1993; Verplanken, Herabadi, Perry, & Silvrea, 2005). However, in the long run, chronic impulse buying is negatively related to subjective wellbeing (Silvera, Lavack, & Kropp, 2008).

Tatzel (2002) described the relationship between *spending on consumption* and subjective wellbeing as an inverted-U relationship—subjective wellbeing increasing as spending moves from tight to loose and then declining as looser spending turns into compulsive spending. Perhaps this may be due to the fact that excessive spending brings debt, which is detrimental to one’s overall sense of material wellbeing and life satisfaction (cf. Ahuvia & Friedman, 1998; Faber & O’Guinn, 1992; Hanley & Wilhelm, 1992).

A study by Linssen, van Kempen, and Kraaykamp (2011) in rural India showed that respondents who report higher levels of *conspicuous consumption* also report lower levels of subjective wellbeing. When people feel inferior in terms of their socio-economic status, they tend to compensate by buying and consuming durable goods and services that signal status to others. But doing so usually comes at the expense of meeting basic needs, which adversely affect subjective wellbeing.

7.4 Conclusion

What have we learned from this chapter? There are many physical activities that play a positive role in subjective wellbeing: social activities, physical exercise activities, volunteering activities, and religious activities. However, other activities such as shopping, television viewership, and caregiving activities tend to be associated with short-term wellbeing gains but long-term losses. Some activities such as arts and culture-related activities should enhance subjective wellbeing, but the jury is still out on this. Wellbeing researchers should attempt to develop more sophisticated models to map out the mediating links between arts and culture activities and the immediate and long-term effects related to wellbeing.

Classical conditioning theory, activity theory, flow theory, and personal expressiveness theories help us understand how and why engaging in certain activities can boost an individual's level of wellbeing. For example, flow theory is well-suited to explain why challenging and skilful activities contribute to wellbeing. Personal expressiveness theory helps us understand how subjective wellbeing is experienced when people engage in activities that reflect their sense of personal identity. Activity theory helps explain why staying busy and engaged in daily life is important for health, longevity, and wellbeing, especially for the elderly. Similarly, self-determination theory asserts that people can extract more wellbeing benefits when they engage in activities motivated by intrinsic rather than extrinsic reasons.

Of course, these theories have policy implications. For example, classical conditioning helps us identify those activities that are strongly associated with rewards for a specific population in certain situations, and as such, promote these activities for that population under the specified conditions. Activity theory preaches engagement in activities, especially in older age. Remaining active, physically, and socially is key to wellbeing. Flow theory advocates engagement with challenging activities, those that require a level of skill that matches that of the individual. As such, leisure, social, and physical activity programs should be designed with the flow notion in mind. Furthermore, personal expressiveness theory as well as self-determination theory prompt us to design activity programs (of all types) that have intrinsic value to the individual, which are personally expressive. Again, doing so should enhance wellbeing.

Finally, the science behind consumption activities could be used by marketers to promote goods and services that can make a difference in consumers' wellbeing. The principles associated with pattern of consumption, procedure of consumption, the match between the choice phase and the consumption phase, and type of consumption can guide organizational efforts in the marketing of healthful goods and services.

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Chapter 8

Effects of Biology, Drugs, Life Events, and the Environment on Wellbeing



A healthy body is a guest chamber for the soul: a sick body is a prison.

—Francis Bacon (<https://www.wiseoldsayings.com/wellness-quotes/#ixzz6cArTknKA>)

8.1 Introduction

I read an article the other day on “spotlight on magnesium” (<https://www.holistia.com.au/blog/tag/mental+health>). The writer in this article makes the case that taking magnesium is essential to wellness and wellbeing. Magnesium does much for the body, both physically and mentally. The writer asserts that every cell in the body requires magnesium to function well. Magnesium helps convert food into energy; it helps create proteins and amino acids and repairing DNA; it helps reduce insulin resistance; it helps improve PMS symptoms; it helps reduce inflammation; and helps with muscle contraction and relaxation; and it helps with the regulation of neurotransmitters. If we have a magnesium deficiency in our bodies, we are likely to experience a host of symptoms. These include unpleasant mood, chronic stress, restless sleep, fatigue and muscle spasms, high blood pressure, heart palpitations, migraines, osteoporosis, and asthma. What struck me about this article is the notion that something as dismissive as magnesium deficiency can cause all the physical and mental problems, including subjective wellbeing. Wow! This is an epitome of an example of how physical reality, in this case magnesium deficiency (and as small as it is), can impact wellbeing at large.

As such, this chapter focus on the effects of certain physical realities such as genetics, biology, physical health, drugs, life events, and the physical environment on wellbeing and positive mental health. I will start this chapter out by discussing the effects of biology on wellbeing.

8.2 Effects of Biology

The literature in wellbeing and positive mental health is replete with studies that have examined the effect of biological factors on wellbeing and positive mental health. Examples of such factors include genes, hormones, stress, anxiety and depression, sleep, physical exercise, obesity/body weight, eating disorders, and dirural preference.

8.2.1 *Genes*

Lykken (1999) has argued (with substantial evidence) that people are endowed (from their genetic/biological makeup and/or from early childhood socialization) with a certain amount of happiness they carry around from one situation to another. His metric for happiness is “haps.” Some people are endowed with, let us say, 20 haps, some 35 haps, and some, perhaps 5 haps. Those who are characterized as having more “haps” are called “happy people,” and those with less haps as “unhappy.” Lykken proposes that people experience events and these events generate positive and negative affect. Life events serve to add a few haps to the person’s repertoire of haps (the person’s set point of happiness), thus enhancing subjective wellbeing in a given situation at that time. However, according to Lykken, these additional increases in subjective wellbeing are not permanent additions to the person’s overall happiness repertoire (the person’s set point of happiness). These increases in subjective wellbeing reflect only a temporary “boost.” The person, in the absence of experiencing other positive or negative events, returns to his endowed set point. These positive events are emotional uplifts. Conversely, there are hassles. Hassles are negative events that temporarily reduce the person’s overall repertoire of happiness.

The point here is that people have a set point of happiness, an overall bank of positive and negative affect representing the person’s level of subjective wellbeing. One can add or take away from this bank, but these additions and subtractions are temporary and reflect how the person feels overall in each instance or in a given situation. Suppose a teenager, we will call Mark, has a happiness endowment of, let us say, +20 haps. He goes to school and sees his girlfriend flirting with a guy. He feels bad. These negative feelings amount to, let us say, −5 haps. Therefore, at the time he experienced the negative affect (seeing his girlfriend flirting) his subjective wellbeing amounted to +15 haps (i.e., +20 haps from his endowment and −5 haps from the negative affect generated from that situation). After a couple of days, assuming no incidents that made him feel particularly good or bad occurred, he returns to his set point, which is +20. In other words, his level of subjective wellbeing was measured at +20, two days after the flirting incident.

Tellegen et al. (1988) studied the issue of heritability of subjective wellbeing by examining twins who were reared together and those who were reared apart. They

estimated the heritability of the wellbeing facet and global emotionality factor to be 0.48 and 0.40, respectively. The heritability of the stress reaction facet and negative emotionality were 0.53 and 0.55, respectively. These estimates suggest that about half of the variance of subjective wellbeing could be attributed to heritability (i.e., genes). Recent studies have replicated Tellegen's basic findings (e.g., Johnson, McGue, & Krueger, 2005; Lykken & Tellegen, 1996; Nes, Roysamb, Tambs, Harris, & Reichborn-Kjennerud, 2006; Roysamb, Harris, Magnus, Vitterso, & Tambs, 2002; Roysamb, Tambs, Reichborn-Kjennerud, Neale, & Harris, 2003; Stubbe, Posthuma, Boomsma, & De Geus, 2005). For a comprehensive review of the wellbeing findings related to genetics, see Nes (2010) as well a discussion of the policy implications of this research. A more recent review of the research literature on this topic can be found in Røysamb and Nes (2018).

If genetics may have a significant role in subjective wellbeing, then the next question is what gene? Recent research has shown that the short allele variant of the serotonin transporter (5-HTT) gene is associated with depression, given a proper environmental trigger. In contrast, the long allele variant predisposes the individual carrier to resilience under stressful and adverse life circumstances (Caspi et al., 2003; Kendler, Kuhn, Vittum, Prescott, & Riley, 2005). The same gene was found to affect brain activation in the amygdala (a region in the brain involved in processing emotion) (Rao et al., 2007). Bartels et al. (2010) reported suggestive evidence indicating a signal at the end of the long arm of chromosome 19 and possibly the short arm of chromosome 1 to be related to measures of subjective wellbeing. Fredrickson et al. (2013) have reported divergent transcriptional response to adversity (CTRA; pro-inflammatory, antiviral and antibody-related genes) for hedonic and eudaimonic wellbeing despite the two constructs being highly correlated, suggesting that the two types of wellbeing engage distinct gene regulatory programs despite similar effects on overall wellbeing (see discussion of these study findings in (Brown, MacDonald, Samanta, Friedman, & Coyne, 2014 and Fredrickson et al., 2013).

Røysamb and Nes (2018) summarized much of this literature as follows:

- Twin and adoption/family studies have shown that subjective wellbeing is heritable (estimates in the 25–50% range);
- Genome-wide complex trait analysis indicates around 4% of the variance can be attributed to heritability of subjective wellbeing; and
- There is a significant discrepancy between the heritability findings of the twin/adoption/family studies and genome-wide complex trait analysis; however, the consensus among genetics researchers is that the findings from twin/adoption/family studies are more valid because these studies better capture the entire genetic effects.

As such, these authors have concluded by stating:

Based on the combined findings from molecular and quantitative genetics it seems fair to conclude that the total genetic effect on wellbeing is substantial. Yet there is no major happiness gene that explains most of the heritability, but rather a high number of genetic

variants, each with very tiny effects, which appear to operate and interact in complex ways. (Røysamb & Nes, 2018, p. 272)

8.2.2 *Hormones*

Rector and Friedman (2018) reviewed much of the research literature on the relationship between hormones and wellbeing and positive mental health. Specifically, they review the existing literature on the ways in which wellbeing is linked to the endocrine and neuroendocrine system. They break down their review by type of hormone, namely adrenal hormones (cortisol, dehydroepiandrosterone-sulfate, and catecholamines), sex hormones (testosterone and estrogen), metabolic hormones (insulin-like growth factor, insulin, and thyroid hormones), and other hormones (oxytocin, anti-diuretic hormone, and prolactin). The effects of these hormones are summarized in Table 8.1.¹

8.2.3 *Stress, Anxiety, and Depression*

Stress is ubiquitous—everyone experiences stress daily in one form or another, minor stressors (e.g., navigating through crowded city streets) and major stressors (e.g., death in the family). Stress has an adaptive function. It is associated with our fight-or-flight response to threats. It helps us survive by motivating us to respond to internal and external stressors—internal as in disease and other biological disorders and external as a threat from the environment.

The problem is not acute stress but chronic stress. Chronic stress, stress extending over time, has deleterious effects on health and well-being. Much research has shown that chronic stress undermines subjective wellbeing by compromising mental health as in generalized anxiety disorder, major depressive disorder, and post-traumatic stress disorder (see Dolcos, Moore, & Katsumi, 2018, for a review of this literature).

These authors explained how exposure to stress play a negative role in subjective wellbeing as follows. A stressor (a threat to the individual) activates the body's stress response (the fight-or-flight response) by producing hormones and neurochemicals in the brain, namely cortisol and adrenaline. Cortisol serves to activate the senses to increase alertness to help deal with the threat. Adrenaline serves to arouse the entire body for physical action. The hippocampus have the largest number of cortisol

¹Neuroscientists make a distinction between “hormones” (chemicals excreted into the bloodstream) and “neurotransmitters” (chemicals released by neurons from their presynaptic nerve terminals). Examples of neurotransmitters include such as acetylcholine, norepinephrine, serotonin, epinephrine, dopamine, gamma aminobutyric acid (GABA), glycine, glutamate, endorphins, and lipid amide anandamide (Advokat, Comaty, & Julien, 2019, pp. 53–68).

Table 8.1 Hormones and their associations with wellbeing

	Function	Relationship with wellbeing
<i>Adrenal hormones</i>		
Cortisol	Elevates blood glucose; activates anti-stress and anti-inflammatory mechanisms	Wellbeing is linked to optimal cortisol regulation and buffering of adverse events.
Dehydroepiandrosterone (sulfate)	Androgen; intermediate in sex steroid biosynthesis; binds to neurotropic receptors	Supplementation in older adults increases wellbeing.
Catecholamines	Initiates cascade of physiological changes, mobilizes resources to deal with stressors	Findings are mixed and inconclusive.
<i>Sex hormones</i>		
Testosterone	Controls expression and maintenance of male-specific characteristics; regulates sexual differentiation and behavior	Weak evidence linking this hormone to wellbeing in older adults; studies lacking in younger adults
Estrogen	Controls expression and maintenance of female-specific characteristics; regulates sexual differentiation and behavior	Studies lacking
<i>Metabolic hormones</i>		
Insulin-like growth factor	Involved in neuronal survival, neurogenesis, angiogenesis, neurotransmission, regulation of food intake, and cognition	Inversely related to wellbeing; binding protein directly linked to wellbeing; documented evidence may be age- and sex-specific
Insulin	Regulates macronutrient metabolism by promoting absorption of glucose into tissues	Intranasal insulin improves mood and mitigates reactivity to social stress; documented evidence may be age- and ethnicity-specific
Thyroid hormones	Regulates physiological functions, including growth and development, metabolism, body temperature, and heart rate	Positively linked to wellbeing but evidence is mixed; may be moderated by age, sex, and thyroid function
<i>Other hormones</i>		
Oxytocin	Facilitates labor during pregnancy and vasoconstriction; promotes pair-bonding behavior	Inconsistent evidence linking intranasal administration of oxytocin with wellbeing; relationship may be moderated by receptor genotype
Anti-diuretic hormone	Stimulates water retention and vasoconstriction; promotes bonding behavior	Positive relationship with wellbeing; receptor type and sex may moderate the relationship
Prolactin	Regulates water and salt balance, breast milk production, cell proliferation and differentiation, T-cell immunity, pancreatic B cell function, haematopoiesis, and adipogenesis	Female-specific positive relationship with wellbeing; positive behavior patterns during conflict

Source: Rector and Friedman (2018, pp. 327–328)

receptors in the brain. As such short exposure to cortisol improves hippocampal activity and memory, but prolonged exposure to high levels of cortisol damages the hippocampus. Research has demonstrated that people with anxiety, depression, and post-traumatic stress disorder have significantly shrunken hippocampus.

It is worth noting that there is a body of research dealing with the effects of stress in child development and how stressors in childhood influence subjective wellbeing over the long haul. The implication of this research is that wellbeing is comprised across the life span if social relationships, particularly those with attachment figures, are absent, inconsistent, or of low quality. See DePasquale and Gunnar (2018) for a review of this research literature.

8.2.4 Food, Sex, and Drugs

Hofmann, Diel, and Seibel (2018) have reviewed the research linking appetitive desires (e.g., food, alcohol, and sex) and subjective wellbeing. They discussed the conflict between appetitive desires and other needs. That is, certain appetitive desires in certain situations are “problematic” in that they conflict with other individual needs (health, safety, financial, etc.) and the needs of others (i.e., societal welfare). Thus, self-regulation influence wellbeing outcomes (i.e., how individuals deal with this conflict influence their subjective wellbeing).

In discussing this conflict and self-regulation, the authors noted the distinction between (1) affective and cognitive wellbeing and (2) unproblematic and problematic desires. Based on the research in this area, they arrived at the following conclusions:

- Compared to unproblematic appetitive desires, problematic desires are associated with a temporary drop in affective wellbeing (i.e., positive affect).
- Compared to unproblematic appetitive desires, taking action to satisfy problematic desires provides only a substantially reduced boost in momentary affective wellbeing (i.e., positive affect).
- Compared to unproblematic appetitive desires, taking frequent action to satisfy problematic desires leads to substantially reduced cognitive wellbeing (i.e., life satisfaction).

Based on these research findings, the authors view problematic appetitive desires as a culprit. As such, overall wellbeing can be enhanced by exerting self-control to (1) prevent the enactment of problematic appetitive desires, (2) avoid problematic desire experiences as much as possible; or (3) eliminate problematic appetitive desires by changing one’s mental landscape (life goals, moral values, and ideologies). As such, a challenge for various societal institutions is to distinguish between the morally problematic forms of desire enactments from those that could be revised as a function of changes in society (e.g., decriminalization and destigmatization of the use of cannabis). Doing so, society can do better in balancing individual happiness and societal welfare.

8.2.5 *Diet Quality*

A diet of high quality is a diet which is mostly based on plants and natural foods, less based on animal and processed foods, and low daily sugar intake. Research has shown that there is a relationship between diet quality and subjective wellbeing, but the effect is indirect (Jackson & DiPlacido, 2020). Specifically, the effect is mediated through subjective vitality. That is, those who consume high quality diet tend to report higher levels of subjective wellbeing because they feel “vital.” The Subjective Vitality Scale was used to capture vitality (Deng, Guyer, & Ware, 2015). Diet quality was measured using the Healthy-Eating Index or HEI-2010 (Guenther et al., 2013).

8.2.6 *Sleep*

Hamilton, Nelson, Stevens, and Kitzman (2007) conducted a study examining the link between *sleep* and psychological wellbeing. Community residents were surveyed about their sleep habit. The survey included a psychological wellbeing measure, Ryff’s measure more specifically. Optimal sleepers (those who have enough sleep) were found to score highly on several dimensions of psychological wellbeing: environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The authors argue that this study finding is consistent with the theoretical notion that sleep is indeed a resource related to stress management and regulation. Poor sleep has been related to subjective wellbeing. A more recent study by Zadeh and Begum (2011) explored the association between insomnia and quality of life among software engineers in India. Again, the study finding shows a relationship between insomnia and low levels of health-related quality of life (as captured by the SF-36). However, Diener (2009) questions the direction of causality. One can argue that it is not that poor sleep leads to lower levels of subjective wellbeing, but that distressed people tend to sleep less.

8.2.7 *Physical Exercise*

Physical exercise has been related to mood (see review by Diener, 2009). That is, those who exercise regularly report higher levels of pleasant mood states than those who do not exercise regularly. The question of causality is still debated because there yet to be experimental studies in this area. The issue of causality was addressed in a study conducted by Bowden et al. (2008). This study used an experimental design by randomly placing participants in one of two groups: a higher protein diet group versus an American Heart Association diet group. Each group started an aerobic exercise program. The dependent variables involved a variety of health-related quality-of-life measures captured before and after the exercise/diet intervention.

The study findings showed that the diet/exercise regimen produced higher levels of physiological and psychological functioning.

A possible neurobiological mechanism underlying the beneficial effects of exercise is the increased synthesis and release of neurotransmitters and neurotrophins (see Dolcos et al., 2018, for a review of this literature). Here are some highlights from this research:

- Animal research demonstrate that regular aerobic exercise may produce similar effects to antidepressants by increasing serotonergic and noradrenergic levels in the brain—treadmill training and wheel running tend to increase levels of nor-epinephrine in the hippocampus and frontal cortex in rodents.
- Exercise has been associated with increases in the synthesis of serotonin.
- Accumulating evidence shows that physical exercise has a strong influence on increasing the levels of the brain derived neurotrophic factor, BDNF—specifically in the hippocampus and caudal neocortex.
- Research in humans confirms the beneficial effects of physical exercise on neurogenesis—increases in measures of cerebral blood volume in the hippocampus.
- Physical activity interventions have also been shown to have positive effects in children—those who exercise regularly have larger hippocampus along with greater basal ganglia volume, greater white matter integrity, increased and more efficient patterns of brain activity, and superior executive and cognitive control performance.
- Exercise studies on the elderly have demonstrated that exercise improves cognitive abilities in various domains (and the associated neural mechanisms) and subjective well-being. Furthermore, exercise have been associated with reduced age-related cognitive declines and a lower risk for dementia.
- Brain imaging studies conducted on the elderly have shown that physical exercise induces both structural and functional changes in a variety of brain regions—increased volume of the anterior hippocampus.

The authors conclude that “exercise has beneficial effects by increasing the production of neurotransmitters such as serotonin and noradrenaline, by stimulating the growth factor and blood flow, and by stimulating adult neurogenesis” (Dolcos et al., 2018, p. 291).²

8.2.8 Obesity

What about the effects of *obesity* on wellbeing? Graham (2008) reports a study in which she explored the effects of obesity on wellbeing in the United States using

²For an informative review article on the effects of physical activity interventions on wellbeing, see Ehlers et al., (2018).

data from a large-scale survey. The findings show that obese people do not report being more unhappy than others in cohorts in which obesity rates are high (e.g., Blacks and Hispanics). In contrast, obese people report more unhappiness in cohorts in which obesity rates are low. Graham attributes this effect to adaptation. In other words, obese people are likely to experience the same levels of happiness compared to the nonobese when obesity norms are high. Cox, Zunker, Wingo, Thomas, and Ard (2010) found that the relationship between Body Mass Index (BMI) and life satisfaction is mediated by satisfaction with body image. That is, overweight and obesity may cause the individual to feel dissatisfied with their body image, which in turn plays a significant and negative role in life satisfaction. Cornelisse-Vermaat, Antonides, Van Ophem, and Van Den Brink (2006) conducted a survey of 700 native Dutch citizens examining the relationship among BMI, perceived personal health, and happiness. Perceived personal health was measured on a 5-point scale: 1 = poor health, 2 = fair health, 3 = good health, 4 = very good health, and 5 = excellent health. Happiness was measured by instructing respondents to rate their overall happiness on a 10-point Cantril ladder scale (the bottom of the ladder is shown as “worst possible life situation” and the top of the ladder is “best possible life”). The results show that BMI was a significant predictor of perceived personal health, which in turn served as mediator between BMI and happiness.

8.2.9 Body Image

Body image and *weight concerns* are also issues germane to wellbeing. For example, Stokes and Fredrick-Recascino (2003) found that body image (sexual attractiveness, weight concern, and physical condition) of adult women is positively associated with measures of happiness (cf. Davis, Fowler, Best, & Both, 2020; Diener, Wolsic, & Fujita, 1995; Umberson & Hughes, 1987).

Relatedly, a study conducted by Silva, Pais-Ribeiro, and Cardoso (2008) examining the effects of *non-normative eating behaviors* (i.e., binge eating disorder, night eating syndrome, sweet/fat food cravings, and continuous nibbling) on health-related quality of life among women. The study finding was clear. Compared to women who have normal eating habits, non-normative eating individuals reported significantly lower health related quality-of-life levels. Using a nation-wide survey in Taiwan, Chang and Nayga Jr. (2010) conducted a study to examine the effects of fast food and drink consumption on children’s obesity and unhappiness. The study was able to show that fast food/soft drink consumption is positively associated with children obesity and negatively associated with children’s happiness.

How about height? Is there a relationship between height and life satisfaction? This question was answered recently through a large-scale national survey in Russia (Salahodjaev & Ibragimova, 2020). The study found an inverted U-shaped relationship between height and life satisfaction, while partialling out potential predictors of life satisfaction. The optimal height seems to hover around 177 cm.

8.2.10 *Diurnal Preference and Day of the Week*

Randler (2008) conducted a study that was able to demonstrate that *diurnal preference* (morningness versus eveningness) is related to life satisfaction. Specifically, the morning types reported higher life satisfaction scores than the evening types. This finding is consistent with previous studies indicating that evening types experience greater psychological and psychosomatic problems than morning types (e.g., depression, bulimic behavior). See Randler (2008) for a review of this literature. The author explained this finding by injecting the concept of misalignment between the person's eveningness and the conventional social and working schedules.

Research has also uncovered the wellbeing effect of the *day of the week*. Based on the survey data from the Global Attitude Survey of Pew Research Center (2014–2015), evidence points to people report higher levels of wellbeing during the weekend compared to weekdays (Tsai, 2019). In Christian-majority countries, weekend are Saturday and Sunday; while the weekend in Muslim-majority countries is essentially Friday.

8.3 Effects of Health

Let us break down the discussion of the effect of health on wellbeing and positive mental health in terms of physical and mental health.

8.3.1 *Physical Health*

To begin, what is *physical health*? An accepted definition of physical health is absence of disease (World Health Organization, 1948). However, practically speaking, physical health is viewed as objective physical health outcomes captured by medical tests and self-reports (the presence of a disease such as cancer, a disability such as a traumatic brain injury). Furthermore, there are health-related risk indicators (e.g., binge drinking, lack of physical exercising, poor diet) which are also considered as indicators of physical health. Note that these physical health outcomes do not include mental health variables (e.g., depression, anxiety disorders, schizophrenia, bipolar disorders).

In general, there is some evidence suggesting that subjective wellbeing is positively correlated with physical health (e.g., Hilleras, Jorm, Herlitz, & Winblad, 1998; Murrell, Salsman, & Meeks, 2003; Ostir, Markides, Black, & Goodwin, 2000). In a seminal study by Campbell, Converse, and Rodgers (1976) health was rated by respondents as the most crucial factor in happiness.

The degree of the relationship between subjective wellbeing and physical health varies as a function of whether physical health is rated by experts (e.g., healthcare

professionals) or self-assessment (i.e., self-ratings of physical health by the patients themselves). Correlations tend to be significantly larger with self-assessment than experts' assessment (Diener & Seligman, 2004).

A meta-analysis of studies on self-reported health and subjective wellbeing reveals a consistent and moderate correlation of 0.32. This relationship is significantly stronger for women than men and when health is measured using self-report (Okun, Stock, Haring, & Witter, 1984). This finding is further supported by recent studies (e.g., Marmot, 2003)

Evidence points to the effect of physical health on subjective wellbeing. That is, the relationship is not bi-directional. Certain ailments such as heart disease and cancer do play a significant and negative role in subjective wellbeing. Furthermore, disability has its toll on subjective wellbeing too (e.g., Mehnert, Krauss, Nadler, & Boyd, 1990; Van Jaarsveld, Sanderman, Miedema, Ranchor, & Kempen, 2001; Verbrugge, Reoma, & Gruber-Baldini, 1994). Also, studies employing control groups reinforce this finding (e.g., Celiker & Borman, 2001; Evers, Kraaimaat, Greene, & Bijlsma, 1997; Stille et al., 1999; van Servellen et al., 1996, 1998). Diener (2009), based on his own review of the literature, concludes that self-rated health is a good predictor of subjective wellbeing.

We also need to make a distinction between health and chronic illness and the effects of *chronic illness* on wellbeing. Evidence suggests that chronic illness does adversely impact subjective wellbeing through the mediation effects of economic aspirations (e.g., Lim, 2020). Specifically, people who are afflicted by chronic illness feel constrained in their economic aspirations. They cannot aspire to do better financially because they believe that their chronic illness interferes with holding a job and achieving their economic aspirations. As such, they become dissatisfied with their lives.

8.3.2 Mental Health

Research studies have shown that indicators of mental health are significantly more correlated with subjective wellbeing than indicators of physical health (see Dolan, Peasgood, & White, 2008 for a literature review of the evidence). For example, depression is the third leading cause of loss in quality-adjusted life years (a measure of longevity that takes into account the quality of life the patient), ranking above cancer, stroke, diabetes, and obstructive lung disease (Unutzer et al., 2000). Murray and Lopez (1997) estimates that by 2020 depression will be the second leading cause worldwide for disability-adjusted life years (a measure of longevity that takes into account loss of ability to engage in tasks related to everyday living).

Evidence exists suggesting that all forms of mental disorders are a major factor in low subjective wellbeing (e.g., Packer, Husted, Cohen, & Tomlinson, 1997). Those who experience depression and anxiety report low levels of subjective wellbeing (e.g., Koivumaa-Honkanen, Honkanen, Antikainen, & Hintikka, 1999); those with bipolar disorder report low levels of subjective wellbeing (e.g., Arnold, Witzeman,

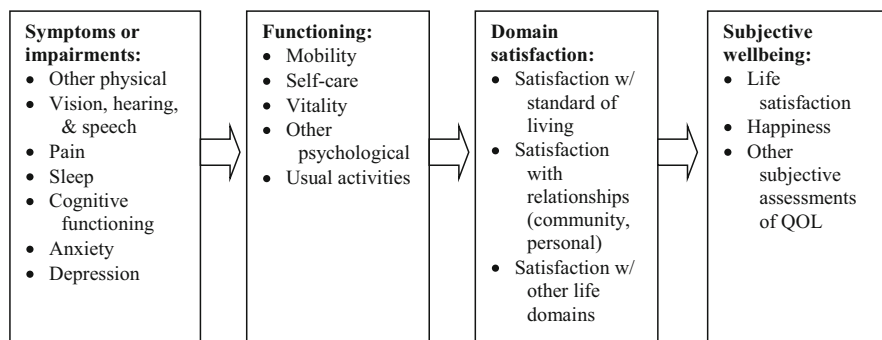


Fig. 8.1 How health related aspects impact subjective aspects of Quality of Life (QOL). (Source: Adapted from Olsen and Misajon (2020))

Swank, McElroy, & Keck, 2000); those with schizophrenia report low levels of subjective wellbeing (e.g., Koivumaa-Honkanen et al., 1999), and those who contemplate suicide also report lower levels of subjective wellbeing (Pinikahana, Happell, & Keks, 2003).

Because of the effect of mental health is large, one can argue that the relationship is likely to be reciprocal (i.e., mental health affects subjective wellbeing and, conversely, subjective wellbeing affects mental health). Diener (2009), after reviewing much of the evidence, concluded by saying:

It appears that subjective health shows a strong relationship to happiness, and that objective health has a weak effect, but still significant, relationship to SWB . . . Nevertheless, several warnings are in order. . . . Health influences satisfaction only cross-sectionally, not longitudinally. This finding raises questions about the process and causal direction by which health and satisfaction are related . . . Thus, the degree to which objective health is related to SWB [subjective wellbeing] is uncertain, although it is clearly less than subjective health. To understand the underlying processes involved, much more research is needed that examines both subjective and objective measures and the degree of relationship when other factors are controlled. Although it appears that objective health is related to happiness, it is surprising that this relationship is so weak. (p. 36)

8.3.3 How Does Health Impact Wellbeing?

Olsen and Misajon (2020) suggested that the process may involve mediation of functioning and domain satisfaction (See Fig. 8.1). As shown in the figure, there four distinctive continua. The first box to the left show specific symptoms of illness and/or impairment. People experience these health-related conditions in very specific ways. The experience of specific symptoms and impairments vary from the very physical (e.g., vision, hearing, speech, pain, sleep, and other physical conditions) to the very psychological (e.g., anxiety, depression) impact subjective well-being (life satisfaction, happiness, etc.) through the mediation effects of “functioning.”

Functioning refers to the extent to which the individual goes about carrying out the various activities of daily life (e.g., mobility, self-care, vitality, other psychological—the usual activities). Success and failure experiences in functioning results in the experience of positive and negative emotions that contribute directly and indirectly to domain satisfaction (satisfaction with health, standard of living, social relationships, etc.). Domain satisfaction, in turn, influences subjective well-being (life satisfaction, personal happiness, etc.).

So far, we described how health related factors influence subjective wellbeing. We also need to recognize that aspects of well-being, such as eudaimonia, play a key role in influencing health and disease. For example, Delle Fave (2020) was able to make a case, based on available evidence that meaning in life plays influences physical well-being. That is, research has shown that meaning and purpose in life influence mental wellbeing. As such, therapy involving discovery of meaning and purpose can be an important resource in managing illness and disease. On a final note on this topic, the reader is encouraged to read Kimiecik (2016) on the eudaimonics of health. It is an excellent review of the literature concerning the effects of health on eudaimonic wellbeing.

8.4 Effects of Drugs and Substance Abuse

Throughout the history of humanity, people have used drugs of all types to make them feel happy and numb the pain of life's adversities. The most common drug is alcohol. Other drugs include opium (derivatives of opium include morphine and heroin that are manufactured in the lab), cocaine, tobacco, and cannabis. Opium and its derivatives are used mostly as an anaesthetic to numb pain, while cocaine, tobacco, and cannabis tend to be recreational drugs (to elevate one's spirits or enhance mood).

How do these drugs work? There is evidence that dopamine and norepinephrine are directly involved with positive affect—feelings of euphoria (Jackson, Sirgy, & Medley, 2018). As such, the production of dopamine and norepinephrine in the brain begins with the amino acid tyrosine, obtained directly from food or drug. Tyrosine is converted into the amino acid levodopa, or L-DOPA, by the enzyme tyrosine hydroxylase, iron, and Vitamin C. People with anaemia (i.e., iron deficiency) have reduced levels of dopamine and norepinephrine, and as such, they are easily depressed (Wenk, 2009).

Furthermore, amphetamines (stimulants) can dramatically induce the release of norepinephrine and dopamine (and serotonin). The net effect is heightened alertness, euphoria, lowered fatigue, decreased boredom, depressed appetite, and insomnia. However, the rebound symptoms (once the drug leaves the system) are extreme fatigue and depression (Wenk, 2009, pp. 55–58). The addition of a methyl group to amphetamines created methamphetamines (street name “speed”), which is a popular drug but is highly addictive. A more potent and dangerous variation of methamphetamines is 3,4-methylene dioxymethamphetamine, which is widely known as “ecstasy.” Mother Nature's amphetamines include *ephedrine* (traditional Chinese

medicine known as “ma huang”), *khat* (found in an African plant called “*Catha edulis*”), the cactus *Lophophora williamsii* (also known as “mescaline”), the drug *asarone* (which comes from the plant, *Acorus calamus*), and many spices (however, their effects are too mild) (Wenk, 2009).

Cocaine is another popular drug of abuse. It influences positive and negative affect by binding to sodium ion channels and blocks them from functioning, which, in turn, prevents neurons from communicating with each other. Similarly, this same action prevents the transmission of pain signals, therefore its pain killing effect (it also induces euphoria). Cocaine is extracted from the coca plant (*Erythroxylon coca*). More recently, modifications in making cocaine resulted in a product called Crack. Crack is smoked when heated. Cocaine (and Crack) achieves euphoria in the brain by blocking the reuptake of dopamine, norepinephrine, and serotonin. This action can be viewed as a blockade resulting in concentrations of dopamine, norepinephrine, and serotonin within the synaptic cleft between two neurons. These floating neurotransmitters serve to stimulate other receptors repeatedly. This repeated stimulation of the other receptors is what is referred to as the “cocaine high.” The affected areas of the brain are mostly the arousal system within the brainstem, the feeding centers within the hypothalamus, and the reward centers in the frontal lobes and the limbic system. The effects of cocaine include the reduction of the need to sleep and extreme euphoria. Its absence produces much sleepiness, increased hunger, and severe depression. Whether it is from cocaine or amphetamines, euphoria is the result of the drug’s ability to increase the level of the neurotransmitter dopamine in the synapse between neurons (Wenk, 2009).

Another popular drug that affects positive affect is *marijuana*. Marijuana comes from the marijuana plant; its most popular form is the *Cannabis indica*. The plant has terpenes from which delta-9 tetrahydrocannabinol (THC) is extracted. It works on the brain in a manner similar to endogenous cannabinoid neurotransmitters, located mostly in the hypothalamus feeding centers. THC crosses the blood-brain barrier and binds to receptors of the brain’s own endogenous cannabinoid neurotransmitter system. Cannabinoid receptors enhance the release of dopamine, which in turn are responsible for the feelings of euphoria, affecting the cortex and various limbic (emotion-controlling) regions (Wenk, 2009). A recent crime survey in England and Wales indicated that people who had never used cannabis had significantly higher scores on life satisfaction measures than current users (Maccagnan, Taylor, & White, 2020).

Alcohol (ethyl, not methyl) is regarded as an anxiety-reducing drug. It affects the brain by enhancing the action of the neurotransmitter GABA, which, in turn, depresses the activity of the entire brain. Doing so has the side effect of pain numbness. In addition to its action on the GABA receptors, alcohol inhibits the brain’s primary excitatory neurotransmitter, namely glutamate. Glutamate plays a crucial role in the formation of memories. That is, alcohol also affects memory in adverse ways. The stimulation of the brain after a small dose of alcohol results in unrestrained activity of various brain regions caused by the lessening of their inhibitory controls. Thus, certain suppressed (frowned upon) behaviors become less inhibited (Wenk, 2009). A recent survey in England and Wales indicated that people

who are moderate alcohol drinkers (1–2 days per week) reported higher scores on life satisfaction measures than abstainers or regular drinkers (Maccagnan et al., 2020).

Barbiturates are also considered anti-anxiety drugs. They act similarly to alcohol. Barbiturates reduce neural activity in the brain by enhancing the function of GABA receptors, which in turn produce widespread synaptic inhibition. Just like alcohol, high doses of barbiturates are lethal. Another class of anxiety-reducing drugs is benzodiazepines (e.g., Valium). This class of drugs targets GABA receptors in the limbic system that reduce negative affect.

Opiates (morphine, codeine, and heroin) have euphoric effects. Opiates are derived from the poppy plant. In small doses opiates decreases anxiety and reduces pain; higher doses can produce euphoria. The brain and body make their own opiate-like chemicals, commonly referred to as “endorphins” (endogenous morphine-like peptides). Endorphins control pain by stopping the flow of pain signals to the brain. Engaging in physical activities such as distance running could produce an “endorphin high.”

It should be noted that there the current level of subjective wellbeing experienced by an individual is likely to moderate the effects of euphoric drugs and other pain killers. For example, a person who is currently in a negative mood state (i.e., experiencing anxiety, pain, or melancholy) may experience euphoria when given small doses of morphine. In contrast, a similar dose of morphine given to a happy person may induce anxiety and fear. *Coffee* produces elation if one is awake for an extended period; in contrast, the same dose of coffee is likely to produce less elation if one is well-rested. *Sedative drugs* may create positive affect for introverts but negative affect for extroverts. This phenomenon is commonly known among neuroscientists as the “Law of Initial Value” (see discussion in Wenk, 2009, p. 20).

Unfortunately, psychoactive drugs are addictive. Addicts must continue to use these drugs in greater quantities to achieve the desired level over time, and withdrawal causes adverse physical and psychological effects.

Clearly the drugs discussed above do affect hedonic wellbeing (i.e., short-term positive and negative affect). However, do drugs affect other forms of subjective wellbeing such as life satisfaction and eudaimonia? The answer is yes, drugs affect life satisfaction but in a negative way. Consider a sample study. Focusing on substance abuse, a longitudinal study conducted by Bogart, Collins, Ellickson, and Klein (2007) clearly shows that the use of cigarettes and hard drugs at age 18 was associated with lower life satisfaction at age 29. In contrast, marijuana use and alcohol consumption at age 18 did not seem to be related to life satisfaction at age 29. Low income, poor health, and cigarette consumption in adulthood were determined to be mediators of the link between cigarette smoking/hard drug use at age 18 and later lower satisfaction at age 29.

8.4.1 *Drugs and Our Understanding of Neurochemicals*

Now let us try to further understand the neurochemical effects of drugs on hedonic wellbeing to map out the endogenous neurochemicals and pathways that are directly involved in positive and negative affect. The brain consists of at least 100 billion neurons that communicate with one another. Neurons communicate with one another by internal and external prompts. External prompts are sensations. We perceive the world through sensations (impulses from our sensory organs); these sensations travel to the brain and interact with neurons that interpret these sensations. Internal prompts are cognitions, or what we may call thinking. In other words, one may engage in thinking without engaging the external world. Neurons communicate with one another through neurotransmitters. There are at least 50 of these neurotransmitters in the brain. However, we will focus on those neurotransmitters that are directly implicated in positive and negative affect. The major neurotransmitters implicated in positive affect include *dopamine*, *norepinephrine*, *serotonin*, *endogenous cannabinoid*, *opiates*, and *oxytocin*. The major neurotransmitter implicated in negative affect is *cortisol* (Jackson et al., 2018; Wenk, 2009). For an illuminating discussion of brain structures and neurochemicals associated with individual differences and social relations in relation to wellbeing, see Dolcos et al. (2018).

With respect to *dopamine*, much evidence from psychopharmacology suggests that dopamine has a direct role in the experience of positive affect or the brain reward system (Wenk, 2009). Most activities that people engage in for pleasure (e.g., eating, drinking, having sex, listening to music) affects dopamine neurons, specifically the release of dopamine in the frontal lobes. The net effect is not only feelings of euphoria but also arousal and quick thinking. Wenk (2009) uses the analogy of the gas pedal and race car to explain the adaptive function of dopamine. The brain is like the race car and dopamine is like the gas pedal. The brain feels euphoria when the gas pedal is pushed, the result of which is quick thinking. The forces of evolution have shaped the brain to enjoy working fast; the faster the better. Creatures that work faster and better are likely to survive and pass this trait to the next generation. Drugs that are implicated in the increase of dopamine in the brain include amphetamine, mescaline, ecstasy, and cocaine. Wenck also argues that psychosis can be viewed as “the gas pedal stuck on full throttle.” In other words, psychotics are overwhelmed by dopamine in their frontal lobe. Psychosis refers to a mental condition associated with a loss of contact with reality. Psychotics typically report hallucinations, delusions, and highly disorganized thinking. They have great difficulty functioning in their daily lives, let alone interacting with others. Antipsychotic drugs work by blocking the function of dopamine receptors in postsynaptic neurons. Unfortunately, antipsychotic drugs work on some patients, not all. Also, these drugs have significant side effects (tremors, reduction of voluntary movement, sustained muscle contraction, increased breast development, significant weight gain, etc.). Similarly, *norepinephrine* is implicated with arousal. People feel aroused and ready to experience pleasure. In other words, dopamine and norepinephrine work together to allow the individual to experience positive affect. Studies focusing on dopamine have shown that

maternal separation leads to a lower density of neurotransmitter sites for dopamine (e.g., Brake, Zhang, Diorio, Meaney, & Gratton, 2004).

According to Wenk (2009), neurons that produce and release *serotonin* are in the brainstem and are implicated in consciousness and, conversely, in hallucinations. One function of consciousness is to filter out information overload (i.e., massive sensory input the brain receives while being awake). Losing this ability to filter information is very much like experiencing hallucination. Serotonin is also implicated in the regulation of mood, anxiety, and depression. Antidepressants tend to enhance the function of serotonin in the brain. However, the fact these drugs do increase serotonin in the brain does not prove that serotonin is directly involved in mood regulation but shows the relationship between mood and consciousness. One study (Flory, Manuck, Matthews, & Muldoon, 2004) found that serotonin levels were related to positive mood averaged across seven days, but not with negative mood.

Regarding *endogenous cannabinoid*, we can relate to this category of neurons by associating their effects to marijuana (Wenk, 2009). Of course, marijuana is an exogenous cannabinoid (a plant that is ingested into the body to produce effects mimicking endogenous cannabinoid). Cannabinoid neurons are in the hypothalamus feeding centers, which means that hunger is the result of stimulating these receptors. Cannabinoid neurons also influence cognitive functions related to the cortex and emotional functions related to the limbic system. When the cannabinoid receptors are stimulated, cognitive functioning is inhibited, and euphoria follows. Conversely, depression follows when the same receptors are blocked.

What about *endogenous opiates*? Of course, one can relate to exogenous forms of opiates (e.g., opium, morphine, codeine, and heroin). According to Wenk (2009), opiates play an especially important role in the experience of pain—both psychological and physiological. Endogenous opiates also are effective the sensation of pain and inducing euphoria.

Turning to *oxytocin*, research has shown that this hormone is associated with childbirth and lactation, and mother-infant bonding (Kendrick, 2004). Oxytocin is also released during sexual orgasm (Huppert, 2009) and feelings of trust (Kosfeld, Heinrichs, Zak, Fischbacher, & Fehr, 2005).

With respect to *cortisol*, studies have shown that exposure to stressors (as measured by increased secretion of the stress hormone cortisol) activates the hypothalamic-pituitary adrenal (HPA) axis, and individual differences in emotional style modulates stress-induced elevations in cortisol (e.g., Jacobs et al., 2007; Polk, Skoner, Kirschbaum, Cohen, & Doyle, 2005; Pruessner, Hellhammer, & Kirschbaum, 1999; Smyth et al., 1998). Several studies has shown that a pattern of cortisol secretion that involves a post-awakening peak and a 20-fold decrease later in the day is associated with high scores on measures of wellbeing (e.g., positive affect, optimism), but not with scores on measures of ill-being (e.g., negative affect, pessimism, anxiety, fear) (Lai et al., 2005; Ryff et al., 2006; Steptoe, Gibson, Hamer, & Wardle, 2007; Steptoe & Wardle, 2005). Thus, both positive and negative affect seem to be associated with the cortisol response but seem to be independent of each other.

8.4.2 *Drugs and Our Understanding of the Brain Reward Center*

The presence of brain centers that reflect what neuroscientists refer to as “the reward system” was first discovered in the fifties in a study (Olds & Milner, 1954) involving rats that pressed a bar to administer a brief burst of electrical stimulation to specific sites in their brains, when such behavior has no value to their survival (i.e., food) or to that of the species (i.e., sex). This phenomenon has been referred to as “intracranial self-stimulation” or “brain-stimulation reward” (Wise, 1996).

Research investigating this phenomenon has identified dozens of brain sites that are involved in the reward system. Some regions stand out more than others (e.g., the lateral hypothalamus and medial forebrain bundle). Stimulation of these regions activates fibers that form the ascending pathways from dopamine-producing cells of the midbrain tegmentum—the mesolimbic dopamine pathway. Neuroscientists are convinced that the mesolimbic dopamine system plays a crucial role in rewards. This system shows a marked increase of dopamine when animals are engaged in intracranial self-stimulation. The same system shows a marked increase of dopamine when animals engage in rewarding behaviors (e.g., feeding and copulation). The same system also shows marked increase in dopamine with many abused drugs such as amphetamines, opiates, barbiturates, alcohol, THC, PCP, MDMA, nicotine, and even caffeine (Kolb & Wishaw, 2006, p. 433). Chronic drug users have diminished dopamine release and numbers of dopamine receptors (Volkow et al., 2005). That is, lowered dopamine receptors create a “reward deficiency syndrome” that accounts for addicts’ lowered responsiveness to rewards in general and predisposes addicts to further drug abuse. Research supports the notion that dopamine cannot account for all rewards. Dopamine’s role is crucial for the rewarding effects of cocaine and amphetamine, important but less crucial for the effects of opiates, nicotine, cannabis, and ethanol, and questionable at best in the case of benzodiazepines, barbiturates, and caffeine (Wise, 2004). In other words, brain sites that release dopamine are the not the only sites involved in the reward system.

Research has shown drugs such as opiates may activate both dopaminergic and nondopaminergic systems (e.g., Spanagel & Weiss, 1999). Such findings led to the development of the *incentive-sensitization theory of addiction* (Robinson & Berridge, 1993, 2003). The theory asserts that rewards involve two separate dimensions: “wanting” (which may be viewed as an incentive) and “liking” (which can be viewed as evaluation of the pleasant sensation). For example, a person may feel the desire to eat chocolate (“wanting”), and he may come to experience a pleasant sensation having eaten the chocolate (“liking”). The dopamine system seems to be related to the “wanting” component, whereas the “liking” component may involve opioid and benzodiazepine (GABA systems).

Another theory was developed that explains the role of dopamine in learning. More specifically, the dopamine system responds to the “unpredictability of rewards” (Berns, McClure, Pagnoni, & Montague, 2001) or errors in prediction (Schultz, 2002). That is, learning occurs when the reward is better or worse than

expected. Learning does not occur when the reward matches expectations. Dopamine release is concomitant with learning. This learning is evidenced in brain plasticity involving significant neuronal changes (e.g., increased dendrite length and complexity in the nucleus accumbens and prefrontal cortex, activity increases in areas involved in learning such as the hippocampus) (e.g., Robinson, Gorny, Mitton, & Kolb, 2001). Given the dopamine release in situations when expectations are negatively disconfirmed (worse than expectations), dissatisfaction may follow, and of course dissatisfaction is reflective of negative affect. Negative affect cannot be construed as “reward.” Hence, neuroscientists now feel more comfortable using the term “reinforcer” rather than “reward.” In other words, dopamine plays a crucial role in the “reinforcement” system (i.e., learning), not only in the “reward” system.

Based on research related to drug dependence (e.g., Kalivas, Peters, & Knackstedt, 2006; Kalivas & Volkow, 2005; Volkow et al., 2005). Berridge and Kringelbach (2015) captured the distinctions among “liking,” “wanting,” and “learning”—concepts related to the reward center of the brain. That is, reward involves three different mechanism. The first mechanism is the one most associated with reward, which is the actual pleasure or *liking*. The second mechanism is the motivation for reward or *wanting*. The third mechanism is *learning* about future rewards based on trial and error experiences. Liking reflects hedonic pleasure, while wanting represents the motivation to obtain the reward. Liking is the feeling of wellbeing as experience in the here and now, while wanting is feeling related to future expectation of wellbeing.

From a neuroscience perspective, wanting is generated by a wide network of subcortical brain circuits, especially by the mesolimbic dopamine system (a system that connects the dopamine-rich ventral tegmental area to the nucleus accumbens). As such, the ventral tegmental area produces dopamine. The nucleus accumbens (NAcc), another subcortical structure, has dopamine receptors. Dopamine released from the ventral tegmental area into the NAcc regulates the incentive salience of stimuli (i.e., wanting). In addition to dopamine, other neurotransmitters such as opioids, also contribute to wanting (or incentive salience).

In contrast, the liking mechanism is more restricted (anatomically and neurochemically) compared to the wanting mechanism. Feelings of liking are stimulated by opioid in opioid hotspots such as the NAcc and the ventral pallidum.

Although dopamine has been viewed as playing a major role in hedonia (i.e., sensory pleasure), recent evidence suggests that dopamine is more involved in the wanting than liking mechanisms. Therefore, the liking and wanting mechanisms involve different neurotransmitters—opioids in the liking mechanism and dopamine in the wanting mechanism.

8.5 Effects of Life Events

Life events obviously plays an important role in wellbeing and positive mental health. For example, negative life events such as victimization can wreak havoc on subjective wellbeing (e.g., Londono, Mesa, Cardona-Sosa, & Toro, 2019). Conversely, positive life events can bestow happiness such as falling in love (e.g., Dush & Amato, 2005).

Not only do life events play an important role in subjective wellbeing but also how people adapt to life events that is equally important (Prizmic-Larsen, Kaliterna-Lipovcan, Larsen, Brkljacic, & Brajsa-Zganec, 2020). Understanding how people adapt to life events has important clinical implications. Based on this knowledge, wellbeing interventions can be designed to increase subjective wellbeing by facilitating adaptation to negative events and mitigating adaptation to positive events.

8.5.1 *Facilitating Adaptation to Negative Events*

The *hedonic adaptation prevention* model (Lyubomirsky, 2011; Sheldon, Boehm, & Lyubomirsky, 2013) addresses these adaptation issues.

A major positive life event (e.g., a pay raise) is most likely associated with several sub events (e.g., celebrating the pay raise with a nice dinner at a fancy restaurant, going on a shopping spree, hosting a party). These positive events are most likely to increase subjective wellbeing, but their wellbeing effects are likely to wear off over time through hedonic adaptation. The model that distinguishes two mechanisms involving adaptation. The first mechanism can be described as follows. Positive events elicit positive emotions which in turn contribute to increases in subjective wellbeing. Going back to the nice dinner at a fancy restaurant, several repeats of similar events feels increasingly less special over time; therefore, the individual experiences diminishing levels of subjective wellbeing because of adaptation. Additionally, further increases in subjective wellbeing by eating at a fancy restaurant is not possible because repeated visits to the fancy restaurant become part of the normal pattern. Thus, habituation sets in and the life event does not produce positive emotions because the individual becomes desensitized to the Nancy restaurant.

8.5.2 *Mitigating Adaptation to Positive Events*

The second mechanism involves raising aspirations. That is, when people experience a repeated positive event, they raise their aspiration level in relation to that event. For example, visiting that fancy restaurant repeatedly would likely induce the person to desire a better and a more-fancy restaurant. And of course, raising aspirations can cause negative affect (i.e., the higher the aspiration level, the more likely the person

would experience a discrepancy between their current and their desired state, which induces negative affect). However, the effect of raising aspirations on subjective wellbeing is moderated by *variety*—how similar or variable the positive events are. Specifically, variability is likely to dampen raising aspiration. For example, if the person visits fancy restaurants, aspiring to visit a better and fancier restaurant is dampened if the person chooses to visit varied fancy restaurants instead of the same restaurant. Another moderator is *appreciation*—how much the person appreciates the positive events. Appreciation serves to dampen the effect of raising aspiration on subjective wellbeing in the same manner as variety. For example, the person savors the experience of each visit at the fancy restaurant. Savoring reflects appreciation which slows down raising aspirations.

The clinical implication of variety and appreciation is important. People can control variety and appreciation; and if so, they can speed up or slow down adaptation to positive events.

8.6 Effects of the Physical Environment

In this section we review research related to the physical environment on wellbeing. Specifically, we focus on research related to seasonal variation, climate, weather, the natural environment, environmental pathogens, and resource scarcity.

8.6.1 *Seasonal Variation, Climate, and Weather*

There is evidence suggesting that mood fluctuates with *seasonal variation*—particularly people's mood become gloomy in colder than warmer seasons (see literature review by Diener, 2009). With respect to *climate*, the evidence is extremely limited (Dolan et al., 2008). Even so, Dolan, Peasgood, and White point to the fact that a polluted environment is loosely associated with life dissatisfaction. Also, there is evidence showing that *extreme weather* does reduce life satisfaction.

8.6.2 *The Natural Environment*

However, there is emerging evidence of the positive wellbeing effects of the natural environment (see McMahan, 2018 for a review of the research literature; also see Pitchard, Richardson, Sheffield, & McEwan, 2020 for a meta-analysis of research

studies).³ The research literature on the natural environment effects on wellbeing point to three primary theories, namely the biophilia hypothesis, psychoevolutionary stress reduction theory, and attention restoration theory. The *biophilia hypothesis* (Kellert & Wilson, 1995) maintains that the natural environment provided the needed resources (food, water, shelter, etc.) for our ancestral humans dating back to hunters and gatherers. Thus, an evolutionary perspective points to the human need to be tied to the natural environment because its survival value. As such, the need to be part of the natural environment is viewed as a deeply engrained, biologically based motive. A typical study supporting the biophilia hypothesis would be study participants experiencing a higher degree of positive affect in natural rather built-in environments.

Another theory that explains why the natural environment enhances the sense of wellbeing is *psychoevolutionary stress reduction*. This theory, given the natural environment is associated with survival resources (food water, shelter, etc.), it is reasonable to surmise that the natural environment serves to reduce stress elicit a physiological and psychological response characteristic of stress reduction (Ulrich, 1981). The natural environment is more effective than the built-in environment in eliciting a stress reduction response because the natural environment contains more cues that signal the presence of resources. As such, exposure to natural environments is associated with increased positive affect and decreased negative affect, lower heart rate, reduced cortisol levels, improved immune functioning, and more rapid recovery from stress inductions (see literature review in McMahan, 2018). Evidence also suggests that people who have better health profiles are those with a history of regular and frequent contact with nature.

Finally, *attention restoration theory* (Kaplan, 1995) posits that the built-in environment in urban areas taxes our cognitive faculties, leading to cognitive fatigue, stress, and irritability. In contrast, the natural environment is less cognitively taxing because it contains elements that are inherently easy to decipher, hence involving a less cognitive load. Such reduction in information processing serves both a cognitive and affective restoration function. Much evidence has accumulated in support for this theory (see literature review in McMahan, 2018).

8.6.3 *Environmental Pathogens*

Interestingly, there is research suggesting that *environmental pathogens* may play a role in personal wellbeing through an ecological mechanism. Specifically, prevalence of pathogens in the environment may contribute to a sense of cultural

³In addition to the evidence we have about the impact of the natural environment on wellbeing, we now have additional evidence suggesting that the positive role of leisure activities wellbeing is diminished by air pollution in urban China (Chang, Song, & Lin, 2020). Another study (Apergis, 2018) demonstrated a link between personal wellbeing and per capita greenhouse emissions involving a panel of 58 countries.

collectivism (e.g., Fincher & Thornhill, 2012). To combat the pathogen, aspects of cultural collectivism (e.g., strong in-group pressure to conform to social norms and behaviors) serves to inhibit the transmission of the pathogen. But how does this cultural collectivism influence personal wellbeing? Cultural collectivism contributes to the belief that happiness is not necessarily good for society. Happy individuals tend to be risk-taking and novelty seeking. Such behavior puts the collective at risk of being infected by the pathogen. That is, the behavior of happy individuals contributes to the spread of the disease (e.g., Koh, Scollon, Li, & Suh, 2017). Consequently, the sense of collectivism is heightened to deal with the spread of disease, which in turn reinforce cultural norms against happiness because the expression of happiness is a significant cause of the spread of pathogens. Cultural norms against happiness may bias people to deflate self-ratings of their own happiness in large-scale national surveys.

8.6.4 Resource Scarcity

Another environmental factor that may influence cultural norms related to personal happiness is *resource scarcity*. When food (or other commodities essential to survival) are in short supply, being happy is frowned upon. This may be due to the belief that being happy is a free-spirited attitude gets in the way of solving dire shortages; a more somber attitude is required to deal with these large-scale problems (Shin & Suh, 2017).⁴

8.7 Conclusion

In this chapter, I made an attempt to describe the effects of personal factors such as genetics, health, biology, the environment, and drugs on the subjective aspects of quality of life, especially in relation to hedonic wellbeing. With respect to genetics, there is enough evidence suggesting that genetics does play an important role in happiness. Some people have a genetic disposition for a positive temperament, while others have a negative one.

With respect to health effect on subjective wellbeing, much of the evidence shows a positive relationship. That is, healthy people tend to be happy people. Disability seems to take a toll on subjective wellbeing and so does mental health. People with

⁴There are, of course, many other environmental factors that play a significant role in wellbeing. For example, a recent study investigated the effect of piped water connection on wellbeing (Mahasuweerachai & Pangjai, 2018). The study findings suggested that piped water increased happiness mainly through convenience and time saving.

mental disorders and psychopathology tend to experience low levels of subjective wellbeing.

The research also suggests that many biological and physiological conditions affect subjective wellbeing. For example, poor sleep is linked to low subjective wellbeing. Physical exercise tends to enhance subjective wellbeing. People who are struggling with weight problems, obesity, and eating disorders tend to have low levels of subjective wellbeing. Finally, diurnal preference (morningness versus eveningness) seems to be related to subjective wellbeing too. Specifically, morning people tend to report higher levels of subjective wellbeing than evening people; however, this may have to do with the fact of aligning one's work schedule with one's diurnal preference—evening people tend to do much of the work in the morning.

With respect to the physical environment, there seems to be some evidence suggesting that mood varies as a function of the temperature—colder days generate gloomy moods, while warmer days generate positive moods. Environmental pollution and extreme weather may adversely affect hedonic wellbeing.

Finally, substance abuse is linked with low hedonic wellbeing. However, certain drugs do have a temporary positive effect on mood (e.g., alcohol, amphetamines, cocaine, marijuana, barbiturates, opiates, and sedative drugs). Unfortunately, most of these drugs are addictive, and addicts have to continue to use drugs in greater quantities to achieve the desired level; and withdrawal causes adverse effects on the individual's overall quality of life. Based on understanding how drugs affect positive and negative affect, an attempt was made to develop a unifying neurochemical language of hedonic wellbeing by pitting the various roles of the following neurochemicals: dopamine, norepinephrine, serotonin, endogenous cannabinoid, endogenous opiates, oxytocin, and cortisol. Also, a similar attempt was made to integrate concepts related to the brain reward center.

Much of this research has policy implications. For example, understanding how chronic stress, anxiety, and depression influence the subjective aspects of quality of life should promote decision makers to develop policies and programs to minimize chronic stress, anxiety, and depression. We know from wellbeing research that sleep is especially important to wellbeing. As such, we should develop policies and programs to ensure that people are not sleep deprived. Physical exercise does play a positive role in wellbeing. As such, we should encourage physical exercise in all forms. Obesity play a negative role in wellbeing. As such we should develop policies and programs to eradicate obesity. And so on!

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Part III

Subjective Reality and Effects on Wellbeing

This part of the book describes the effects of subjective states and processes and their effects on subjective aspects of quality of life (happiness, subjective wellbeing, and positive mental health). I break down the research on subjective states and processes in terms of personality (Chap. 9), affect and cognition (Chap. 10), beliefs and values (Chap. 11), needs and need satisfaction (Chap. 12), goals (Chap. 13), self-concept (Chap. 14), and social comparisons (Chap. 15). Each chapter will focus on wellbeing research dealing with the respective topic.

The research literature on the subjective reality and its effects on wellbeing has been proliferating significantly in the last decade or so. Here are books I recommend the reader on the subject: Allen (2018), David, Boniwell, and Conley Ayers (2013), Diener and Biswas-Diener (2008), Fredrickson, B. L. (2009, 2013), Kashdan and Biswas-Diener (2014), Lyubomirsky (2008, 2013), Seligman (2011).

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Chapter 9

Effects of Personality on Wellbeing



An optimist sees an opportunity in every calamity, a pessimist sees a calamity in every opportunity.

—Winston Churchill (<https://in.pinterest.com/pin/512988213783944676/>)

9.1 Introduction

This chapter describes the effects of personality factors on subjective wellbeing. Lucas and Diener (2009), in their article on personality and subjective wellbeing, made reference to a seminal article written by Warner Wilson (1967) who compiled the first scientific literature review of studies related to subjective wellbeing (Wilson called subjective wellbeing “avowed happiness”). In that seminal article he concluded that happy people are extraverted, optimistic, worry free, have high self-esteem, and modest aspirations. Lucas and Diener asserted that much of the research relating personality with subjective wellbeing conducted after 1967 have reinforced Wilson’s original observations. But the research says more, much more. Let us now examine some of the the evidence.

9.2 Which Personality Traits Influence Wellbeing?

The wellbeing research literature suggests that personality traits such as neuroticism, extraversion, affective disposition, self-esteem, and character strengths are the key traits that play an important role in subjective wellbeing. Let us review the evidence.¹

¹For an illuminating discussion of brain structures and neurochemicals associated with individual differences and social relations in relation to wellbeing, see Dolcos, Moore, and Katsumi (2018).

9.2.1 *Neuroticism and Extraversion*

Costa Jr. and McCrae (1980) have conducted a seminal study in this area demonstrating that *neuroticism* is linked with negative affect, whereas extraversion is linked with positive affect. Watson and Clark (1984) made the point that neurotics and extraverts have a temperamental disposition to experience negative and positive affect, respectively. Specifically, extraversion induces positive affect; and conversely, neuroticism induces negative affect.

There is much research that suggests that *extraversion* is positively correlated with subjective wellbeing (see Diener, 1984 and Diener, Suh, Lucas, & Smith, 1999 for literature reviews). For example, Costa Jr., McCrae, and Norris (1981) found that extraversion predicted happiness 17 years later. This is typical of the research findings reviewed by Diener and his colleagues (cf. Diener, Sandvik, Pavot, & Fujita, 1992; Headey & Wearing, 1991; Kette, 1991).

However, a meta-analysis study by DeNeve and Cooper (1998) found that these two personality traits, although related to subjective wellbeing, are not particularly strong. Lucas and Diener (2009) question the validity of the meta-analytic study findings. They cite a more-updated meta-analysis study in which the measures used in the selected studies are considered to be well-established and verified (Steel, Schnnidt, & Shultz, 2008). This study finds a positive and strong relationship between extraversion and subjective wellbeing, while the relationship between neuroticism and subjective wellbeing is negative and also strong.

Here is an illustration of studies that have explored the interrelationships among neuroticism, extraversion, and subjective wellbeing. A study conducted among Iranian college students by Ghaedi, Tavoli, Bakhtiari, Melyani, and Sahragard (2010) found that students with social phobia (high neuroticism and low in extraversion) reported lower subjective health-related wellbeing scores, particularly in general health, vitality, social functioning, role functioning, and overall mental health. The study findings reinforce past research that shows that neuroticism is negatively related to subjective wellbeing while extraversion is positively related to wellbeing (cf. Joshanloo & Afshari, 2011; McCann, 2011). Another study examining the relationship between temperament and happiness (Holder & Klassen, 2010) has shown that children who are more social and active, and less shy, emotional, and anxious were happier. These results further reinforce the well-established positive wellbeing effect of extraversion (sociability) and the negative wellbeing effect of neuroticism (emotionality).

But then there is the argument that neuroticism is a better predictor of subjective wellbeing than extraversion, and that the effect of extroversion on subjective wellbeing diminishes drastically when the effects of neuroticism are partialled out (Vitterso, 2001). Garcia and Erlandsson (2011) thought this anomaly may be explained by decomposing subjective wellbeing into two dimensions: affect intensity and affect frequency—that perhaps neuroticism and extraversion may involve different patterns of subjective wellbeing as a function of intensity and frequency. However, their results did not bear this out. Both neuroticism and extraversion

successfully predicted both dimensions of subjective wellbeing. This may mean that extraversion influences subjective wellbeing because it is related to positive emotions, and extraverts tend to be reactive to positive stimuli much more so than negative ones. Conversely, neuroticism influences subjective wellbeing because it influences negative emotions, and neurotics tend to be reactive to negative stimuli more so than positive ones (cf. Larsen & Eid, 2008; Rusting & Larsen, 1997).

9.2.2 *Self-esteem*

Lyubomirsky, Tkach, and Dimatteo (2006) conducted a study to examine the relationship between *self-esteem* and happiness and their correlates using a sample of retired employees. The results indicate that indeed self-esteem and happiness are highly and positively correlated. However, the correlates of happiness seem different from those of self-esteem. Happiness is best predicted by extraversion and neuroticism, lack of loneliness, satisfaction with friendships, purpose in life, and global life satisfaction. In contrast, self-esteem is best predicted by optimism and lack of hopelessness.

Much research in subjective wellbeing has suggested that happy people (compared to unhappy people) tend to perceive their selves more positively, and this positive self-regard biases their perception about outcomes in specific domains (e.g., Dunning, Leuenberger, & Sherman, 1995). Two meta-analytic studies have confirmed this finding (DeNeve & Cooper, 1998; Steel et al., 2008). Based on a literature review of the subjective wellbeing studies related to personality variables, Diener (2009) concludes that high self-esteem is one of the strongest predictors of subjective wellbeing.

9.2.3 *Affective Disposition*

Affective disposition is clearly distinguished from affective wellbeing in the same way that personality traits are distinguished from act frequencies (Diener, Smith, & Fujita, 1995). Therefore, affective disposition is essentially and internal disposition, while affective wellbeing is influenced from both affective disposition and situational factors. Affective wellbeing focuses on a person's affective state (how they feel at a particular moment in time), where affective disposition is measured using self-report items such as "How often do you feel in general, on a typical day?" Negative affective disposition: bad, angry, sad, negative, unpleasant, afraid, guilty, and jealous; and positive affective disposition: positive, love, good, and happy. Responses are captured on an 8-point frequency-type rating scale varying from 0 (never, 0% of waking time) to 7 (always, 100% of waking time) (Gere & Schimmack, 2011). The same authors (Gere & Schimmack, 2011) were able to

demonstrate unequivocally that affective disposition does play a strong role in predicting affective wellbeing using different methods and measures.

9.2.4 *Character Strengths*

Much research in positive psychology is based on Aristotelian ethics of virtues and the good life (or eudaimonia). Eudaimonia is defined as virtuous activity or the exercise of good character. Peterson and Seligman (2004) developed a classification system of virtues (the Values-in-Action: Inventory of Strengths or VIA-IS). In that context, positive traits are referred to as *character strengths*. The VIA-IS taxonomy spells out 24-character strengths organized under six broad virtues. Peterson and Seligman argued that people tend to have around five-character strengths (out of the 24), which they label as “signature strengths.” *Signature strengths* are determined by having the subject rank the 14-character strength from 1 (top) to 24 (bottom). The implicit notion behind signature strength is that they are positively associated with wellbeing. Many studies have examined the relationship between character strengths and measures of subjective wellbeing (e.g., Park & Peterson, 2006; Peterson, Ruch, Beerman, Park, & Seligman, 2007). An example of a study finding is the positive association between character “strengths of the heart” (hope, zest, gratitude, love, and curiosity) and subjective wellbeing. In contrast, “strengths of the mind” (appreciation of beauty, creativity, judgment, and love of learning) are not associated with wellbeing measures (measures capturing pleasure or hedonistic wellbeing, engagement or flow, and meaning or eudaimonia). For a comprehensive review of the research literature on character strengths, see the excellent article by Harzer (2016) on the eudaimonics of human strengths. Also see the special issue on character strengths in *Applied Research in Quality of Life* (Hofer, Gander, Hoge, & Ruch, 2020). Moreover, read the meta-analysis article by Schutte and Malouff (2019).

An interesting study conducted by Park and Peterson (2006) involved having parents of children between the ages of 3 and 9 describe (in a narrative form) their children’s strength and happiness. These narratives were coded using for character strengths (e.g., appreciation of beauty, authenticity, bravery, creativity, curiosity, fairness, forgiveness, gratitude, hope, humor, etc.) and happiness (e.g., joyful, cheerful, extremely happy, somewhat happy, occasionally happy, etc.). Consistent with research on adults, the study found that certain character strengths (e.g., love, zest, and hope) are associated with happiness. Gratitude was associated with happiness among older children.

More recently, Niemiec (2020) theorized that character strengths offer three opportunities functions and three adversity functions. The opportunity functions are: (1) priming (i.e., character strengths prompts and prepare the individual to become aware of their strengths and put their strengths to good use), (2) mindfulness (i.e., character strengths works to be mindful of the present moment and current reality), and (3) appreciation (i.e., character strengths prompts the individual to express value for what has occurred). The adversity functions are: (1) buffering

(i.e., character strengths are used to prevent problems), (2) reappraisal (i.e., character strengths help the individual explain problems in a positive light leading to problem solution), and (3) resilience (i.e., character strengths helps the individual to bounce back from life setbacks).

How do character strengths contribute to wellbeing? One explanation is the identification with and enactment of particular strengths that serve to contribute to wellbeing. In other words, when people use their particular strengths, they are more likely to succeed in their varied social roles, and it is goal attainment related to the social roles that play an important role in bolstering wellbeing. Another explanation is the social recognition resulting from goal attainment involved in the social roles (Blanchard, Kerbeykian, & McGrath, 2020).

9.2.5 Other Personality Traits

What other personality traits may have an effect on subjective wellbeing? Diener (2009), based on a literature review of personality studies, has identified other personality factors that evidenced a link with subjective wellbeing. For example, he recognized *internality* (the tendency to attribute outcomes to oneself rather than external causes) as a key personality factor that influences subjective wellbeing. However, he argued that this effect may be limited to positive outcomes. In other words, it may not be beneficial (from a subjective wellbeing sense) to attribute negative outcomes to the self. Doing so is likely to decrease rather than enhance subjective wellbeing.

A related personality variable is *perceived control*. Diener describes the evidence suggesting that those who score high on perceived control are likely to report higher levels of subjective wellbeing than those who score low on perceived control. However, he makes a cautionary statement:

... the direction of causality is very uncertain between internality and happiness. It may be that people with an external locus of control are that way due to unfortunate life circumstances which also leads to unhappiness. Similarly, people have more control over their lives may also live in more fortunate circumstances. (p. 34)

Still other personality traits have been linked with subjective well being. These include *optimism* (e.g., Augusto-Landa, Pulido-Martos, & Lopez-Zafra, 2011; Lench, 2011; Scheier & Carver, 1985), *expectancy of control* (e.g., Grob, Stetsenko, Sabatier, Botcheva, & Macek, in press), *pollyannaism* (e.g., Matlin & Gawron, 1979), *genetic predisposition to be happy* (e.g., Lykken & Tellegen, 1996; Tellegen et al., 1988), and *resilience* (e.g., Windle, Woods, & Markland, 2010).

Most importantly are the Big Five traits (Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism). In a large-scale study, the Big Five traits explained 46% of the variance in happiness (Tkach & Lyubomirsky, 2006). Steel et al. (2008) updated the meta-analysis of DeNeve and Cooper (1998) focusing only on established measures of the Big Five personality traits and their associations with

subjective wellbeing. These authors found much larger associations. Specifically, the average correlation between extraversion and positive affect is 0.44 and 0.54 between neuroticism and negative affect. Agreeableness and conscientiousness showed moderate correlations with elements of well-being (correlations varying from 0.20 to 0.30). This meta-analysis confirmed that additional traits may play a role in well-being.

There are still other personality traits that play a significant role in subjective wellbeing. These include *proactive personality* (e.g., Wang, Li, & Tu, 2019), and *emotional intelligence* and *resilience* (e.g., Kong, Gong, Sajjad, Yang, & Zhao, 2019; Ramos-Diaz, Rodriguez-Fernandez, Axpe, & Ferrara, 2019).

9.3 Theories Explaining How Personality Influences Wellbeing

There are a number of wellbeing theories that have been advanced in the literature explaining how personality aspects play a role in subjective wellbeing. These include instrumental theory, temperament theory, top-down theory, set-point theory, genotype theory of happiness, dynamic equilibrium theory, and homeostatically-protected mood theory.

9.3.1 *Instrumental Theory and Temperament Theory*

Lucas and Diener (2009) identified two explanations accounting for the personality effects on subjective wellbeing: instrumental theory and temperament theory. Both theories were originally suggested by McCrae and Costa Jr. (1991). *Instrumental theory* posits that the personality trait predisposes the person to choose certain situations and therefore experience certain life events. For example, extraverts are more likely to choose social situations more often than introverts. These social situations, in turn, are likely to induce positive affect (Lucas, Le, & Dyrenforth, 2008; Oerlemans & Bakker, 2014; Srivastava, Angelo, & Vallereux, 2008).

In contrast, *temperament theory* posits a direct link from the personality trait to subjective wellbeing. For example, Gray (1991) has argued that the link between extraversion/neuroticism and subjective wellbeing can be explained by three fundamental systems: the behavioral activation system (which regulates reactions to signals of conditioned reward and nonpunishment), the behavioral inhibition system (which regulates reactions to signals of conditioned punishment and nonreward), and the fight-flight system (which regulates reactions to signals of unconditioned punishment and nonreward). Extraverts tend to be more sensitive to reward and nonpunishment cues. This reward/nonpunishment cue sensitivity is manifested in the form of enhanced information processing of positive stimuli, which in turn

makes the person experience more positive affect. In contrast, neurotics are more sensitive to punishment and nonreward cues, which lead to negative affect. The evidence in support for both instrumental and temperament theories is reviewed in Lucas and Diener (2009); also see Smillie (2013) for a subsequent review.

9.3.2 *Top-Down Theory*

Then there is the *top-down theory* (Diener, 1984). Much research in subjective wellbeing has suggested that happy people (compared to unhappy people) tend to perceive themselves more positively, and this positive self-regard biases their perception about outcomes in specific domains. This bias may be partly responsible for the experience of satisfaction across a variety of life domains.

I like to think of top-down theory using the cliché of the “rich get richer and the poor poorer.” This is an unfortunate reality for the poor, but this reality instructs us that the rich have a head start on making money. It is easier to make money when you have money than if you are starting out from scratch. The same applies to subjective wellbeing. If you start out with high levels of subjective wellbeing, you are likely to get more of it. If you start out low, then you are swimming against the tide. People who are extremely high or extremely low on subjective wellbeing are more likely to experience a top-down spillover than those who are less extreme. This is because these people have so much positive or negative affect vested in the most superordinate domain, and such intense feelings are likely to be contagious. Suggestive evidence of this hypothesis is supported by the following:

- A longitudinal study by Judge and Watanabe (1993) has shown that the pattern of influence between job and life satisfaction is mutual. That is, job satisfaction influences life satisfaction (bottom-up spillover), and that life satisfaction reciprocally influences job satisfaction (top-down spillover) (cf. Judge & Hulin, 1993; Judge & Locke, 1993).
- Sweeney, Schaeffer, and Golin (1982) have shown that clinical depression leads to failure to feel pleasure when engaged in normally pleasant events. The converse is argued for very happy people.
- Additional evidence comes from a study conducted by Diener, Oishi, Lucas, and Suh (2000). They examined the relation between the best life domain and life satisfaction, and between the worst domain and life satisfaction. Two types of measures were used—global life satisfaction and domain satisfaction ratings. The study found that happy people were more likely to weigh good domains in judging their life satisfaction and weigh bad domains relatively less. In contrast, unhappy people were more likely to give greater weight to their worst domain.
- Cummins (2000) used top-down theory to explain the relationship between income and subjective wellbeing. He argues that income does matter for subjective wellbeing in the way it affects self-esteem, control, and optimism. Increases

in income heighten one's self-esteem, control, and optimism, which in turn spill over to higher levels of subjective wellbeing.

- Schyns (2000) injects two explanatory mechanisms to account for the effects of income on subjective wellbeing: bottom-up theory of subjective wellbeing and top-down theory of subjective wellbeing. She explains that people in poor countries struggle to meet basic needs; in this case income matters a great deal. Thus, increases in income for poor people do heighten one's sense of wellbeing in a powerful way. This is the essence of the bottom-up explanation. Veenhoven (1995) calls this mechanism "livability theory." Some countries are considered more livable than others, satisfying human basic needs more than others. In contrast, when people are already well-off financially, they are likely to report higher levels of subjective wellbeing. In this case, it is subjective wellbeing that makes people do things in life that brings in more money. In other words, subjective wellbeing is the cause of increases in income, not the effect. This is the essence of the top-down explanation.
- The evidence pointing to the positive relationship between marital status and subjective well (married people tend to report higher levels of subjective wellbeing than the nonmarried) is explained of a variation of the top-down theory in terms of the selection explanation (Shapiro & Keyes, 2008). Specifically, it is not marriage that contributes to happiness but the other way around. That is, happy people tend to get married than unhappy people.

9.3.3 *Set-Point Theory*

Stones and Kozma (1991) argued that subjective wellbeing is a self-correcting process that maintains stability around *set-points*, and these set points differ among individuals. In other words, subjective wellbeing is more dispositional than situational. Furthermore, subjective wellbeing can be predicted, not by personality traits alone, but mostly from past levels of subjective wellbeing. People who have high levels of subjective wellbeing are likely to maintain that level in the future. That is, people have a repertoire of positive feelings about themselves, their significant others, and their life. This repertoire of positive feelings is likely to be maintained (cf. Kozma, Stone, & Stones, 2000). The physiological analogy is weight maintenance. A person's future weight is likely to be predicted by his past weight because he regulates his intake of food to maintain his current body weight.

Using data from a panel study Headey, Wearing, and colleagues (e.g., Headey, Holmstrom, & Wearing, 1984a, 1984b; Headey & Wearing, 1986, 1987, 1989) noted that people's subjective wellbeing is very stable over time. In other words, in the absence of significant changes in their lives (very positive or very negative life events), people's level of subjective wellbeing is very stable over time. They argued that subjective wellbeing is vested in stable personality characteristics (e.g., extraversion, low neuroticism, high self-esteem, internal locus of control). The primary

purpose of these personality characteristics is to maintain a high level of life satisfaction.

However, Headey (2008a, 2008b, 2010) launched a major attack on set-point theory based on evidence from the German Socio-Economic Panel data. This large-scale survey is longitudinal recording changes in people's lives during the last 20 years or so. Headey cites evidence demonstrating that approximately 6% of the panel members recorded gains of 2 or more points on a 0–10 life satisfaction scale (with a standard deviation of 1.5), and more than 13% recorded substantial decline. He argues that changes of this magnitude cannot be explained by set-point theory.

9.3.4 *Genotype Theory of Happiness*

Another theory highly akin to set-point theory is the *genotype theory of happiness*. Some wellbeing researchers have long advocated the notion that happiness is *genetically determined*. In other words, some people are genetically pre-disposed to experience higher levels of subjective wellbeing more than others (Lykken & Tellegen, 1996). Tellegen et al. (1988) studied the issue of heritability of subjective wellbeing by examining twins who were reared together and those who were reared apart. They estimated the heritability of the wellbeing facet and global emotionality factor to be 0.48 and 0.40, respectively. The heritabilities of the stress reaction facet and negative emotionality were 0.53 and 0.55, respectively. These estimates suggest that about half of the variance of subjective wellbeing could be attributed to heritability (i.e., genes). Recent studies have replicated Tellegen's basic findings (e.g., Johnson, McGue, & Krueger, 2005; Lykken & Tellegen, 1996; Nes, Roysamb, Tambs, Harris, & Reichborn-Kjennerud, 2006; Roysamb, Harris, Magnus, Vitterso, & Tambs, 2002; Roysamb, Tambs, Reichborn-Kjennerud, Neale, & Harris, 2003; Stubbe, Posthuma, Boomsma, & De Geus, 2005).

For a comprehensive review of the wellbeing findings related to genetics, see Nes (2010) as well a discussion of the policy implications of this research. Also see Roysamb and Nes (2018).

9.3.5 *Dynamic Equilibrium Theory*

According to their dynamic-equilibrium theory (Headey & Wearing, 1989, 1992), each person has two types of equilibriums: a subjective wellbeing equilibrium and a life-events equilibrium—individuals' levels of subjective wellbeing and positive and negative life events fluctuate over time, but they do so around a stable baseline, which is considered not necessarily neutral (or midpoint) but more on the positive side of a valence scale.

The state of both equilibriums (subjective wellbeing and life events) vary as a direct function of personality traits such as extraversion and neuroticism. The theory

also posits that life events are not completely random (i.e., exogenous) but influenced by personality traits (i.e., endogenous). For example, that high extraversion is likely to induce the individual to experience more positive events, and conversely, high neuroticism is likely to induce the experience of more negative events.

As such, personality traits influence subjective wellbeing in two ways: directly through its impact on the disposition to experience low or high subjective wellbeing and indirectly through its impact on life events. Life events change subjective wellbeing when they deviate from the normal state. For example, a positive event is not likely to influence subjective wellbeing when the individual experiences positive events most of the time. However, a positive life event is likely to cause an uplift in subjective wellbeing for an individual person who rarely experiences positive events. Over time, personality traits force the individual back to original equilibrium levels in relation to both their subjective wellbeing and the frequency of positive and negative events.

Headey (2008a, 2008b) later revised the theory to account for divergent empirical findings. Headey (2008b) suggested that people with certain combinations of personality traits are likely to experience changes in subjective wellbeing different as a direct function of positive and negative deviations from the normal pattern of life events. Specifically, people who are high in extraversion plus low in neuroticism are likely to experience an “upside risk” of more positive events than normal; and as such, they are likely to experience lasting increases in their subjective wellbeing. The converse is likely to be true for people low in extraversion and high on neuroticism. That is, this group is likely to experience a “downside risk” of more negative events than normal, which in turn translates into lasting decreases in subjective wellbeing.

9.3.6 *Homeostatically-Protected Mood Theory*

Cummins (2010, 2014) developed the homeostatically-protected mood (HPmood) theory. The theory posits that subjective wellbeing (construed in terms of mood) involves a homeostatic system. He specifically focuses on what he calls *homeostatically protected mood* (HPMood), a predisposition to experience positive and negative affect that influences personality and judgments associated with one’s life (i.e., life satisfaction). Subjective wellbeing is controlled by a homeostatic process that keeps subjective wellbeing within a set point range. This homeostatic process involves an internal mechanism (i.e., habituation, reframing, and meaning making) and an external mechanism (i.e., financial resources and social relationships).

People’s subjective wellbeing stays within their individual set point range, which translates into long-term stability of subjective wellbeing. However, dramatic life events may cause homeostasis to fail which lead to significant changes in subjective wellbeing. Over time the homeostatic system regains control and subjective wellbeing returns to the set point range.

I will revisit this theory and discuss it in more detail in Chap. 29 of this book. I consider this theory as an integrative theory of subjective wellbeing. Stay tuned.

9.4 Conclusion

What did we learn from all of this? Personality has a strong effect on subjective wellbeing. More specifically, subjective wellbeing is positively related with traits such as extraversion, self-esteem, positive affective disposition, mindfulness, optimism, locus of control, expectancy of perceived control, Pollyannaism, and resilience. Subjective wellbeing is also negatively related with many forms of psychopathology—neuroticism, anxiety, and depression. The positive traits predispose people to seek positive situations and respond to them in ways that enhance their subjective wellbeing, whereas the negative traits have the opposite effect. Also, people who are mindful of their surroundings tend to report higher levels of subjective wellbeing, especially using measures that focus on the here and now. From the positive psychology movement we learn that people who have certain character strengths (signature strength: hope, zest, gratitude, love, and curiosity) are likely to experience higher levels of wellbeing compared to those who lack these strengths.

I also made an attempt to explain the effect of personality on subjective wellbeing using several theories that have gained prominence in the literature. These are instrumental theory, temperament theory, top-down theory, set-point theory, the genotype theory of happiness, dynamic equilibrium theory, and homeostatically-protected mood theory.

The research literature involving the relationship between personality and subjective wellbeing is very rich. There are other topics in this area that I have not covered in this chapter. For example, personality psychologists have long debated the issue of stability and heritability of subjective wellbeing. See Lucas (2018) for a review of this literature.

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Chapter 10

Effects of Affect and Cognition on Wellbeing



“Rejoicing in ordinary things is not sentimental or trite. It actually takes guts.”

—Pema Chödrön (<https://positivepsychology.com/mindfulness-quotes/>)

10.1 Introduction

Cognition is “the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses” (Oxford Dictionary, 2016). In contrast, affect refers to basic feelings that people can consciously access (Russell & Feldman Barrett, 1999). These feelings may be in the form of emotions, which are short-term, intense responses to a cognition. Affect may be manifested in the form of moods—moods differ from emotions in that they are longer lasting and normally less intense (Ekkekakis, 2013).

This chapter describes the effects of affect and cognition on subjective wellbeing. Many wellbeing studies have shown that mood, causal attributions, appraisals, personal meaning, habituation, and cognitive frames play a vital role in subjective wellbeing. Let us review the evidence.

10.2 Mood

Much research has established an association between mood and *life satisfaction* (e.g., Bower, 1981). That is, a happy mood is directly associated with positive evaluations of one’s life and vice versa. Research has also demonstrated that daily surveys of positive mood are associated with eudaimonic wellbeing (e.g., Culbertson, Mills, & Fullagar, 2010).

Consider the following study: Cavanagh, Urry, and Shin (2011). This study was designed to assess the degree to which mood-induced attentional shifts toward both pleasant and unpleasant cues are associated with changes in state anxiety and life

satisfaction over time in college students. Mood induction occurred by exposing the study participants to a positive mood condition through film clips such as *Dirty Dancing*, *Saturday Night Live*, and *Gosford Park*. The negative mood induction condition involved film clips such as *The Shining* and *Stepmom*. Self-reported levels of anxiety and wellbeing were assessed concurrently and again after three weeks. The study results show that a shift in attention to threatening cues after negative mood induction is associated with increases in state anxiety. Conversely, a shift in attention to emotional cues (threatening and pleasant) following a positive mood induction was associated with increases in life satisfaction.

It should be noted that typical studies of life satisfaction use surveys in which respondents are asked to assess how their lives have been going over some period, such as the last few weeks, months, or years (e.g., Andrews & Robinson, 1991). A typical way of measuring life satisfaction is a single item with a 3-point scale: “Taken all together, how would you say things are these days—would you say that you are very happy (1), pretty happy (2), or not happy (3)?” This type of measure of life satisfaction is based on the view that subjective wellbeing is captured through the recollection of one’s mood experienced recently. Consider the classic study of Neugarten, Havighurst, and Tobin (1961) and their use of the Life Satisfaction Rating, which involved five conceptual dimensions, two of which reflect “zest for life” and “general mood tone.” These are essentially mood dimensions.

10.3 Causal Attribution

Causal attributions do play an important role in subjective wellbeing. Two theories and evidence will be discussed that helps us explain the relationship between causal attributions and subjective aspects of quality of life. These are attribution theory of happiness and attribution theory of depression.

10.3.1 Attribution Theory of Happiness

Attribution theory of happiness (Schwarz & Clore, 1983) posits that people feel happier when they attribute their life successes to internal, stable factors (e.g., I am successful in my career, marriage, finances, friendships and the like because I am an intelligent, caring person) rather than external, unstable factors (e.g., I am successful because of luck—I am a lucky person). Conversely, people feel more unhappy when they attribute their life failures to internal, stable factors (e.g., “My life is a mess—my financial situation is a mess, my marriage is falling apart—my children don’t want to have anything to do with me—because I am alcoholic and I can get myself to quit drinking”) than when they attribute their negative circumstances to external, unstable factors (e.g., “My life is a mess because of a series of accidents that occurred—random, freak events that could have happened to anyone”).

Consider the following study by Brown and Dutton (1995). The study found that happy people interpret defeat differently from unhappy people. Happy people usually explain it away. They attribute defeat to an isolated incident that reflects little about their ability. Unhappy people, on the other hand, take defeat quite personally. They focus on it, magnify, and dwell on it. Defeat colors their future vision too. They predict that they will fail in the future because of that defeat. In other words, personal setbacks and triumphs are not by themselves good predictors of life satisfaction. What seems to predict life satisfaction significantly is the perception of causes and consequences of those events (e.g., Cheng & Furnham, 2001; Staats, Armstrong-Stassen, & Partillo, 1995).

10.3.2 Attribution Theory of Depression

Similarly, *attribution theory of depression* (Beck, 1967) asserts that depressed people are more likely to believe that negative events are caused by global and stable causes, and that negative events are very likely to continue to happen to them. Depressed people think about the world in self-defeating ways.

Based on a review of the literature, Diener (2009) concluded that studies have shown that attribution of life events do influence subjective wellbeing. Perceived good events are related to positive affect, and bad events are related to negative affect. There is also evidence that one's beliefs how they can control life events may amplify or deamplify the influence of these events on subjective wellbeing. In other words, if people feel responsible for the good events that happen to them, they may experience higher levels of subjective wellbeing than if they feel they have little control over these events.

10.4 Appraisals

Consider the following advice:

When things go poorly, we sometimes start a list of ways we failed, ways we caused the problem. This kind of thinking not only can upset us, it also can keep us from being able to function. The truth is that any situation is the result of some things that are in your control and some things that are out of your control. Don't delude yourself into thinking a bad situation is completely of your making. Remember that it makes more sense to deal with outcomes than with fault. (Niven, 2000, p. 92)

This advice is based on the notion that happiness can be controlled by controlling one's appraisals of life events. There is much evidence in the literature suggesting that the way people interpret their life circumstances has a lot to do with the way they feel about life. Here is suggestive evidence:

- Research on *coping* is guided by the notion in order to cope with problems happy people initiate thoughts and behaviors that are adaptive and helpful in solving their problems. In contrast, unhappy people cope in more destructive ways (McCrae & Costa Jr., 1986). For example, happy people are more likely to see the bright side of things, pray, and tackle their problems head on, whereas unhappy people are more likely to blame others and themselves and avoid working on their problems. In other words, happiness may be influenced by the valence of one's thoughts.
- People might increase their subjective wellbeing by controlling the valence of their thoughts. For example, studies have shown that on average religious people are happier than nonreligious people (e.g., Ellison, 1991; Myers, 1993; Pollner, 1989). This may be due to the fact that religious people believe in God, and that God is good and everything that happens in life is directly or indirectly related to God's goodness. These *positive thoughts* contribute to subjective wellbeing.
- Studies have shown that one can heighten subjective wellbeing by being *optimistic* about one's future (Scheier & Carver, 1993). In other words, thinking about the future in positive or negative terms influence subjective wellbeing.
- Research has found that one can dampen or amplify one's emotions by what one thinks, and thereby experience more or less intense emotions (Larsen, Diener, & Cropanzano, 1987). Again, this demonstrates the *power of thought* and appraisals on subjective wellbeing.
- What is different between happy and unhappy people is the way they view the world, the way they appraise life events. Unhappy people tend to appraise their life events negatively, while happy people do the opposite (Lyubomirsky, 1994; Lyubomirsky & Ross, 1997; Seidlitz & Diener, 1993). People with high subjective wellbeing are also more likely to perceive "neutral" events as positive. Thus, people with high subjective wellbeing may not only experience objectively more positive events, but they also *perceive events more positively* than do people who are low in subjective wellbeing. The old adage of "some see the glass as half full while others see it as half empty" applies here. Happy people usually appraise their life events positively (they see the glass as half full). Unhappy people appraise events negatively (they see the glass half-empty).
- Unhappy people see negative things not only in relation to defeat but also in relation to any *world event*. Unhappy people tend to infer "hidden agendas" in people's actions (e.g., Brebner, 1995; Scott & McIntosh, 1999). For example, if a person acts benevolently towards another, the unhappy person is likely to think the benevolent act is motivated by an ulterior motive (i.e., personal gain). Happy people, on the other hand, see benevolence as motivated by a caring attitude.
- What happens when a person receives a job promotion? Happy people feel quite rewarded and look forward to the new responsibilities; unhappy people lament the added responsibilities (Chen, 1996).
- Research by has shown that re-appraisals tend to reduce negative emotional experiences with little cost (Gross, 2000). That the *re-appraisal strategy* is more effective than the suppression strategy. Suppression strategy refers to

coping strategy people use by “suppressing” their emotions. They do not allow themselves to “feel.” They do this by detaching themselves from life.

10.4.1 Rational-Emotive Psychotherapy

Rational-emotive psychotherapy is very much based on the notion that unhappiness can be transformed into happiness through *rational thought* (Ellis, 1962). The underlying assumption of rational-emotive therapy is that people can be happy if and when they think rationally. What does rationality mean in rational-emotive therapy? It is defined through “irrationality.” Irrationality is thought that is illogical, biased, prejudiced, and highly personalized. Thus, unhappiness is the result of self-verbalizations determined, not by external circumstances or events, but by the perceptions toward these events. Perceptions of events are influenced by how people interpret those events. Interpretation is subject to those beliefs that are evoked from memory for the purpose of categorizing and giving meaning to that event. Certain beliefs used to interpret events tend to lead to irrational thought. Ellis identified 11 such irrational beliefs.

1. It is essential that one be loved or approved by virtually everyone in his community.
2. One must be perfectly competent, adequate, and achieving to consider oneself worthwhile.
3. Some people are bad, wicked, or villainous and therefore should be blamed and punished.
4. It is a terrible catastrophe when things are not as one wants them to be.
5. Unhappiness is caused by outside circumstances, and the individual has no control over it.
6. Dangerous or fearsome things are causes for great concern, and their possibility must be continually dwelt upon.
7. It is easier to avoid certain difficulties and self-responsibilities than to face them.
8. One should be dependent on others and must have someone stronger on whom to rely on.
9. Past experiences and events are the determiners of present behavior; the influence of the past cannot be eradicated.
10. One should be quite upset over other people’s problems and disturbances.
11. There is always a right or perfect solution to every problem, and it must be found, or the results will be catastrophic.

According to Ellis, these beliefs cause distortions in perception and irrational thinking. Irrational thinking, in turn, leads to unhappiness. For example, let us focus on the last belief (“there is always a right or perfect solution to every problem, and it must be found, or the results will be catastrophic”). This belief causes irrational thinking because, in reality, there is no such perfect solution to any problem. Any problem can be solved through a variety of ways. The effectiveness of any one

solution is highly dependent on the theoretical approach used to judge effectiveness. Insistence on finding the perfect solution leads people to judge effectiveness from one narrow perspective. Deviations from standards as specified from that narrow perspective might cause the individual to be extra critical of many events and outcomes. This negativity forms the basis of the negative affect in many life domains, which in turn affects subjective wellbeing adversely.

So how do we change irrational thinking? How can we become more rational? Rational-emotive therapy recommends that we do this by learning to think rationally. Ridding oneself of the irrational beliefs that are the causes for the misinterpretation does this. Thus, the first step is to identify the irrational belief that is causing you to appraise the event in a negative way. Second, replace the irrational belief with its rational counterpart.

10.5 Meaning to Life

In this section we will discuss how people project meaning to life and how such meaning impacts subjective aspects of quality of life. In doing so, we will review theory and research related to the theory of personal meaning as well as research related meaning-based positive psychology interventions. Furthermore, see the excellent article by Danvers, O’Neil, and Shiota (2016) on Eudaimonia, awe, and the search for meaning in life. As well as Noguchi (2020) on meaning frame theory.

10.5.1 Theory of Personal Meaning

Westerhof, Thissen, Dittman-Kohli, and Stevens (2006) developed a theory of subjective wellbeing based on how people ascribe meaning to personal problems. They distinguish among three ways that people ascribe meaning to life problems: (1) cognitive, (2) motivational, and (3) affective. The cognitive component refers to a belief system that the individual uses to interpret the world and life events. Thus, life problems can be characterized as lack of understanding of certain personal experiences, life difficulties, weaknesses, or regrets for past actions. The motivational component reflects the individual’s wishes, desires, and goals in life (e.g., fears, feelings of apprehension toward the future, lack of purpose in life, and perceptions of goal obstacles). The affective component refers to how the individual feels concerning happiness and fulfilment—the presence of negative emotions and absence of positive ones.

Within each component (cognitive, motivational, and affective) there are further distinctions that the authors refer to as global versus specific. A person can ascribe meaning that reflects global or abstract concerns or specific concerns that are more concrete. An operationalization of the theory is reflected in Table 10.1. Respondents are asked to complete sentences to describe themselves and their personal problems.

Table 10.1 An operationalization of the theory of personal meaning—the SELE instrument

Cognitive component	
<i>Specific level</i>	
	• Negative self (e.g., “My weaknesses are . . . impatience”) • Negative interpersonal (e.g., “I think that I . . . am easily deceived”) • Negative world/humanity (e.g., “It annoys me . . . our politicians”) • Negative current life (e.g., “It’s difficult for me . . . that I’m ill”) • Negative past life (e.g., “When I look at my past life, I regret . . . not having children”)
<i>Global level</i>	
	• Negative self (e.g., “When I think about myself . . . I can’t stand myself”) • Negative current life (e.g., “In comparison to others . . . my life is worse”) • Negative past life (e.g., “It’s difficult for me . . . to think about the past”)
Motivational component	
<i>Specific level</i>	
	• Goal realization problems (e.g., “It annoys me . . . that I still haven’t got a full-time job) • Barriers to meaning (e.g., “I would like to . . . do everything, but I am not longer physically able”) • Negative future (e.g., “I fear that . . . I will get a serious disease”) • Negative existential (e.g., “I fear that . . . death”)
<i>Global level</i>	
	• Motivational deficits (e.g., “I intend to . . . nothing”) • Goal realization problems (e.g., “What’s been bothering me recently is . . . whether I can reach all my goals”) • Negative future (e.g., “I fear that . . . I won’t be happy”)
Affective component	
<i>Specific level</i>	
	• Negative affect (e.g., “I have noticed that I . . . feel lonely”) • Absence of positive affect (e.g., “Compared to the past . . . not happy) • Physical distress (e.g., “My body . . . hurts—lower back pain”)
<i>Global level</i>	
	• Negative affect (e.g., “I often feel . . . miserable”) • Absence of positive affect (e.g., “I feel really good . . . never”) • Physical distress (e.g., “I often feel . . . very tired”)
Responses are captured on a 5-point Likert scale varying from 1 = strong disagree to 5 = strong agree.	

Source: Adapted from Westerhof et al. (2006)

This method is referred to as SELE instrument. Based on a large-scale survey administered in Germany, the SELE instrument was successful in predicting subjective wellbeing (measured through the Satisfaction with Life Scale and the Positive and Negative Affect Schedule).

10.5.2 *Meaning-Based Positive Psychology Interventions*

More recently, Stone and Parks (2018) discussed the wellbeing research related to positive psychology interventions. A meaning-oriented intervention tend to focus on clarifying an individual's sense of purpose. Doing so serves to highlight one's life importance. They allude to research showing that meaning interventions tend to lead to better functioning.

This research is based on two dimensions of meaning, namely purpose and coherence. *Purpose* refers to important life goals and aspirations. In an intervention context, this dimension translates into encouraging the individual to examine their own work and to question whether this work is more of a life calling rather than merely a job as a means to earn a living. *Coherence* refers to one's comprehension about one's life. Thus, in an intervention context, the coherence dimension calls for intervention calls for encouraging the individual to write about their activities in ways to shed meaning and understanding about activities that connect to one's life purpose.

10.6 Habituation

Pleasure and pain are intimately connected in an opponent process (Solomon, 1980). The source of unhappiness is typically loss of something good (e.g., having one's new automobile stolen). Conversely, happiness comes about as a direct result of removing a noxious stimulus or losing something bad (e.g., having one's old and broken-down automobile stolen).

People *habituate* to good and bad stimuli in ways that evoke diminishing magnitude of feelings. However, when people experience a loss of a bad thing that they got use to (e.g., habituated to going to a music concert once a month), they are likely to experience more intense negative feelings than if they did not habituate (Sandvik & Diener, 1983).

10.7 Cognitive Frames

One can argue that subjective wellbeing is essentially an evaluation of life at large, and that this evaluation is a judgment that is strongly influenced by the type of cognitive frame used in decision-making (i.e., standard of comparisons or cognitive referents). That is, people judge their lives against some standard (Day, 1987). This standard of comparison is selected and defined by the individual. It may involve a comparison of one's current life circumstance with old circumstances, a comparison of current life experience with prior expectations, etc.

To further explain the notion of cognitive frames and its use in life satisfaction judgments, we will discuss research related to two theories, namely multiple discrepancies theory and congruity theory of life satisfaction.

10.7.1 *Multiple Discrepancies Theory*

Alex Michalos advanced a theory of wellbeing based on a social judgment approach commonly referred to as *multiple discrepancies theory* (Michalos, 1980, 1985, 1986; Michalos et al., 2007; Wright, 1985). The theory posits that overall life satisfaction is indirectly proportional to the perceived differences between what one has versus seven different standards of comparisons. These are:

- What one wants,
- What others have,
- The best one has had in the past,
- What one expected to have three years ago,
- What one expects to have in five years,
- What one deserves, and
- What one needs.

For a thought-provoking application of multiple discrepancies theory to the analysis of life satisfaction using different cognitive frames, see Moller (2016). This author analysed the satisfaction of South Africans using the following cognitive frames:

- *Self Now* compared to *What Others have* to assess relative deprivation,
- *Self Now* compared to the *Best Self One Has Had in the Past* to assess perceptions of progress,
- *Self Now* compared to *What Self Expected to Have by Now* to assess personal progress,
- *Self Now* compared to *What One Expects to Have in the Future* to assess optimism,
- *Self Now* compared to *What One Deserves* to assess perceptions of entitlements,
- *Self Now* compared to *What One Needs* to assess necessities in life, and
- *Self Now* compared to *What One Wants* to assess aspirations.

10.7.2 *Congruity Theory of Life Satisfaction*

Similar to multiple discrepancies theory, my colleagues and I have developed a measure referred to as *Congruity Life Satisfaction* (Meadow, Mentzer, Rahtz, & Sirgy, 1992; Sirgy et al., 1995). This measure is based on the theoretical notion that life satisfaction is function of comparison between perceived life accomplishments

Table 10.2 The Congruity Life Satisfaction (CLS) measure

• Compared to your lifetime goals, ideals, and what you had ideally hoped to become, how satisfied are you? • Compared to what you feel you deserve to have happened to you considering all that you’ve worked for, how satisfied are you? • Compared to the accomplishments of our relatives (parents, brother, sister, etc.), how satisfied are you? • Compared to the accomplishments of your friends and associates, how satisfied are you? • Compared to the accomplishments of most people in your position, how satisfied are you? • Compared to what you’ve been and how far you have come along (the progress you have made, the changes you have gone through, or the level of growth you have experienced), how satisfied are you? • Compared to what you have expected from yourself all along considering your resources, strengths, and weaknesses, how satisfied are you? • Compared to what you may have predicted about yourself becoming, how satisfied are you? • Compared to what you feel you should have accomplished so far, how satisfied are you? • Compared to what you feel is the minimum of what anyone in your position should have accomplished (and be able to accomplish), how satisfied are you? Response scale: Responses are recorded on a 6-point scale from “very dissatisfied” to “very satisfied.”

Source: Adapted from Sirgy et al. (1995)

and a set of standards used to evaluate these accomplishments. These standards are classified as a direct function of their derivative sources (e.g., the life accomplishments of relatives, friends, associates, past experience, self-concepts of strengths and weaknesses, and average person in a similar position) and different forms (e.g., standards based on ideal, expected, deserved minimum tolerable, and predicted outcomes). See Table 10.2 for exact items.

10.8 Cognitive Outlooks

Recently, Margolis and Lyubomirsky (2018) reviewed much of the research on how cognitive outlooks (attention and construal) influence wellbeing. The authors point to research suggesting that happy people do not differ from unhappy ones in the number of stressful and negative life events they experiencing, but happier people tend to employ different cognitive strategies than unhappy ones. Specifically, happier people tend to pay more attention to positive events and construe them in a manner making them happier compared to unhappy people; and conversely, unhappy people pay more attention to negative events and construe those events in ways making them unhappy.¹

¹For a review and insightful discussion regarding wellbeing interventions mostly based on cognitive outlooks, see Vella-Brodrick (2016).

Table 10.3 The mindful attention awareness scale

-
- I could be experiencing some emotion and not be conscious of it until sometime later.
 - I break or spill things because of carelessness, not paying attention or thinking of something else.
 - I find it difficult to stay focused on what's happening in the present.
 - I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
 - I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
 - I forget a person's name almost as soon as I've been told it for the first time.
 - It seems I am "running on automatic" without much awareness of what I'm doing.
 - I rush through activities without being really attentive to them.
 - I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.
 - I do jobs or tasks automatically, without being aware of what I'm doing.
 - I find myself listening to someone with one ear, doing something else at the same time.
 - I drive places on "automatic pilot" and then wonder why I went there.
 - I find myself preoccupied with the future or the past.
 - I find myself doing things without paying attention. I snack without being aware that I'm eating.
-

Respondents are provided with the following instructions: "Below is a collection of statements about your everyday experience. Using the 1–6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be." Responses are captured using a 6-point scale: 1 = almost always, 2 = very frequently, 3 = somewhat frequently, 4 = somewhat infrequently, 5 = very infrequently, and 6 = almost never.

Source: Adapted from Brown and Ryan (2003, p. 826)

Cognitive outlooks include mindfulness, gratitude, self-esteem, optimism, locus of control/autonomy, competence, connectedness, attributional style, ruminative style, and strengths.

10.8.1 *Mindfulness*

There is some research in wellbeing suggesting that mindfulness plays a key role in subjective wellbeing (see Brown & Ryan, 2003 for a review of the literature). That is, people who are mindful of the current surroundings and their present circumstances are likely to report higher levels of subjective wellbeing. Brown and Ryan (2003) have documented the effect of mindfulness on psychological wellbeing. They developed a measure of mindfulness called the Mindful Attention Awareness Scale (MAAS) and through correlational, quasi-experimental, and laboratory studies then showed that the MAAS measure is related to a variety of wellbeing constructs. See the MAAS items in Table 10.3.

Many measures of subjective wellbeing seem to be designed with mindfulness in mind (excuse the pun). Consider the following examples:

- The Spreitzer and Snyder (1974) measure of life satisfaction: This is a single indicator measure of life satisfaction designed for the elderly. The measure contains the following response cue: “Taking things all together, *how would you say things are these days*—would you say that you are very happy, pretty happy, or not too happy.” The rating scale is essentially three response categories—“not too happy” scored as 1, “pretty happy” scored as 2, and “very happy” scored as 3.
- Another example of a measure of subjective wellbeing consistent with mindfulness theory is the American’s Changing Lives Survey. This is a US multistage stratified area probability sample that employs several items capturing life satisfaction (see description in Dolan, Peasgood, & White, 2008). Example items include: “My life could be happier than it is *right now*. A 4-point Likert type scale is used to capture responses: Strongly agree, Agree, Disagree, Strongly disagree.” And “Taking all things together, how would you say things are these days? Would you say you were ____? The response scale is Very happy, Pretty happy, Not too happy.”
- The Canadian General Social Survey, another major survey, established in 1985, has survey items capturing subjective wellbeing that are consistent with mindfulness theory. The survey involves telephone interviews from a probability sample of 10,000 (to 25,000 more recently) stratified across the 10 provinces. It uses the following two items: (1) “*Presently*, would you describe yourself as ____ Very happy? Somewhat happy? Somewhat unhappy? Very unhappy? (2) “I am going to ask you to rate certain areas of your life. Please rate your feelings about them (including) ‘Your life as a whole *right now*.’ The response scale is a 4-point satisfaction rating scale: Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied” (see Dolan et al., 2008 for a description).
- The Midlife in the US Survey is based on a US national probability sample using the random digit dialing telephone interviews focusing on 65–74 respondents. This survey employed the following item: “Please rate your life overall *these days* on a scale from 0 to 10 where 0 is the worst possible life overall and 10 is the best possible life overall” (see Dolan et al., 2008 for a description of this measure).
- The World Values Survey is yet another example of mindfulness. The survey involves a nationally representative UK sample of approximately 1000 respondents. Data were collected between 1998 and 1999. The following item was used: “All things considered, how satisfied are you with your life as a whole *these days*?” The response scale involved a 10-point rating scale with anchors “Dissatisfied” and “Satisfied” (see Dolan et al., 2008 for a more detailed description).

A question that begs attention is: *how does mindfulness influence subjective wellbeing?* Howell and Buro (2011) tried to address this question by theorizing that mindfulness contributes to subjective wellbeing through *achievement-related self-regulation*. Mindfulness (being aware and attentive to what is happening around you) promotes subjective wellbeing in the way it fosters the fullness and richness of experience. Mindfulness also contributes to wellbeing by facilitating healthy self-regulatory behavior such as enhanced focus on one’s goals and enhanced capacity to

act to attain these goals. The authors conducted a study testing the relationship between mindfulness, achievement-related self-regulation (delay of gratification, help seeking, and self-control), and achievement emotions (positive emotions such as pride, hope, and enjoyment; and negative emotions such as anger, anxiety, shame, and hopelessness) among college students. The study results show a high degree of interrelationships among mindfulness, achievement-related self-regulation and positive achievement emotions.

Based on a literature review of neuroscience and wellbeing, Dolcos, Moore, and Katsumi (2018) provided two explanations, one structural the other functional. The structural explanation is that mindfulness increases gray matter volume or density in the cingulate cortex, insula, and the hippocampus. That is, the evidence suggests that mindfulness engages brain regions related to body awareness, memory, and positive emotions. There is also evidence suggesting that mindfulness practice is associated with modulation of structural connectivity between brain regions (i.e., enhanced connectivity within and between hemispheres of the brain). Such connectivity serves to support attentional self-regulation.

At the functional level, mindfulness is associated with changes in the resting state functional connectivity between the default mode and salience networks. This finding is consistent with the notion that interactions between brain networks enhance the ability to focus on the momentary experience without judgment. Evidence also suggests that mindfulness modulates the neural mechanisms involved in emotional processes.

The authors (Dolcos et al., 2018) suggest that repeated engagement in mindfulness may affect brain structure by expanding existing synapses/dendrites and creating new synapses. Also, mindfulness may induce the formation of myelin sheaths that help insulate the connections between neurons. Another possibility is that mindfulness may enhance the autonomic and immune systems, which serve to preserve or restore neurons. In sum, the authors conclude that mindfulness can enhance wellbeing and modulate the structure and function of the brain.

10.8.2 Gratitude

Gratitude refers to the recognition of a positive outcome from an external source involving a felt sense of thankfulness for benefits received (Margolis & Lyubomirsky, 2018; Stone & Parks, 2018). The research shows that people with higher levels of gratitude tend to have higher levels of wellbeing. This effect holds across a variety of situations in dozens of studies. Evidence from longitudinal and experimental studies suggest a casual influence; that is, expressing gratitude leads to a greater sense of wellbeing. A typical experimental study involves having participants write a gratitude letter to a person towards whom they feel grateful. Those performing the gratitude task tend to increase in wellbeing more than those in a control condition.

Why does gratitude impact wellbeing? The impact may be through positive reframing; that is, gratitude forces the individual to focus attention on the positive aspects of the focal events and to construe the event in a more favorable light. Doing so boosts wellbeing (O'Connel, O'Shea, & Gallagher, 2018).

Another explanation was provided by Green, Noor, and Ahmed (2020). These researchers conducted a study that examined the mediating effect of the body-mind dimensions of wellness between dispositional gratitude and life satisfaction among college students in Pakistan. They were able to empirically demonstrate that the positive emotion of gratitude helps develop personal resources (i.e., wellness-type resources and behaviors), which in turn contribute to life satisfaction.

10.8.3 *Optimism*

People who are optimistic tend to envision positive future events. Much correlational research has shown that across various measures of wellbeing, optimism is positively associated with wellbeing (Margolis & Lyubomirsky, 2018; Pleeging, Burger, & van Exel, 2019; Stone & Parks, 2018). Further, research has shown that optimism is not only strongly correlated with psychological measures of wellbeing (e.g., life satisfaction) but also with measures of general physical health.

There is also evidence of a casual effect through longitudinal and experimental studies. An example of an experimental manipulation involving optimism is having participants envision their “best possible selves.” This is an exercise that prompts them to form optimistic thoughts about the future. An example of longitudinal research demonstrating causal influence is pessimism predicting increases in depressive symptoms over several years. Longitudinal studies also involve optimism predicting future wellbeing following a stressful period.

How does optimism impact wellbeing? Optimists experience more positive construals in general. Optimists attend to more positive information, particularly about the future. Such positive attention and construals could serve to increase wellbeing.

Wellbeing researchers have devised positive psychology interventions based on the notion that optimism does contribute to wellbeing. That is, optimism-based activities focus on developing a positive outlook of the future (Stone & Parks, 2018). The intervention assists an individual in forming a positive coherent life narrative. Such intervention creates an illusion of control to help feel more secure about one's ability to control one's life. Such an outlook is essential to healthy functioning.

An example of an optimism intervention is the Best Possible Selves activity (King, 2001). Participants are asked to write about a future in which they envision themselves meeting their goals and aspirations. They are asked to complete this activity every day over the course of four days.

10.8.4 *Self-Esteem*

Self-esteem refers to an overall evaluation of one's worth. Individuals with high self-esteem believe that the positive outcomes they experience is attributed to their own action. In contrast, those with lower self-esteem believe they have little power to produce good in the world around them.

Much correlational research has documented a positive correlation between self-esteem and wellbeing (Margolis & Lyubomirsky, 2018). This effect seems to be quite robust across many countries. With respect to experimental research, some studies used tasks that temporarily manipulate self-esteem in terms of mood induction—receiving positive or negative feedback on some task. These studies suggest that self-esteem causally impacts the affective component of wellbeing. Other experimental studies have induced self-esteem in the long-term (typically through self-affirmation and self-compassion types of interventions). Longitudinal research suggests that boosts to self-esteem do indeed lead to increased wellbeing.

How does self-esteem impact wellbeing? People with high self-esteem tend to attend to more positive information about themselves, leading to increased levels of wellbeing. That is, self-esteem may lead an individual to have more positive construals of the self overall, boosting wellbeing.

10.8.5 *Autonomy, Locus of Control, Competence, and Connectedness*

Connectedness (or “relatedness”) refers to feelings of closeness to others. Competence refers to the degree to which people believe they are proficient in a variety of skills that can help bring about desired changes in life. Autonomy refers to the degree to which people believe their actions are a result of their own decision-making (i.e., choice) rather than being the result of pressure from other individuals (i.e., no choice). As such, autonomy is closely related to locus of control, which reflects the degree to which people believe they, rather than external factors, control their life.

Correlational research has produced much evidence suggesting that autonomy, competence, and connectedness are each positively correlated with wellbeing (Margolis & Lyubomirsky, 2018). These findings also hold across cultures. Furthermore, longitudinal research has found significant correlations among these constructs and wellbeing. Lastly, evidence from longitudinal studies show that individuals with an internal locus of control experience higher levels of wellbeing than those with an external locus of control. What is lacking is experimental evidence. The authors (Margolis & Lyubomirsky, 2018) urge for experimental research that investigates the effect of combined elements of autonomy, competence, and connectedness on wellbeing.

10.8.6 Attributional Style

People are motivated to explain the causes of events surrounding the world at large. Research on depression has shown that people who attribute the causes of their misery to themselves are likely to experience depression compared to those who attribute the causes to external agents beyond their control. Specifically, research has clearly demonstrated that individuals who consistently make internal, global, and stable attributions for adverse events are at higher risk for depression. This style of attribution is often referred to as “depressive attributional style.” Optimistic attributional style, in contrast, involves the opposite—external, specific, and unstable attributions for positive events. Evidence supporting these attributional styles is plentiful through correlational, experimental, as well as longitudinal studies (Margolis & Lyubomirsky, 2018).

Why are internal, global, and stable attributions in negative contexts bad for wellbeing but good in positive contexts? Internal, global and stable attributions in negative contexts involves a negative self-construal, a construal of learned helplessness—the individual learns that one is helpless in an environment full of threats. This construal is responsible for a grim outlook of one’s past, present, and future experiences. As such, such a negative self-construal deflates wellbeing. Conversely, internal, global, and stable attributions of positive events reflect learned optimism – beliefs that positive events are the result of one’s personal skills, capabilities, and other personal characteristics. Learned optimism signals higher self-esteem, which in turn serves to boost wellbeing.

10.8.7 Ruminative Style

Much research investigated the effects of rumination on wellbeing. Rumination refers to the tendency to respond to negative events by repeatedly focusing on the symptoms, causes, and consequences of distress instead of possible solutions. Rumination is associated with other cognitive outlooks such as maladaptive attributional style, pessimism, and low self-esteem. Importantly, it is also strongly associated with depression. This association has been demonstrated in longitudinal studies—the more people ruminate, the more likely they are to develop symptoms of clinical depression with lasting effects (Margolis & Lyubomirsky, 2018).

There is also experimental evidence suggesting a causal effect using a rumination induction task—participants are instructed to focus on the meanings, causes, and consequences of their current feelings for a few minutes. Doing so boosts negative affect among depressed participants, which in turn creates a downward spiral to deep depression.

Why does rumination lead to decreases in wellbeing? Rumination amplifies negative thinking while one is in a negative mood. That is, individuals in a negative

mood who ruminate construe life events in a more negatively biased, pessimistic manner.

Much of the research on the effects of rumination on wellbeing assumes negative thoughts. Can rumination involve positive thoughts, and if so, what is the wellbeing effect of positive rumination? There is evidence suggesting that the wellbeing effect of gratitude interventions can be amplified by encouraging individuals to engage in positive rumination (Harding, Murphy, & Mezulis, 2019).

10.8.8 Strengths

Stone and Parks (2018) discussed the research related to the use of individual's strength as a positive psychology intervention. This intervention focuses on one's strengths, instead of one's weaknesses. Researchers in this area have made a distinction between strengths of character (e.g., empathetic, kind, and determined) and strengths of talents (e.g., being an exceptional football player). The goal of the intervention is to help an individual become more aware of their own strengths and provide guidance to use those strengths more often, in new ways, or perhaps to replacing dysfunctional habits and behaviors.

An example of a strength intervention could be to make a client aware of the fact that he is a caring individual. Given this strength, the counselor may suggest ways to focus on exercising this caring strength by doing volunteer work.

Much research is available providing a testimony to the effectiveness of strength-based interventions in promoting wellbeing and positive mental health (e.g., Martínez-Martí & Ruch, 2017; Park, Peterson, & Seligman, 2004; Seligman, Steen, Park, & Peterson, 2005).

10.9 Conclusion

So, what did we learn from all of this? Affect and cognition (e.g., mood, causal attributions, appraisals, personal meaning, habituation, and cognitive frames) play an important role in happiness, subjective wellbeing, and positive mental health. Studies involving mood induction have shown that when people are induced into a positive mood, they report higher levels of subjective wellbeing, and vice versa. As such, the obvious policy recommendation here is to encourage decision makers to develop programs that can induce positive mood in every situation possible, in every institutional sector, sector.

Subjective wellbeing is also influenced by how people make attributions about good and bad things that happen to them. When people attribute bad outcomes to aspects inherent to their own character, personality, or abilities they experience lower levels of subjective wellbeing compared to situations where they attribute the same outcomes to external causes (e.g., luck, the environment, or others).

Conversely, people experience higher levels of subjective wellbeing when they take personal credit of good outcomes. Here counsellors of all types (psychotherapists, psychiatrists, school psychologists, social workers, etc.) can help patients, clients, and others to re-examine how they make causal attributions, and to re-frame their attributions in ways that can enhance rather than ameliorate their wellbeing.

Personal meaning is also important in happiness, subjective wellbeing, and positive mental health. When people ascribe meaning to their personal problems, these problems take a lesser toll on emotional wellbeing. Wellbeing practitioners should encourage their constituencies to develop passion and ascribe personal meaning and purpose in what and whatever they do, as long as those activities are both legal and ethical.

People habituate to good and bad stimuli, in a way that they evoke diminishing magnitude of feelings. If so, wellbeing practitioners should encourage their constituencies to seek novelty in their daily routines to offset the diminishing satisfaction associated with pleasurable habits.

We also discussed the effects of cognitive frames on subjective wellbeing. When people evaluate their lives, they do so by examining their life accomplishments relatives to a variety of cognitive frames (i.e., the ideal life, the predicted life, the deserved life, etc.). The use of different cognitive frames produces different levels of life satisfaction outcomes. Wellbeing practitioners should advise their constituencies to evaluate their lives periodically by using cognitive frames most likely to enhance their happiness and subjective wellbeing. The frames that are likely to achieve this goal include the past and predicted life. Also, the cognitive frame based on the person's skills and abilities should be conducive to positive life judgments.

Finally, the research concerning the effects of cognitive outlooks (attention and construal) on wellbeing was reviewed. Cognitive outlooks include mindfulness, gratitude, self-esteem, optimism, locus of control/autonomy, competence, connectedness, attributional style, and ruminative style. The research shows that individuals high on gratitude, self-esteem, optimism, with an internal locus of control, high on autonomy, competence, connectedness, and with adaptive attributional style, low on rumination are likely to experience higher levels of wellbeing compared to their counterparts, and those who capitalize on their strengths. As such, programs can be developed to train individuals on how to foster the development of cognitive outlooks that can assure personal happiness and high levels of subjective wellbeing.

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Chapter 11

Effects of Beliefs and Values on Wellbeing



It is no measure of health to be well adjusted to a profoundly sick society

—J. Krishnamurti (<https://www.goodreads.com/quotes/tag/values>)

11.1 Introduction

We are living in an age of globalization. This means that we are living in a historic period in which there is increased internationalization of trade, increased flow of information through the ubiquitous presence of the Internet, increased travel and tourism, increased worker migration, and increased telecommunication. As such, cultural differences in wellbeing decline. That is, the forces of globalization serve to diminish the importance and impact of cultural differences on progress related to the standardization of policies and institutions relegated to enhancing human wellbeing.

However, we also are witnessing the rise nationalism, a global movement that counters the forces of globalization. We also see shifts and alliances among nations along religious lines (Huntington, 1996). The recent presidential elections in the US demonstrates the notion that national traits are continuing to dominate the political and social landscapes. The trends of globalization and the countertrend of rising nationalism raise interesting question about the impact of culture beliefs and values on happiness, subjective wellbeing, and positive mental health.

As such this chapter will address the following questions. What are the effects certain belief systems (i.e., beliefs related to positive world view, trust, forgiveness and gratitude, political persuasion, religious beliefs, and other social axioms) on happiness, subjective wellbeing, and positive mental health? What are the effects of values (i.e., achievement, power, security, conformity, tradition, benevolence, universalism, self-direction, and stimulation) on the subjective aspects of quality of life? And what are specific effects of certain cultural values (e.g., individualism, secularism, and materialism) on wellbeing? Let us begin by first addressing the question of the effects of generalized beliefs on the subjective aspects of quality of life.

11.2 Effects of Generalized Beliefs on Subjective Aspects of Quality of Life

Dolan, Peasgood, and White (2008), based on a literature review, identified several generalized attitudes and belief systems that seem to play an important role in subjective well-being. These include generalized positive views, trust, political persuasion, forgiveness and gratitude, religious beliefs, pro-market beliefs, and social axioms.

11.2.1 *Effects of Positive Views*

Cummins and Nistico (2002) proposed that positive views play an important role in life satisfaction. This occurs through three ways: enhancing self-esteem, reducing have-want discrepancy, and changing importance perceptions. Positive views may take form in a high sense of control (a sense of mastery and active tendency in influencing one's environment), optimism (confidence in a bright future), and self-enhancement (the tendency to believe that one is better than others in terms of personal characteristics such as intelligence, sociability, health, honesty, cooperation, and generosity). Thus, positive views serve to boost self-esteem, which in turn contributes to life satisfaction. Positive views also serve to reduce have-want discrepancies, which contribute to satisfaction in a variety of life domains leading to life satisfaction. Positive views also serve to inflate the importance of those domains that the individual extracts pleasure from and deflates the salience of domains in which the individual experience negative emotions. Doing so enhances life satisfaction.

Wu, Tsai, and Chen (2009) conducted a study providing empirical support for the effect of positive views on life satisfaction through the meditational effects of enhancing self-esteem, reducing have-want discrepancies, and changing importance perceptions.

11.2.2 *Effects of Trust*

The evidence suggests that *social trust* (trust in most other people) is associated with higher life satisfaction and happiness, and lower rates of suicide. Moreover, beliefs about the wrongness to cheat on tax returns and trust in key public institutions such as law enforcement, the judicial system, and government in general is associated with higher life satisfaction (see literature review by Dolan et al., 2008). Consider the following studies.

- Helliwell (2003) reported that well-being is high and suicide rates are low in communities where trust in others is high.
- Tov and Diener (2009) address the importance of trust in social activities, especially those involving cooperation. Trust allows individuals to work well with others (i.e., facilitating cooperation), which in turn heightens subjective well-being through goal attainment. Much research in organizational behavior attests to the importance of trust in job performance and satisfaction (Kramer, 1999).
- Tokuda and Inoguchi (2008) examined the relationship between interpersonal trust (“can’t be too careful in dealing with people,” and “people mostly look out for themselves”) and unhappiness among the Japanese. They used data from the Asia Barometer Survey, thus they were able to control the predictive effects of a host of variables. The study findings provide evidence that those scoring high on mistrust also scored high on unhappiness.
- Using data from the European Quality of Life Survey (launched by the European Foundation for the Improvement of Living and Working Conditions in 2003), Bohnke (2008) was able to demonstrate that life satisfaction is positively associated with trust in political institutions.

11.2.3 *Effects of Forgiveness and Gratitude*

Toussaint and Friedman (2009) conducted a study with a population of psychotherapy outpatients to examine the extent to which beliefs and attitudes related to *forgiveness and gratitude* are positively associated with well-being. The authors used two measures of forgiveness: the Heartland Forgiveness Scale (Thompson et al., 2005) assessing disposition forgiveness, and the Transgression Related Interpersonal Motivations Inventory (McCullough et al. 2013) assessing revenge and avoidance motivation. Gratitude was also measured using two instruments: the Gratitude Questionnaire-6 (McCullough, Emmons, & Tsang, 2002) capturing expressions of gratitude, appreciation, and feelings about receiving from others, and the Gratitude Resentment and Appreciation Test-Short Form. The latter measure is designed to capture the respondent’s sense of abundance, simple appreciation, appreciation of others, and importance of gratitude expression. Well-being was measured using three instruments: the Bradburn Affect Balance Scale (Bradburn, 1969), the Fordyce Happiness Scale (Fordyce, 1988), and the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). The study results showed that both forgiveness and gratitude were positively associated with well-being. These results are generally consistent with past studies that have examined different facets of the interrelationships among forgiveness, gratitude, and well-being (for literature reviews see Bono & McCullough, 2006; Friedman & Toussaint, 2006).

Similarly, Polak and McCullough (2006) conducted a study showing that gratitude has the potential to diminish the negative effects of *materialism* on subjective

wellbeing. Furthermore, Otake, Shimai, Tanaka-Matsumi, Otsui, and Fredrickson (2006) were able to demonstrate that *kindness* can increase happiness in Japanese college students.

11.2.4 *Effects of Political Persuasion*

Studies that investigated the effects of political persuasion on subjective well-being produced evidence suggesting that individuals whose belief system favors democracy and pro-market values report higher levels of life satisfaction than those who hold other belief systems. The evidence also suggests that political persuasion may interact with unemployment. Specifically, those who are unemployed, live in countries with high inflation, and are “right wingers” tend to report lower levels of life satisfaction than other groups. Conversely, “left wingers” who perceive high levels of social and economic inequality report lower levels of life satisfaction than other groups (see literature review by Dolan, Peasgood, & White., 2008).

Carol Graham (2011, p. 93) in her new book, *Pursuit of Happiness*, reports on a study conducted in Latin America that found that individuals with pro-market attitudes and about democracy were positively associated with happiness.

11.2.5 *Effects of Religious Beliefs*

There is much evidence in the literature suggesting a positive relationship between spiritual faith-based beliefs and personal well-being (Ano & Vasconcelles, 2005; Bergin, 1983; George, Larson, Koenig, & McCullough, 2000; Hackney & Sanders, 2003; Maselko & Kuzansky, 2006; McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000; Pargament, Koenig, & Perez, 2000; Schuurmans-Stekhoven, 2011; Witter, Stock, Okun, & Haring, 1985). Studies have suggested that the effect of spiritual faith-based beliefs on personal well-being may be mediated by social support (Park & Cohen, 1993) and virtues such as gratitude, forgiveness, kindness, generosity, tolerance, and patience which in turn enhance social cohesion and eventual gratification (Newman & Graham, 2018).

Furthermore, Dolan, Peasgood, and White (2008) found many studies that point to the notion that although religious affiliation (Christians versus Protestants versus Jews) is not related to subjective well-being, the strength of religious belief is. That is, people who have strong religious beliefs tend to experience higher levels of life satisfaction than those who have weaker religious beliefs.

After examining the current evidence, Diener (2009) concludes:

Although it appears that religious belief and participation may positively influence SWB, many questions remain unanswered. What factors interact with religion, and what type of faith and participation are related in what ways to SWB? If other factors that covary with religiosity (e.g., race, income, location of residence) are controlled for, is the effect enhanced

or diminished? If some persons seek out religion during trying times, does it have a positive impact? In other words, when and why is religion related to SWB?

To address some of these questions, Krause and Pargament (2017) conducted a study that demonstrated that people who experience a decline in their faith experience a decline in subjective wellbeing because of the following sequences of mediating effects:

- They are less likely to engage in basic religious practices such as attending worship services, reading the Bible, and praying;
- Given that they become less engaged in religious practices, they become less likely to adopt core religious virtues that promote sociality and compassion;
- This in turn makes them less likely to help others in need;
- Not helping others makes it more difficult to find purpose and meaning in life;
- Which in turn detracts from an overall sense of wellbeing.

This discussion has been limited to the effects of religious beliefs on aspects of wellbeing and positive mental health. Religious beliefs are only one small aspect of “religion.” To examine the research related to the effects of other dimensions of religion on subjective wellbeing the reader is encouraged to examine the article by Kim-Prieto and Miller (2018).

11.2.6 *Effects of Social Axioms*

Social axioms are generalized beliefs about oneself and the relationship between oneself and the social, physical, and spiritual world. These general beliefs are developed through long-term socialization effects of family, work, religion, media, community, etc. A measure capturing social axioms that is increasing in popularity is the Social Axioms Survey (Leung et al., 2002; Leung & Bond, 2004). The measure consists of 60 items—12 items tapping each of five axioms: (1) reward for application (e.g., “Adversity can be overcome by effort”), (2) social cynicism (e.g., “Kind-hearted people usually suffer losses”), (3) social complexity (e.g., “Current losses are not necessarily bad for one’s long-term future”), (4) fate control (e.g., “All things in the universe have been determined”), and (5) religiosity (e.g., “Belief in religion makes people good citizens”). A study conducted by Lai, Bond, and Hui (2007) using longitudinal data in Hong Kong provided support for the negative relationship between *social cynicism* and life satisfaction. That is, those who scored highly on social cynicism reported lower levels of life satisfaction. Cynical people seem to set in motion a self-fulfilling prophecy in which the individual acts in ways to increase the likelihood of negative social feedback, decreasing self-esteem, which in turn serves to decrease life satisfaction. No consistent relationship between the other social axioms and life satisfaction was uncovered.

11.3 Effects of Personal Values on Wellbeing

A study conducted by Tan, Tambyah, and Kau (2006) in Singapore explored the relationship between value orientations and wellbeing. The authors hypothesized that happiness is positively associated with *family values* and *societal consciousness* and negatively associated with *materialism* and *status consciousness*. They also hypothesized that happiness and traditionalism are not related. A nationally representative sample was surveyed. Wellbeing was operationalized in the survey using cognitive and evaluative judgments of subjective well-being in two contexts: personal and social. In a personal context, respondents were asked to rate their satisfaction with their jobs, leisure/entertainment, and relationships with parents, children, siblings, and friends (subjective personal well-being). In the social context respondents were asked to rate their satisfaction with living in Singapore and aspects that affect their economic well-being and their welfare at large such as cleanliness of the country, safety, public services, public transport, among others (subjective social well-being). *Value orientations* were captured using the measure shown in Table 11.1. As expected, the survey results indicate that family values and societal consciousness are positively associated with subjective personal well-being and subjective social well-being. In contrast, materialism was found to be negatively related with subjective social well-being only.

Casas, Figuer, Gonzalez, and Malo (2007) conducted a large-scale study of adolescents (ages 12–18) examining the relationship between values adolescents aspire to and various measures of life satisfaction. The results indicate that all values are positively correlated with life satisfaction measures. See examples of these values in Table 11.2.

Bobowick, Basabe, Paez, Jimenez, and Bilbao (2011) using several data bases (two samples from the European Social Survey and two Basque samples from Spain) to investigate the relationship between personal values (using Schwartz's value-orientations) and several traditional measures of subjective well-being. The data showed a positive association between subjective well-being and values such as *openness to experience* and *individualism*. In contrast, subjective well-being was found to be negatively related to other values such as *power*, *conservatism*, and *collectivism*.

Burr, Santo, and Pushkar (2011) argued that “healthy values” such as *achievement*, *self-direction*, and *stimulation* may not apply to older people. For the same reason, values such as *tradition*, *conformity*, and *security* may not be associated with the same degree of reduced positive affect among the elderly. A different set of values may better fit an elderly population. They proposed a different set of “healthy values” for an elderly population. *Openness to change* values may serve to create opportunities to pursue activities that should enhance positive emotions—activities related to pursuits involving creativity, independence, and pleasure. *Conservation*, although has been associated with reduced positive affect among the young, the same value may generate positive affect among the elderly. Conservation values tend to foster religious activities that may foster social connectedness, purpose,

Table 11.1 The value-orientation measure**Family values**

- Family love makes a person feel appreciated and treasured.
- Family members should communicate openly and honestly with each other.
- Family members should stand by one another through life's ups and downs.
- One should honor one's parents and grandparents.
- Family members should be prepared to make sacrifices to help each other.
- One should support one's parents in their old age.
- One should strive to provide the best for one's children.

Materialism

- Money is the most important thing to consider in choosing a job.
- If I had to choose between having more money or leisure, I would choose money.
- Money can solve most people's problems.
- Financial security is very important to me.
- Some of the most important achievements in life include acquiring wealth and material possessions.

Societal consciousness

- I am willing to volunteer work on a regular basis.
- I am interested to know how I can improve the welfare of others in my country.
- I often find time to be involved in community or charity work.
- I often donate money for charitable causes.
- I feel I should do my part to help raise funds for charity.

Status consciousness

- I like to own things that impress people.
- I usually look out for well-known brands to reflect my status in life.
- I admire people who own expensive homes, cars and clothes.
- I feel good if the credit card I used gives the impression of high status with exclusive privileges.
- My social status is an important part of my life.

Traditionalism

- It is wrong to have sex before marriage.
- I like to stick to traditional ways of doing things.
- I celebrate festivals in the traditional way.
- Divorce is unacceptable.
- Religion is an important part of my life.

Source: Adapted from Tan et al. (2006, p. 43)

meaning in life, as well as health. As such these values should be associated with high positive affect. *Self-enhancement* values (related to the status and success pursuits), which tend to be associated with positive affect among the young, may lead to negative affect among the old—perhaps because the pursuit of wealth and career success is difficult after retirement. *Self-transcendence* values, which involve concerns with the broader community, are likely to be more important for the old than the young. Activities that are congruent with self-transcendence should result in a high degree of positive affect. The authors investigated these hypotheses using a sample of retirees across three years. The study findings confirmed the hypotheses that retirees who place greater importance on values such as self-transcendence, openness to change, and conservation tend to experience higher positive affect than those who place lesser importance on the same values. Furthermore, the data

Table 11.2 Adolescents’ values

Personal values • Sensitivity • Good manners • Love of life • Creativity • Work capacity • Perseverance • Character • Kindness
Relationship values • Family • Sympathy • World knowledge • Solidarity • Tolerance
Capacities and knowledge values • Intelligence • Practical skills • Social skills • Computer knowledge • Professional status
Materialistic values • Money • Power • Appearance/image
Spiritual values • Religious faith • Spirituality

Source: Adapted from Casas et al. (2007, p. 282)

also supported the notion that those who value self-enhancement tend to experience greater negative affect than those who place less importance on the same value.

11.4 Research Related to the Schwartz Values

The Schwartz Values theory (Schwartz, 1992) is the most popular models used in wellbeing research. As such, I will devote more time and attention discussing this model and underlying wellbeing research (see Schwartz & Sortheix, 2018 for a review of this research literature). Here is a synopsis of this publication.

The theory identifies ten values considered universal (see Table 11.3). Each value is defined in terms of motivational goals. Schwartz argues that there are three main theoretical approaches to understanding relations between cultural values and subjective wellbeing. One approach asserts that the specific motivational goals associated with a cultural value may determine its influence on subjective wellbeing. That is, some values are directly related to wellbeing and others related to illbeing. A second approach holds that the match between a person’s values and the values of the environment (e.g., community, state). A third approach focuses on the extent to

Table 11.3 Schwartz’s ten universal values

Value	Motivational goals
Achievement	Personal success, demonstrating competence according to social standards
Power	Social status and prestige, control or dominance over people and resources
Security	Safety, harmony and stability of society, of relationships, and of self
Conformity	Restraint of actions likely to upset others and violate social expectations or norms
Tradition	Respect, commitment and acceptance of the customs and ideas that traditional culture or religion provide the self
Benevolence	Preservation and enhancement of the welfare of people with whom one is in frequent personal contact
Universalism	Understanding, protection of the welfare of all and the environment
Self-direction	Independent thought and action-choosing, creating, exploring
Stimulation	Excitement, novelty and challenge in life

Source: Adapted from Schwartz (1992)

which the environment constrains or facilitates the attainment of motivational goals. Thus, an environment that facilitates goal attainment is likely to contribute to subjective wellbeing.

11.4.1 Direct Association

The assertion here is that some values are “healthier” than others. A “healthy value” is one that contributes to wellbeing directly. Examples of healthy values include autonomy, responsibility, and fairness. In contrast, unhealthy values include security, conformity, and status. Healthy values can be viewed in terms of Maslow’s growth-related needs; whereas, unhealthy values are related to basic needs. For example, goals related to stimulation, self-direction, universalism, benevolence, and achievement are related to growth needs. Success in attaining these goals contribute to subjective wellbeing, which in turn make these values all more important. In contrast, failure to attain goals related conformity, security, and power (values related to basic needs) leads to low levels of subjective wellbeing, which in turn makes these values all more important.

Specifically, pursuing healthy values (e.g., responsibility) may lead to perceptions (e.g. individuals x, y, and z are responsible), attitudes (e.g., I like x, y, and z), and behaviors (e.g., it is nice to interact with x, y, and z). These perceptions, attitudes, and behaviors, in turn, increase well-being. The converse is true for unhealthy values. For example, a high value placed on security may lead to perceptions that x/y/z are threatening, followed by a negative attitude toward x/y/z, followed by shunning x/y/z.

Consider the following study. Sagiv and Schwartz (2000) examined the relationship between values and positive affect among student and adult samples across three cultures (West Germany, East Germany, and Israel). The study findings

revealed that values related to *achievement*, *self-direction*, and *stimulation* are positively correlated with positive affect. In contrast, values such as *tradition*, *conformity*, and *security* were associated with reduced positive affect.

11.4.2 Match between Personal Values and the Cultural Environment

A second mediating mechanism that can explain how personal values can influence subjective wellbeing involves the match between personal values and the cultural environment. Specifically, people are likely to experience positive or negative social sanctions in the context of their environment. When they share similar values (similar to those in their environment), they are likely to gain social support and approval of others. Doing so contributes significantly to their wellbeing. In contrast, expressing values incongruent with the values of others in their environment is likely to undermine subjective wellbeing because these others may disapproval.

Consider the study by Sortheix and Lönnqvist (2015). They found that students in Argentina, Bulgaria, and Finland whose values were more congruent with students in their discipline (psychology or business) reported higher life satisfaction and positive affect and lower negative affect. The value-congruent individuals also reported better interpersonal relationships. Sortheix, Olakivi, and Helkama (2013) conducted a longitudinal study which revealed that Finns whose values were more congruent with those of others in their small community had better psychological health.

11.4.3 Attaining Valued Goals

The third approach linking values with subjective wellbeing involves attainment of valued goals. This approach acknowledges that different people have different values. As such, their motivational goals differ as a direct function of these values. The attainment of a valued goal is likely to lead to higher level of positive emotions and wellbeing compared to less valued goals.

Let us illustrate by discussing a study conducted by Oishi, Diener, Suh, and Lucas (1999). Study participants (college students) were asked to report daily how satisfied they were with their achievements and their social life. They also reported whether it was a good or bad day. Subsequently, they completed the Schwartz Values measure (importance ascribed to the ten values shown in Table 11.3). The results indicated that students' daily goal attainment predicted their daily wellbeing. The results also indicated that their values moderated the effect of goal attainment on wellbeing. For instance, satisfaction with achievements predicted well-being more strongly for those high in achievement values than for those low in achievement values.

Similarly, satisfaction with their social life predicted well-being more strongly for those high in benevolence values than for those low in benevolence values. Similar relationships were uncovered in relation to the other values—universalism, stimulation, etc. Furthermore, the study also showed that values also moderated relations between satisfaction in particular life domains and global life satisfaction. For example, satisfaction with grades related more strongly to life satisfaction the more important achievement values.

11.5 Research Related to Specific Values

In this section we will discuss wellbeing research related to specific values such as individualism (versus collectivism), secularism, and materialism.

11.5.1 *Effects of Individualism-Collectivism Orientation*

Rego and Cunha (2009) conducted a study to examine the relationship between individualism-collectivism orientations and happiness in a collectivistic context. They used a sample of employees of 109 organizations in Portugal, a collectivistic culture. Individualism-collectivism orientations was measured with Wagner and Moch's (1986) measure that involves three dimensions: "beliefs" (the degree to which the individual perceives work group versus individual work to be more productive), "values" (the degree to which the individual prefers to work alone or with a group), and "norms" (the extent to which the individuals prescribes to a certain standard of conduct working in teams). The study findings indicate that employees reporting higher levels of collectivism tend to report high levels of life satisfaction. However, this relationships was mediated by the perceptions of camaraderie in the workplace (i.e., employees who are collectivistic in their orientation tend to experience a higher level of camaraderie at work than individualists, which in turn is a strong predictor of employee subjective well-being).

11.5.2 *Effects of Secularism*

Li and Bond (2010) conducted a study investigating the effect of individual *secularism* on life satisfaction. Examples of measurement items capturing secularism are shown in Table 11.4. Secularism was found to predict life satisfaction across countries involved in the World Values Survey. The study also underscored the moderating effect of societal development (as captured by the Human Development Index). Specifically, in countries characterized as low in societal development, the relationship between secularism and life satisfaction was negative. The converse was

Table 11.4 Examples of measurement items capturing secularism

• It is more important for a child to learn obedience and religious faith than independence and determination. (reverse scored) • God is very important in my life.
Response scale: 5-point Likert-type scale

Source: Adapted from Li and Bond (2010, p. 449)

also partly supported (i.e., in countries characterized as high in societal development, the relationship between secularism and life satisfaction was mostly positive).

11.5.3 Effects of Materialism

Across countries, placing high importance on money is associated with lower subjective well-being (Kirkcaldy, Furnham, & Martin, 1998). Across individuals, there is also much evidence to suggest that the *materialism* (strength of financial aspirations) is negatively related to subjective well-being (see literature review by Richins & Rudmin, 1994; Roberts & Clement, 2007; Roberts, 2011). That is, those who score highly on materialism measures report lower levels of subjective well-being, and vice versa (cf. Ahuvia & Wong, 2002; Burroughs & Rindfleisch, 2002; Georgellis, Tsitsianis, & Yin, 2009; Kasser & Ryan, 1993; Richins & Dawson, 1992; Sirgy, 1998; Wright & Larsen, 1993).

How can we explain the negative relationship between materialism and subjective well-being? Kasser and Ryan (1993) found that people whose life goals are *extrinsic* (e.g., seeking financial success) report lower levels of subjective well-being, compared to those whose life goals are *intrinsic* (e.g., having good relationships, helping others, personal growth) (cf. Carver & Baird, 1998; Kasser, 2018; Kasser & Ryan, 1996). According to Kasser and Ryan, striving for material possessions does not fulfill intrinsic needs. However, Malka and Chatman (2003) found that intrinsically-motivated people (i.e., people who enjoy tasks for their own sake) reported lower levels of subjective well-being than those who are extrinsically motivated (i.e., people who enjoy tasks because they are associated with money) at higher income levels.

Another possible explanation involves the valuation of *experiences* compared to material possessions. People who score low on materialism measures tend to value experiences (e.g., recreation) than those who are highly materialistic. This may account for the high level of subjective well-being (e.g., Holt, 1995; Richins, 1994).

Another explanation may be related to *economic deprivation*. Nickerson, Schwartz, Diener, and Kahneman (2003) found that materialism predicted later lower subjective well-being, but this effect was smallest for those who are in the high-income bracket (cf. Georgellis et al., 2009). There is additional evidence suggesting that the relationship between material goals and life satisfaction is moderated by income (Crawford et al., 2002). Specifically, people with high material goal score low on life satisfaction only if they are in the low income bracket; they

score high on life satisfaction when they are in the high income bracket (cf. Langner & Michael, 1963; Nickerson et al., 2003). Thus, material goals may have detrimental effects, but these effects may be limited to the poor.

Still another explanation involves the notion that materialistic people tend to have *inflated and unrealistic expectations of material wealth*. That is, there is some evidence that suggests that materialistic people tend to have inflated and insatiable material goals, which biases them to feel dissatisfied with their material possessions and their standard of living, which in turn spills over to life dissatisfaction (e.g., McClure, 1984; Richins & Rudmin, 1994; Sirgy, 1998; Sirgy et al., 2021).

Another explanation may have to do with the *devaluation of social life* compared to material life. Crawford Solberg, Diener, and Robinson (2004) have made the case that materialism might lead to lower subjective well-being because materialistic people tend to downplay the importance of social relationships and their material aspirations are significantly discrepant from their actual financial situation. The study by Nickerson et al. (2003) also reinforced the notion that placing too much emphasis on material things detracts from establishing and maintaining positive social relationships. Csikszentmihalyi and Schneider (2000) conducted a longitudinal study involving high school students and beyond found that those from affluent suburbs were less happy than those from middle-class and inner-city neighborhoods. Luthar (2003) reviewed this evidence and suggested that high expectations for achievement and relative isolation from adults may have led the affluent students to experience lower levels of subjective well-being.

One final explanation has something to do with *power and status*. Srivastava, Locke, and Bartol (2001) found that power and status mediates the negative relationship between materialism and subjective well-being. In other words, those who are highly materialistic tend to seek power and status through acquisition and possession of material things, and the more they do they become dissatisfied with their lives. By the same token, the same study found that materialism motivated by freedom and family security does not lead to ill-being.

11.6 Conclusion

What did we learn from all of this? Research has uncovered the positive and economic inequality may also experience low levels of life satisfaction effect of trust, having a positive view of the world, forgiveness and gratitude. The policy implication here is that governments should develop policies to reduce economic equality for the purpose of enhancing the wellbeing of the average citizen.

Political persuasion, on the other hand, is a mixed bag. The evidence suggests that political persuasion interacts with unemployment—those who are unemployed, live in countries with high inflation, and are “right wingers” may experience low levels of life satisfaction. Perhaps the policy implication guided by this study findings is to develop and enforce economic policies to reduce unemployment and educational policies that can help “right wingers” become more tolerant and accepting of welfare

policies. Furthermore, pro-market democracy beliefs seem to be positively associated with subjective well-being. Again, the policy implication here is to develop and reinforce policies that reflect democratic governance.

The evidence also suggests that religious beliefs play a positive role in well-being. However, differentiation between the type of religious beliefs according to type of religion (Christianity, Judaism, Islam, Buddhism, etc.) does not play a role in subjective well-being. From a policy-making point of view, this translates into encouraging education in moral philosophy, ethics, and spirituality. The caveat here that should be noted is that policies should not propagate a specific religion at the expense of other religions.

Personal values also play an important role in subjective well-being. Some values have a positive effect, others a negative effect. Values that play a positive role in subjective well-being include family values, societal consciousness, openness to experience, individualism, achievement, self-direction, stimulation, and secularism. Values that detract from well-being include materialism, status consciousness, traditionalism (or conservatism), collectivism, conformity, and security. Perhaps policies can be developed guiding religious and education institutions to propagate the positive values and dissuade away from the negative values.

However, it was noted that values do change over the life span. For example, some of the personal values that are negatively associated with well-being (e.g., conservatism, collectivism, security, and conformity) may be a source of positive emotions among the elderly. As such, policies designed to propagate certain values should be targeted to the right audience as segmented by life stage. Also, the culture may also be a moderator. That is, values such as individual versus collectivism can be both a source of positive emotions depending on whether the person resides in a Western-type country or an Eastern type. As such, policies designed to increase the acceptance of certain values should be contextualized by country and culture.

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Chapter 12

Effects of Needs and Need Satisfaction on Wellbeing



Simplicity is extremely important for happiness. Having few desires, feeling satisfied with what you have, is very vital

—Dalai Lama (<https://www.wiseoldsayings.com/satisfaction-quotes/>)

12.1 Introduction

One can argue that development (at any level of analysis: individual, group, country, world region, and the human race at large) is dependent of human need satisfaction. Human needs are foundational for any development. Understanding human needs and how they can be met can pave way to development policies and programs that can effectively improve the human condition.

This chapter describes the effects of needs and need satisfaction on happiness, subjective wellbeing, and positive mental health. In the sections below, I will describe research based on various conceptualizations of human need satisfaction such as needs for having, loving, and being; needs for being, belonging, and becoming; physical, social, and self-actualization needs; needs for subsistence, protection, affection, understanding, participation, idleness, creation, identity, and freedom; the need for self-determination; the needs for a pleasant life, an engaged life, and a meaningful life; the human need to flourish, and the need for a purposeful life. As previously mentioned, understanding human needs and how they can be met can be highly instrumental in developing effective policies that can enhance the quality of life.

12.2 Concepts and Theories

There are many conceptualizations of the subjective aspects of quality of life (happiness, subjective wellbeing, and positive mental health) based on need-related concepts. These include (1) needs for having, loving, and being; (2) needs for being, belonging, and becoming; (3) physical, social, and self-actualization needs,

(4) human development needs, (5) the need for self-determination (competence, autonomy, and relatedness), (6) the need to have a pleasant life, an engaged life, and a meaningful life; (7) the human need to flourish, (8) the need for a purposeful life, (9) hierarchy of unsatisfied needs, and (10) fundamental motives and life history. Let us discuss these in some detail.

12.2.1 *Needs for Having, Loving, and Being*

Allardt (1973) proposed a theoretical approach to quality of life based on meeting certain basic needs. He argued that quality of life could be achieved by meeting three sets of basic needs. These needs are classified as needs related to (1) “having,” (2) “loving,” (3) and “being”. *Having needs* is defined as needs related to material conditions necessary for survival and avoidance of misery. Examples include:

- Economic resources (as in the need for a minimal level personal income),
- Housing conditions (as in the need for available space and housing amenities),
- Employment (as in the need for a job),
- Working conditions (as in the need for noise and temperature in the workplace to be tolerable and work stress to be minimal),
- Health (as in the need to be free from symptoms of pain and illness and the availability of medical aid), and
- Education (as the need for formal schooling).

Loving needs are defined as needs to relate to other people and form social identities. Examples include attachments and contacts in the local community, friendships, socializing with fellow members in organisations and/or groups, and relationships with work mates. *Being needs* are defined as needs for integration into society and to live in harmony with nature. Examples include involvement in political activities, engaging in leisure activities, engaging in meaningful work, engaging in activities to enjoy nature, making decisions about one’s life and the lives of loved ones.

12.2.2 *Needs for Being, Belonging, and Becoming*

Raphael, Renwick, Brown, and Rootman (1996) developed a model of individual wellbeing by focusing on three dimensions of the self: being, belonging, and becoming. With respect to the *being* dimension, a person experiencing high quality of life is one who has a high level of physical health (physically healthy, engages in exercise, eats in moderation and nutritiously, etc.), high level of mental health (good adjustment, positive feelings, positive cognitions, etc.), and spirituality (high personal values, standards of conduct, etc.).

With respect to the *belonging* dimension, a person who has high quality of life is one whose environment fits with his needs, values, lifestyles, etc. Specifically, high quality of life in this case is a person who experiences a positive immediate environment (home, workplace, neighborhood, school, and community), a positive social environment (family, friends, neighbors, etc.), a positive community (a community that has job opportunities and specifically quality jobs, a community that has good health and social services, a community that has a good educational system, a community with parks and other recreational services, etc.).

With respect to the *becoming* dimension, the focus here is on purposeful activities that allow the person to express oneself and achieve personal goals and aspirations. Specifically, a person who has a high level of quality of life is one who engages in practical, daily activities (day-to-day activities, domestic work, paid work, schooling, etc.), engages in leisure activities (activities promoting relaxation and stress reduction), and engages in growth activities (maintenance and improvement of knowledge and skills, and adapting to changed circumstances).

12.2.3 Physical, Social, and Self-Actualization Needs

Arndt (1981) defined quality of life as satisfaction of instrumental wants and final physical, social, and self-actualization needs from an individual’s participation in the different arenas of action in human life. The essence of this conceptualization is that an individual is involved in exchanging resources (time, energy, intelligence, education, health, etc.) to new resources (instrumental exchange) that ultimately generate need satisfaction (final exchange) through participation in a set of arenas of action (work life, consuming life, family life, etc.). See this framework in Table 12.1.

The arenas of action are life domains, role situations, or contexts of action through which the conversion of input resources to output resources take place.

Table 12.1 Arndt’s conceptualization of quality of life

Input resources→	Arenas of action→	Output resources→	Need satisfaction
Time	Work life	Time	Satisfaction of physical needs
Energy	Consuming life	Energy	Satisfaction of social needs
Intelligence	Family life	Intelligence	Satisfaction of self-actualizing needs
Education	Neighbourhood	Education	
Health	Leisure life	Health	
Planning ability	.	Planning ability	
Social contacts	.	Social contacts	
.	.	.	
.	Societal life	.	
.		.	
Political resources		Political resources	

Source: Adapted from Arndt (1981, p. 288)

Resources involve personal attributes (e.g., energy, intelligence, health, and planning ability) are personal attributes that reflect what people are. Other resources may reflect what people own (e.g., material possessions), while relational resources reflect social contacts and networking. Political resources involve the person's ability to influence political processes. Arndt classifies needs in terms of three broad categories: physical, social, and self-actualizing needs. Physical needs are essentially material in nature (i.e., basic physiological needs for food, water, warmth, air, and safety. Physical needs also include income, standard of living, employment, health, and education. Social needs include neighborhood relations, family relations, and friendships. Finally, self-actualizing needs involve the interface between the individual and the larger society. These needs include status, insubstitutability, political resources, and leisure.

Diener and Oishi (2000) hypothesized that income contributes to subjective wellbeing in developed countries. This may be because money affords people to self-actualize through leisure activities and other recreational goods and services. People striving and reaching the goal of self-actualization may be viewed as having attained the highest level of quality of life (Kosenko, Sirgy, & Efraty, 1990; Sirgy et al., 1995). Thus, quality of life as a goal can be pursued by groups and societies in which organizations and institutions are designed to enhance self-actualization among their members. Self-actualization programs in a work context are programs that help employee realize their potentiality. Untapped talent is tapped through self-actualization programs. Employees feel challenged. They make decisions to create, to innovate, and to express their talent and creativity in different ways. They feel they are not taken for granted. Their contribution to their organization is taken seriously, and they are recognized for their contributions.

Based on Maslow's need hierarchy, higher-order needs encompass self-actualization needs but not limited to them. Other needs regarded as higher-order needs include social needs, esteem needs, the need for knowledge, and the need for beauty and aesthetics. Many management theorists have advocated a human relations approach to management, as opposed to scientific management. Human relations researchers have conducted much research in work settings to show how organisations can be designed in ways to generate the maximum amount of job satisfaction and life satisfaction by catering to workers' higher-order needs, namely, social, esteem, and self-actualization needs (Efraty & Sirgy, 1990; Evans & Ondrack, 1990; Sirgy, Efraty, Siegel, & Lee, 2001).

An example of a quality of life measure based on satisfaction of human needs is Sirgy et al.'s (Sirgy et al., 1995) measure. The authors developed measure of overall quality of life based on Maslow's need-hierarchy theory. Four need categories were used (survival needs, social needs, ego needs, and self-actualization needs (cf. Kosenko et al., 1990). The items are shown in Table 12.2.

At a more macro level, my colleagues and I used the same theoretical perspective to conceptualize national development and technology transfer (Sirgy, 1986; Sirgy & Mangleburg, 1988). We argued that quality of life can be better met at the national level by considering the level of economic development of a country and the needs of most people in that country. Therefore, in economically developed countries,

Table 12.2 A measure of quality of life based on need hierarchy

• The feeling of having been secure. • The feeling of having given to (and having received help from) others. • The feeling of having developed close friendships. • The feeling of having been “in the know.” • The feeling of self-esteem (pride) a person has about oneself. • The feeling of prestige (reputation) one person has about oneself. • The feeling of having experienced independent thought and action. • The feeling of having determined my life course. • The feeling of having experienced personal growth and development. • The feeling of having experienced self-fulfillment. • The feeling of having had worthwhile accomplishments.
The following scales are used to record responses for each of the 11 items:
How much is there now? Minimum 1 2 3 4 5 6 7 Maximum
How much should there be? Minimum 1 2 3 4 5 6 7 Maximum
The overall score of life satisfaction of a particular respondent is computed by taking the absolute difference score (between “how much is there now” and “how much should there be”) for each item and deriving an average score. The lower the resultant average score, the higher the overall life satisfaction.

Source: Adapted from Sirgy et al.’s (1995)

policies should be created to encourage the marketing of goods and services designed to meet higher-order needs. Conversely, for the less-developed countries, policies should encourage the marketing of goods and services designed to meet lower-order needs.

More recently the same theme was echoed by Tov and Diener (2009). They asserted that countries that do not meet the basic needs of their citizens suffer from ill-being. They rate low on measures of subjective wellbeing (cf. Diener, Diener, & Diener, 1995). Once basic needs are generally met, higher-order needs (e.g., self-development and social relationships) gain prominence. This may explain why income is more strongly correlated in developing than developed countries (Diener & Diener, 1995; Oishi, Diener, Suh, & Lucas, 1999).

12.2.4 Max Neef’s Theory of Human Scale Development (HSD)

Max Neef’s needs model of quality of life (Max-Neef, Elizalde, & Hopenhayn, 1992; McKenna & Heaney, 2020) has been used to develop a wide range of disease-specific quality of life measures over the last 20 years or so. The theory asserts that human development is best when interventions are made to allow improvement in people’s quality of life. Quality of life is viewed in terms of opportunities people must satisfy their fundamental human needs. The theory makes the distinction between needs and satisfiers of those needs (e.g., food and shelter are satisfiers of

Table 12.3 Matrix of needs (HSD)

Need category	Satisfier: Being	Satisfier: Having	Satisfier: Doing	Satisfier: Interaction
Subsistence needs	Health, adaptability	Shelter, work	Eating, procreating, working	Living environment, social setting
Protection needs	Autonomy, solidarity	Health systems, social security, family	Cooperating, taking care of, planning	Social environment, dwelling
Affection needs	Self-esteem, tolerance	Friendships, family, relation with nature	Making love, cultivating, sharing	Intimacy, home
Understanding needs	Receptiveness, discipline	Education, communication policies	Studying, experimenting, meditating	Schools, universities, family
Participation needs	Solidarity, respect	Rights, responsibilities, work	Cooperating, obeying, dissenting	Parties, churches, family
Idleness needs	Curiosity, tranquillity	Games, parties	Day dreaming, fantasising, relaxing	Privacy, free time, landscapes
Creation needs	Passion, inventiveness	Skills, work	Inventing, building	Workshops, cultural groups, free time
Identity needs	Consistency, self-esteem	Values, symbols, religion	Integrating, committing, confronting	Social rhythms, everyday settings
Freedom needs	Assertiveness, autonomy	Equal rights	Choosing, risk taking, differing from others	Temporal/spatial plasticity

Source: Adapted from Max-Neef et al. (1992)

the need for subsistence). A satisfier may contribute to the satisfaction of different needs. Needs are viewed as states of deprivation.

Human scale development (HSD) theory postulates nine groups of needs: subsistence, protection, affection, understanding, participation, idleness, creation, identity, and freedom. Satisfiers of those needs are further classified into four groups: being, having, doing, and interacting (see Table 12.3). Being refers to qualities expressed as nouns (e.g., affection needs can be satisfied through increases in self-esteem, passion, and sense of humor). Having refers to rules, regulations, and norms expressed in one or more words (e.g., affection needs can be satisfied through having friendships, family, and partners). Doing refers to actions expressed as verbs (e.g., affection needs can be satisfied through making love, taking care of others, and expressing appreciation). Interacting refers to settings in which the satisfier takes place (e.g., affection needs can be satisfied in setting involving privacy, intimacy, and togetherness).

12.2.5 *The Need for Self-determination (Competence, Autonomy, and Relatedness)*

Self-determination theory (SDT) is attributed to Richard M. Ryan and Edward L. Deci. See their article in the *American Psychologist* summarizing much of the subjective wellbeing research guided by SDT (Ryan & Deci, 2000). SDT posits that subjective wellbeing can be enhanced by satisfying three major needs: *competence*, *autonomy*, and *relatedness* (cf. Demir & Ozdemir, 2010; Howell, Chenot, Hill, & Howell, 2011). These three needs, based on SDT, are essential social development and personal wellbeing.

Cognitive evaluation theory (CET) is a precursor of SDT and developed by Deci and Ryan (1985). CET is a sub theory of SDT focusing only on the needs of competence and autonomy. The essence of CET is the notion that there are social and environmental factors (e.g., feedback, communication, rewards) facilitating and undermining intrinsic motivation. In other words, feedback that promotes effectance and freedom from demeaning evaluations can go a long way to enhance intrinsic motivation and subjective wellbeing. Specifically, feelings of competence conjoin with the sense of autonomy to conduce the expression of intrinsic motivation. Intrinsic motivation is operationalized when a person engages activity (a job activity) because the person is interested in the activity itself instead of the tangential rewards or punishment associated with the activity (e.g., doing the job to earn a living or to avoid the boss' possible reprimand).

SDT builds on CET by adding relatedness needs to the list of intrinsic motives that play a major role in subjective wellbeing. Intrinsic motivation manifests itself through internalization and integration. This process is clearly delineated in Table 12.4. As shown in the table, self-determination can be viewed along a continuum from “nonself-determined” to “self-determined.” When people engage in activities in non-self-determined ways, they are said to be “amotivated.” Their behavior is regulated by extrinsic rewards and punishment. They do not sense control over the activity situation (i.e., the perceived locus of causality is impersonal). Therefore, the behavior related to that activity is nonintentional and nonvaluing. They do not feel a sense of competence or control engaging that task. The other extreme is self-determined behavior that reflects intrinsic motivation. Intrinsically motivated behavior is inherently intrinsically regulated. People's perception of causality is internal, and their behavior comes across as interested in the activity, that they enjoy the activity and feel quite satisfied.

External regulation is behavior directed by external reward and punishment contingencies. Introjected regulation is a relatively controlled form of regulation guided by ego-enhancing feelings such as pride and ego-defensive feelings such as guilt and anxiety. Regulation through identification involves action guided by feelings of identification. People begin to identify themselves with the activity. Integrated regulation is an advanced form of regulation through identification in which they incorporate the activity fully into the self (i.e., they describe part of their identity in terms of the activity).

Table 12.4 Self-determination theory (SDT)

Behavior	Nonself determined	Extrinsic motivation				Self-determined
Motivation	Amotivation					Intrinsic motivation
Regulatory styles	Non-Regulation	External regulation	Introjected regulation	Identified regulation	Integrated motivation	Intrinsic regulation
Perceived locus of causality	Impersonal	External	Somewhat external	Somewhat internal	Internal	Internal
Relevant regulatory processes	Nonintentional, Nonvaluing, Incompetence, Lack of control	Compliance, External rewards and punishments	Self-control, Ego-involvement, Internal rewards and punishments	Personal importance, Conscious valuing	Congruence, Awareness, Synthesis with self	Interest, Enjoyment, Inherent satisfaction

Source: Adapted from Ryan and Deci (2000, p. 72)

The relative internalization of an activity is a function of relatedness, competence, and autonomy. That is, for an activity to be fully internalized, the person must have support from significant others who are either role models or provide moral support, thus satisfying the need for relatedness. The activity must generate feelings of effectance, making the individual feel competent in this endeavor, thus satisfying the need for competence. Furthermore, the individual must make an autonomous decision to engage in the activity. Doing so allows the individual to feel a sense of ownership of the activity, thus satisfying the need for autonomy.

Recent research has shown that it is not aggregated need fulfilment that contribute significantly to wellbeing but *balanced need fulfilment* (Toth-Krivaly, Bothe, Orosz, & Rigo, 2020). That is, although aggregated need fulfilment (satisfaction of the aggregated effects of the needs for competence, autonomy, and relatedness) to wellbeing, balance among the satisfaction of these needs is equally important too. In other words, the satisfaction of one of these needs at the expense of the other two may function to work against instead of for wellbeing.

Interestingly, a recent meta-analysis of studies involving the need for autonomy has shown that this need is indeed universal (Yu, Levesque-Bristol, & Maeda, 2018). Specifically, the results indicate a moderate effect size of the relationship between the need for autonomy and wellbeing. Furthermore, the difference between correlations for studies conducted in the East and West was not significant attesting to the universality of the autonomy effect on wellbeing.

12.2.6 The Needs for a Pleasant Life, an Engaged Life, and a Meaningful Life

Seligman (2002) holds that authentic happiness comes about as a function of meeting three major needs: the need to have a pleasant life (pleasure), the need to have an engaged life (engagement), and the need to have a meaningful life (virtue). The pleasant life is about happiness in a hedonic sense. The engaged life is about happiness through engagement, and the meaningful life is about happiness by achieving virtue.

The *need for a pleasant life* is based on Seligman's interpretation of *hedonism*, which is a matter of maximizing feelings of pleasure and minimizing feelings of pain. Hedonism has its modern conceptual roots in Bentham's utilitarianism and its manifestation in American consumerism. Seligman points to the research by Danny Kahneman (the Nobel Prize winner in economics) as an example of happiness conceptualized in terms of the Pleasant Life. According to Kahneman (1999), happiness is essentially momentary experiences of pleasures. Kahneman uses the Experience Sampling Method (ESM) to measure happiness. This method involves having researchers beep their subjects at random during the day and asking how much pleasure or pain they are experiencing at the moment. Based on these momentary perceptions of positive and negative affect, Kahneman computes

approximate total happiness points over the week. Thus, happiness as “objective happiness” for a given time period is computed by adding up subjects’ on-line hedonic assessments of all the individual moments that comprise that period.

Seligman’s *theory of authentic happiness* takes into account hedonism in that part of what makes a happy life a pleasant life. Happiness in the present involves paying attention to bodily pleasures and enhancing these pleasures. The author provides good advice on how people can enhance their pleasures through habituation (i.e., spreading out the events that produce pleasure far enough to generate a craving), savoring (i.e., indulging the senses), and mindfulness (i.e., becoming acutely aware of the surrounding).

In contrast, the *need for an engaged life* refers to gratification, not pleasure. Engagement in life goes beyond hedonism. Happiness in the context of the engaged life is a matter of getting what you want. The engaged life holds that fulfillment of a *desire* contributes to one’s happiness regardless of the amount of pleasure (or displeasure). Desire may be in the form of wanting truth, illumination, and purity. These desires are very different from bodily pleasures. Happiness through engagement in life moves from hedonism’s amount of pleasure felt to the somewhat less subjective state of how well one is engaged/absorbed and how well one’s desires are satisfied. Seligman provides plenty of advice to his readers on how to enhance gratification by engaging in activities that generate flow experience. Thus, in addition to experiencing pleasure (the pleasant life), people can experience desire fulfillment through engagement (the engaged life).

Finally, with respect to the *need for a meaningful life*, Seligman maintains that happiness consists of a human life that achieves certain things from a list of worthwhile pursuits such as career accomplishments, friendship, freedom from disease and pain, material comforts, civic spirit, beauty, education, love, knowledge, and good conscience. Thus, leading a meaningful life is key to happiness. The meaningful life is not necessarily subjective as is the pleasant life (and the engaged life). Leading a meaningful life is at least objective. The person who lives a meaningful life is one that serves what is larger and more worthwhile than just the self’s pleasures and desires.

Seligman and his colleagues (Peterson, Park, & Seligman, 2005) conducted two studies to test the notion that people who score highly on the three dimensions of authentic happiness (life of pleasure, life of engagement, and life of meaning) score high on traditional measures of life satisfaction, and vice versa. The first study involved adult volunteers who participated in an on-line survey. The goal of that study was to develop the measures capturing the three dimensions of authentic happiness. The second study involved respondents who completed an on-line survey. The results of this study show that respondents scoring simultaneously high on all three dimensions reported significantly higher life satisfaction than those who scored low on the same dimensions. Thus, these results provided some support for Seligman’s theory of authentic happiness.

12.2.7 *The PERMA Model*

In 2011, Seligman wrote another book called *Flourish: A Visionary New Understanding of Happiness and Well-Being* (Seligman, 2011). In that book he revised his theory of authentic happiness as follows. First, the focus of the authentic happiness theory is on happiness, operationalized using a variety of life satisfaction self-report measures. Seligman argues that life satisfaction measures are reflective in the sense that the construct is customarily measured using multiple indicators. The new theory of flourishing captures wellbeing in totality, both objectively and subjectively. Wellbeing is not operationalized through reflective measures of life satisfaction. Wellbeing, in this case, is a latent construct captured by its determinants (**P**ositive emotions, **E**ngagement, **R**elationships, **M**eaning, and **A**ccomplishment, or **PERMA** for short) through a formative measure. In other words, the concept of wellbeing involves five elements, and the measurement of the elements reflects the totality of wellbeing. Of course, the level of analysis is the individual, not the group or country level.

Second, authentic happiness occurs as a function of three major determinants: pleasant life, engaged life, and meaningful life. In contrast, the theory of flourishing builds on the theory of authentic happiness by including the first three determinants (the pleasant life addressed in the new theory as positive emotions, the engaged life addressed in the new theory as engagement, and the meaningful life addressed in the new theory as meaning), plus two new need dimensions referred to as “positive relationships” and “accomplishment.”

Third, the fourth element of wellbeing is positive relationships. People pursue social connectedness, and this goal is an end goal. People do not connect with others for the sake of reaching other goals. That is not to say that in some cases seeking and maintaining positive relationships with others do not help the individual attain other goals. Positive relationships can also serve as a means to an end. However, Seligman emphasized that we are inherently social animals, and as such we seek positive relationships as an end goal—a terminal value. Loneliness is profoundly a disabling condition among humans, and the pursuit of positive connections with others is a fundamental human need.

Fourth, the last element of wellbeing (accomplishment) refers to the tendency that people pursue success, accomplishment, winning, mastery, and achievement for their own sakes. In other words, these are terminal values, not instrumental values. Accomplishment is pursued for its own sake even if it does not induce positive emotions upon goal attainment. It is the thrill of the game (or accomplishment), rather than the positive emotions associated with winning the game.

12.2.8 The Human Need for Flourishing

In recent years, a number of psychological theories of human flourishing have been developed. These theories are based on earlier humanistic psychology theories. For example, Ryan and Deci (2000) suggest that there are several universal human psychological needs, such as the need for competence, relatedness, and autonomy that contribute to human flourishing. Keyes (2002) argues that the presence of mental health is flourishing in life, and the absence of mental health is languishing in life. “Mental health” is thus a syndrome of symptoms of both positive feelings and positive functioning in life. Further, Fredrickson’s (2001) *broaden-and-build theory of positive emotions* suggests that cultivating positive emotions is useful for building resilience to stressful events. In essence, positive emotions enhance coping behavior.

Several wellbeing measures were developed guided by the concept of human flourishing. For example, the most popular quality-of-life measure based on human flourishing theory is Ryff’s (1989) measure of *psychological wellbeing*. This measure is designed to assess six need dimensions: self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy (cf. Ryff & Keyes, 1995; Ryff & Singer, 1996, 2008). See definitions of these need dimensions of psychological wellbeing in Table 12.5.

Table 12.5 The need dimensions of psychological wellbeing

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- **Self-acceptance:** The person possesses a positive attitude toward the self; s/he acknowledges and accepts multiple aspects of self including good and bad qualities; s/he feels positive about past life.
 - **Positive relations with others:** S/he has warm, satisfying, trusting relationships with others; s/he is concerned about the welfare of others; s/he is capable of strong empathy, affection, and intimacy; s/he understands the give and take of human relationships.
 - **Personal growth:** S/he has a feeling of continued development; s/he sees self as growing and expanding; s/he is open to new experiences; s/he has a sense of realizing his/her potential; s/he sees improvement in self and behaviour over time; s/he is changing in ways that reflect more self-knowledge and effectiveness.
 - **Purpose in life:** S/he has goals in life and a sense of direction; s/he feels there is meaning to the present and past life; s/he holds beliefs that give life purpose; s/he has aims and goals for living.
 - **Environmental mastery:** S/he has a sense of mastery and competence in managing one’s environment; s/he controls complex array of external activities; s/he makes effective use of surrounding opportunities; s/he able to choose or create contexts suitable to personal needs and values.
 - **Autonomy:** S/he is self-determining and independent; s/he is able to resist social pressures to think and act in certain ways; s/he regulates social pressures to think and act in certain ways; s/he regulates behaviour from within; and s/he evaluates self by personal standards.
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Source: Adapted from Ryff and Singer (2008, pp. 25–26)

12.2.9 The Need for a Life Purpose

Wellbeing researchers have shown that the concept of purpose and meaning in life plays an especially key role in subjective wellbeing. They refer to ideas developed by Victor Frankl (1963, 1967) and the panoply of later writings (e.g. Steger, Frazier, Oishi, & Kaler, 2006). Much of these writings support the notion that purpose and meaning are beneficial to human functioning. People who are aware of what life aspects are most vital and live their lives consistently with those values are likely to experience high levels of subjective wellbeing.

A good example of a wellbeing measure based on the concept of need for purpose and meaning in life is the *Purpose-in-Life* (PIL) measure (e.g., Chamberlain & Zika, 1988; Dyck, 1987; Hicks & King, 2007; Melton & Schulenberg, 2008; Morgan & Farsides, 2009; Schulenberg & Melton, 2010). Respondents express the extent to which they feel enthusiasm in living, whether they feel life is exciting, if they have clear life goals, whether the life they live has been worthwhile, whether they have a reason for being alive, whether the world is meaningful, and whether they feel they have a life purpose.

12.2.10 A Hierarchy of Unsatisfied Needs

Rojas and Guardiola (2016) conducted a study using a nationally representative sample of adults in Mexico to rank order needs as a direct function of the strength of their relationships to life satisfaction.

The survey results identified the following top 10 needs on the basis of their strength of their relationship with life satisfaction:

1. "Receiving comfort and hope"
2. "Obtaining justice"
3. "Companionship, not been alone"
4. "Feeling respected by others"
5. "Accepted by others"
6. "Pay and cancel out debts"
7. "Receiving recognition and/or gratitude"
8. "Being heard and taken into account"
9. "Having affection/love in life"
10. "Having a job"

These survey results seem to emphasize the notion that psychological and relations needs dominate the top-five needs. As such, the authors made a case to the importance of the role of psychological and relational needs in explaining life satisfaction.

The policy implications of these results are profound. These results show that public policy should focus on the three of the top ten needs, which are "Having a

job,” “Companionship, not being alone,” and “Pay and cancel out debts.” That is, these unsatisfied needs should be the focal point of public policy because they are ubiquitous and have a demonstrated effect on depressing happiness.

12.2.11 Fundamental Motives and Life History

Kenrick and Krems (2018) have described their evolutionary perspective in relation to subjective wellbeing. Their theory is referred to as Fundamental Motives and Life History. The basic premise of this theory is different people experience different states of subjective wellbeing as a direct function of particular features of their life history (e.g., sex, relationship status). The authors used Abraham Maslow need hierarchy as a basis to help flesh out their theory of fundamental motives and life history (see Fig. 12.1).

Maslow’s need hierarchy is shown in the left-hand side of the figure, while the fundamental motives are shown in the right-hand side. The pyramid represents need prepotency. In relation to the need hierarchy theory, the assumption is that only once people had achieved lower-level physiological, safety, and social goals, they could move on to the pursuit of higher-tier needs, such as self-actualization needs. In contrast, the theory of fundamental motives and life history posits successful

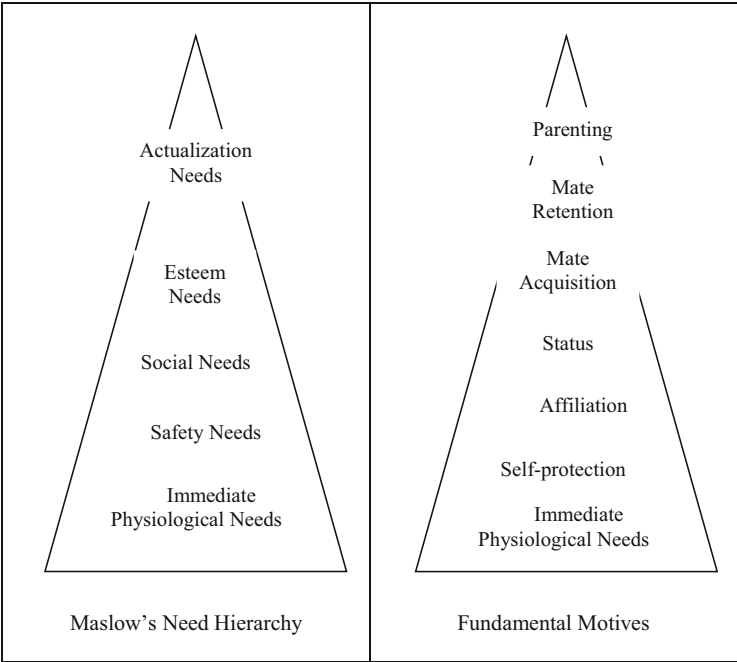


Fig. 12.1 Fundamental motives and life history. (Source: Adapted from Kenrick & Krems, 2018)

surviving, reproducing, and rearing reproductively viable offspring requires social skills, such as competing for and acquiring friends as well as mates. As such, the theory distinguishes between basic physiological needs, self-protection (including disease avoidance), affiliation, esteem/status, mate acquisition, mate retention, and parenting. Each of these needs has evolved in response to selection pressures.

A specific need directs attention to different stimuli guiding the individual to deal with the stimuli in ways to best avoid threat and take advantage of opportunities. From an evolutionary perspective, action for self-actualization (i.e., creative pursuits related to artistic and intellectual creativity) are not ends in themselves but means to other ends such winning respect and acquiring mates. As such, subjective wellbeing is construed not as a life goal but as a signal of progress toward more functional goals as meeting basic physiological needs, self-protection, affiliation, status/esteem, mate acquisition, mate retention, and parenting. Thus, from an evolutionary perspective, subjective wellbeing is directly related to one's fitness—the individual experiences subjective wellbeing when they experience success in enhancing their fitness. Subjective well-being is likely to be domain specific—positive affect that reflects success distinctly for satisfying nonsocial physiological needs, protecting ourselves from physical threats, making and keeping friends, winning respect in our social groups, acquiring mates, keeping mates, and successfully caring for our offspring and kin.

The theory also posits that different outcomes evoke feelings of subjective wellbeing as a function of different aspects of life history such as sex, age and social context. Sex, age, and social context are directly related to the activation of different fundamental needs such as seeking status, pursuing mates, and caring for kin. For example, we know that the need to acquire a mate decreases with age, whereas the need for parenting increases when adults age and become parents. Furthermore, we know that successful pursuit of multiple mates is more important for young men than among young women and caring for a young child is more important for older women than older men.

With respect to the social context, the theory posits that different outcomes evoke feelings of subjective well-being as a function of ecology and culture. In other words, different features of the environment (i.e., resource availability, pathogen prevalence, sex ratio, violence in one's neighborhood) play an important role in the activation and the salience of different needs. For example, an environment besieged by an infectious disease is likely to make the self-protection need more salient than other needs within a specific situation at a certain point in time.

12.3 Conclusion

Costanza et al. (2007) made an attempt to present an integrated definition of quality of life based on their understanding of human needs and the science of subjective wellbeing or happiness (see Fig. 12.2).

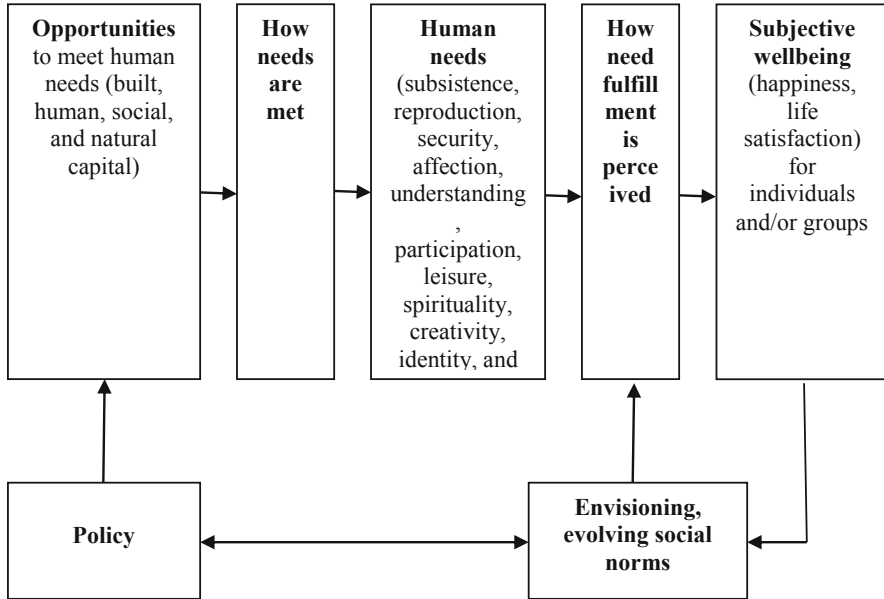


Fig. 12.2 Quality of life as the interaction of human needs and the subjective perception of their fulfilment, as mediated by opportunities available to meet the needs. (Source: Adapted from Costanza et al., 2007, p. 269)

Quality of life, according to the authors, can be viewed in terms of how objective human needs are met, which in turn translates into perceptions of subjective wellbeing. Human needs are desires related to subsistence, reproduction, security, affection, understanding, participation, leisure, spirituality, creativity, identity, and freedom. Subjective wellbeing is a construct capturing individuals' (or groups') judgments about their own (or the group's) happiness or life satisfaction. The impact of satisfaction of human needs and subjective wellbeing is mediated by a host of factors such as mental capacity, cultural context, information, education, temperament, etc. The role of policy is to create opportunities (built, human, social, and natural capital) for human needs to be met. Envisioning and evolving social norms influence how the various human needs translate into overall subjective wellbeing of designated individuals or groups. Envisioning and social norms also influence policy decisions related to social investments in improving opportunities.

So, what did we learn from all of this? Subjective aspects of quality of life (happiness, life satisfaction, positive mental health) can be construed in terms of need satisfaction concepts. We discussed conceptualizations of wellbeing based on needs for having, loving, and being; needs for being, belonging, and becoming; physical, social, and self-actualization needs; needs for subsistence, protection, affection, understanding, participation, idleness, creation, identity, and freedom; the need for self-determination (competence, autonomy, and relatedness); the needs for a pleasant life, an engaged life, and a meaningful life; the PERMA

model; the human need to flourish; the need for a purposeful life; the hierarchy of unsatisfied needs; and fundamental motives and life history. Understanding these needs, and how we go about meeting these needs, is an important step to the development of effective policies that can improve the human condition.

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Chapter 13

Effects of Goals on Wellbeing



“A person should set his goals as early as he can and devote all his energy and talent to getting there. With enough effort, he may achieve it. Or he may find something that is even more rewarding. But in the end, no matter what the outcome, he will know he has been alive.”

—Walt Disney (<https://fairygodboss.com/career-topics/goals-quotes>)

13.1 Introduction

This chapter describes the effects of goals on subjective well-being. As a foundation to a better understanding the effects of goals on subjective wellbeing, let us begin by examining measures that are guided by the theoretic concept of goals. Consider the Cantril Ladder (Cantril, 1965), which is considered to be a seminal measure in quality-of-life studies. Respondents are provided with the following instructions:

The respondent is first asked to describe wishes and hopes for his or her future, and then describe what would be the most unhappy life for him or her. The respondent is then presented with a picture of a ladder numbered from zero on the bottom rung to nine on the top rung. The respondent is then asked to suppose that the top of the ladder represents the best possible life for him or her, and the bottom represents the worst possible life. The respondent is then asked: “Where on the ladder do you feel you stand at the present time? Here is a picture of a ladder. Suppose the top of the ladder represents the best possible life for you and the bottom of the ladder the worst possible life. Where on the ladder do you feel you personally stand at the present time? (0–10 rating scale using a picture of a ladder)”

Another classic measure in quality-of-life studies is Diener, Emmons, Larsen, and Griffin (1985) Satisfaction with Life Scale. This quality-of-life measure has the following items: “In most ways my life is close to ideal”; “The conditions of my life are excellent”; “I am satisfied with my life”; “So far I have gotten the important things I want in life”; and “If I could live my life over, I would change almost nothing.” These items imply *life goals* and that achievement, or the attainment of life goals, is essentially a major source of happiness. Conversely, lack of reaching life goals is a major determinant of low levels of subjective wellbeing.

Wu (2008a) developed a measure of subjective wellbeing based on perceived discrepancy between “haves” and “wants” (i.e., capturing the gap between actual versus desired state of affairs) in relation to 12 different domains: energy and fatigue, sleep and rest, work capacity, social support, physical safety and security, financial resources, health and social care, new information and skills, the physical environment, the home environment, transportation, and recreation and leisure. Of course, the basic theoretical tenet is that the greater the sum of the discrepancies between “haves” and “wants” (i.e., goals) the lower the life satisfaction (cf. Cohen, 2000; Wu & Yao, 2006, 2007). The study by Wu correlated discrepancy measures (actual difference scores) with amount measures (measures capturing perceived discrepancy) and satisfaction measures per life domain with data from undergraduate college students in Taiwan. The results indicated that positive support for the have-want discrepancy measures by the fact that these measures correlated negatively with the satisfaction measures. Yet another study by Wu (2008b) was able to empirically demonstrate that the satisfaction scores derived from the have-want discrepancies of the various domains and weighted by importance ratings are more predictive of overall life satisfaction scores than the unweighted scores.

Having sensitized the reader to the concept of goals and how they are used to conceptualized and measure subjective wellbeing, next I will describe how subjective well being is affected by goal factors related to goal valence, goal expectancy, goal implementation, and goal attainment.¹

13.2 Goal Valence

Goal selection is quite important in enhancing subjective well being. Selecting goals that are likely to generate a high dose of positive affect when attained is crucial to one’s happiness, subjective wellbeing, and positive mental health. So how do we judge the extent to which a goal is likely to contribute significantly to subjective wellbeing when attained? Research in subjective wellbeing has demonstrated the effect of several factors. These include goal meaningfulness, intrinsic versus extrinsic goals, high- versus low-level goals, goals related to hygiene versus motivational factors, approaching desired states versus avoiding undesired states, goals related to deprived versus nondeprived needs, autonomous versus non-autonomous goals, and goals related to flow.

¹See Kaftan and Freund (2018) for a recent discussion of how goal pursuit influences subjective wellbeing.

13.2.1 *Effects of Meaningful Goals*

Studies of older Americans have found that one of the best predictors of happiness is the extent to which people have *meaningful goals*. The goals define their purpose in life (Lepper, 1996). Goals that reflect a sense of purpose in life play an important role in subjective wellbeing and attaining such goals is likely to generate substantial gains in quality of life. For example, once people retire, they lose their sense of worth, and their life satisfaction plummets. This is because their work-related goals are very much connected to their identities of who they are. To maintain their sense of identity and hold on to meaningful goals related to work, many retired people choose to volunteer their services for good causes. Crist-Houran (1996) has analyzed volumes of past research on volunteering. Most studies show that volunteering contributes to happiness by creating an increased sense of purpose in life.

13.2.2 *Effects of Intrinsic Versus Extrinsic Goals*

Kasser and Ryan (1993, 1996; Kasser, 1997; Kasser, Ryan, Zax, & Sameroff, 1995) distinguished between *intrinsic and extrinsic goals*. Examples of intrinsic goals include having good social relationships with loved ones, making a significant contribution to the community, helping others in need, personal growth, maintaining good health, among others. In contrast, examples of extrinsic goals include the desire to make money, the desire to control people, to attain social recognition, etc. (cf. Deci & Ryan, 1987; Sheldon & Kasser, 1995; Sirgy, 1998). According to Kasser and Ryan, intrinsic goals tend to contribute more to subjective wellbeing than extrinsic ones (cf. Carver & Baird, 1998). Other wellbeing researchers such as Cantor and Sanderson (1999) have echoed this notion that attainment of intrinsic goals generates greater positive affect—leading to subjective wellbeing—compared to extrinsic goals. Other evidence supporting this notion comes from a study conducted by Murray and Peacock (1996). These researchers have found that number of friends, closeness of friends, closeness of family, and relationships with co-workers and neighbors account for 70 percent of the variance in personal happiness. Furthermore, Diener and Fujita (1995) found that the availability of material resources was significantly less important to happiness than the availability of personal resources such as friends and family.

In sum, one can argue that intrinsic goals are likely to be more life satisfying than extrinsic goals. This is because intrinsic goals tend to be more related to growth needs (and therefore attaining intrinsic goals contributes to satisfaction), whereas extrinsic goals are more related to basic needs (and therefore attaining extrinsic goals serves to decrease possible dissatisfaction).

13.2.3 *Effects of Abstract Versus Concrete Goals*

Carver and Scheier (1982, 1990) have theorized that goals can be structured hierarchically. Some goals are *abstract*, whereas others are *concrete*, and still other goals may be in-between. An abstract goal can only be implemented by transforming these goals into concrete goals. That is, abstract goals are strategic goals; concrete goals are tactical or operational goals. Strategic goals have to be operationalized into tactical goals for implementation. For example, a goal such as learning French can be attained by systematically and methodically working and attaining a hierarchy of subordinate goals. Thus, a low-level goal such as memorizing a list of 20 vocabulary words feeds into other higher-level goals such as practising the use of these memorized words in different situations, which in turn becomes increasingly instrumental to learning French. Although the attainment of every goal in the goal hierarchy generates a certain degree of satisfaction, satisfaction is experienced more intensely with the attainment of higher-level than lower-level goals (cf. Cantor & Sanderson, 1999).

13.2.4 *Effects of Hygiene Versus Motivational Goals*

There is much evidence in the literature suggesting that subjective wellbeing is composed of two dimensions that are somewhat independent from each other, namely positive and negative affect. The factors affecting satisfaction (positive affect) may be different from the factors affecting dissatisfaction (negative affect). We call the goals inducing positive affect *growth goals*, whereas goals inducing negative affect as *hygiene goals*—based on Herzberg's *two-factor theory* (Herzberg, Mausner, Pederson, & Capwell, 1957). The two-factor theory suggests that job satisfaction may be influenced by *growth* goals such as recognition and responsibility. That is, the presence of recognition and responsibility at work serves to contribute to additional job satisfaction. Conversely, the absence of these conditions does not contribute to dissatisfaction. In contrast, job dissatisfaction, on the other hand, is affected by *hygiene* goals such as wages and physical working conditions. That is, attainment of these goals does not contribute to satisfaction; however, goal nonattainment contributes to dissatisfaction. Hygiene goals are related to lower order (or basic) needs such as biological and safety needs (*a la* Maslow). In contrast, growth goals are related to higher-order needs such as social, esteem, and self-actualization needs (again *a la* Maslow).

For example, attainment of goals that generate feelings of job dissatisfaction is directly related to lower-order needs of sustenance and physical safety (e.g., goals related to wages and physical safety), whereas attainment of goals that generate feelings of job satisfaction is directly related to higher-order needs (e.g., goals related to recognition and responsibility).

I believe that the two-factor theory developed to explain job satisfaction is generalizable to all other life domains to explain satisfaction in general (cf. Baker, Cesa, Gatz, & Grodsky, 1992; Costa Jr. & McCrae, 1980; Diener, Horwitz, & Emmons, 1985; Diener & Lucas, 1999; Headey & Wearing, 1989). In other words, much research has shown that negative affect (i.e., dissatisfaction) can be induced by failure to meet lower order needs such as biological and safety needs. Fulfillment of biological and safety needs do not contribute much to positive affect (i.e., satisfaction).

13.2.5 Effects of Approach Versus Avoidance Goals

Gollwitzer (1993) has demonstrated that *approaching goals* and attaining them produce higher levels of subjective wellbeing than *avoiding* undesired goals. For example, a person may experience higher levels of well being working toward making friends than avoiding being lonely (cf. Cantor & Sanderson, 1999; Emmons, Shepherd, & Kaiser, 1994; Higgins, Roney, Crowe, & Hymes, 1994). Perhaps this may be due to the fact that avoiding being lonely serves mostly to reduce negative affect, whereas making friends serves to generate positive affect.

In a study of marital conflict, Simpson, Rholes, and Philips (1996) has shown that passive avoidance of problems between couples significantly reduces contentment. To maintain happiness, he recommends, difficulties must be faced rather than avoided. This notion of goal approach or attainment is the converse of the concept of avoidance in the coping literature (Carver, Scheier, & Weintraub, 1989; Roth & Cohen, 1986). Avoidance is a coping strategy that serves to reduce the experience of dissatisfaction in a particular life domain. For example, a student will avoid enrolling in a difficult course as a way to prevent the experience of failure and dissatisfaction in the academic life domain. But it should be noted that while most coping strategies serve to reduce negative affect in a particular life domain, they also reduce the possibility of positive affect. This avoidant style of coping reduces the incidence of negative life events. This outcome serves to lessen the overall negativity in life quality. By the same token, an avoidant coping style also reduces the number of positive life events and therefore reduces positive life quality. Thus, a person who adopts an avoidant coping style may have an okay life (a good “negative life quality”) but also a poor “positive life quality.”

13.2.6 Effects of Goals Related to Deprived Versus Non-deprived Needs

Also, attaining goals related to *deprived needs* are likely to induce higher levels of subjective wellbeing compared to attainment of goals associated with satiated needs.

Ahuvia and Friedman (1998) have argued that economic deprivation is a strong factor influencing materialism (the tendency to value money and material possessions). Poor people who attain wealth become so happy. This is because economic deprivation heightens the need intensity for money and material possessions. This argument can be extended to non-economic needs too. That is, need deprivation heightens the intensity of any need. In turn, those life domains and subdomains in which this need can be met increase in importance. As a result, satisfying the deprived need generates a great deal of satisfaction in those important life domains. This satisfaction, in turn, contributes significantly to life satisfaction (cf. Abramson & Inglehart, 1995; Inglehart, 1977, 1990). People who are starving for love feel that happiness is being in love. When they finally fall in love, they feel like they are in heaven. Those who are sick think that being healthy is the most important condition to overall well being. When they eventually get cured, they become happy. When people are constantly hungry, they may think that food and nutrition is the most important thing in life. When they finally get to eat well, they become highly satisfied. People who are existentially hopeless are likely to emphasize the sense of meaning or purpose in life to be the most important thing in life. When they finally discover meaning in their life events, they discover happiness too.

The tendency to place more value on deprived than nondeprived goals is based on *deprivation-joy theory* that posits that the greater the deprivation, the greater the joy one may experience upon need satisfaction (Houston, 1981; Wilson, 2000). Consider the following study by Lucas, Clark, Georgellis, and Diener (2003) on emotional reactivity, predicting that individuals who are happiest are likely to react most strongly and positively to positive life events. However, the results showed that less-happy individuals were more likely to benefit from positive life event (e.g., marriage) in the long run. Individuals with initially low baselines (i.e., need deprived) reported more positive reactions to marriage, and these feelings persisted long into the marriage. In other words, people who chronically experience many positive events may have less to gain from one more positive event compared to those who chronically experience many negative events. People who chronically experience negative events are “hungry” for positive events, and therefore, the emotional intensity of experiencing a positive event is likely to be significantly amplified (cf. Headey & Wearing, 1992; Oishi, Diener, Choi, Kim-Prieto, & Choi, 2009).

13.2.7 Effects of Autonomous Versus Non-autonomous Goals

Subjective wellbeing has something to do with the extent to which personal goals are selected *autonomously*. Cantor and Sanderson (in press) have argued that “Well being should be enhanced when individuals are able to pursue their distinct personal goals in ways that are intrinsically-valued and autonomously chosen” (p. 5). That is,

goals that are essentially determined by others, not the individual himself, are not likely to be important goals.

Thus, the subjective wellbeing experienced from goal attainment is very much dependent on whether the goal was selected autonomously or whether the person was pressured by others to take on that goal. Goals chosen freely and autonomously are more intrinsically satisfying than goals set by others.

13.2.8 *Effects of Goals Related to Flow*

Goals can also be related to *flow*, in the sense that some goals when attained can generate feelings of flow while others do not. Goals related to flow have the power of generating higher levels of subjective wellbeing than goals not related to flow. Argyle (1999) reviewed much of the evidence linking leisure with subjective wellbeing. He concluded that there is indeed a strong relationship between the two constructs. He injected the *flow* principle to explain how certain kinds of challenging leisure activities (e.g., competitive sports) contribute to subjective wellbeing much more compared to passive forms of leisure activities such as watching television. The flow principle is based on the work of Csikszentmihalyi and his colleagues (e.g., Csikszentmihalyi, 1975, 1982; Csikszentmihalyi & Csikszentmihalyi, 1988; Csikszentmihalyi & Kubey, 1981; Kubey & Csikszentmihalyi, 1990; Massimini, Csikszentmihalyi, & Carli, 1987; Massimini, Csikszentmihalyi, & Delle Fave, 1988). Flow refers to the feeling of total absorption in an activity that one loses sense of space and time.

An offshoot of the flow principle is the principle of skillful winning. Anyone who played competitive sports may attest to the flow experience that is experienced when playing against a player who has a comparable skill level. The competition is intense, and the victory is particularly sweet. Playing against a player (team) unmatched in skill can produce feelings of boredom (when the opposition's skill level falls significantly below the party in question) and anxiety (when the opposition's skill level is significantly higher). This example alerts us to the distinction between evaluating the situation before the onset of the event and evaluating the same situation after the event (cf. Omodei & Wearing, 1990). The concept of pleasure derived from a flow experience is different from pleasure derived from achievement. Murray (1938), one of the founders of motivational psychology, made a similar distinction among three types of pleasures related to need satisfaction: (a) activity pleasure, (b) achievement pleasure, and (c) effect pleasure. Murray's definition of *achievement pleasure* corresponds closely to the concept of flow. With respect to *achievement pleasure*, focus on the example of a player facing a competitor who is much more skilful than he is. It is very likely that he will feel quite anxious; but if he beats the competitor, he is likely to feel much happier than if that competitor has a comparable skill level. This is because this type of situation may lead the person to generate predictive expectations based on the skill level of himself and his competitor. In the situation in which the competitor is perceived to be more skilful, the

person predicts that he will lose. Winning in light of a loss prediction generates intense positive affect.

13.3 Goal Expectancy

In the preceding section we discussed factors that can help people select goals that are capable of bringing happiness to their lives. That is, the focus was on the goals likely to generate positive emotions once attained. In this section we will discuss selecting the kind of goals that are likely to be attained. Factors that affect goal completion include goal malleability (adaptiveness), goal-cultural value congruence, goal-resource congruence, goal-skills congruence, goal realism, and goal conflict.

13.3.1 *Effects of Adaptable Versus Non-adaptable Goals*

Goals that are *adaptable* (i.e., modifiable based on reality) are likely to be attained more than goals that are less adaptable. And if so, individuals with malleable life goals are likely experience higher levels of subjective wellbeing than individuals with less malleable goals. One study dealt with attorneys who have experienced a distinct transition—career became less important and family became more important (Adams, 1983). Those who recognized the change and reorganized their goals accordingly expressed significantly higher levels of life satisfaction than those who failed to recognize the change and failed to adapt their goals. This tendency can be better explained using *adaptation* theory. This theory posits that goals reflect adaptations to the environment to the point that attaining goals do not produce much satisfaction. That is, people adapt to changes in their living conditions to the point where these changes do not make much of a difference in subjective wellbeing. Even if subjective wellbeing changes as a function of a change in living condition, the subjective wellbeing effect does not last. After a while, people return to stable set-point (Brickman & Campbell, 1971).

A seminal study conducted by Brickman, Coates, and Janoff-Bulman (1978) has shown that lottery winners were not happier than controls and even paralyzed accident victims revert back to their initial levels of subjective wellbeing. This concept has gained much popularity in wellbeing research and is known as *hedonic treadmill*. To reiterate, this theory propagates the notion that our emotional system adjusts to life events, good or bad, and we go back to feeling “neutral.” Of course, “neutral” is highly individualized in the sense that one’s neutral level of subjective wellbeing may be higher or lower than others. The concept of the hedonic treadmill is further justified by *adaptation-level theory* (Helson, 1948, 1964). People adapt to life events in ways to ensure that their subjective wellbeing does not deviate much from one’s adaptation level. For example, people adapt to adverse life events such as unemployment, divorce, and widowhood. They may feel devastated at first, but then

they adapt. Their levels of subjective wellbeing return to “normal” (Lucas, Clark, Georgellis, & Diener, 2004). The same applies to positive events such as marriage. For example, Lucas et al. (2003) showed that on average people adapt to marriage. They may feel much positive emotions in the first 2–3 years but eventually their level of subjective wellbeing returns to pre-marriage levels.

Another program of research related to income and subjective wellbeing provides evidence of adaptation effects. Evidence suggests that sudden increases in income do raise subjective wellbeing, but the impact wears off in time—because one’s standard of living rises along with rising income. Assuming that the effect of income is mediated through one’s evaluation of standard of living, we can understand how income’s effect on subjective wellbeing diminishes with increasing changes of income (Ahuvia & Friedman, 1998).

After reviewing much of the evidence, Diener and Biswas-Diener (2009) assert that the income effect on subjective wellbeing is mediated by financial satisfaction (cf. George, 1992; Schyns, 2000). Specifically, rising income is accompanied with rising financial expectations, which may cause people to feel less satisfied (instead of more satisfied) with their income, which spills over to life dissatisfaction. Consider the following report produced by Brant et al. (1999). The report asserts that the majority of US college students now believe they will be able to retire before age 50, and 77% believe that they will be millionaires. Also consider the following evidence from the UN Development Report (1998): income needed to fulfill consumption aspirations doubled in the USA between 1986 and 1994.

Carol Graham, in her most recent book on *The Pursuit of Happiness* (2011), discusses country variations in relation to happiness. She uses Afghanistan as an example. Survey respondents in Afghanistan seem to be happier than the world average despite living conditions that many scientists describe as “abominable.” She explains this effect by making reference to *adaptation*—how people adapt to adverse circumstances.

Our findings on the effects of both crime and corruption in our Afghanistan study support the adaptation hypothesis. Neither crime nor victimization due to corruption seems to have significant effects on people’s sense of wellbeing in Afghanistan, perhaps because people are used to so much of both. Rather interestingly, there seems to be different crime and corruption norms in a few areas, which were characterized by more Taliban influence than the average. In those areas, which were happier than those in the rest of the sample, crime and corruption rates (particularly the latter) were lower and the victims of corruption *were* significantly less happy than nonvictims. The findings suggest that where attitudes about the phenomena differ, individuals are less likely to adapt to the phenomena and therefore suffer greater wellbeing effects. (Graham, 2011, p. 98)

13.3.2 Effects of Goals That Are Congruent Versus Non-congruent with Cultural Norms

Goals most likely to be attained are those that are *congruent with culture and cultural norms* than noncongruent goals. Oishi, Diener, Suh, and Lucas (1999)

argued that personal values (e.g., power, achievement, hedonism, and security) moderate the extent to which domain satisfaction contributes to overall life satisfaction. Both culture and stage of development cycle (i.e., age) influence personal values. These wellbeing researchers hypothesized that life satisfaction is more strongly related to personal achievements and self-esteem in individualist cultures than in collective cultures. That is, the pursuit of achievement and self-esteem goals can bring high levels of subjective wellbeing in cultures that value these goals. These cultures are individualistic, not collectivistic. The results of the study found support for the cultural value (as a moderator) hypothesis, in which domains affect subjective wellbeing most strongly when they are consistent with cultural norms and values.

Here are other examples that further demonstrate the moderation effect of culture in the most generic sense. Let's look at the *cultural* differences between men and women. Past research has shown that marital status and happiness are related in that married people are happier than unmarried ones, and this relationship is moderated by gender. More specifically, married women are happier than married men and unmarried people in general (e.g., Lee, Seccombe, & Shehan, 1991; Wood, Rhodes, & Whelan, 1989). Why? Perhaps because the cultural norm is women should find happiness at home, whereas men find fulfilment at work. This norm bestows status and prestige on women who are married (e.g., Inglis & Greenglass, 1989; Shostak, 1987). Women are socialized to value marriage more than men are. They are more concerned about their appearance and fear of aging due to the pressure they feel to attract a man for marriage (e.g., Tannen, 1994). Women's identities are more tied with family identities (e.g., Gerson, 1993; Thorne, 1992) than men. This is commonly referred to in the gender socialization literature as a *hierarchy of gender identities*.²

In his literature review article, Diener (1984) examined much of the evidence relating employment to subjective wellbeing and concluded that employment does indeed have a significant impact on subjective wellbeing of both men and women in general. That is, those who are unemployed report lower levels of subjective wellbeing than those who are employed. The exception is the homemakers' segment of the population. There is no significant difference between homemakers' subjective wellbeing and the subjective wellbeing of the employed. One explanation is that culture endows men with the norm that man's identity is directly connected with their jobs. "Who they are" is articulated by what jobs they have. Hence, the work domain is most salient compared to other life domains. This is not the case for homemakers. They choose to define themselves in terms of their family. Hence, the family domain is likely to be most salient compared to other life domains. Unemployment for men has a devastating effect on subjective wellbeing because

²Some readers may feel offended reading this. The reaction is typically that this is male chauvinism *par excellence*. To those readers I do apologize. I support and sympathize with the feminist movement. However, having said this, there is some semblance of truth to this research. Cultural norms pertaining to gender identity are changing rapidly. Hence, this "reality" has to be qualified by making reference to the historical era, the country in question, the subcultural context, etc.

their self-evaluations using a variety of self-concept and social comparison referents generate dissatisfaction in the work domain, which in turn spills over to overall life.

13.3.3 Effects of Goals That Are Congruent versus Non-congruent with Personal Motives

Brunstein, Schultheiss, and Grassman (1998) found that subjective wellbeing is not only dependent on goal attainment but also on the extent to which the realized goals are *congruent or incongruent with personal motives*. Their study revealed that commitment to motive-incongruent goals led to a reduction in emotional wellbeing. A typical example is one that most college professors are familiar with—the college student whose motives are not congruent with educational goals. Many students are strongly motivated by social and love (romantic) needs. These needs sometimes interfere with the setting and attainment of good grades. Partying late nights interferes with completing important homework assignments and attending morning classes. Thus, educational goals are said to be incongruent with the social and love needs of many college students. This goal-motive incongruence may cause students to perform poorly in college classes, thus preventing them from attaining their educational goals—obtaining decent grades in their classes. Failing to obtain decent grades leads to dissatisfaction in the education domain, which may spill over to life causing life dissatisfaction.

13.3.4 Effects of Goals That Are Congruent Versus Non-congruent with Personal Resources

Another goal expectancy factor is *goal-resource congruence*. The concept of “resources” as used here is not limited to financial resources. Cantor and Sanderson (1999) specified three dimensions of resources: (a) personal resources such as health, traits, strategies, and abilities, (b) social resources such as social networks and social support, and (c) material resources such as money, power, and status. Cantor and Sanderson (1999) theorized that subjective wellbeing is not only dependent on goal attainment but also on the extent to which the goals that are realized are congruent or incongruent with one’s own personal resources. Those who have resources that match their goals are more likely to attain these goals and thus experience higher levels of subjective wellbeing than those who do not match their goals with resources. Diener and Fujita (1995) tested this hypothesis. Indeed, resources predicted subjective wellbeing better when goals and resources were matched than when they were not. Much evidence is available to support the principle of goal-resource congruence (see Cantor & Sanderson, 1999 for a review of much of the evidence).

Diener (1984) and Diener, Suh, Lucas, and Smith (1999) in their literature review articles acknowledged an overwhelming amount of evidence showing a positive relationship between income and subjective wellbeing. One of the most plausible explanations referred to by Diener and his colleagues is the goal-resource congruence principle. That is, goal attainment (a major source of satisfaction and therefore subjective wellbeing) is facilitated by the availability of resources (e.g., economic resources). Argyle (1999) reviewed the research literature and arrived at a similar conclusion:

...richer people have a higher standard of living, better food, housing, transport, education, and leisure, access to medicine—resulting in better health, even better mental health and a more competent personality (through being able to afford therapy)—and the higher self-esteem resulting from the respect given to the rich. . . . Money is good for marriage, since it enables the newly wedded to have a place of their own instead of living with one of the families, and marriage is a major source of happiness. . . . Furthermore, relative income rather than, or as well as, actual income, makes people happy. . . . In conclusion, it looks as if comparisons are most important for pay, especially when employees know exactly what they and members of other groups of workers are paid. (pp. 358–359)

13.3.5 *Effects of Goals That Are Realistic Versus Non-realistic*

How about *goal realism*? Vallacher and Wegner (1989) have argued that individuals experience greater satisfaction when they strive to attain goals that are realistic and attainably feasible than if these goals are not realistic and feasible (cf. Cantor & Sanderson, 1999; Sirgy, 1998). Argyle (1999), in his review of the literature on age, maintained that much of the evidence points to the notion that the elderly experience a higher level of well being than the non-elderly. Argyle has explained this pattern of findings by maintaining that older people tend to have lower (and therefore more realistic) aspirations, thus decreasing the goal-achievement gap.

13.3.6 *Effects of Goal Conflict*

Finally, we also have *goal conflict* as another factor related to goal expectancy and its influence on subjective wellbeing. A study by Wilson, Henry, and Peterson (1997) showed that life satisfaction is associated with the consistency of life goals. The greater the consistency among goals regarding career, education, family, and geography, the greater the life satisfaction! Goal compatibility, consistency, or lack of conflict accounted for 80 percent of the variance in life satisfaction. Cantor and Sanderson (1999) have argued that people who attempt to pursue conflicting goals simultaneously are not likely to end up attaining either goal; hence, they may experience dissatisfaction with goal non-attainment.

Much evidence is available that is consistent with the goal conflict principle. Research has shown that goal conflict is associated with negative affect, neuroticism, depression, stress, psychosomatic complaints, and life dissatisfaction (e.g., Emmons, 1986; Emmons & King, 1988; Sheldon & Kasser, 1995). Niven (2000) has provided the following advice in relation to the *goal conflict* principle:

The four tires of your car have to be properly aligned; otherwise the left tires will be pointed in a different direction from the right tires and the car won't work. Goals are just like that. They all must be pointed in the same direction. If goals conflict with one another, your life may not work. (p. 7)

13.4 Goal Implementation

The question that we need to ask here is *to what extent goals are likely to be realized*. What are the facilitators and inhibitors that may affect goal implementation and attainment? Satisfaction in any life domain can be viewed in terms of goal consumption. People who set goals, take action in pursuit of these goals, and attain them feel satisfied. Failing to attain their goals leads to dissatisfaction.

Cantor (1994) has maintained that life satisfaction comes from goal attainment, and people who have developed effective strategies to attain their goals tend to experience higher levels of subjective wellbeing than those who have less effective strategies of goal attainment. Therefore, the primary determinant of domain satisfaction is essentially goal attainment, which in turn serves to satisfy activated needs.

Gilles Dupuis and his colleagues (e.g., Dupuis, Perrault, Lambany, Kennedy, & David, 1989; Duquette, Dupuis, & Perrault, 1994; Etienne, Dupuis, Spitz, Lemetayer, & Missotten, 2011) developed a theory of wellbeing based on systems theoretic notions involving *cybernetics and control*. The theory helps us understand the process related to goal implementation and attainment. The theory posits that all human activities are goal-oriented, and the pursuit of these goals reflects a hierarchy of control mechanisms. The ultimate goal on top of this hierarchy of control mechanisms is happiness, the ultimate goal. There is a control system involved at any level of the goal hierarchy is shown in Fig. 13.1.

Figure 13.1 shows the basic control mechanism associated with any hierarchical level of the goal system. Behavior outcome (i.e., goal-oriented action) is designed to reduce the gap between the actual state and the desired state at that hierarchical level (see comparison box in Fig. 8.1). If a gap is sensed between the actual and desired states ($\text{Gap} > 0$), then the individual experiences stress—positive feedback (when the actual state falls significantly below the desired state) or negative feedback (when the actual state exceeds the desired state). Only positive feedback leads to dissatisfaction that prompts the individual to restore balance to the system (raise the actual state to meet the desired state). When the gap is close to zero, the system is in balance, which induces the individual to experience satisfaction, further prompting the individual to maintain the current state of affairs. Negative feedback (when the

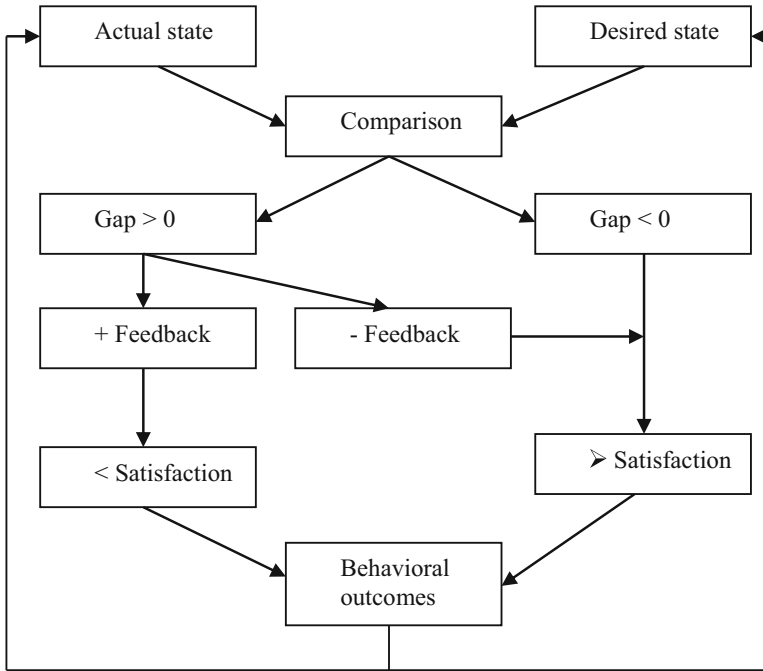


Fig. 13.1 A cybernetic/control model of wellbeing. (Source: Adapted from Etienne et al., 2011)

actual state exceeds the desired state) may also serve to increase satisfaction, which in turn prompts the individual to maintain current state of affairs.

I will now address factors that affect goal attainment and the experience of satisfaction derived from goal attainment. These are goal commitment, goal concreteness, and other personal factors.

13.4.1 Effects of Goal Commitment and Persistence

Research has shown that satisfaction experienced in particular life domains is dependent on *goal commitment*. That is, the person has to be committed to the set goal. He or she must allocate resources and engage in systematic action in an attempt to achieve the set goal. When people invest themselves in goals, they experience greater joy when these goals are met and conversely greater pain when these goals are not met (Tatarkiewicz, 1976). Thus, goal commitment and effort toward goal attainment is likely to raise the intensity of positive affect when the goal is attained and negative affect when the person fails to attain the goal.

Brunstein et al. (1998) found that the effect of goal achievement on subjective wellbeing is moderated by goal commitment. That is, a goal attainment is facilitated when the person is committed to the goal and does what he or she can to consummate

the goal. If people drop out in the middle of a task designed to achieve a goal, then the result is task non-completion. The goal cannot be attained given that the task is not completed, and thus satisfaction cannot be experienced. Another study of families conducted by Henry and Lovelace (1995) has produced findings consistent with the goal commitment principle. The study showed that regularity in household routines significantly improved daily personal satisfaction. That is, routinized work is a reflection of goal commitment, and thus facilitates goal attainment. Furthermore, a study by Turner (1994) has shown that the difference between those who have happy personal relationships and those who have unhappy relationships does not lie in personal conflicts but in goal commitment. Agreements to resolve marital conflict have to *follow through*. Those who did follow through with agreed-upon changes after marital counseling were more satisfied with their marital relationships than those who did not. Yet another study by Emmons, Cheung, and Tehrani (1998) showed how personal goal strivings contribute to subjective wellbeing. They focused on spiritual strivings and measured this construct by asking respondents to write how they go about meeting their religious goals. Examples of spiritual strivings (see Emmons, 1999, p. 102) include statements such as “praise God everyday whether my situation is good or bad,” “spend time reading the Bible every morning,” “volunteer my time and talent in my church,” say my prayers daily,” and “take a Sabbath.” Higher levels of personal goal strivings mean greater goal commitment. This measure of spiritual strivings was positively and significantly correlated with measures of subjective wellbeing. Speaking about religion and religiosity, Buddha once said,

... The thoughtless man, even if he can recite a large portion of the law, but is not a doer of it, has no share in the religious life. ... The follower of the law, even if he can recite only a small portion of it, ... possesses true knowledge and serenity of mind; he ... has indeed shared in the religious life (Krieger, Reynolds, & Neill, 1997, p. 81)

13.4.2 *Effects of Concrete Thinking*

Although abstract goals are likely to be more meaningful, people do not know when they have attained these goals. Abstract goals are hard to measure; therefore, you do not know if and when the goal is achieved. In contrast, concrete goals are measurable goals. One can gauge the extent to which he or she is making progress towards that goal.

There is some research that supports what social psychologists call “concrete thinking.” Linderman and Verkasalo (1996) have conducted a study and found that perceptions that life is meaningful and therefore worthwhile, increases significantly with *concrete* thinking. Concrete thinking is thinking in exact, measurable terms. Concrete thinking may be contrasted with “fuzzy thinking.” Concrete thinkers are very conscious of the measurable aspects of their *abstract goals*. Therefore, they can effectively gauge their progress toward their goals.

Related to concrete thinking is the research on implementation intentions (Gollwitzer, Fujita, & Oettingen, 2004). In implementation intentions, people plan the when, where, and how to attain a specific goal (i.e., “If I encounter situation Y, then I will perform goal-directed response Z”).

13.4.3 Other Factors Playing a Role in Goal Implementation

Other factors that support goal implementation that have been shown to increase subjective wellbeing include self-efficacy (e.g., Bandura, 1986) and optimism (e.g., Seligman, 1991). That is, individual who are self-efficacious (i.e., tend to have enough confidence in their own skills and talents in taking action for goal attainment) are more likely to be successful in goal implementation compared to those who are less self-efficacious. Similarly, those who are more optimistic are likely to be more successful in goal implementation compared to those who are pessimistic.

13.5 Goal Progress, Attainment, and Nonattainment

This section focuses on the effects of goal progress and attainment on wellbeing and positive mental health. I also discuss the research on what people do when they fail to attain their goal and how they attempt to protect potential loss of wellbeing. See Sim and Lui (2020) for a recent review of this research literature.

13.5.1 Effects of Recognition of Goal Attainment

It should be noted that it is not goal attainment that contributes to subjective wellbeing but the *recognition of that attainment*. In other words, the satisfaction from goal attainment can only be experienced when the person recognizes that they have attained the goal.

Research on highly educated professionals has shown that those who are less satisfied with life never *recognized* their own accomplishments (Thurman, 1981). Instead, they focused on the goals yet to be attained, and they judged themselves accordingly. Therefore, goal attainment contributes to subjective well being only if and when the person comes to recognize it. Goal attainment without focal attention by the person does little for subjective wellbeing.

13.5.2 Effects of Perceived Goal Progress

Scitovsky (1976/1992) has long argued that “being on the way to those goals and struggling to achieve them are more satisfying than is the actual attainment of the goals” (p. 62). There is some research that suggests people get much pleasure and enjoyment *pursuing goals* in an attempt to meet their needs. That the pleasure derived from making incremental *progress* towards need fulfilment is intense and possibly equally or more intense than the pleasure derived from goal attainment per se. Hsee and Abelson (1991) found that the rate of progress towards the realization of one’s goals was more predictive of affect than goal attainment. Therefore, satisfaction in a given domain can be affected not only by goal attainment (or the realization of goal attainment) but also by perceptions of significant progress toward goal attainment. A study of college students conducted by McGregor and Little (1998) found that students were happier when they felt they were making progress towards achieving their goals compared to students who did not feel they were making progress.

A recent meta-analysis (Klug & Maier, 2015) has shown that the association between successful goal striving and subjective wellbeing was larger in relation to goal progress than goal attainment. There is empirical evidence suggesting that progressing toward a goal might be associated with flow-like affect, a different type of subjective wellbeing (Austin & Vancouver, 1996). This finding is consistent with study findings in neuroscience demonstrating that feelings concomitant with goal progress, such as enthusiasm, is associated with an activation of the dorsolateral prefrontal cortex. In contrast, feelings concomitant with goal attainment, such as contentment, is not associated with the same brain region (Davidson, 1994).

13.5.3 Effects of Goal Nonattainment

Although goal attainment (or at least progress toward attainment) enhances subjective wellbeing, being able to disengage from goals is equally imperative to the maintenance of subjective wellbeing. When an individual fails to attain a goal (or recognizes lack of significant progress toward goal attainment), they risk the loss of subjective wellbeing. As such, they must disengage from these goals and reengaging in new meaningful and attainable goals (e.g., Heckhausen, Wrosch, & Schulz, 2010; Wrosch & Miller, 2009).

13.6 Conclusion

What did we learn from all of this? We discussed the effects of goals on subjective wellbeing. Specifically, we focused on a variety of ways that people set their goals biased by goal valence (i.e., they set life goals that are high in positive valence). They set goals that are likely to be met (high goal expectancy). Also, they plan strategies and tactics that they execute to achieve their life goals. Goal attainment results in subjective wellbeing.

With respect to goal valence, research in subjective wellbeing has demonstrated the effect of several factors. These include goal meaningfulness, intrinsic versus extrinsic goals, high- versus low-level goals, goals related to hygiene versus motivational factors, approaching desired states versus avoiding undesired states, goals related to deprived versus nondeprived needs, autonomous versus non-autonomous goals, and goals related to flow.

Concerning goal expectancy, we discussed selecting the kind of goals that are likely to be attained. Factors that affect goal completion include goal malleability (adaptiveness), goal-cultural value congruence, goal-resource congruence, goal-skills congruence, goal realism, and goal conflict.

Regarding goal implementation and attainment, I described factors that affect goal attainment and the experience of satisfaction derived from goal attainment. These include goal commitment, recognition of goal attainment, goal concreteness, and progress toward goal attainment.

The research of how goals influence happiness, subjective wellbeing and positive mental health is indeed extraordinarily rich. This chapter has focused on selected concepts that may not have done enough justice to the topic. For an in-depth discussion of specific issues such as outcome versus process focus and the effects of procrastination on subjective wellbeing, the reader is recommended turning to Kaftan and Freund (2018) for further insights.

Moreover, the research on goals and wellbeing can easily be used to develop all types of policies and programs to enhance the quality of life of varied stakeholders and constituencies. For example, my colleagues and I recently completed a revision for a tourism journal in which we applied many of the principles of goal theory to help tourism operators develop programs that can enhance the wellbeing of their tourist patrons. See Kim, Sirgy, and Uysal ([in press](#)).

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Chapter 14

Effects of Self-Concept on Wellbeing



“Be yourself, but always your better self.”

Karl G. Maeser (<https://www.brainyquote.com/authors/karl-g-maeser-quotes>)

14.1 Introduction

This chapter describes the effects of self-concept on subjective aspects of quality of life (hedonic wellbeing, life satisfaction, and eudaimonia). Social psychologists have long recognized that the self-concept is not a unidimensional construct. The self-concept is multidimensional in that in the mind of every person there may be multiple selves (Brewer & Nakamura, 1984; Garza & Herringer, 1987; Hoelter, 1985; Markus, 1977; McCall & Simmons, 1978). The self-concept is divided in terms of psychological *life domains*. Thus, a person may have a self-concept in relation to education, family, health, job, friends, and romantic relationships, among others. In other words, the psychological world of a person is divided into life domains, and within each life domain the person has certain self-related beliefs and values (Burke & Tully, 1977; Campbell, Converse, & Rodgers, 1976; Griffin, Chassin, & Young, 1981). In addition to segmenting life experiences in life domains, people also have a self-concept of their overall life, a global domain that captures one's emotional state as a function of one's global feelings about one's major successes and failures in life.

People engage in self-evaluations within all life domains. That is, they evaluate themselves in a specific context of a life domain. For example, a person may evaluate his or her actual job achievements to date against his or her ideal image of what he or she wants to achieve. Thus, self-evaluation can be viewed as a comparison process in which the actual self is compared to the ideal self within a given life domain (Sirgy, 1986). Positive self-evaluations result in satisfaction, whereas negative self-evaluations reflect dissatisfaction (e.g., Campbell et al., 1976; Gecas, 1982; James, 1890; Masters, Furman, & Barden, 1977). Therefore, satisfaction with a particular life domain comes in part from self-evaluations within that domain. Specifically, positive self-evaluations produce feelings of satisfactions, whereas negative self-evaluations generate feelings of dissatisfaction.

Building on this literature, I will make the distinction among several forms of standard of comparisons. These are ideal self, ideal social self, deserved self, minimum tolerable self, past self, predicted self, competent self, aspired self, and the true self. However, before discussing the psychology of quality of life based on these various self-concept dimensions, let us first describe a popular self-concept theory that can set the foundation to help the reader better understand the effects of various self-concept dimensions on subjective well-being. This is Rosenberg's (1979) self-concept theory.

14.2 Self-Concept Theory

Rosenberg's (1979) *self-concept theory* integrates a variety of social psychological theories to explain how events are interpreted so as to have favorable impact on the self. The theory delineates four specific mechanisms by which people interpret life events in ways to produce positive self-evaluations. The first mechanism involves *social comparisons*. People learn about and evaluate themselves by comparing themselves with others. These comparisons can lead to positive, neutral, or negative self-evaluations, depending on the standards (significant others and reference groups) used for comparison. To enhance positive self-evaluations (and thus self-esteem), people engage in top-down comparisons (i.e., they compare themselves with inferior others, not superior others). Hence, social comparisons that lead to positive self-evaluations contribute to subjective well-being.

The second interpretive mechanism involves *reflected appraisals*. This is a process in which people are influenced by the attitudes that others hold toward them and that over time they come to view themselves as they are viewed by others. Thus, people seek positive feedback from others because negative feedback is likely to generate negative self-evaluations that deflate one's self-esteem. Reflected appraisals that lead to positive self-evaluations contribute to subjective well-being.

Rosenberg's third interpretive mechanism, *behavioral self-perceptions*, refers to how people draw conclusions about their own abilities by observing their own behavior. These self-observations are biased by the need for self-esteem in that people tend to focus on aspects that may lead them to infer positive aspects about themselves. Thus, positive behavioral self-perceptions should contribute to subjective well-being.

The final mechanism, *psychological centrality*, holds that the self-concept consists of hierarchically organized self-related beliefs, some of which are more central (i.e., important to the self) than others. Thus, psychological centrality serves as a moderator for the social comparisons, reflected appraisals, and behavioral self-perceptions. Interpretations of life events (through social comparisons, reflected appraisals, and behavioral self-perceptions) involving central self-related beliefs are likely to generate positive or negative affect of greater intensity than non-central beliefs. See one study operationalization of these four interpretive mechanisms in Table 14.1.

Table 14.1 A survey measure of Rosenberg's four interpretive mechanisms

Survey respondents are asked about activities in five life domains: health, family, friends, daily activities, and economics. Four items capture each mechanism (social comparisons, reflected appraisals, behavioral self-perceptions, and psychological centrality) in the context of the five life domains (health, family, friends, daily activities, and economics). These four items are balanced between negative and positive phrasing. Thus, the total number of items amount to 20.
A sample item capturing social comparisons in the health domain is "I don't have as much energy as others around me" (reversed scored).
A sample of reflected appraisal in the economics domain is "People close to me do not think I have a secure financial future" (reverse coded).
A sample item of behavioral self-perceptions in the daily activities' domain is "Now that I'm living here, I spend more of my time doing interesting activities."
A sample item capturing psychological centrality in the family realm is "What counts the most for me in my life is my family."
Items for the four mechanisms are randomly mixed into a single self-assessment inventory administered with 6-point Likert scales (1 = strongly disagree to 6 = strongly agree).

Source: Adapted from Ryff and Essex (1992)

A study by Ryff and Essex (1992) produced internal consistency (Alpha) reliabilities for the total scales ranging from .46 to .79 and for the subscales from .42 to .80, with 70% of the coefficients equal to .55 or better. When items were summed according to life domains, the levels of internal consistency increased (they ranged from .73 to .83).

14.3 Effects of Various Self-Concept Dimensions

The literature makes references to self-concept effects on subjective well-being in terms of various self-concept dimensions. These include ideal self, ideal social self, deserved self, minimum tolerable self, past self, predicted self, competent self, aspired self, and the true self. We will examine the evidence related to these various dimensions.

14.3.1 *The Ideal Self*

Personality psychologists have long asserted that people have an image of themselves in relation to certain life domains, namely an *actual self-image*. For example, in the context of the material life domain, a person may see himself as "poor." In contrast to the actual self, people have a desired image of what they want to become or what they aspire to be. This is known as the *ideal self-image*. In the context of the material world, a person may want to become "rich." The concepts of actual and ideal self are well known to personality psychologists as reflected by the huge literature on self-concept and self-esteem. Psychologists have traditionally defined

the self-esteem motive as the motivational tendency to change one's perception of the self (actual self) toward one's aspired images or standards one has for oneself (ideal self) (e.g., Cohen, 1959; Coopersmith, 1967; Rogers & Dymond, 1954; Rosenberg, 1979; Sirgy, 1986). People are motivated to see themselves in a positive light. In other words, perceiving one's behaviors and abilities as consistent with one's ideal self tend to boost one's positive self-regard (i.e., self-esteem).

Here is some work that provides suggestive evidence of positive and negative self-evaluations based on the ideal self.¹

- Michalos' (1985) multiple discrepancies theory identifies the "have-want" discrepancy as a significant predictor of subjective well-being. Data related to have-want discrepancy pertaining to income is significantly correlated with overall life satisfaction (Lance, Mallard, & Michalos, 1995) and pay satisfaction (Rice, Phillips, & McFarlin, 1990).
- Higgins and colleagues (Higgins, Grant, & Shah, 1999; Higgins, Shah, & Friedman, 1997; Strauman, 1989; Strauman & Higgins, 1987) have theorized and empirically demonstrated that actual-ideal discrepancies tend to generate negative affect such as depression (compared to actual-ought discrepancies which generate social anxiety).
- People do not find themselves in situations in which they evaluate themselves against their ideal self. They pursue these situations. Thus, they choose restaurants, housing, cars, and other products and services guided by the matching of the product-user image and their ideal self-images (Sirgy, 1982). Hence, people anticipate how they would evaluate themselves given their actions and situations against their ideal self, and if the anticipated self-evaluations are positive they become motivated to take purchase and use these products and services.
- Diener (1984), in his seminal review article, has concluded based on the available evidence at the time that "... high self-esteem is one of the strongest predictors of SWB (p. 558)."
- Campbell et al. (1976), in their classic large-scale study of life satisfaction, found that satisfaction with the self produced the highest correlation with life satisfaction compared to other satisfaction in other domains. Self-esteem is very much based on self-evaluations in which the actual self is compared against the ideal self. Recall that domain satisfaction is partly determined by comparing the actual self with other self-concepts such as the ideal self and the social self (we will explain the social self shortly). These self-evaluations feed directly into self-esteem. Positive self-evaluations enhance self-esteem, whereas negative self-evaluations deflate self-esteem.

¹Also see review of the literature on the Best Possible Selves intervention by Loveday, Lovell, and Jones (2018).

14.3.2 *The Social Self*

The social self is part of the self-concept that focuses on the public self. People have beliefs about how they like others to see them. They behave in ways to impress others. They are motivated to gain the approval and avoid the disapproval of their significant others (Rosenberg, 1979; Sirgy, 1986).

Kitayama and Markus (2000) highlighted the fact that the social self differs significantly from one culture to another. For example, in North America, the social self that generates social approval from others is that of a self who has and is willing to express self-esteem and participates in mutually approving relationships. Having and willing to express self-esteem are typically manifested in culturally shared images, ideals, norms, and practices associated with self-efficacy, control, personal choice and initiative. Participating in mutually approving relationships is typically manifested through social exchange, trust, fairness, and decency. In contrast, in East Asian cultures, the social self that generates social approval is different from the social self that generates social approval in North America. Specifically, what generates social approval in East Asia is a self who is having and willing to express self-critical attitudes and participate in mutually sympathetic relationships. These relationships, in turn, are manifested through self-control, effort, social roles, filial piety, community values, warm-heartedness, empathy, perspective taking, and balance (Ying and Yang).

Suggestive evidence of how positive self-evaluations involving the social self enhance subjective well-being include:

- One study has shown that people actively seek to disconfirm others' mistaken impressions of them. Doing so enhances their subjective well-being (Swann Jr. & Hill, 1982).
- Another study has shown that people are more likely to seek social feedback if they believe it will confirm their self-conceptions. Again, doing so enhances their subjective well being (Swann Jr. & Read, 1981a, 1981b).
- Research has shown that most people seek feedback when feedback is likely to be positive. Doing so enhances their subjective well-being (Brown, 1987).
- Studies have shown that people form relationships with others who see them as they see themselves. Doing so confirms their social self-image and enhances their subjective well-being (Swann Jr., 1983).
- The evidence also suggests that people tend to be unhappy in relationships in which they are not seen as they want to be seen (Laing, Phillipson, & Lee, 1966).

14.3.3 *The Deserved Self*

The *deserved self* refers to expectations about oneself that reflect one's sense of *equity*. One may feel that she deserves to be live in comfort and luxury; another may feel he deserves to be treated with dignity and respect. Thus, the underlying motive

in psychological processes dealing with the deserved self is the need to maintain or restore equity.

Suggestive evidence for this type of social judgment and its effect on satisfaction comes from studies conducted in an organizational context. For example, Clark and Oswald (1996) and Drakopoulos and Theodossiou (1997) computed a *deserved income expectation* based on demographic factors such as age, education, years on the job, and hours worked. Both studies found a negative relationship between job satisfaction and the discrepancy between deserved and actual income.

Diener, Sandvik, Seidlitz, and Diener (1993) hypothesized that people make social judgments based in part on their educational levels so that the more education someone has the more money and material possessions he or she deserves. Thus, people with less education should be happier (controlling for the direct positive effects of education on subjective well being), since they would be exceeding what they deserve. However, the data did not support the hypothesis. Other studies failed to confirm the *deserved expectation hypothesis*. For example, Campbell (1981) has even found that lower income people with a college education are happier than non-college educated respondents of the same income level, while college education had no influence on subjective well-being among the high-income respondents (see Veenhoven, 1991, for other examples).

Michalos' (1985) multiple discrepancies theory identifies the *have-deserve discrepancy* as a significant predictor of subjective well-being. Data related to the have-deserve discrepancy pertaining to income is significantly correlated with overall life satisfaction (Lance et al., 1995).

14.3.4 *The Minimum-Needs Self*

Satisfaction and dissatisfaction with *minimum-needs expectations* tend to have a slightly different pattern of satisfaction/dissatisfaction than deserved expectations. Michalos' (1985) multiple discrepancies theory identifies the "have-need" discrepancy as a significant predictor of subjective well being. Data related to have-need discrepancy pertaining to income is significantly correlated with overall life satisfaction (Lance et al., 1995). Higgins and colleagues (e.g., Higgins et al., 1999; Strauman, 1989; Strauman & Higgins, 1987) have theorized and empirically demonstrated that *actual-ought discrepancies* tend to generate negative affect such as social anxiety (compared to actual-ideal discrepancies which generate depression). In this case, the concept of the *ought self* is highly akin to the concept of the *minimum-needs self*.

14.3.5 *The Predicted Self*

People can experience either positive or negative self-evaluations with *predictive expectations*. Predictive expectations are beliefs that reflect an anticipated or future self based on past experience. Michalos' (1985) multiple discrepancies theory identifies the *have-predicted possessions* discrepancy as a significant predictor of subjective well-being (cf. Lance et al., 1995). Higgins, Vookles, and Tykocinski (1992) have shown that *actual-predicted self* (or what they called the "future self") results in negative self-evaluations, and the nature of these negative feelings was characterized as "chronically unfulfilled hopes," "feelings of despondency," and "feeling discouraged and hopeless."

Scheier and Carver (1985) developed a *theory of optimism* to explain the positive relationship between the personality trait of optimism and subjective well-being. They argued that optimists tend to have a higher level of subjective well-being than pessimists because optimists tend to *expect favorable outcomes in their lives*. If they expect positive outcomes, they are likely to work hard to attain these goals, which in turn increase the chances of goal attainment. Goal attainment, in turn, increases subjective well-being. The notion of setting the kind of goals that are high but realistic is very much consistent with our notion of goal setting based on expectations of an ideal self-image tempered by predictive, past, and ability-based expectations. Thus, a goal characterized as high but achievable is more likely to be set by optimists than pessimists.

Specifically, one can explain the relationship between optimism/pessimism and subjective well-being as follows: Optimists are more likely to set high and achievable goals in one or more life domains than pessimists. Optimists' set goals may be based on expectations based on their perceptions of past performance (likely to be higher than that of pessimists), anticipated performance (likely to be higher than that of pessimists), and their strengths and weaknesses (likely to be higher than that of pessimists). Conversely, pessimists' goals may be based more on their perceptions of past performance (likely to be lower than that of optimists), anticipated performance (likely to be lower than that of optimists), and their strengths and weaknesses (likely to be lower than that of optimists). The high goals set by optimists, once attained, are likely to generate high level of satisfaction in those domains, which in turn spills over to the most superordinate domain of overall life causing the optimists to experience high levels of subjective well-being. In contrast, the low goals set by pessimists, once attained, are likely to generate only moderate levels of satisfaction in those domains, which in turn spill over to the most superordinate domain of overall life causing the pessimists to experience only moderate levels of subjective well-being.

14.3.6 *The Competent Self*

Higgins et al. (1992) have shown that actual-competent self (or what they called the “can self”) results in negative self-evaluations, and the nature of these negative feelings was characterized as “feelings of weakness,” “lacking proficiency, potency, and vigor,” and “feeling ineffective.” Of course, this happens when one’s perceived level of competence falls short of one’s ideal level of competence.

Furthermore, research has indicated that expectancies of control relate to subjective well-being. The typical finding is that those who have *expectancies of control* report greater subjective well-being than those who have low expectancies (see Diener, 1984; Diener, Suh, Lucas, & Smith, 1999). Grob, Sttsenko, Sabatier, Botcheva, and Macek (1999) explained this relationship by arguing that high-expectancy individuals tend to expect to succeed and therefore work harder at making things work and achieve their goals. Therefore, this finding recommends people who have high expectancies of control to evaluate their actual self in relation to their competent self. This is because these people are likely to work hard and reduce any discrepancy they may perceive between their actual self and their competent self. Thus, moving towards one’s achievement-related goals is likely to induce positive self-evaluations, which in turn should serve to enhance subjective well-being.

Here is a question that can further illustrate the power of expectancies of control. Answer this question: Who is happier, stay-at-home moms or moms who work outside the home? Haw (1995) has compared these two population segments and found that both groups experience happiness if they felt *competent* at what they were doing.

14.3.7 *The Aspired Self*

Irwin (1944) observed that aspiration levels are highly correlated with real and expected achievements, though aspirations are generally somewhat higher than real and expected achievements. Diener (1984) referred to “telic” theories of subjective well-being explaining how life goals, goal attainment, and progress towards goals play a role in subjective well-being. Emmons and Diener (1985) found that aspiration level alone does not account for subjective well-being among college students. Instead, subjective well-being was significantly influenced by the extent to which the goals were set realistically and were congruent with subjects’ personal resources (Diener & Fujita, 1995). See our discussion on the Effects of Goals in this chapter.

One can argue that it is not the level of aspiration that matters much but the extent to which these aspirations are realized. When people set high and unrealistic aspirations, the chances are that they are not likely to be realized. Therefore, people

who set their goals unrealistically high (incongruent with their personal resources) are likely to experience low levels of subjective well-being.

14.3.8 *The True Self*

A stream of research has provided evidence that the *true self* plays an important role in wellbeing. Wellbeing is enhanced when one's own behavior is perceived to be consistent with one's true self (see review of this literature in Schlegel, Hicks, & Christy, 2016).

What is the true self? One can argue that the true self is what an individual perceives to be as his or her true self. This is, in essence, a layperson view of the true self. We can also think of the true self as the private self, the person who is stripped of their social masks—hence, the distinction between the private and public self. Lay people make reference to behavior consistent with the true self as “authentic.”

Eudaimonic identity theory (Waterman, 1993, 2011, 2013) is an example of a theory that describes how behaviors that are *self-expressive* contribute significantly to eudaimonic outcomes. For example, people are likely to experience eudaimonia being engaged in a certain activity if they agree with the following statement: “This activity gives me my strongest feeling that this is who I really am.” Meaning is the primary motivator in self-expression. An activity such as parenting, although may not be pleasurable, offers opportunities to learn and express one's true self in meaningful ways. Standing up for one's ideals at the expense of social exclusion and ostracism is also another example of how behavior perceived to be consistent with the true self can contribute to eudaimonia. As such, the pursuit of expressing and realizing one's true self is fundamental to eudaimonic wellbeing. The true self is a hub of meaning and behavior that is “in touch” with one's true self plays a crucial role in judgments of meaning in life.

14.4 Self-Concept Dynamics

Note that I described how satisfaction can be experienced in a given life domain through self-evaluations using a variety of self-concept standards such as the ideal self, the social self, the deserved self, the competent self, etc. What happens when these self-evaluations conflict with one another—one self-evaluation involving one type of self-concept standard generates satisfaction but a different self-evaluation results in dissatisfaction? We will address this question by discussing two streams of research, one related to self-concept differentiation versus integration, the other dealing with self-enhancement versus self-consistency.

14.4.1 *Self-Concept Differentiation versus Integration*

There are many instances in which self-evaluations conflict with one another. In other words, an individual may evaluate a life event using one type of self-concept standard generating satisfaction but conjointly with another standard resulting in dissatisfaction. This situation is referred to as *self-concept differentiation* or a fragmentation of the self-concept. In contrast, the situation in which different self-evaluations involving different self-concept standards generates similar positive self-evaluations is referred to as *self-concept integration*.

How is the person's subjective well-being affected by self-concept differentiation? Donahue and her colleagues (1993) found that self-concept differentiation is associated with poor emotional adjustment, whereas integration is related with healthy adjustment. Van Hook and Higgins (1988) tested the hypothesis that conflict between the ideal self and the minimum-needs self (what Higgins and colleagues refer to as the "ought self") generates "confusion-related symptoms" in the form of confusion, muddledness, uncertainty about self and goals, identity confusion, indecision, distractibility, and rebelliousness.

These findings point to a strategy of integration to enhance subjective well-being. The integration strategy is to adjust the level of the different self-referents to ensure that the use of these self-referents would generate positive self-evaluation. For example, tone down the ideal and the deserved selves to ensure a higher level of positive self-evaluations. Adjust the predicted self and the competent self with reality and in such a way to ensure that the actual self is least discrepant. Doing so helps achieve self-concept integration.

14.4.2 *Self-Enhancement versus Self-Consistency*

We discussed how people evaluate themselves (their actual self) in relation to their any of the aforementioned self-concept dimensions (ideal self, social self, deserved self, minimum-needs self, predicted self, competent self, and aspired self). They experience subjective wellbeing when they perceive significant change toward these different forms of self-concept, perhaps because these different forms of self-concept represent life goals. For example, movement toward the ideal self or aspired self is interpreted as progress in realizing one's life goals because these goals are ascribed in the ideal and aspired conceptions of oneself. As such, perceived progress from the actual self to the ideal self is "self-enhancing." That is, the progress creates a boost in self-esteem. This self-concept dynamic is referred to as the *self-enhancement principle* (Sirgy, 1982, 1986). However, there is an opposing tendency that works against self-enhancement, namely self-consistency (or the *self-consistency principle*). The need for self-consistency is a human motive that drives people to engage in behaviors that reinforce their conceptions of themselves (i.e., their actual self), irrespective of the valence associated with the actual self. They do so to maintain a

coherent “self-theory” (Epstein, 1973). In other words, people try to develop an understanding of themselves and the world around them. This world and self-view are integral to effective functioning in a complex world involving rewards and punishments that manifest in various forms—the maintenance and violation of social norms, institutional rules and regulations, laws, etc. This conception of the world and themselves is integral to mental health and flourishing. Events and behaviors perceived to be dissonant from their “self-theory” can lead to various forms of psychopathology (Epstein, 1973). So, what happens when these two motives collide? What happens when they reinforce each other?

To answer this question, we should turn to a seminal study conducted by Keyes and Ryff (2000). The study investigated the wellbeing consequences of perceived improvements and declines in six life domains. Perceived improvements (i.e., significant progress from actual self to ideal self in one or more life domains) could lead to both negative and positive mental health. This is due to the fact that improvements would satisfy the need for self-enhancement but simultaneously frustrate the need for self-consistency. In contrast, perceived declines (i.e., perceived failure in one or more life domains) could lead to only negative mental health consequences. The authors referred to this situation as the “double-dose effect.” This is due to the fact that perceived decline would frustrate both needs, the need for self-enhancement and self-consistency. The study involved a national probability sample and telephone interview with adults. The survey respondents were asked to evaluate change in functioning in six life domains. As predicted, increased improvements were associated with increased positive and negative mental health, while increased declines were associated with increased negative mental health.

14.5 Conclusion

So, what did we learn from all of this? We discussed the effect of the self-concept on subjective well-being. In this context, I described Rosenberg’s self-concept theory as an overarching concept that is helpful in explaining many self-concept effects on subjective well-being. Rosenberg’s self-concept theory delineates four mechanisms by which people interpret life events in ways to produce positive self-evaluations. These are social comparisons, reflected appraisals, behavioral self-perceptions, and psychological centrality.

I then made the distinction among several forms of self-concept dimensions used in life satisfaction judgments. These include the ideal self, social self, deserved self, minimum tolerable self, past self, predicted self, competent self, aspired self, and true self. I reviewed much of the evidence that suggest that discrepancies between the actual self and any of these self-referents would generate dissatisfaction. This dissatisfaction can be amplified as a direct function of the psychological centrality of the self-referent, which in turn can play a significant role in subjective well-being.

I also addressed the issue of self-concept differentiation and integration and its effect on subjective well-being. I showed evidence suggesting that self-concept

integration helps elevate subjective well-being, whereas self-concept fragmentation does the opposite. As such, wellbeing studies employing these constructs were described as providing evidence to the influence of the self-concept on subjective well-being. Finally, the research on self-enhancement versus self-consistency was discussed. The research point to self-evaluation that shows improvements (i.e., gains in relation to life goals as reflected by the various self-concept dimensions) produce both positive and negative wellbeing outcomes, while failures (i.e., perceived decline in making progress toward the self-concept dimensions) produce strong negative wellbeing outcomes.

The study findings related to self-differentiation versus self-integration and self-enhancement versus self-consistency have implications for counselling and life coaching. Programs and strategies should be developed to help people experience self-concept integration (not self-concept differentiation) and self-enhancement concomitant with self-consistency under success conditions.

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Chapter 15

Effects of Social Comparisons on Wellbeing



Beggars do not envy millionaires, just other beggars who are more successful.

—Bertrand Russell (cited in Kraus, 2018)

15.1 Introduction

This chapter describes the effects of social comparisons on subjective wellbeing. Social comparison is the process by which people compare themselves with others in relation to a particular behavior or outcome. Such comparison may cause feelings of satisfaction or dissatisfaction. Specifically, *downward comparisons* (comparing one's situation to another person's situation that is worse than one's own) tend to generate feelings of satisfaction, whereas *upwards comparisons* (comparing one's situation to another person's situation that is better than one's own) are associated with dissatisfaction. This is the very simplified version of social comparisons. The psychological reality of social comparisons and their effect on subjective wellbeing is highly complex.¹ Let us read further.

15.2 Impact of Social Comparisons

People compare their situation with significant others. Based on this comparison may feel better or worse about their circumstance, which in turn, influences their life satisfaction judgments. Consider the study by Filus, Junghaenel, Schneider, Broderick, and Stone (2020). The study found that people of different ages tend to use different frames of reference in making judgments of health, wellbeing, fatigue, and pain. Much research in wellbeing suggests that social comparison plays an

¹For an illuminating discussion of a range of issues involved in the psychology of social comparisons, see Buunk and Gibbons (2007).

important role in subjective wellbeing (see Diener & Fujita, 1996, for a review of the literature). Consider the following examples of social comparison studies:

- Clark (1996) provided evidence suggesting that unemployment is associated more strongly with lower subjective wellbeing in regions where unemployment is low than where it is high. This finding signals a social comparison process. That is, people who are unemployed may feel worse when they compare themselves to others and notice that most of these “others” are employed.
- Clark and Oswald (1996) found that job satisfaction is not a function of the absolute level of pay but on pay relative to other co-workers with the same education and job classification (cf. Brown, Gardner, Oswald, & Qian, 2003).
- Similarly, in a household survey respondents’ satisfaction with their income was found to be dependent on the income generated by other people within the same household. That is, people feel good about their income (and therefore life satisfaction) if they make more money than others in the same household (Neumark & Postlewaite, 1998).
- Michalos (1991) studied the role of the comparison gap between oneself and others among college students and the effect of that gap on life satisfaction and happiness. The social comparison measure was based on asking students how they compared to other students. Michalos found that the social comparison gap was one of the strongest correlates of life satisfaction and happiness. Upward social comparison (comparison of oneself with another who is better off) tends to generate dissatisfaction, whereas downward comparison (comparison of oneself with another who is worse off) generates satisfaction.
- Similarly, Michalos (1993) found a significant social comparison effect in a variety of life domains. The social comparison effect was a significant predictor of satisfaction with health, religion, education, and recreation in every nation studied (cf. Saris, 2001).
- Further evidence concerning the principle of social comparison comes from data related to *have-relevant others discrepancy* pertaining to income. Have-relevant others discrepancy refers to the comparison of one’s level of income to the income of others who are significant to the person making the comparison in some ways such as work colleagues and associates. Lance, Mallard, and Michalos (1995) found that have-relevant others discrepancy is significantly and negatively correlated with overall life satisfaction.
- Luttmer (2005) conducted a large-scale survey in the United States and used social comparison theory to explain his study findings. He found evidence that income of one’s neighbor is negatively correlated with one’s life satisfaction (the more you observe your neighbor making more money than you the less happy you feel about your life). In other words, people may feel bad about their lives when they compare themselves to neighbors who make more money than they do (also see Barrington-Leigh & Helliwell, 2008; D’Ambrosio & Frick, 2007; Ferrer-i-Carbonell, 2005; Helliwell & Haung, 2008; Georgellis, Tsitsianis, & Yin, 2009; Stutzer, 2004).

- Diener (2009) discussed social comparison as a possible mediator between income and subjective wellbeing. People may only know how satisfied they should be (as indicated by their self-reports) by comparing their financial situation with that of others. For example, Morawetz (1977) has provided evidence suggesting that a community with less equal incomes was less happy than a community with more equal income.
- Guillen-Royo (2008) conducted a study on poverty and happiness in Peru. The study was able to explain the relationship between consumption and subjective wellbeing in social comparison terms. Specifically, it was demonstrated that consumption has a meaning beyond mere basic needs satisfaction. The poor make consumption decisions driven by status concerns and social comparison with reference groups. Doing so allows them to escape social marginalisation and increase their personal happiness.
- Sherrard (1994) investigated the psychology of social comparison among the elderly by comparing elderly from high and low socio-economic strata. The study findings indicated that both groups experienced greater wellbeing when they made downward comparisons with others in relation to aging, longevity, keeping active, security, and money. However, the low socio-economic group made less downward comparisons in relation to money. Furthermore, the high socio-economic group made more upward comparisons in relation to their younger self yielding neutral or negative wellbeing.

15.3 Motivational Sources of Social Comparisons

There are many sources of standard of comparisons used to evaluate one's happiness. These include comparisons with relatives and friends, associates or colleagues who have similar professional positions, people of the same age, gender, and ethnic status, and people who share some disability or handicap (e.g., Meadow, Mentzer, Rahtz, & Sirgy, 1992; Sirgy, Rahtz, Meadow, & Littlefield, 1995). Why do people compare their lives to others? Festinger (1954) initially proposed that people compare themselves to similar others, because doing so allows them *to get to know more about themselves*. People gain more knowledge about themselves in relation to others who are "just like themselves." Thus, a student compares his grade on the last test with the grades of his classmates. Doing so allows the student to assess his skills and competencies in relation to his peer group. This motive has been referred to by many social psychologists as the *self-assessment* motive (e.g., Diener, Sandvik, Seidlitz, & Diener, 1993). In my own previous research on the self-concept, I have made reference to this motive as the *need for self-knowledge* and discussed it extensively (Sirgy, 1986). Thus, we compare ourselves to others to know more about how we stand in relation to others. Subjective wellbeing is not affected by the self-assessment motive. However, the self-assessment motive conjoins with other motives to influence subjective wellbeing. These other motives are *self-enhancement*, *self-improvement*, and *self-identification* (cf. Heckhausen & Krueger, 1993;

Schwarz & Strack, 1999). We will discuss the wellbeing research in relation to these three motivational states.

15.3.1 *Self-Enhancement*

Besides the self-assessment motive, a second motive in social comparison is the need for self-esteem. Social psychologists refer to this motive as the *self-enhancement motive*. A *downward comparison* is a comparison of one's own life against another person or group who is less fortunate. Thus, a downward comparison serves to enhance self-esteem because the outcome generates positive affect reflective of positive self-evaluation.

Research suggests that socio-economic status related to subjective wellbeing. One plausible explanation is higher socio-economic status persons may engage in downward social comparisons. This type of social judgment may be responsible for positive self-evaluations and satisfaction in important life domains, which in turn play a significant role in enhancing subjective wellbeing. This hypothesis is consistent with Argyle's (1994) explanation, which states that high socio-economic people tend to be treated with greater respect, which boosts their self-esteem. People with high socio-economic status also hold more interesting and challenging jobs, which may be the cause of greater job satisfaction.

Here is a sample of studies pertaining to the effects of downward and upward social comparisons on subjective aspects of quality of life. I organized these selected studies by topical content.

15.3.1.1 Life Satisfaction

Michalos' (1985) multiple discrepancies theory identifies the *have-relevant others discrepancy* as a significant predictor of subjective wellbeing. Have-relevant others discrepancy scores pertaining to income were significantly correlated with overall life satisfaction (Lance et al., 1995). Thus, upward social comparisons tend to generate feelings of dissatisfaction, while downward comparisons may generate feelings of satisfaction. This finding is consistent with the self-enhancement explanation.

15.3.1.2 Depression and Anxiety

McCarthy and Morina (2020) conducted a systematic review and meta-analytic study exploring the association of social comparison with depression and anxiety in clinically relevant samples. The study revealed weighted correlations of -0.53 and -0.39 , respectively indicating that depression and anxiety is related to upward

comparisons. These findings are reflective of the self-enhancement principle of social comparisons.

15.3.1.3 Morale

A classic study of need deprivation with soldiers in World War II found that the morale in a unit tended to be low if its circumstances were significantly worse than those of a comparable unit (Stouffer, 1949). That is, soldiers engage in upward comparisons, thereby inferring that their situation is really bad, which in turn causes the low morale.

Research has shown that women have high morale but are paid much less than men for the same work. The explanation was that morale and satisfaction was high for women because women compare themselves to other women rather than to men—a downward comparison (Crosby, 1982).

15.3.1.4 Happiness of People in Poor versus Rich Countries

Easterlin (1974) hypothesized that people tend to compare themselves only with the people next door. As such, people in poor countries do not compare themselves with people in rich countries but other poor countries within their region. This is a downward comparison. Study results supported this claim.

Easterlin was also able to empirically demonstrate that people in poor countries are also as happy as people in rich countries. This is because people compare themselves with others in their own countries, not other countries—possibly through downward comparisons. However, other wellbeing researchers have taken issue with Easterlin's data and his interpretation of the data. For example, Veenhoven (1991) re-analyzed Easterlin's data and was able to show high correlations between national wealth and subjective wellbeing. Additional evidence supporting the claim that there is a positive relationship between national wealth and subjective wellbeing was generated by Cummins (1998), Diener et al. (1993), Diener, Diener, and Diener (1995), and Schyns (1998). In 1995, Easterlin (1995) then dropped his claim that rich countries are not much happier than poor ones.

Nevertheless, newer studies provide support to the Easterlin paradox. Here is a study example. People from Afghanistan are happier than the world average despite the adverse economic, social, and political circumstances (Graham & Chattopadhyay, 2009). However, when respondents were asked to compare their lives to the best possible life that they can imagine, they rate themselves are less happy. These study findings support the self-enhancement principle in social comparisons.

15.3.1.5 Differences in Socio-Economic Status

Haring, Okun, and Stock (1984) conducted a meta-analysis of 65 effects from 34 U.S. studies, and found a moderate positive correlation between socio-economic status and subjective wellbeing. The explanation that was offered is that higher socio-economic individuals engage in downward comparisons causing them to feel satisfied with their lives; and the converse applies to lower socio-economic individuals (i.e., they make upward comparisons cause life dissatisfaction).

Here is a study example. Headey and Wearing (1991) conducted a major study in which they found that socio-economic status was positively related to positive affect and negatively related to negative affect. A composite measure of family income, occupational status of the main breadwinner, and the respondent's level of formal educational attainment measured socio-economic status. These three factors were equally weighted in the composite index.

15.3.1.6 Friendship

Studies in social psychology (e.g., Tesser, 1980; Tesser & Campbell, 1980; Tesser, Campbell, & Smith, 1984; Tesser & Paulhus, 1983) have shown that people select friends in self-serving ways. Specifically, they choose to befriend those with inferior abilities on tasks relevant to their own abilities. In contrast, they befriend those who have superior abilities but on tasks less relevant to them. Thus, they can enhance the self by associating with their friends—their friends have exceptional abilities. They do so without detracting from their own positive self-evaluations—they do not engage in upward social comparison with their friends because their friends' abilities are irrelevant to them.

15.3.1.7 Satisfaction with Healthcare System

Research shows that Guatemalans report being more satisfied with their healthcare than Chilenas, and Kenyans report being more satisfied than Americans (Graham & Lora, 2009). These satisfaction judgments reflect downward and upward comparisons, respectively.

15.3.1.8 Unemployment

Unemployment is negatively related to happiness. However, evidence suggests that the unemployed are less happy when their local unemployment rates are higher (Clark & Oswald, 1994). This suggests that the unemployed tend to make upward comparisons with those who are employed causing them to feel dissatisfied with

their life situation. However, when they compare themselves with other unemployed individuals in the local area, they feel less dissatisfied.

15.3.1.9 Crime and Corruption

Crime and corruption are negatively related to happiness. However, the unhappiness effect dissipates in places where there is much crime and corruption than others (Helliwell et al., 2010). Perhaps, those living in neighborhoods and communities afflicted with crime and corruption are likely to experience lower levels of subjective wellbeing because crime and corruption can wreak havoc in people's lives, which in turn makes them unhappy. However, those who live in crime infested areas may engage in downward comparisons by observing others in their neighborhood who are less fortunate—victims of crime and corruption.

15.3.1.10 Body Dissatisfaction

Myers and Crowther (2009) conducted a meta-analytic review of the body satisfaction research and found that body dissatisfaction is strongly associated with upward comparisons. That is, those who have a negative body image tend to compare their body attractiveness to others who are in better shape.

15.3.1.11 African Americans

African Americans are viewed as a low status racial group in America. However, they seem to derive higher levels of subjective wellbeing by comparing themselves with other individuals with lower levels of socio-economic status. Cohen, Shin, Liu, Ondish, and Kraus (2017), using data from the General Social Survey, provided evidence supporting this assertion. Specifically, the survey results indicate that Black people tend to report higher self-esteem than other racial groups in America, despite having lower levels of income and education.

15.3.1.12 Facebook and Social Media

A recent study investigated the extent to which Facebook use is associated with increases or decreases in psychological wellbeing (Pera, 2018). Specifically, the study demonstrated that increasing upward comparisons on Facebook may induce feelings of envy leading to detrimental effects on psychological wellbeing. This may be due to the possibility that most Facebook users tend to upload “happy material” of themselves and others. Doing so sets up the false belief that others are in a better situation—upward comparisons.

Another study (Loi, Thorsteinsson, & Ebdell, 2020) was able to demonstrate that upward social comparison by young adults using social media plays a significant role in depression. Specifically, downward comparisons moderated the relationship between time spent on social media and the levels of depression.

15.3.1.13 COVID-19 and Social Isolation

A recent study conducted during the COVID-19 pandemic (Ruggieri, Ingoglia, Bonfanti, & Coco, 2020) showed that downward social comparisons made through the frequent use of social network sites can have a positive effect on the reduction of psychological distress. The study was a cross-lagged panel survey involving three waves in Italy. The study examined changes in psychosocial distress levels (depression, anxiety, stress, loneliness, and life satisfaction) before and during the COVID-19 lockdown. Specifically, the results showed that online social comparisons in the first and second waves predicted improvement in levels of anxiety, stress, loneliness, and life satisfaction in the third wave.

15.3.2 Self-Improvement

Some studies (e.g., Diener et al., 1993) have failed to provide evidence for the self-enhancement effect due to at least two effects, namely inspiration and identification confounds. The *inspiration* confound is what is referred to here as the *self-improvement motive*. This motive is about setting goals in life to improve oneself, ultimately enhancing one's self-esteem *in the future*.

As previously stated, people engage in downward or upward comparisons. An upward comparison is self-deflating because the outcome is dissatisfaction. Here, the person compares himself with another person or group who is more fortunate. Although the resulting emotion is life dissatisfaction, people do engage in upward comparisons to set future goals. For example, a low-income person compares himself with a high-income person. Doing so, the low-income person sets his aspirations to work hard to generate more income—so that he can become like the high-income person (i.e., the role model). Let us consider evidence from study examples.

15.3.2.1 Cancer Patients

Research has demonstrated that cancer patients can gain solace from comparisons with those much sicker than themselves but look to those doing better than themselves for models of hope and recovery (Kruglanski & Mayseless, 1990). In more general terms, research has shown that people afflicted with a handicap or with any significant illness compare themselves with others who are similarly afflicted, and

that these social comparisons influence their subjective wellbeing (e.g., Buunk, Collins, Taylor, Van Yperen, & Dakof, 1990; Dunning, Meyerowitz, & Holzberg, 1989). Upward and downward comparisons tend to conflict. For example, a cancer victim comparing himself with another cancer victim who is worse off may make him feel better about himself; however, at the same time, he may feel depressed thinking that he will become as debilitated as the other victim. Conversely, comparing himself to a victim who is better off may make him feel unhappy; however, such comparisons may instill a sense of hope about his condition causing a boost in spirits. This stream of research is consistent with the self-improvement principle of social comparison.

15.3.2.2 Socio-Economic Status

Research also has shown that people usually identify themselves with others of their own social class (e.g., Centers, 1947). Thus, they compare themselves with people of the same class, not with people who are lower than them and neither with people higher than them. They do this perhaps because comparisons with people of higher status would make them feel bad about themselves. But then comparing themselves with lower class people should make them feel good about themselves. Right? Not really (Stutzer, 2004)! This is because people think that it is more desirable to compare themselves with an aspirational group than a non-aspirational one. Identifying oneself with an aspirational group gives the person a sense of purpose in life. They would like to belong to that referent group. This aspirational group membership serves as a life goal. Pursuing and progressing towards the attainment of this goal enhances one's sense of subjective well being.

15.3.2.3 Asian Canadians

White and Lehman (2005) conducted three studies that examined the relationship between cultural background and social comparison among Asian Canadians. The first study was able to demonstrate that Asian Canadians sought more upward social comparisons when they compared themselves with European Canadians. The second study demonstrated that Asian Canadians compared themselves with European Canadians, especially after failure. The third study further reinforced the notion that Asian Canadians compare themselves with European Canadians after failure but much more so when the opportunity for self-improvement was made salient. Collectively, these studies highlight the notion that Asian Canadians tend to engage in social comparisons for the purpose of self-improvement. Doing so serves to enhance their subjective wellbeing.

15.3.2.4 Self-Esteem and Facebook

Cramer, Song, and Drent (2016) conducted a study that examined social comparison on Facebook among college students. The study found that low self-esteem students engage in social comparison more often on Facebook than high self-esteem students. However, more interestingly, the results show that comparisons guided by the self-improvement motive produced greater positive affect among the high than low self-esteem students.

15.3.2.5 Self-Esteem and Individualism versus Collectivism

Chung and Mallery (1999) investigated possible differences in social comparison choices between individualistic (US) and collectivistic (China) college students. The study found that that higher collectivism scores were associated with an increased motive to make upward comparisons. This may be due to the possibility that upward comparisons are more commonly made in collectivistic cultures guided by the self-improvement motive—the desire to improve the wellbeing of the group. However, most interestingly, the study findings support the proposition that upward comparisons are positively related to individual self-esteem (feeling good about oneself), and downward comparisons are negatively related to collective self-esteem (feeling good about one's culture).

15.3.2.6 Body Satisfaction

Knobloch-Westerwick (2015) conducted a study among women being exposed to idealized-body imagery and body satisfaction. The goal of the study was to explain why women are attracted to the thin-ideal body type. The author hypothesized that this may be due to the type of social comparison made by women guided by the self-improvement motive. The study involved women participants being exposed to thin-ideal messages across a period of five days. Self-evaluation and self-improvement social comparisons as well as body satisfaction were measured each day. The study detected a linear positive change in body satisfaction over the five-day period. The positive change was associated with greater self-improvement social comparisons. Specifically, the more they compared their body with idealized-body imagery the more they expressed greater body satisfaction through self-improvement type of social comparisons. These upward comparisons also fostered weight-loss behaviors (cf. Veldhuis, Konijn, & Knobloch-Westerwick, 2017).

15.3.2.7 School Children and Academic Performance

Huguet, Dumas, Monteil, and Genestoux (2001) found that children chose to compare their academic performance with same-sex students who slightly outperformed them in class. The study also revealed that the school children do so as a means for self-improvement.

15.3.3 Self-Identification

When confronted with clear and unambiguous unfavorable social comparisons, people tend to protect themselves by identifying with the outperformer. This is the essence of the *self-identification* motive in social comparison. This motive can be illustrated best by a person comparing his inferior sports performance to that of his home team's performance. On the one hand, he may feel dissatisfied with his performance compared to his home team; however, he may take pride by identifying with his home team's success. Cialdini (1976) called this social phenomenon "basking in reflected glory." One can think that this phenomenon also is a form of social comparison. What people do is "put themselves in other people's shoes," and they experience the pleasure or joy that others experience. For example, a person hears that his colleague at work received a promotion and a healthy raise. He feels good knowing that his colleague is promoted and making more money, perhaps much more so than he makes. These feelings may occur as a direct function of thinking of himself in the position of his colleague and "basking in his glory." Or perhaps his colleague is incorporated in his expanded sense of self. Thus, he compares his expanded sense of self (i.e., his colleague as part of self) with less fortunate others; and, in doing so, he feels good about his "expanded self." One can easily argue that the identification confound is a reflection of the self-enhancement motive. Evidence related to the effects of self-identification on wellbeing could help the reader better understand this wellbeing phenomenon. Here are selected studies.

15.3.3.1 Sports Fans

Lee (1985) conducted a study involving fans of a university basketball team. Study participants were subjected to success and failure experiences. Participants were then asked to describe a favourable or an unfavourable game played by the team. Significant differences in the rate of recall of game outcomes were noted. Participants made reference to "we" much more in addressing games in which the team had won, and less reference to "we" when the team had lost. That is, self-identification was used as a strategy to boost self-esteem when the team had won, and conversely, the same strategy serves to protect self-esteem in cases of game losses.

(cf. Bernache-Assollant, Lacassagne, & Braddock, 2007; Delmar, Sanchez-Martin, & Muniz Velazquez, 2018).

15.3.3.2 School Status

A study involving a large sample of high school students in Hong Kong demonstrated the basking-in-reflected-glory effect (Marsh, Kong, & Hau, 2000). The study participants evaluated their school average achievement in relation to other schools. Students belonging to schools having higher school-average achievements made higher academic self-evaluations than students belong to schools with lower achievement status. Doing so helps to bolster their self-esteem and wellbeing. This is, in essence, the self-identification in social comparison effect (cf. Smith & Schwarz, 2003).

15.3.3.3 Task Performance

How does a person feel when another person performs better on a task? It depends on who this other person is and how close that person is to the self. In other words, the closer the person is to the self would trigger self-identification, which in turn prompts the self to “bask in the reflected glory” of the close person. This assertion was tested in three studies conducted by Tesser, Millar, and Moore (1988). In the three studies, study participants were provided with feedback about own performance on a task together with feedback concerning a close friend versus a stranger. The first study showed that being outperformed by a close friend resulted in greater arousal than being outperformed by a stranger. The second study showed that being outperformed by a close friend resulted in greater positive affect than being outperformed by a stranger, especially when the task was self-relevant. The third study showed that positive affect is a function of the interaction among relevance of the task, relative performance, and closeness of the comparison other.

Another series of studies by Gardner, Gabriel, and Hochschild (2002) demonstrated that when the target for comparison is perceived as part of the self (i.e., self-identification), their successes serve to enhance rather than deflate self-esteem.

15.3.3.4 Facebook and Social Media

Do Facebook friends make us feel good or bad? Liu, Li, Carcioppolo, and North (2016) conducted a study to investigate this research question. The study experimentally manipulated three factors, namely comparison direction, relational closeness, and self-esteem using a sample of adult participants. The results showed an interaction effect on happiness involving these three factors. Specifically, participants with high self-esteem were happier when exposed to positive information (than

negative information) from their close friends. The effect was opposite when the information was from a distant friend.

15.4 Conclusion

So, what did we learn from all of this? Social comparison is another psychological effect that plays a major role in subjective wellbeing. People tend to compare themselves with others in ways guided by three different motives: the need for self-enhancement, the need for social identification, and the need for self-improvement.

Concerning the self-enhancement motive, a downward comparison serves to enhance self-esteem because the outcome generates positive affect reflective of positive self-evaluation. Although upward comparisons can be self-deflating (because dissatisfaction arising from not being able to meet the need for self-enhancement), such comparisons can also be uplifting. The emotional uplift comes from using upward comparisons to set future goals.

Here is advice that comes in the form of a story from the Orient. This story is told by Mark Epstein, a psychiatrist who blends Western and Eastern thinking (Epstein, 1995, p. 44).

Kisagotami was a young woman whose first child died suddenly somewhere around his first birthday. Desperate in her love for the child, Kisagotami went from house to house in her village, clasping the dead child to her breast and asking for medicine to revive her son. Most of her neighbours shrank from the sight of her and called her mad, but one man, seeing her inability to accept the reality of her son's death, directed her to Buddha by promising her that only he had the medicine she sought. Kisagotami went to Buddha and pleaded with him for medicine. "I know of some," he promised. "But I will need a handful of mustard seed from a house where no child, husband, parent, or servant has died." Slowly, Kisagotami came to see that hers was not a unique predicament. She put the body of her child down in a forest and returned to Buddha. "I have not brought the mustard seed," she told him. "The people of the village told me, 'the living are few, but the dead are many'." Buddha replied, "You thought that you alone had lost a son; the law of death is that among all living creatures there is no permanence." . . . The Buddha helped Kisagotami find happiness not by bringing her dead child back to life, but by changing her view of herself.

The self-improvement motive guiding social comparisons can be an important role in psychological wellbeing. As Lyubomirsky and Ross (1997) have put it, "a peer's success can be a source of either envy and self-doubt or of inspiration and motivation, and a peer's misfortune may make one feel either fortunate to have escaped such a fate or afraid that a similar fate awaits in the future" (p. 1141).

We also discussed the wellbeing effect of the self-identification motive. People engage in upward comparison and such comparisons can be satisfying because of self-identification. In other words, instead of feeling jealous or envious from comparing oneself to a superior other, the person identifies himself with that other. Doing so allows the person to bask in the glory of the superior other. The challenge is to make social comparisons that can satisfy the needs for self-enhancement,

self-improvement, and self-identification simultaneously. Doing so should these further enhance one's overall sense of wellbeing.

In an article that focused on the use of social comparison in making judgments about one's socio-economic status and the effects of these judgments on subjective wellbeing, Kraus (2018) concludes by stating the following: "Overall, there is systematic and fairly consistent evidence linking social comparison perspectives to patterns of associations between SES [socioeconomic status] and SWB [subjective wellbeing], and this theoretical perspective remains promising in helping researchers to predict these relationships" (p. 522).

Note that throughout this chapter I described how people make social comparisons that may conflict with one another. For example, making a downward social comparison may enhance subjective wellbeing by satisfying the need for self-enhancement. However, doing so may frustrate the need for self-improvement and therefore may decrease subjective wellbeing. In contrast, making an upward social comparison may decrease subjective wellbeing because of the frustration experienced in relation to the need for self-enhancement. The same upward comparison may enhance subjective wellbeing because the person may be able to meet the needs of self-identification and self-improvement.

Can social comparison judgments be made in ways that *consistently* generate subjective wellbeing? This can be achieved if one chooses to engage in upward social comparisons that can satisfy both the needs of self-identification and self-improvement with very little decrements of subjective wellbeing resulting from failing to satisfy the need for self-enhancement. But at the same time, the person can compensate for any decrement of subjective wellbeing from failure to satisfy the need for self-enhancement by engaging in related downward social comparisons.

Consider the following example. Tiffany is a physiological psychologist (neuroscientist) who has been doing important research on Alzheimer's. Her research has received much attention, and she feels that she is well-recognized by her peers in the scientific community. Her aspirational group is the highly renowned and distinguished scientists in her field. She compares her level of distinguished research with the credentials of the highly successful people in her profession, and she feels good because she identifies with them. She is well-accomplished but did not receive the highest honors and distinctions she hopes to earn eventually. Hence, there is room for improvement. She feels proud being a neuroscientist. She feels proud being connected with an elite group of scientists making important breakthroughs and helping discover ways to control and possibly cure Alzheimer's. Hence, her subjective wellbeing is enhanced through satisfying both needs for self-identification and self-improvement. She compares herself with her graduate students who are trying hard to become what she is already. This is a downward comparison adding to her sense of subjective wellbeing. In this situation, subjective wellbeing is maximized by satisfying the three needs (self-enhancement, self-improvement, and self-identification) *conjointly*.

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Part IV

Life Domains and Effects on Wellbeing

This part of the book explores the concept of subjective well-being from a life domain perspective. In this part of the book, I will attempt to sensitize the reader to the many theoretical concepts involving domain satisfaction (Chap. 16). Doing so should help the reader grasp a better appreciation of the discussion in the context of specific life domains such as work well-being, material well-being, residential well-being, social/family/marital well-being, leisure well-being, etc. The remaining portion of Part IV focus on describing the research literature in work well-being (Chap. 17), residential well-being (Chap. 18), material well-being (Chap. 19), social/family/marital well-being (Chap. 20), health well-being (Chap. 21), leisure well-being (Chap. 22), and well-being in other salient life domains such as spiritual life, political life, national life, educational life, and sex life (Chap. 23).

Chapter 16

Effects of Domain Dynamics on Wellbeing



The purpose of our lives is to be happy.

—Dalai Lama (<https://parade.com/937586/parade/life-quotes/>)

16.1 Introduction

In this chapter, I will examine the research on how judgments of life satisfaction are influenced by judgments of satisfaction in specific life domains. In other words, people tend to segment their life experiences in specific spheres or domains. Wellbeing researchers have identified a myriad of life domains, which are thought to be relevant to overall life satisfaction. Examples of these life domains include health and safety, family life, standard of living, social relationships, leisure life, work life, love life, residential life, self-worth, and educational life. As such, affect related life experiences in those life domains are captured through judgments of what wellbeing researchers call “domain satisfaction.” Satisfaction with life domains do not only influence overall life satisfaction but also each other. In other words, there are complex interactions among satisfaction with different life domains. I refer to these interactions as “domain dynamics.” As such, I will discuss several theories that can help the reader better understand the psychology of domain dynamics and how these dynamics influence wellbeing and positive mental health. These theories include bottom-up spillover, horizontal spillover, segmentation, compensation, balance, detraction, and role conflict. However, before we delve into discussing these theories, let us first review the research on how people segment their emotional experiences in life domains.

16.2 Life Experiences Are Segmented in Life Domains

Andrews and Withey (1976) and Campbell, Converse, and Rodgers (1976) are the main proponents of the life domain approach to the study of quality of life. For example, Andrews and Withey used multiple regression to predict subjects life

Table 16.1 Domains of life concerns

Campbell et al. (1976)	Andrews and Withey (1976)
• Non-working activities • Family life • Standard of living • Work • Marriage • Savings and investments • Friendships • City or county • Housing • Amount of education • Neighbourhood • Life in the U.S. • Usefulness of education • Health • Religion • National government • Organisations	• Life in the U.S. today • National government • local government • economic situation • community • Services and facilities • Education • Jobs • Neighbourhood • Friends and associates • Home • Leisure and leisure-time activities • Family • Self • Interpersonal relations

Source: Adapted from Day (1987)

satisfaction scores (“How do you feel about life as a whole?” with responses captured on a 7-point delighted-terrible scale). They found that satisfaction with various life domains (see Table 16.1) explained from 52- to 60% of the variance.

Bowling (1995) surveyed the views of the general public by asking respondents to rate the importance of various life domains. The results of the study show that relationships with family and relatives to be the most important, followed by health, the health of their significant others, and financial situation, in that order.

Rogerson, Findlay, Paddison, and Morris (1996) conducted a nationwide survey of public opinion concerning environmental issues that have an impact on QOL. Part of the survey involved asking respondents to rank the importance of various life domains. The results show the following ordering (from the most to the least important):

- Crime, both violent and non-violent,
- Health services,
- The environment (including pollution, access to scenic areas, and the climate),
- Housing (cost and quality of housing),
- Racial harmony,
- Educational facilities,
- Employment prospects (including wages and commute time),
- Unemployment,
- Cost of living, and
- Shopping, sports, and leisure facilities.

Based on a synthesis of the health related quality-of-life literature, Schalock (1996) was able to identify life domains that seem to play a significant role in subjective wellbeing. These are:

- Emotional and psychological wellbeing (i.e., safety, spirituality, happiness, contentment, freedom from stress),
- Interpersonal and social relationships (i.e., family wellbeing, friendships, intimate relationships, supportive network),
- Material wellbeing (i.e., income, financial security, material possessions, savings and investments, meeting basic needs such as food and shelter),
- Personal development (i.e., competence, educational attainment, purposeful activities, mastery, effectance, achievements and goal attainment),
- Physical wellbeing (i.e., health and wellness, nutrition, physical exercise, sports and recreation, activities related to daily living),
- Social development (i.e., inclusion in the community, volunteering activities, charity, neighborhood cohesion), and
- Civic duties and rights (i.e., privacy rights, voting rights, right to due process, right to ownership of property, and civic responsibilities).

Instruments developed by the WHOQOL Group (1998, 2004, 2006) use the following 11 life domains:

- work,
- family,
- standard of living,
- interpersonal relationships,
- health,
- personal growth,
- spirituality/religion,
- society issues,
- community issues,
- leisure, and
- life in general.

Cummins (1996) identified 1500 articles related to life satisfaction and investigated the life domains that these authors have focused on. All together, Cummins selected 32 studies using at least two screening criteria: the article has to have at least three domains representing quality of life, and the article has to have a detailed description of the measures used and average scores of each domain. These studies collectively named 351 different domain names. Using factor analytic techniques, Cummins was able to identify seven major key domains that accounted for a majority of the variance. These are:

- material wellbeing,
- health,
- productivity,
- intimacy,
- safety,
- community, and
- emotional wellbeing.

Table 16.2 Domain effects for workers versus non-workers

Domain satisfaction	Workers	Non-workers
Work wellbeing	0.112	–
Economic wellbeing	0.064	0.087
Housing wellbeing	0.041	0.057
Health wellbeing	0.102	0.166
Leisure-use wellbeing	0.109	0.237
Leisure-amount wellbeing	0.036	–0.025
Marital wellbeing	0.071	0.068
Social wellbeing	0.116	0.187

Source: Adapted from Van Praag and Ferrer-i-Carbonell (2008)

He identified 56 domains that did not load on the seven major factors and then concluded that the question of the number of domains remains unanswered.

In their recent book, *Well Being: The Five Essential Elements*, Rath and Harter (2010) of the Gallup organization report the five most important life domains that impact wellbeing the most are:

- career life,
- social life,
- financial life,
- physical/health life, and
- community life.

These findings are based on “hundreds of questions across countries, languages, and vastly different life situations” (p. 5). Career wellbeing is about how a person occupies his or her time or simply what that person likes what they do every day. Social wellbeing is about strong relationships and love in a person’s life. Financial wellbeing is about effectively managing one’s economic situation and personal finances. Physical wellbeing is about having good health and enough energy to get things done on a daily basis. Finally, community wellbeing is about the sense of engagement one has with the area he or she resides.

Van Praag and Ferrer-I-Carbonell (2010), in a review special issue of *Foundations and Trends in Microeconomics*, addressed the aggregation of domain satisfaction in relation to life satisfaction. That is, how do domain satisfactions affect life satisfaction? The following results are presented in the book authored by Van Praag and Ferrer-I-Carbonell (2004, 2008) on *Happiness Quantified*. These results indicate that for working people the sense of wellbeing (domain satisfaction) in relation to work is equally important to social wellbeing, which is closely followed by health wellbeing and leisure-use wellbeing. For non-workers (i.e., students, retired people, housewives, and the unemployed), too much leisure may be detrimental to life satisfaction (see Table 16.2).

16.3 Life Domain Theories of Wellbeing

In this section, I will discuss several life domain theories that have played key roles in explaining many study findings. These are bottom-up spillover, horizontal spillover, segmentation, compensation, balance, detraction, and role conflict.

16.3.1 *Bottom-up Spillover Theory*

Bottom-up spillover is the spillover of affect from subordinate life domains to superordinate ones, specifically from life domains such as leisure, family, job, and health to overall life. That is, feelings within a given life space within the overall hierarchy of life experiences (captured subjectively as cognitions) spill vertically from bottom (most concrete cognitions) to top (most abstract cognitions).

Things happen to people, both positive and negative. They get divorced; they experience death in the family; they find themselves in financial debt; etc. These are examples of negative life events. With respect to positive life events, they may fall in love; they get promoted at work and get a raise; their grown-up children fall in love and get married. And so on! Positive life events, of course, produce positive affect; and conversely, negative life events produce negative affect. Positive and negative affect related to these life events influence subjective wellbeing.

There is some evidence suggesting that certain events may cause lasting positive effects. For example, evidence shows that plastic surgery may have long-lasting effects on psychological wellbeing (e.g., Rankin, Borah, Perry, & Wey, 1998). Divorce (Lucas, 2005), unemployment (Lucas, Clark, Georgellis, & Diener, 2003), and the onset of long-term disability (Lucas, 2007) are all related to changes in life satisfaction.

Based on a review of the literature, Diener (2009) concluded that studies have shown that life events do influence subjective wellbeing. Good events are related to positive affect, and bad events are related to negative affect. There is also evidence that one's ability to control life events may amplify or deamplify the influence of these events on subjective wellbeing. In other words, if people feel responsible for the good events that happen to them, they may experience higher levels of subjective wellbeing than if they feel they have little control over these events.

Satisfaction with a given life domain is determined by satisfaction with one's concerns in that domain. For example, it can be postulated that satisfaction with the material life domain is determined by satisfaction with the monetary value of one's house, car, furniture, clothing, savings, jewellery, accessories, etc. A person's evaluation of these dimensions of the material domain (and/or the direct experience of positive and/or negative affect) can be viewed as satisfaction/dissatisfaction with life conditions or concerns within the material life domain. The hierarchy model of life satisfaction thus argues that satisfaction with overall life is determined by

Table 16.3 Ferrans and powers quality-of-life index

This index involves asking respondents to report their degree of satisfaction ("How satisfied are you with?") with the following life domains and experiences:

- "Your relationship with your spouse,"
- "Your friends,"
- "Your standard of living,"
- "Your ability to meet non-financial family responsibilities,"
- "Your usefulness to others,"
- "Amount of non-job stress or worries in your life,"
- "Your financial independence,"
- "Your leisure time activities,"
- "Your achievement of personal goals,"
- "Your happiness in general,"
- "Your health,"
- "Size of the city in which you live in,"
- "Your religious life,"
- "Your family's happiness,"

Responses are recorded on a six-point scale varying from "very dissatisfied" to "very satisfied." The Quality-of-Life index is computed by average the satisfaction ratings across all life domains.

Source: Adapted from Ferrans and Powers (1985)

satisfaction with the major life domains. Satisfaction with a given life domain is determined by satisfaction with the life conditions/concerns within that domain.

Thus, bottom-up spillover implies that subjective wellbeing can be increased by allowing positive life domains to spill over positive affect unto the most superordinate domain (overall life). The positive affect accumulates in life domains as a direct function of satisfaction of human development needs.

Before we become immersed in the description of bottom-up spillover theory, the reader may appreciate a measurement example. Respondents are typically asked to rate their overall satisfaction with various life domains (e.g., leisure, work, family, finances, housing, among others). After which they are asked to rate their satisfaction with life overall.

Here is a description of selected popular measures of quality of life employing life domains and is guided by the theory of bottom-up spillover. The Quality of Life Index was developed by Ferrans and Powers (1985) and used in several of studies (e.g., Lewellyn & Wibker, 1990). See Table 16.3.

The Quality-of-Life Inventory (Frisch, 1992, 1993, 1994a, 1994b, 1998) has 16 dimensions of life satisfaction: Health, Self-esteem, Goals-and-values, Money, Work, Play, Learning, Creativity, Helping, Love, Friends, Children, Relatives, Home, Neighborhood, and Community. Life satisfaction is defined as how one feels one's most important needs, goals, and wishes are being met in important life domains. Operationally speaking, an overall life satisfaction is computed as the sum of satisfactions in important life domains. That is, for each domain the satisfaction score is multiplied by an importance weight. The weighted domain satisfaction scores are then summed and divided by the sum of the weights.

Another example of a measure of domain satisfaction is the ComQuality of life-A5 (Cummins, 1993, 1996, 1997a, 1997b; Cummins, McCabe, Romeo, & Gullone,

1994). Quality of life is captured in subjective terms. Each subjective axis is composed of seven life domains: material well being, health, productivity, intimacy, safety, place in community, and emotional well being. The measurement of each subjective wellbeing domain is accomplished through a composite satisfaction score of that domain weighted by the perceived importance of that domain. Thus, a total subjective summing the product of domain satisfaction scores weighted by perceived importance. Internal consistency tests have shown that the objective, importance, and satisfaction subscales have satisfactory reliability. Test-retest correlations (5-month interval) have been reported to be satisfactory too.

Domain satisfaction ratings are typically treated as independent variables (predictors) whereas life satisfaction is treated as the dependent variable (criterion). See examples of measures the life satisfaction as the dependent variable in the appendix section at the end of the book. However, for the sake of convenience here is one example. The European Social Values Survey is nationally representative across 20 European countries. It employs the following item: “All things considered, how satisfied are you with your life as a whole?” The response scale is a 10-point rating scale ranging from “Dissatisfied” to “Satisfied.”

The concept of bottom-up spillover has been used by wellbeing researchers to explain the effects of certain domain satisfaction on overall life satisfaction (e.g., Campbell et al., 1976; Diener, 1984; Diener, Suh, Lucas, & Smith, 1999; Efraty, Sirgy, & Siegel, 2000; Neal, Sirgy, & Uysal, 1999; Sirgy, Hansen, & Littlefield, 1994; Sirgy et al., 1998; Sirgy, Lee, Larsen, & Wright, 1998; Sirgy, Mentzer, Rahtz, & Meadow, 1991; Sirgy, Rahtz, Cicic, & Underwood, 2000). The argument is that subjective wellbeing can be explained and predicted from the various global feelings one has in relation to the different life domains. For example, one person may feel happy with life because he is mostly happy with what is important to him such as his health, job, family, friends, community, and material possessions.¹

Many studies in wellbeing have empirically demonstrated the vertical bottom-up spillover effect between satisfaction with specific life domains and overall life (e.g., Chen, Ye, Chen, & Tung, 2010; Gonzalez, Coenders, Saez, & Casas, 2010; Wu & Yao, 2007). Diener (1984), in his classic literature review article that has cited widely, concluded that subjective wellbeing is mostly determined by subjective satisfaction from the various life domains. In commenting on Campbell’s (1981) seminal study, he stated the following:

... the highest correlation was satisfaction with self (.55), suggesting that people must have self-esteem to be satisfied with their lives. Satisfaction with standard of living and with family life were also highly correlated with life satisfaction, whereas the correlation for satisfaction with work was moderate (.37), and satisfaction with health and community were somewhat lower (.29). (Diener, 1984, p. 552)

¹Tversky and Griffin (1991) have used the concept of “endowment effect” to refer to the positive affect resulting from a social judgment influence subjective wellbeing—a concept comparable to spillover.

To better understand the psychological dynamics involved in bottom-up spillover, we need to discuss the role of domain salience and the positivity bias. With respect to *domain salience*, the theory posits that bottom-up spillover occurs as a direct function of domain salience. Specifically, domains that are highly salient are those that impact other domains by inducing spillover, thus influencing the affect in other domains. To reiterate, a particular life domain (e.g., material, health, job, community, family, or leisure) may vary in salience in relation to other life domains. For some people, a particular life domain may be highly salient, while for others the same domain may be low in salience. The higher the salience of a domain, the more emotionally involved the person is in that domain. Emotional reactions to outcomes and events in that domain are likely to be experienced much more intensely than similar outcomes and events in other less-salient domains. Thus, affect in salient life domains is more likely to spill over, contributing more to subjective wellbeing than affect in less salient domains.²

Now let us go through the compositional logic of this argument. Subjective wellbeing is likely to be most affected by the spillover of affect in one domain than by affect from other life domains, *given that the domain in question is highly salient*. For example, materialistic people (those who are emotionally involved in the world of shopping and material goods) are likely to experience a high level of subjective wellbeing if they accumulate sufficient positive affective experiences in the material life domain. Conversely, materialistic people are likely to feel unhappy if they accumulate negative experiences in their material domain. Here is suggestive evidence of this argument:

- Oishi, Diener, Suh, and Lucas (1999) found students with high achievement values felt “better” on days when they did well in school, and students with strong social values felt “better” on days when they had a more satisfying interpersonal life. In other words, students with achievement values are those who are emotionally involved with education and work. These students felt quite satisfied when they did well in school because their achievement values magnified these feelings of satisfaction. Students with interpersonal values also felt

²A large-scale annual survey of incoming college freshman has been conducted by the Cooperative Institutional Research Program at the UCLA Higher Education Institute and the American Council of Education (Pryor, Hurtado, DeAngelo, Blake, & Tran, 2009). The survey covers twenty life goals that respondents are asked to rate their importance on a scale: “essential,” “very important,” “somewhat important,” and “not important.” Example of these life goals include “raising a family,” “being very well-off financially,” “helping others who are in need,” “adopting green practices to protect the environment,” and “developing a meaningful philosophy of life.” “Being very well-off financially” ranked highest as a life goal with 77 percent of the freshman indicating that it is either “essential” or “very important” in 2010 compared to 60 percent indicating the same in 1975. In other words, the importance of material (economic or financial) wellbeing seems to be rising significantly in the U.S. In contrast, the perceived importance of the life goal of “developing a meaningful philosophy of life” (spiritual wellbeing) took a nosedive from 82 percent in 1975 to 51 percent in 2010.

highly satisfied on days when they interacted successfully with others. The interpersonal values served to magnify those feelings considerably.

- LaBarbera and Gurhan (1997) found that income's positive relationship with subjective wellbeing increases as people become more materialistic. Obviously, materialistic people place more importance on income than non-materialistic people.
- One study has found that married women are happier than married men and unmarried people in general. This is because women rate the quality of marriage as more important than men do.
- Steiner and Truxillo (1989) conducted a study that showed that job satisfaction and life satisfaction are more strongly correlated among employees with higher work involvement than those who are not emotionally invested in their work.
- Diener and Diener (1995) found that financial satisfaction is a stronger predictor of life satisfaction in poor nations than in wealthy ones. Conversely, self-esteem is a stronger predictor of life satisfaction in the developed than the developing countries. Again, the explanation here is that income and financial security is more important to people in the developing than in the developed countries. Similarly, the focus on the self is more important to people in the developed than developing countries.

Although evidence exists related to the moderating effect of domain salience on the relationship between domain satisfaction and global life satisfaction, there is also evidence suggesting that measures of domain salience do not add much to the overall variance in global satisfaction. For example, Russell, Hubley, Palepu, and Zumbo (2006) evaluated the contribution of domain salience using data employing the Injection Drug User Quality of Life Scale. Overall, the results revealed that the weighted domain satisfaction scores did not do any better than the unweighted satisfaction scores in predicting overall life satisfaction. Furthermore, and quite interestingly, the analysis suggested that domain salience ratings do somewhat better in predicting overall life satisfaction than satisfaction ratings. Hmm! Strange! The issue of the relationship between domain satisfaction and domain salience has been a hot topic in recent years. For a recent literature review of this topic see Sirgy, Lee, Park, Joshanloo, and Kim (2020), Hseigh, Li, and Lyu (2020), and Ajlani, van Ootegem, and Verhofstadt (2020).

With respect to the *positivity bias*, Cummins, Eckersley, Pallant, van Vugt, and Misajon (2003) have argued and presented evidence suggesting that there is a positivity bias in life domain evaluations. People are motivated to evaluate their life overall in positive terms. They are motivated to enhance or at least maintain a positive view of themselves. This positivity bias has been well documented in the social cognition literature. One example of a program of research supporting this point of view is the work by Tesser, Pilkington, and McIntosh (1989) on *self-evaluation maintenance*. The self recognizes good performance in many areas, but also it aspires to improve in only few areas. Therefore, self-evaluations of one's performance are usually positive. Negative self-evaluations tend to be limited to

non-valued areas of one's life, thus becoming less threatening to the need for self-esteem.

This positivity bias varies as a direct function of two factors: (1) the level of abstractness of the life domain, and (2) the level of the domain proximity to the self. With respect to the level of *abstractness*, consider the following three life domains—overall life, home life, and sex life. These three life domains do indeed vary in terms of the level of abstractness of the experiences housed within those domains. Overall life is most abstract because it is a life domain most superordinate in the domain hierarchy. Overall life contains affective experiences related to many other subordinate life domains (e.g., home life, work life, leisure life, and community life). Note that home life is subordinate to overall life. One can also argue that sex life may be a sub-domain under home life. That is, in the context of a family, experiences related to home life may involve family life, social life, neighborhood life, and sex life. Because sex life is subordinate to home life, which in turn is subordinate to overall life, it is more concrete than the other domains. Overall life is considered most abstract, while home life is somewhere in between.

Cummins and his colleagues theorize that the greater the abstractness of a life domain the greater the motivation to maintain a positive view of the self. This tendency leads people to rate their overall life most positive, but the positivity bias diminishes as the person rates life domains that are increasingly more concrete. That is, people are more likely to rate their sex life more accurately as a direct function of their actual experiences in that area than if they were to rate their home life and overall life. Again, the underlying motive is the need for self-esteem. It is easier to satisfy the need for self-esteem in rating abstract life domains because these domains are “less real”. The more concrete the life domains the more they become subject to reality checks. Thus, subjective wellbeing can be enhanced by evaluating abstract life domains, if these evaluations are anticipated to be positive. If the evaluations are anticipated to be negative, then the damage to subjective wellbeing can be minimized by diverting the evaluation to concrete domains.

Cummins and his colleagues have also argued that life domains also can vary in relation to their proximity to the self. Some life domains are close to the self (e.g., overall life, health life, sex life, work life, and leisure life), whereas other domains are distal from the self (e.g., community life, life in the greater community or region, life in the state or province, life in the country, and so forth). The positivity bias applies more to evaluations of life domains proximal to the self and less to domains distal from the self. In other words, people are motivated to evaluate their overall life positively but “call it as they see it” in relation to their evaluations of their community life, life in their state or province, life in their country, and so forth. The underlying motive is *self-enhancement* (i.e., the need for self-esteem). Negative evaluations of one's life in the community (distal life domain) are less threatening to the self than negative evaluations of one's overall life (proximal life domain). Thus, subjective wellbeing can be enhanced by evaluating life domains proximal to the self if these evaluations are anticipated to be positive. If the evaluations are anticipated to be negative, then the damage to subjective wellbeing can be minimized by evaluating domains distal to the self.

16.3.2 *Horizontal Spillover Theory*

Horizontal spillover refers to the effect of satisfaction or dissatisfaction of one domain on a neighboring domain. For example, work satisfaction or dissatisfaction spills over in the family domain thus affecting satisfaction or dissatisfaction with family life.

There is much evidence in the wellbeing literature to suggest that affect in one life domain does indeed influence affect in another domain that is not superordinate or subordinate to it but is on the same plane in the overall hierarchy of life domains and concerns. For example, we may address the spillover between the material domain and the family domain, between the family domain and the job domain, and so on. The family, job, and material domains are subordinate to the most superordinate domain of all, namely life overall. Within the family, material, and job domains, we may have sub-subdomains referred to as *life events*.

Here is an example of horizontal spillover as offered by Wilensky (1960) in his classic work on spillover, compensation, and segmentation:

...the Detroit auto-worker, for eight hours gripped bodily to the main line, doing repetitive, low-skilled, machine-paced work, which is wholly ungratifying, goes quietly home, collapses on the couch, eats and drinks alone, belongs to nothing, reads nothing, knows nothing, votes for no one, hangs around the home and the street, watches the "late-late" show, lets TV programmes shade into one another, too tired to lift himself off the couch for the act of selection, too bored to switch the dials. In short, he develops a spillover leisure routine in which alienation from work becomes alienation from life; the mental stultification produced by his labour permeates his leisure. (p. 544)

Horizontal spillover can be either positive or negative. Positive spillover involves the influence of positive affect from one life domain unto another (e.g., Greenhaus & Powell, 2006; Ilies, Wilson, & Wagner, 2009), and the converse applies to negative spillover.

Here is some suggestive evidence concerning the horizontal spillover effect from wellbeing studies:

- Shepard (1974) has shown that work satisfaction/dissatisfaction can spill over to the leisure domain affecting involvement and satisfaction in that domain.
- Wilson (1967) reviewed studies dealing with the spillover between work and leisure and concluded that satisfaction from work tends to spillover to the leisure domain, affecting satisfaction in that domain (cf. Furnham, 1991).
- Kremer and Harpaz (1982) were able to demonstrate support for horizontal spillover between work and leisure in retired people. Leisure patterns of activities had semblance to their previous work patterns.
- Lacy, Hougland, and Shepard (1982) have demonstrated a moderately positive relationship between job satisfaction and satisfaction in non-work domains such as family, friends, marriage, hobbies, and place of residence.
- Diener and Larsen (1984) were able to demonstrate the effect of horizontal spillover across a variety of life domains. For example, they found that average levels of pleasant affect in work situations correlated highly and positively with

average moods in recreation situations, and average levels of negative affect in work situations correlated highly and positively with average mood levels in recreation situations.

- Crouter (1984) was able to demonstrate a spillover effect from the family domain to the work domain, particularly for mothers of young children.
- Shamir (1986) showed that the unemployed reduce their activities in many other life domains, i.e., that the effect of dissatisfaction arising from unemployment spills over to other life domains.
- Similarly, positive relationships between work and nonwork were demonstrated by Edwards and Rothbard (2000), Frone, Yardley, and Markel (1997), Greenhaus and Powell (2006); Ilies et al. (2009), Karasek (1979), Lipset, Trow, and Coleman (1956), Safilios-Rothschild (1970), Seppanen (1958; cited in Allardt, 1976), and Staines and Pagnucco (1977).

Let us now turn to the literature that helps us better understand the conditions under which horizontal spillover is likely to take place. These conditions include overlap, high involvement, skills and abilities, and cultural norms and pressures.

With respect to *overlap*, Staines (1980) has argued that horizontal spillover may occur under conditions in which the individual is highly involved in the two life domains (e.g., work and family). High involvement in the two domains (in which affect in both domains spillover on each other) may occur when there is significant overlap between the two life domains in terms of time, place, people, and activities.

For example, suppose we have a family in which the husband and wife are professors at the same university, the same department, and collaborating together on joint research projects. In this case, their family life overlaps significantly with their work life. They share the same activities, they have the same colleagues, and they work at the same place, and so on. This overlap between the two life domains facilitates spillover of affect (positive or negative) from one domain to the next.

Now suppose the husband professor was denied promotion at the university. He is likely to feel quite dissatisfied in his work life because of this significant negative event. Will this dissatisfaction spillover to his family life? Perhaps! This may be due to the association of his wife and family life with aspects of his work life.

The same principle applies to positive affect. If he gains his promotion, he is likely to feel quite happy with his work life, which in turn is likely to spillover to his family life.

Staines (1980) also has argued that horizontal spillover can be facilitated when the person has a personality that induces a high level of *involvement* in the two domains in question. Example of a personality trait that induces high level of emotional involvement in one or more life domains is *Type A personality*. Type A personality is described as the kind of person who is always on the go. This person juggles too many things at once. He thrives on a life full of stress. This personality type is related to higher incidence of coronary heart disease (e.g., Rosenman et al., 1966). People with such personalities are more likely to experience spillover among many of their life domains—work, leisure, family, health, social, etc. Of course, Type A personality is about stress. There are other personality traits that induce high

level of emotional involvement but reflect positive emotions. A good example is the *autotelic personality*. This is a personality trait that was coined by Mihaly Csikszentmihalyi (1997), the renowned psychologist who spoke so much about flow and zest for life. The autotelic personality is the kind of person who is usually totally absorbed with many things he or she does. Csikszentmihalyi maintains that this kind of person experiences *flow* more so than others. Autotelic people derive intrinsic satisfaction from the things they do. They are not motivated by extrinsic sources of satisfaction. For example, a worker is very involved with his job and excels at it. He is involved with the job not because the job pays well but because he finds the job challenging. He finds pleasure from mastering the job-related tasks. He is highly involved in his work life. He approaches his leisure life with the same level of intensity. He likes to master every game he plays and every sport he engages. He finds pleasure learning the rules of the game and beating his challengers. Because of his high level of involvement in both leisure and work, this person is likely to experience horizontal spillover between the work and leisure domains. Any affect (positive or negative) from either work or leisure life is likely to spill over in the other. The point here is that horizontal spillover is facilitated between two life domains if the person is emotionally engaged in these domains. A high level of involvement in the two domains precipitates spillover.

Another moderator identified by Staines (1980) is *skills and abilities*. Staines surmised that horizontal spillover is likely to increase when the skills and abilities in one life domain transfer over to another (cf. Meissner, 1971). For example, negotiations and bargaining skills learned at work are applied to the consumer domain. Thus, the person becomes a better bargain hunter in buying consumer goods as a direct result of learning those skills from work. Social skills learned in family life can transfer over to the work domain, enhancing the person's management skills. And so on. Note that the previous discussion of overlap focused on overlapping situations and roles. Here we have a semblance of "overlap" too, but the nature of overlap is related to skills and abilities.

Another moderator is *cultural pressure*. Cultural pressure is a concept that signals the extent to which society socializes people to either segregate life domains or conjoin them. Dubin (1956, 1973, 1976) argued that many people segregate the various domains in their lives. That the present structure of society encourages the segregation of work from other major institutions. That is, they segment their feelings in one domain from their feelings in another. In a cross-cultural study comparing Japanese workers with workers from the U.S., Near (1986) has shown that American workers are more likely to segment their work domain from other non-work domains. In contrast, the Japanese workers do not segment their attitude toward work from their attitude about other aspects of their lives. Staines (1980) hypothesized that horizontal spillover can be predicted under conditions in which cultural pressures in one life domain induces the person to become highly involved in another domain. For example, corporate executives who are highly involved in their work life may become equally involved in social activities. Their job requires them to socialize with colleagues outside of work to foster a sense of collegiality. Many corporate executives pride themselves on negotiating their finest deals in

social settings (e.g., on the golf course) (Levinson, Price, Munden, Mandl, & Solley, 1962).

More recently, in a study by my colleagues and me (Sirgy, Kim, Joshanloo, Lee, & Bosnjak, 2020), we identified *coping* as a moderator. Specifically, the study examined the moderating role of coping strategies in relation to work-family spillover and subjective well-being. We hypothesized that work-family spillover has a predictive effect on work and family domain satisfaction, which in turn are positively predictive of subjective well-being. We also hypothesized that the effect of negative work-family spillover on life domain satisfaction is mitigated with problem-focused coping strategies more so than emotion-focused coping strategies. Problem-focused coping involves direct efforts to modify the problem causing the distress. Examples of problem-focused coping strategies include coping strategies such as positive reinterpretation (e.g., looking for something good in a negative event; seeing the event in a different light to make it more positive), active coping (e.g., initiating direct action; taking action to try to get rid of the problem), and planning (e.g., making a plan of action; thinking about how to handle the problem). In contrast, emotion-focused coping is directed toward regulating affect produced from a stressful experience. Although there are adaptive emotion-focused coping strategies including support seeking and restraints, our study focused on mal-adaptive forms of emotion-focused coping such as venting of emotion (i.e., letting the negative emotions out), denial (i.e., refusal to believe in what is happening), and behavioral disengagement (i.e., reducing one's effort to deal with the stressor, or even giving up the attempt to attain the target goal that has caused the stress to begin with). We tested these hypotheses using data collected through a large survey of a representative sample of American adults and the results were supportive of the hypotheses.

16.3.3 Segmentation Theory

Much evidence exists suggesting that people segment their affective experience in various life domains, and they create impermeable walls around those domains. Doing so protects the integrity of positive life domains from being affected by possible spillover of negative affect from neighboring life domains. For example, a person who experiences much adversity at work (e.g., work demand is causing too much stress) segments the negative affect in the work domain to prevent spillover to family life.

Research by Lucas, Diener, and Suh (1996) has demonstrated that the global category of happiness is composed of separable wellbeing variables (e.g., work satisfaction, home satisfaction, and life satisfaction). These variables sometime move in different directions over time (cf. Scollon & Diener, 2006).

16.3.4 Compensation Theory

People are motivated to optimise their subjective wellbeing. To do so, they manipulate the salience of life domains. When they feel dissatisfaction in one life domain, they deflate the importance of that domain and inflate the importance of other life domains in which they have experienced satisfaction. Doing so prevents the overall loss of satisfaction, thus reducing the possibility of sliding into depression. Therefore, experiencing satisfaction in one life domain *compensates* for the lack of satisfaction in another (Wilensky, 1960).

In certain philosophical and religious traditions, advice about well being is offered that appears to be designed to reduce the intensity of one's emotions, especially emotions such as anger, shame, sadness, and guilt. For example, mental detachment from the world is recommended in some religious traditions (e.g., Hindu) to dampen one's unpleasant emotions. Philosophical traditions such as stoicism also recommend thinking in a certain manner to protect oneself against adversity. This mental detachment or guarding oneself against adversity can be understood and appreciated as compensation.

Suggestive evidence of the compensation effect can be described as follows:

- Miller and Weiss (1982) have effectively argued that people sometimes compensate for work deficiencies through leisure activities. For example, they found evidence that people in low-status jobs tend to compensate by *stressing the importance* of prize winning in leisure activities related to organised league bowling (cf. Shepard, 1974). They did this more so than people with high-status jobs to compensate for their lack of satisfaction at work (cf. Furnham, 1991; Staines, 1980).
- Best, Cummins, and Lo (2000) have conducted a study on the quality of rural and metropolitan life and found that both groups report equivalent levels of life satisfaction. However, metropolitan residents reported more satisfaction with family and close friends, while farmers reported more satisfaction with the community and productivity. The authors explained this finding by suggesting that life satisfaction is maintained through *domain compensation*. That is, decreases in satisfaction in one domain are compensated by increases in satisfaction in another.
- Another type of evidence supporting the compensation effect is the significant correlation between domain satisfaction and domain importance. Domains in which people express high levels of satisfaction are likely to be treated as more salient than domains with low satisfaction (or dissatisfaction). Thus, people jack up the salience of domains they feel satisfied in and jack down the salience of domains they feel dissatisfied in. Scott and Stumpf (1984) conducted a study of this sort. They collected data on subjective wellbeing, domain satisfaction, and domain importance using a population of immigrants to Australia. The data clearly revealed a pattern of correlations in which most domain satisfaction scores were significantly correlated with their corresponding domain importance scores—friendship, material possessions, family recreation, and nation.

- Research in social psychology has shown that the things that people are not proficient at are perceived as less important than the things that they are proficient at (e.g., Campbell, 1976; Harackiewicz, Sansone, & Manderlink, 1985; Lewicki, 1984; Rosenberg, 1979).
- Wu (2009) attempted to capture this compensation effect by developing an index that reflects the correlation between have-want discrepancy scores from 12 different life domains and perceived importance scores of these domains—a correlation coefficient at the individual level. Individuals who engage in compensation are those who perceive life domains that they feel more satisfaction to be more important than others. Wu calls this compensation phenomenon the “shifting tendency.” Correlations between the *shifting tendency* and global life satisfaction (as well as domain satisfaction scores) were positive suggesting that the shifting tendency may be a strategy that enhances quality of life.

Now let us focus on moderating factors that influence the compensation effect. In other words, there are certain conditions that make the compensation effect more likely. Examples include repeated failures, low versus high status, personal crises, public conditions, fixed sum of resources, and needs.

There is much evidence that suggests that compensation occurs when a person *fails repeatedly* in a given domain. To cope with this failure, he de-emphasizes the goals in the failure domain and refocuses on other goals in other domains. Pyszczynski (1982) has effectively argued (and empirically demonstrated) that when a person fears failure, he may convince himself that the goal is less important (or less desirable) than he originally thought. The same point has been made by research in cognitive evaluation theory (Deci & Ryan, 1984). Research in accounts theory lends support to the compensation effect under significant or repeated failure conditions. For example, Tedeschi and Riess (1981a, 1981b) have argued that when people engage in action producing negative consequences, these people try to *justify* their action by arguing that the consequences are not as negative as some may claim. And conversely, when people engage in action producing positive consequences, they try to *enhance* these actions by magnifying the positivity of the consequences. Account researchers refer to these strategies as justification and enhancement strategies that protect and enhance the person’s self-esteem.

Another moderator of the compensation effect is *high versus low status*. From research in sociology, a good deal has been written on variations in self-esteem in blacks. The research shows that blacks have slightly higher self-esteem than whites (Jacques & Chason, 1977; Rosenberg & Simmons, 1972; Taylor & Walsh, 1979; Yancey, Riggsby, & McCarthy, 1972). This counterintuitive finding has generated theoretical speculation. Rosenberg and Simmons (1972) proposed a *value selectivity explanation*. This explanation asserts that a minority individual devalues the domain in which he has low status and places greater value on the domain that allows him to have high status (see Gecas, 1982; Porter & Washington, 1979, for a review of this literature). Doing so allows blacks to generate greater positive self-evaluations than whites. For example, a black woman may perceive that leaders within her community advocating togetherness, solidarity, and justice are people who demand respect

and have social status. She decides to strive to become a community leader. Doing so allows her to evaluate herself more positively than before. This personal striving results in greater self-esteem and an enhanced sense of subjective well-being.

Another moderator is *personal crises*. From personality-clinical psychology, several researchers have addressed issues related to adaptive change given personal crises. For example, Bulman and Wortman (1977) and Taylor (1983) have argued that people may cope with personal crises by decreasing the importance or desirability of the goals and expectations that were dominant before the crises. This is a cognitive strategy that may reduce the negative affect associated with the crisis.

Public versus private conditions is another moderator. Research in compensatory self-inflation theory suggests that people may compensate for their failure experiences in one domain by decreasing the relative salience of that domain and increasing the salience of success domains; and this tendency is more evident in public than private conditions (Baumeister & Jones, 1978; Frey, 1978; Greenberg & Pyszczynski, 1985). That is, people try to look good in the eyes of others. When they fail in an important event, they explain that failure to those who have witnessed the event by deflating the importance of that event. On the other hand, if they succeed, they carry on by highlighting the importance of that event to others. This *compensatory self-inflation* is less evident when these life events are experienced privately, i.e., the events are not witnessed by others.

Another moderator that may make people compensate between life domains is *resources*. People have a limited amount of resources such as time and energy. If they fail in one domain (e.g., work), they may decide to allocate their energies elsewhere (e.g., family). These resources once spent can further accentuate the compensation effect. That is, the compensation effect becomes more evident in situations in which compensation entails expenditure of personal resources. Since personal resources (e.g., time, energy, and money) are usually limited, people allocate these resources in domains they are likely to derive satisfaction from (cf. Clark, Nye, & Gecas, 1978). For example, consider two college students who declared their major in cinematography, one rich and one poor. The rich student has more financial resources than the poor person, by definition. This is the first semester in the junior year. They took a class in film making. All students were required to finance their film making efforts in that class. The rich student asked her parents for funding, which was provided to her with no if's and but's. The poor student had to work extra hours to raise the money for the film making project. Both students ended up with a failing grade in the class. The poor student decides to change her major. In contrast, the rich student decided to stick it out. What happened psychologically speaking? We can explain this situation through the moderating effect of fixed resources. The poor student drops out because her resources are quite limited. Indeed, she has exhausted her limited resources in this class and ended up failing the class. She cannot afford to continue with a major requiring her to expend additional resources she does not have. Consequently, she becomes highly motivated to resolve this situation with the minimum amount of emotional damage. She compensates by playing down the value of careers in cinematography. The rich student is less motivated to compensate because she has more resources. She can

afford to try out other classes in cinematography. Therefore, she hangs on to her major in cinematography—at least temporarily.

The final moderator we will discuss is *needs*. Compensation can take place more easily if the new more-salient domain can satisfy the same needs of the domain made less salient (cf., Meissner, 1971). For example, suppose that a person, call her Linda, has trouble with her marriage. For the last several years her relationship with her husband has been at an all-time low. Her husband, Tom, used to be her close friend and confidant. She misses the friendship, the companionship, and the laughter. She believes that her marriage cannot be salvaged. This is because Linda strongly suspects that he has a mistress. Sooner or later he will come to her asking for a divorce. Linda decided to get more involved with her church. She became involved in the church choir and consolidated her friendship with two choir members, Janice and Maggie. Now she socializes regularly with Janice and Maggie outside of church. She feels she has made good friends. She now enjoys her time with them, and her sense of humour has returned because of Janice and Maggie. She is still married to Tom, but they hardly interact anymore. They have finally discussed divorce, and he is planning to move out of the house soon. She does not feel bad about the divorce because that part of her life is no longer important. Her life at church, the church choir, and her friends compensated quite well for the dissatisfaction she experienced with her marriage to Tom. Note that Linda managed to *compensate* well because the same needs she was not able to satisfy in her marital life were effectively compensated in her church life.

Compensation does not have to occur only by changing domain salience. It occurs on many occasions through actual behavior. Consider the many seminal studies in I/O psychology that have documented the fact that involvement at work is negatively correlated with involvement in nonwork (e.g., Clark et al., 1978; Cotgrove, 1965; Fogarty, Rapoport, & Rapoport, 1971; Goldstein & Eichhorn, 1961; Haavio-Mannila, 1971; Haller & Rosenmayr, 1971; Rapoport, Rapoport, & Thiessen, 1974; Shea, Spitz, & Zeller, 1970; Walker & Woods, 1976). Other evidence suggests that individuals dissatisfied at work tend to increase their engagement in nonwork roles (e.g., Furnham, 1991; Shepard, 1974; Staines, 1980). For example, individuals in low-status jobs feel dissatisfied with their jobs. To compensate for this dissatisfaction, they become more involved in leisure activities (Miller & Weiss, 1982).

There is much evidence to suggest that the materialism (strength of financial aspirations) is negatively related to subjective wellbeing (see literature review by Richins & Rudmin, 1994; Roberts & Clement, 2007). That is, those who score highly on materialism measures report lower levels of subjective wellbeing, and vice versa (Ahuvia & Wong, 2002; Kasser & Ryan, 1993; Richins & Dawson, 1992; Sirgy, 1998). One explanation provided by Diener and Biswas-Diener (2009) is the notion of shopping therapy. Those who do not have close friends and other social resources tend to *compensate* by shopping. In other words, shopping becomes therapeutic.

16.3.5 Balance Theory

Balance theory dictates that subjective wellbeing can be enhanced by creating balance among the life domains (Sirgy & Wu, 2009). This means to experience a balance between positive and negative affect *within* and *between* life domains. Balance within a life domain is achieved by experiencing both positive and negative events. Positive events serve a reward function (i.e., goals are attained, and resources are acquired). In contrast, negative events serve a motivational function (i.e., these events lead the person to recognize problems and opportunities for further achievement and growth).

Balance between life domains is achieved through compensation. That is, increasing the salience of positive life domains compensates for negative life domains. And conversely, increasing the salience of negative life domains compensates for positive life domains. Increasing the salience of negative life domains motivates the individual to pay greater attention to that domain. Increasing the salience of negative life domains prompts the individual to engage in corrective action within these domains. The goal is to decrease the negative valence of beliefs related to one's evaluation of the totality of a negative life domain.

The adage of “Ying and Yang,” which is popular in East Asian cultures, is consistent with balance theory. The Ying and Yang concept posits that subjective wellbeing can be achieved by keeping a good balance between positive and negative emotions. The adage is to remain calm, undisturbed, and unaroused. Thus, the Ying and Yang is balanced between fulfilment of physical and spiritual needs. Kitayama and Markus (2000) report findings from Japan about correlations between positive and negative affect. These correlations were mostly positive and significant (in contrast to negative correlations among U.S. subjects). The authors explain that the East Asian culture dictates that positive events such as achievement and success may generate envy by others and criticism for “showing off.” Conversely, negative events may not be perceived as all “bad.” Negative events offer opportunity for learning and personal growth. Thus, one can argue that the notion of the Ying and Yang promotes balance *within* life domains. People are encouraged to seek balance in their lives by using the bad to create good; or simply accepting the good with the bad, the positive with the negative, and success with failure.

Diener, Ng, and Tov (2008) conducted a study involving a representative sample of the world to assess people's affect balance (positive versus negative affect) on the previous day and the various activities they have engaged in. The study found that the most popular activity that most people engaged in is socializing with family and friends. In this context, the study also found a decreasing marginal utility of this type activity. In other words, people do not pursue happiness by spending all their time engaging in most pleasant activities. They engage in activities that produce a mix of pleasant and unpleasant affect.

With respect to balance *across* life domains, there is some evidence suggesting that people are more satisfied with life when the source of the satisfaction derives from *multiple* life domains than a single domain. For example, Bhargava (1995)

conducted a study in which subjects were asked to discuss life satisfaction of others. Most subjects inferred life satisfaction of others as a direct function of their satisfaction in multiple domains. They calculated happiness by averaging the satisfaction across several important domains. Additional evidence comes from a study conducted by Chen (1996). This author found those who believe they will achieve some of their goals and receive satisfaction from multiple domains report higher levels of life satisfaction than those who do not believe that they will achieve these goals. Pomerantz, Saxon, and Oishi (2000) conducted a study related to the moderately balanced issue. They were able to show that people with more “very important” goals have higher life satisfaction than people whose goals were not as important. What does this mean? A person investing in fewer domains that are very important to him and succeeds in these domains is more likely to be a happier person compared to a person who either invests himself in too many life domains (with less important goals) or a person who invests himself exclusively in one life domain (with one overriding and very important goal).

The *multiple domains strategy* has several implications. First, the strategy implies that “putting all your eggs in one basket” may not be effective in enhancing subjective wellbeing. That is, one should not allow one or two life domains to overwhelm one’s satisfaction or dissatisfaction with life. It is best to be invested emotionally in several domains. Doing so allows one to compensate for the dissatisfaction of some domains with satisfaction of other domains.

Frisch (2007), chapters 3 and 4) has addressed the issue of “putting all your eggs in one basket” by recounting the story of a patient named Carol. Carol put all her energy into caring for her children. She did not do anything significant in terms of leisure and recreation. She hardly saw any adult friends, although her friends were very important at one point in her life. Frisch assessed Carol’s situation as putting all her emotional eggs in the one basket of family life. This is a dangerous strategy because if things go wrong in Carol’s family life, she is likely to feel depressed. And this is exactly what happened. She over invested herself in the family domain. To overcome this problem, Frisch’s recommends the use of the “happiness pie” and “vision quest” techniques. These techniques are methods to allow psychotherapy clients to establish some meaningful goals and priorities in their life. The therapist asks the client to draw a picture of his or her life in terms of a pie chart. Overall happiness is the pie composed of particular slices that make up overall happiness. Some slices are larger than others because they are more important. The therapist instructs the client to think about 16 areas of life, namely physical health, self-esteem, philosophy of life, standard of living, work, recreation, learning, creativity, helping activities, love relationship, friendships, relationships with children, relationships with relatives, home, neighbourhood, and community. The therapist then asks the client to “draw a picture of what areas seem to dominate your life most now. In other words, where is most of your time and mental energy going?” If the picture drawn turns out to be a pie with one or two life domains (e.g., work), then the therapist guides the client to do some soul searching and develop a new pie that reflects new priorities concerning what the client really wants out of life. Here the therapist is guided by the balance principle—the more balanced the pie the more

likely that the client can experience life satisfaction and happiness. The *vision quest technique* is used as a follow-up to the *happiness pie exercise*. The goal here is to clarify the client's goals and priorities in life. The client is instructed to go over each of the 16 life domains and identify goals the person would like to achieve during one's "limited time on earth." After doing so, the client is urged to select about five goals that are the most important lifetime goals. For example, Frisch cites how one client identified specific lifetime goals in the area of health, play and friendship, love, work, self-esteem, and spiritual life. He started out by admitting that the only life domain that really mattered was work, work, and more work.

Niven (2000) articulates good advice; he recommends: "don't let your entire life hinge on one element" (p. 71). He asserts:

Your life is made up of many different facets. Don't focus on one aspect of your life so much that you can't experience pleasure if that one area is unsettled. It can become all you think about, and it can deaden your enjoyment of everything else—things you would otherwise love. (p. 71)

More recently, my colleague, Dong-Jin Lee, and I (Lee & Sirgy, 2018; Sirgy & Lee, 2016, 2018) further developed balance theory by further expounding on the various interdomains strategies, namely strategies to prompt greater participation of satisfied domains to contribute to life satisfaction and strategies to increase domain satisfaction and decrease dissatisfaction.

16.3.6 *Detraction Theory*

A new theory has surfaced that is somewhat akin and distinguishable from the theories of balance and compensation. This theory is referred to as *detraction theory*. An example of how detraction theory has been used in the wellbeing literature is a study conducted by Frey, Benesch, and Stutzer (2007). These authors have argued that television viewership is negatively related to subjective wellbeing because this activity takes away from more engaging activities such as socializing, learning, sports and recreation, etc.

In one way, one can view detraction theory as the opposite of compensation theory. Compensation theory asserts that when people are dissatisfied in one life domain, they compensate by investing more time and energy in another life domain to maintain an acceptable level of subjective wellbeing. In contrast, detraction theory asserts that in many situations people find themselves investing themselves in certain life domains that may increase satisfaction in those domains but at the expense of loss of satisfaction in other vitally important domains. Detraction theory has also some affinity to balance theory. However, balance theory focuses more on the balance of time and energy needed to maintain an acceptable level of subjective wellbeing, whereas detraction theory focuses on how people become detracted by investing their time and energies in areas of their life that have detrimental effects.

Kasser and Ryan (1993) found that people whose life goals are extrinsic (e.g., seeking financial success) report lower levels of subjective wellbeing, compared to those whose life goals are intrinsic (e.g., having good relationships, helping others, personal growth) (cf. Carver & Baird, 1998; Kasser & Ryan, 1996; Ryan et al., 1990). According to Kasser and Ryan, striving for material possessions does not fulfil intrinsic needs.

16.3.7 *Role Conflict Theory*

A variation of detracting theory is the notion that people have a finite amount of time, money, and energy; and as such, they experience *role conflict*. Spending time, money, and energy in one life domain may cause hardships in other domains. Consider the study conducted by Nakazato, Schimmack, and Oishi (2011). They used the German Socio-Economic Panel to examine life satisfaction and housing satisfaction before and after moving. Time, money, and energy expenditure would predict that moving to a new house would necessitate much expenditure of time/money/energy, the time/money/energy that has been taken away from other life domains. Therefore, the new house may cause pain and suffering in work life (perhaps because one has to work harder to bring in more money to compensate for the loss of money spent on moving and the new house), social and leisure life (because one has to spend much time/money/energy preparing the new house to meet one's living needs and expectations), spiritual life (perhaps because he has to spend his weekend working on the house), family life (perhaps because he has to spend less time with family members because much of his time and energy are diverted toward the house), and so on. The study findings indicated that life satisfaction judgments were not significantly affected by the housing move. The authors explain that perhaps the positive effects of moving to a better house is undermined by the greater costs (time/money/energy) absorbed by the move to the better house.

Research has shown that role conflict has an adverse effect on domain satisfaction resulting in dissatisfaction with life overall (e.g., Frone, Russell, & Cooper, 1992; Kossek & Ozeki, 1998). A high level of psychological involvement in one domain is usually associated with increased amount of time and involvement devoted to social roles in that domain, thereby making it difficult to deal with role demand in other life domains (e.g., Greenhaus & Beutell, 1985). In other words, role conflict causes stress. Allocation of more resources to maintain successful performance in conflicting domains causes psychological stress commonly manifested in terms of general psychological strain, somatic/physical symptoms, depression, substance abuse, burnout, work-related stress, and family-related stress. Positive affectivity is negatively correlated with stress (e.g., Brief, Butcher, George, & Link, 1993; Judge, Locke, Durham, & Kluger, 1998; Watson, 2000; Watson, Clark, & Tellegen, 1988).

Much research has shown that life balance can be achieved when social roles in work and non-work life domains do not conflict (e.g., Greenhaus & Allen, 2011).

Domain conflict can take multiple forms (Greenhaus & Beutell, 1985). *Time-based conflict* refers to time pressures from one role preventing individuals from meeting expectations in another role or creating a preoccupation with one role while one is physically attempting to fulfill another role. *Strain-based conflict* occurs when tension, anxiety, and/or fatigue from one role affects performance in another role. *Behavior-based conflict* occurs when in-role behavior from one role is incompatible with behaviors expected in another role.

In sum, role conflict brings about much stress—stress stemming from time-based role conflict, strain-based role conflict, and behavior-based role conflict. Stress takes a toll on life satisfaction. Stress management to reduce time-based conflict, strain-based conflict, and behavior-based conflict serves to reduce domain dissatisfaction. In doing so, life satisfaction is maintained at acceptable adaptation levels.

16.4 Conclusion

This chapter covered much ground. Based on a review of the wellbeing research literature, I described many studies involving the identification of varied life domains that play a significant role in life satisfaction judgments. The idea here is that satisfaction in various life domains contribute positively to life satisfaction overall. This is the essence of bottom-up spillover theory. In that vein, I described this theory in some detail and the numerous studies that have employed this theory.

I also described other life domain theories that can easily be contrasted to bottom-up spillover. These are horizontal spillover, segmentation, compensation, balance, detracting theory, and role conflict. Bottom-up spillover can be viewed as a theory that considers situational factors that influence subjective wellbeing (while top-down spillover takes into account personality factors).

Horizontal spillover addresses the spillover of positive and negative affect across life domains. For example, dissatisfaction in work life spills over to family life, thus detracting from the sense of family wellbeing. Segmentation, compensation, and balance are theories that provide alternative explanations to the horizontal spillover effect. Segmentation theory posits that people tend to segment their affect in the context of impermeable life domains to prevent feelings of dissatisfaction in one life domain to influence other domains. In contrast, compensation theory proposes that dissatisfaction in one life domain is compensated in other life domains. For example, if a person becomes very disenchanted in his work life, he may compensate by immersing himself in church, and doing so enhances his spiritual wellbeing. Enhancing spiritual wellbeing then compensates for the loss of satisfaction in work life. The goal here is to maintain a certain level of overall satisfaction that is homeostatic to the individual. Balance theory is an offshoot of compensation theory in that the theory proposes that people are motivated to maintain balance in their lives by experiencing both positive and negative affect (not positive affect alone) and experience satisfaction from multiple life domains (instead of a single domain). There is a diminishing marginal utility associated with satisfaction in a given domain. To

experience subjective wellbeing the individual has become satisfied in several domains that can meet the full spectrum of human development needs—both basic needs such as food and shelter and growth needs such as social, esteem, self-actualization, knowledge, and aesthetic concerns. Other theories that were described in this chapter include detraction theory as well as role conflict theory.

These different theories point to different predictions about how satisfaction in various life domains interact to influence satisfaction with life overall. An attempt to empirically test these different predictions was made by Rojas (2006). This wellbeing researcher conducted a study using survey data from Mexico and demonstrated that the additive relationship of domain satisfaction (i.e., bottom-up spillover) is not necessarily the optimal specification in predicting global life satisfaction; that the constant elasticity of substitution (CES) specification is more optimal. The CES specification implies:

- Flexible returns to domain satisfaction (increasing, diminishing, or constant returns) to life satisfaction, depend on the value of the estimated parameters,
- Flexible synergy in domain satisfaction (positive, negative, or nil synergy) depends on the values of the estimated parameters,
- Flexible global returns to domain satisfaction (increasing, decreasing, or constant global returns) depend on the value of the estimated parameters,
- Flexible marginal rate of substitution (increasing, decreasing, or constant rate of substitution) depends on the values of the estimated parameters, and
- Flexible degree of substitution between domain satisfaction (perfect substitution to no substitution) depends on the value of the estimated parameters.

In other words, much more research is needed in this area of study to uncover the moderators that can help us better understand the conditions under which people experience, bottom-up spillover, top-down spillover, horizontal spillover, segmentation, compensation, and balance. This is a key area of research, and my hope is that wellbeing researchers should invest their energies in further exploring moderator effects.

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Chapter 17

Work Wellbeing



Make a careful exploration of who you are and the work you have been given, and then sink yourself into that. Don't be impressed with yourself. Don't compare yourself to others. Each of you must take responsibility for doing the creative best you can with your own life.

—Bible(<https://www.goodreads.com/quotes/tag/wellbeing>)

17.1 Introduction

Historically, research and writing in work wellbeing has been turf of industrial/organizational (I/O) psychologists, organizational behavior scientists, and management scholars (O'Brien, 1990; Tait, Padgett, & Baldwin, 1989). Work wellbeing has been a topic that sprung from McGregor's Theory Y in Management.¹ In this chapter, I will describe selected findings from wellbeing research dealing with work wellbeing. This discussion is organized to address the following questions:

- What is work wellbeing?
- Does work wellbeing significantly contribute to wellbeing and positive mental health, and if so, how?
- What are other consequences of work wellbeing?
- What determines work-wellbeing and overall wellbeing and positive mental health?

This chapter is adapted from Sirgy (2012) and Sirgy et al. (2008)

¹For a more complete historical analysis of the concept of work wellbeing or quality of work life, the reader should consult Martel and Dupuis (2006).

17.2 What Is Work Wellbeing?

To begin with, I should alert the reader that the concept of work wellbeing is referred in the literature by different terms such “employee wellbeing,” “quality of work life,” “quality of working life,” “work quality of life,” as well as “work wellbeing.” There are many definitions and conceptualizations of work wellbeing. For the sake of brevity, I will expose the reader to eight definitional examples, namely work wellbeing as (1) meaningful work, (2) an affective response to the work environment, (3) ratio of job uplifts to job hassles, (4) need satisfaction, (5) satisfaction in work life, (6) a component of the broader concept of employee wellbeing, (7) job-specific wellbeing and context-free wellbeing, and (8) the European Commission definition of quality of work.

17.2.1 *Work Wellbeing as Meaningful Work*

Robert Lane, a political psychologist and economist in his now seminal book, *The Market Experience* (1991), and his follow-up book, *The Loss of Happiness in Market Democracies* (2000), argued that the market does not contribute to quality of life through enhancing economic wellbeing alone, but also through meaningful work. Meaningful work contributes to self-esteem, the sense of control over one’s environment, and happiness in life. In other words, according to Lane, work wellbeing is meaningful work.

According to Wrzeniewski and her colleagues (e.g., Wrzeniewski, 2003; Wrzeniewski & Dutton, 2001), employees who view their job, not as a job but more of a calling, find more meaning in their work and find their work more satisfying than those who regard their job as an economic means.

17.2.2 *Work Wellbeing as an Affective Response toward the Work Environment*

Ostrogay, Hart, Griffin, Norris, and Wearing (1997) made a distinction between job satisfaction and quality of work life. They argued that specific features of the work environment determine job satisfaction, while quality of work life is determined by employees’ affective responses to their work environment. Based on this distinction, they hypothesized that job satisfaction is related more strongly to perceptions of organizational climate, whereas quality of work life is related more strongly to individual affect. Their study involved 2762 teaching and non-teaching staff who worked for an Australian education department. The data confirmed their hypothesis.

The popular *Job Description Index* (JDI) (Smith, Kendall, & Hulin, 1969) is a measure of quality of work life based on this conceptualization too. Efraty and Sirgy (1995) have examined the effect of occupational prestige and bureaucratization on the spillover between job satisfaction and life satisfaction. In doing so, they have used the JDI to measure job satisfaction. The JDI measure involves five constructs. These are (1) satisfaction with work, (2) satisfaction with pay, (3) satisfaction with promotion policies, (4) satisfaction with supervision, and (5) satisfaction with co-workers.

Lewellyn and Wibker (1990) measured job satisfaction by asking respondents to report their degree of satisfaction (“How satisfied are you with? Responses were recorded on a six-point scale varying from “very dissatisfied” to “very satisfied”) in relation to the following job-related dimensions:

- Amount of independence you experience on your job
- Opportunities you have to use your skills/abilities
- Working relationship with your supervisor
- Amount of pay you receive
- Opportunities for promotion
- Fluctuation in your workload
- Amount of time you work
- Time spent travelling on the job
- Amount of information you receive regarding procedures, and forthcoming changes,
- Working relationships with your co-workers
- Status of your position
- Kind of work you do
- Amount of job-related stress

17.2.3 Work Wellbeing as Ratio of Positive and Negative Affect Experienced at Work

Another conceptualization of employee wellbeing involves the amount of positive and negative affect experienced in the workplace. Employee’s sense of wellbeing is heightened when he or she experiences more positive than negative affect regularly at work.

For example, Staats and Partlo (1992) have defined quality of work life in terms of job uplifts and hassles. In other words, a high quality of work life of an employee is a job situation in which he or she experiences plenty of job uplifts and little job hassles. They have conducted a study showing that job uplifts are more predictive of older employee’s wellbeing than job hassles. That hassles and uplifts are somewhat independent, comparable to the notion of satisfiers versus dissatisfiers.

Staats and colleagues (Staats & Partlo, 1992; Staats, Colbert, & Partlo, 1995) conceptualized quality of work life in terms of work uplifts and hassles. This

construct was measured using the *Hassles and Uplifts Scale* (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982). The measures ask respondents how much of a hassle an event was today and how much of an uplift it was today. Work-related items were related to following dimensions: fellow workers, customers, supervisors, nature of work, workload, job security, meeting deadlines, enough money for necessities, and enough money for leisure.

17.2.4 Work Wellbeing as Need Satisfaction through Organizational Resources

A popular measure of work wellbeing is the *Need Satisfaction Questionnaire* developed by Porter (1961). Porter conceptualized quality of work life in terms of need satisfaction stemming from an interaction of workers' needs (survival, social, ego, and self-actualisation needs) and those organizational resources relevant for meeting them (cf. Efraty & Sirgy, 1990).

For example, Sirgy, Efraty, Siegel, and Lee (2001) developed and validated a measure of employee wellbeing based on need satisfaction. The measure was designed to capture the extent to which the work environment, job requirements, supervisory behavior, and ancillary programs in an organization are perceived to meet various developmental needs of an employee. Specifically, they identified seven major needs, each having several dimensions: (1) health and safety needs (protection from ill health and injury at work and outside of work, and enhancement of good health), (2) economic and family needs (pay, job security, and other family needs), (3) social needs (collegiality at work and leisure time off work), (4) esteem needs (recognition and appreciation of work within the organization and outside the organization), (5) actualization needs (realization of one's potential within the organization and as a professional), (6) knowledge needs (learning to enhance job and professional skills), and (7) aesthetic needs (creativity at work as well as personal creativity and general aesthetics).

The measure's convergent and discriminant validities were tested and the data provided support to construct validity. Furthermore, the measure's nomological (predictive) validity was tested through hypotheses deduced from spillover theory. This measure was further validated by subsequent studies (e.g., Abdollahzade et al., 2016; Afsar & Burcu, 2014; Koonmee, Singhapakdi, Virakul, & Lee, 2010; Lee, Singapakdi, & Sirgy, 2007; Marta et al., 2013; Singhapakdi, Sirgy, & Lee, 2010; Singhapakdi, Sirgy, Lee, & Vitell, 2010; Singhapakdi et al., 2014; Sinval, Sirgy, Lee, & Maroco, 2020).

Table 17.1 Domains of life concerns

Campbell et al. (1976)	Andrews and Withey (1976)
• Non-working activities • Family life • Standard of living • Work • Marriage • Savings and investments • Friendships • City or county • Housing • Amount of education • Neighborhood • Life in the U.S. • Usefulness of education • Health • Religion • National government • Organisations	• Life in the U.S. today • National government • Local government • Economic situation • Community • Services and facilities • Education • Jobs • Neighborhood • Friends and associates • Home • Leisure and leisure-time activities • Family • Self • Interpersonal relations

Source: Adapted from Day (1987)

17.2.5 Work Wellbeing as Satisfaction in Work Life

The seminal studies of Andrews and Withey (1976) and Campbell, Converse, and Rodgers (Campbell, Converse, & Rodgers, 1976) in quality-of-life research have established the notion that life satisfaction is essentially a satisfaction hierarchy, and that life satisfaction is determined by satisfaction in major life domains such as work life, family life, love life, spiritual life, social life, leisure life, etc. For example, Andrews and Withey used predicted (using multiple regression) subjects’ life satisfaction scores (“How do you feel about life as a whole?” with responses captured on a 7-point delighted-terrible scale). They found that satisfaction with various life domains (see Table 17.1) explained from 52 to 60% of the variance. Job satisfaction in the Andrews and Withey study as well as work satisfaction in the Campbell, Converse, and Rodgers study accounted for a sizeable portion of the total variance in several measures of global wellbeing.

In the same vein, some I/O psychologists and management scholars have conceptualized and measured employee wellbeing in terms of satisfaction with work life. For example, Hart (1994) developed a measure of quality of work life by adapting Diener, Emmons, Larsen, and Griffin’s (1985) Satisfaction with Life Scale (see Table 17.2). Hart produced a reliability coefficient of .88, and a correlation of .68 between this measure and a single 9-point scale that assesses global job satisfaction.

Table 17.2 Hart's measure of quality of work life

The specific items of the Hart's measure are:

- "In most ways, my life at work is close to my ideal."
- "The conditions of my life at work are excellent."
- "I am satisfied with my life at work."
- "So far, I have gotten the important things I want in my life at work."
- "If I was able to live my work life over again, I would change almost nothing."

Subjects rate these statements on seven-point scale ranging from "strongly disagree" to "strongly agree".

Source: Adapted from Hart (1994)

17.2.6 Work Wellbeing Is a Component of the Broader Employee Wellbeing Concept

Page and Vella-Brodrick (2009) have proposed and well-argued that employee wellbeing consists of three core concepts: (1) subjective wellbeing, (2) workplace wellbeing, and (3) psychological wellbeing. Subjective wellbeing involves the traditional three components of high positive affect, low negative affect, and a cognitive evaluation of one's satisfaction with life as a whole. Psychological wellbeing involves traditional components such as self-acceptance, purpose in life, environmental mastery, positive relations with others, autonomy, and personal growth. In contrast, workplace wellbeing involves two major components: job satisfaction and work-related affect. Work-related affect involves emotions experienced at work irrespective of whether they are related directly or indirectly with the job. Traditionally, work-related affect is captured along five dimensions: anxiety-comfort, depression-pleasure, bored-enthusiastic, tiredness-vigour, and angry-placid.

17.2.7 Job-Specific Wellbeing and Context-Free Wellbeing

Warr (1987, 1994, 1999, 2007) has described employee wellbeing in terms of the type of affect an employee experiences in relation to the job and in general. These dimensions are (1) displeasure/pleasure, (2) anxiety/comfort, and (3) depression/enthusiasm. He asserted that most of the studies related to wellbeing use one of these dimensions as the dependent variable. With respect to the displeasure/pleasure dimension, this is an affective dimension capturing the positive and negative emotions related to the workplace and in general (context-free). The anxiety/comfort dimension capture feelings of anxiety combine low pleasure with high mental arousal. Comfort, in contrast, is low arousal pleasure. The third dimension, depression/enthusiasm, captures feelings of enthusiasm and positive motivation on one extreme and depression and sadness on the other extreme.

17.2.8 *The European Commission Definition of Quality of Work*

Quality of work has become an important policy concern for the European Commission (EC). The EC has used the following indicators of quality of work in their *European Employment Strategy of 2001* (Davoine, Erhel, & Guergoat-Lariviere, 2008; Drobnic, Beham, & Prag, 2010; European Commission, 2001; Royuela, Lopez-Tamayo, & Surinach, 2008, 2009; Wallace, Pichler, & Hayes, 2007):

- Intrinsic job quality
- Skills, life-long learning, and career development
- Gender equality
- Health and safety at work
- Flexibility and security
- Inclusion and access to the labor market
- Work organization and work-life balance
- Social dialogue and worker involvement
- Diversity and non-discrimination
- Overall economic performance and productivity

17.3 How Does Work Wellbeing Contribute to Positive Mental Health?

In a large-scale seminal study, Andrews and Withey's (1976) measure of work wellbeing (the Efficacy Index) was found to be significant and a very strong predictor of life satisfaction. The study controlled for the effects of family, money, amount of fun one is having, house/apartment, things done with family, time to do things, spare-time activities, recreation, national government, and consumer. Campbell et al. (1976) showed that satisfaction with work contributes approximately 18% variance accounted for in life satisfaction, controlling for the effects of non-working activities, family life, standard of living, savings and investments, marriage, friendships, and housing.

In most quality-of-life studies, attitude toward work is found to be closely linked to life satisfaction (e.g., Schmitt & Bedian, 1982; Shaver & Freedman, 1976). Furthermore, early research on self-esteem and job satisfaction among salespeople established the link between them (e.g., Bagozzi, 1978, 1980a, 1980b, 1980c). Rice, Near, and Hunt (1980) reviewed 23 studies and found a pattern of association between job satisfaction and life satisfaction for both men and women, with the association being stronger for men. The association between job satisfaction and life satisfaction is well-known in I/O psychology as the *spillover hypothesis*. We described this theoretical notion in some detail under the rubric of *bottom-up spillover theory* in Chapter 16 of this book. More recently, Heller, Judge, and

Table 17.3 Theories linking employee wellbeing with quality of life

Domain satisfaction theories
● Spillover
● Segmentation
● Compensation
● Border
Role theories
● Conflict
● Boundary
● Identity
Resource theories
● Scarcity
● Facilitation
● Vitamins
Ego-involvement theories
● Engagement
● Flow
Human development theories
● Hygiene factors versus motivators
● Self-determination
Goal theories
● Selection and optimization
● Time management
● Goal selection and implementation

Watson retested the spillover hypothesis found support for the hypothesis; however, the authors also found that the relationship between job satisfaction and life satisfaction diminishes significantly when personality factors are controlled. The effect of personality factors on the job-life satisfaction relationship is evidence of *top-down spillover theory*, which is also described in some detail in Chapter 16.

Other evidence is available suggesting that job satisfaction spills over unto other life domains such as marital life and home life. This is evidence related to *horizontal spillover theory* described in Chapter 16. For example, using a 12-year panel study, Rogers and May (2003) found that job satisfaction and marital quality are positively correlated over time (cf. Dumas, Margolin, & John, 2003; Kang, 2001).

Although we mentioned three theoretical explanations here so far, in reality the literature of quality-of-life studies is very rich in theory linking work wellbeing with overall wellbeing and positive mental health. These theories can be categorized in terms of five major dimensions: domain satisfaction theories (spillover, segmentation, compensation, and border), role theories (conflict, boundary, and identity), resource theories (scarcity), ego-involvement theories (engagement, involvement, and flow), human development theories (hygiene factors versus motivators, self-determination), goal theories (selection/optimization/compensation, time management, and goal selection/planning/implementation). See Table 17.3.

17.3.1 *Domain Satisfaction Theories*

I will discuss four theories in this section that are all relation to life domains and how affect in one domain influences affect in other domains and thus personal happiness at large. The *spillover effect* refers to the process and outcome by which affective experiences in the work life domain influences the affect experienced in other life domains and overall life. The spillover effect is known in wellbeing research as *bottom-up spillover theory* (Diener, Suh, Lucas, & Smith, 1999; Sirgy, 2002). Bottom-up spillover is the spillover of affect from subordinate life domains to superordinate ones, specifically from life domains such as leisure, family, job, and health to overall life. That is, feelings within a given life space within the overall hierarchy of life experiences spill vertically from bottom to top. Satisfaction with a given life domain is determined by satisfaction with one's concerns in that domain. For example, one can argue that satisfaction with work life is determined by satisfaction with the employee's interaction with co-workers, relationship with one's supervisor, job facets, work demand, and work environment. An employee's evaluation of these dimensions of the work domain (and/or the direct experience of positive and/or negative affect) can be viewed as satisfaction/dissatisfaction with life conditions or concerns within the work domain. The hierarchy model of life satisfaction thus argues that satisfaction with overall life is determined by satisfaction with the major life domains. Satisfaction with a given domain is determined by satisfaction with the life conditions/concerns within that domain. In sum, bottom-up spillover implies that employee life satisfaction can be increased by allowing positive affect in work life to spill over unto the most superordinate domain (overall life).

There are many studies that have used the notion of spillover to explain the association between work satisfaction and life satisfaction. For example, Efraty and Sirgy (1990, 1992, 1995) have examined the effect of occupational prestige and bureaucratization on the spillover between job satisfaction and life satisfaction. They have shown that indeed both occupational prestige and bureaucratization have significant effects on job satisfaction, life satisfaction, and the spillover between job and life satisfaction. That is, the study indicated that employees with occupations of high prestige tend to experience higher levels of job satisfaction, higher levels of life satisfaction, and higher level of spillover between job satisfaction and life satisfaction compared to employees with low prestige occupations. Similarly, employees working in decentralized bureaucracies were found to experience higher levels of job satisfaction, higher levels of life satisfaction, and higher levels of spillover between job satisfaction and life satisfaction. The managerial implications of this research are that wellbeing managers should make a concerted effort at decentralizing their organizations and make efforts at treating all occupations with value and respect. Doing so is likely to decrease job dissatisfaction and life dissatisfaction among employees in general, especially those with low prestige occupations (cf. Efraty, Sirgy, & Siegel, 1997; Efraty, Sirgy, & Siegel, 2000).

A meta-analysis study examining the relationship between job satisfaction and life satisfaction indicates that the average correlation is about .35 (Tait et al., 1989). In other words, there is sufficient empirical evidence suggesting that there may be a spillover of job satisfaction unto life satisfaction.

But then can these studies establish causation? A longitudinal study by Judge and Watanabe (1993) found evidence of mutual influence—that is, job satisfaction does indeed influence life satisfaction but also that life satisfaction does influence job satisfaction. Interestingly, the same study shows that the pattern of influence from job satisfaction to life satisfaction is stronger than the pattern of influence from life satisfaction to job satisfaction (cf. Judge, Locke, & Durham, 1997).

Not only does job satisfaction spills over vertically from work life (a specific life domain) to life satisfaction (most abstract life domain in the satisfaction hierarchy) but also horizontally to adjacent life domains such as family life, love life, social life, financial life, leisure life, and community life. For example, Piotrkowski (1978) described many cases in which male employees who felt happy at work also report happiness at home; and conversely, those who felt bad at work also felt badly at home. In other words, feelings about aspects of the workplace tend to influence other life domains, which in turn may influence satisfaction with life overall (cf. Crouter, 1984; Frone, Yardley, & Markel, 1997). I briefly described horizontal spillover theory in Chapter 16.

The extent of spillover of job satisfaction to life satisfaction (bottom-up spillover) and to other life domains (horizontal spillover) is moderated by job involvement (Bamundo & Kopleman, 1980; Thompson, Kopelman, & Schriesheim, 1992; Steiner & Truxillo, 1989). That is, employees who are more involved in their jobs are likely to experience greater spillover than those who are less involved. This moderation effect makes much sense in light of the findings on gender differences—the trend shows that in past studies the correlation between job satisfaction and life satisfaction was as low as .16, but it increased to .31 in recent studies.

As described in Chapter 16, the *segmentation effect* refers to the strategy by which people isolate experiences and affect in one life domain, thus preventing affect transfer between life domains (Sirgy, 2002). Much evidence exists suggesting that people segment their affective experience in various life domains, and they create impermeable walls around those domains. Doing so protects the integrity of positive life domains from being affected by possible spillover of negative affect from neighboring life domains. For example, a person who experiences much adversity at work (e.g., work demand is causing too much stress) segments the negative affect in the work domain to prevent spillover to family life.

Research by Lucas, Diener, and Suh (1996) has demonstrated that the global category of happiness is composed of separable wellbeing variables (e.g., work satisfaction, home satisfaction, and life satisfaction). These variables sometimes move in different directions over time (cf. Scollon & Diener, 2006). This is suggestive evidence of segmentation.

With respect to the segmentation effect between work life and nonwork life, such a phenomenon is evidenced through a lack of correlation between satisfaction in one life domain (e.g., job satisfaction) and other life domains (e.g., leisure satisfaction,

family satisfaction, life satisfaction). In one study (Kossek, Lautsch, & Eaton, 2006) individual wellbeing was found to be highest among employees who had higher job control (i.e., control over where, when, and how they worked) and segmented work from nonwork life.

Again, as previously described (in Chapter 16), the *compensation effect* refers to the method by which people attempt to balance their affect across life domains. For example, a person who feels quite dissatisfied with his job may try to channel much of his energy to feel good in other areas of his life. He may channel his energy into religion, family, sexual relationships, leisure, and so on. Doing so “compensates” for the dissatisfaction he experiences on the job. Thus, the person tries to create balance in affect across domains. If he experiences negative affect in one life domain, he becomes motivated to engage in activities to increase positive affect in other domains to ensure a minimum level of overall life satisfaction.

Evans and Ondrack (1990) hypothesized that the extent to which workers may experience spillover, segmentation, and compensation between work and leisure may be dependent on individual differences such as growth needs, locus of control, and self-monitoring. For example, employees with high growth needs who find themselves in impoverished jobs are likely to compensate by immersing themselves in satisfying leisure activities. However, their study involving 1193 male blue-collar, full-time workers did not bear this out. Judge and Watanabe (1994) compared and contrasted the prevalence of spillover, segmentation, and compensation effects using a national stratified national sample of U.S. employees and found that 68% of employees experienced spillover, 20% experienced segmentation, and 12% experienced compensation.

Border theory (Clark, 2000) posits that work-family balance (satisfaction in the work and family life domains) is typically achieved through different means as a function of the similarity of work and family domains and the strength of the boundaries between these two domains. Consider the example of a family that runs a mom-and-pop store and the husband and wife live upstairs of the store. In this case, work and family domains tend to be similar, blurring the two domains and the borders (boundaries) between these two domains are likely to be permeable. Border theory proposes that work-family balance is facilitated by the mixing of the two domains because they have weak borders.

Clark (2002a) developed measures to capture the permeability of the borders between the work and family domains and conducted validation studies to confirm the notion that the greater the permeability of the borders between work and family domains the more likely that there will be greater communications between husbands and wives at home about work. However, the same study revealed that greater permeability between work and family domains leads to greater work-family conflict. Consequently, Clark (2002b) tried to address this anomaly by making the distinction between permeability and flexibility. This later study found that the lowest levels of work-family conflict registered with those couples who had high flexibility but low permeability.

Desroches, Hilton, and Larwood (2005) developed and validated the Work-Family Integration-Blurring Scale to capture both flexibility and permeability.

Specifically, their study provided evidence for the notion that the blurring of work and family roles tend to facilitate work-family transitions; however, the same blurring makes work-family conflict more likely.

17.3.2 Role Theories

There are three theories that I will discuss below that share the same language, that of role theory. These are conflict theory, boundary theory, and identity theory.

Conflict theory (Greenhaus & Beutell, 1985) assumes that employees experience conflict between work and nonwork life domains (e.g., family life) because the demands of the roles of work life and nonwork life are inherently incompatible due to their different norms and responsibilities. The goal here is to reduce role conflict—conflict between the work and family roles. Doing so reduces stress in general, which serves to decrease employee's dissatisfaction with life. For example, studies have shown that the use of flextime work arrangements and childcare services at work are effective strategies that helps employees manage demand of both work and family role by reducing role conflict, thus enhancing subjective wellbeing (e.g., Rau & Hyland, 2002).

Boundary theory (Ashforth, Kreiner, & Fugate, 2000) focuses on the ease or difficulty of transitioning from work to nonwork roles. This relative ease or difficulty of transitioning from work to nonwork roles is viewed as a continuum varying from complete segmentation to complete integration. An example of an employee that experiences complete integration is the nun who lives and works in a convent. The nun's work and nonwork domains are highly integrated. An example of complete segmentation is the exotic dancer whose work is completely compartmentalized to the night life (her work). She has a family and devotes time and energy to her family during the day and conceals her occupation to her family and friends.

Both segmentation and integration can lead to greater wellbeing. Integration may lead to wellbeing when role boundaries are blurred. In this case integration contributes significantly to wellbeing by diffusing the tension arising from holding multiple roles and meeting demands of these roles. Integration also reduces the effort needed if one were to segment and meet role demands in multiple domains. Alternatively, compared to integration, segmentation can do a better job contributing to wellbeing when the individual experiences negative affect in one life domain and needs to buffer the spillover of negative emotions unto other domains. Thus, boundary theory predicts overall wellbeing to the extent that the employee manages to successfully integrate or segment as a function of work and family demands and role constraints.

Voydanoff (2005) developed a model that integrates the concepts of work-family fit, work-family balance, and boundary-spanning strategies. Specifically, work-family fit involves two dimensions: work demands-family resources fit (e.g., a male medical doctor whose wife is also a doctor; hence, he supports her with family chores to accommodate her busy schedule) and family demands-work resources fit (e.g., an employee using the company's on-site childcare services). The employee

engages in boundary-spanning strategies (e.g., part-time work, reducing job responsibilities, flextime, job sharing, telecommuting, and so on) to enhance work-family fit. The employee who experiences work-family fit is likely to evaluate both life domains (work and family) positively, which in turn contributes to overall wellbeing.

With respect to *identity theory*, Sirgy, Reilly, Wu, and Efraty (2008) developed a theoretical model relating the quality of work life with the subjective aspects of quality of life. They argued that quality of work life affects wellbeing through role identity. Specifically, a quality-of-work-life program contributes to subjective wellbeing through six pathways: (1) providing appropriate work resources to meet the expectations of employee role identities, (2) reducing role conflict in work and non-work life, (3) enhancing multiple role identities, (4) reducing role demands, (5) reducing stress related to work and non-work role identities, and (6) increasing the value of role identity. For example, high involvement programs function as a conduit to help employees express their thoughts and feelings in important organizational decisions, and this input is likely to influence the final management decision. High involvement programs afford employees with a greater sense of meaningfulness in their work activities, which increases the value of their work role identity. In contrast, another quality-of-work-life program such as work-at-home or flextime contributes to the employee's overall sense of wellbeing by reducing conflict between family and work roles; work at home also serves to reduce the work role demand and concomitant stress and enhances multiple role identities—work and family roles.

17.3.3 Resource Theories

There are a number of other theories of work and personal happiness that are grounded in the notion of resources, and how resources (resources provided in the workplace or resources that emanate from the person's background) can enhance employee wellbeing and happiness. These theories include scarcity, facilitation, the vitamin analogy, and job demands-resources.

Scarcity theory (Goode, 1960; Marks, 1977) posits that people have finite resources of time and energy to devote to multiple life domains. Therefore, they allocate scarce resources to meet the various demands of their various roles in multiple domains (e.g., work and family life). Resources are allocated as a direct function of commitment of the employee to multiple roles. If employees are committed to their occupational role, they are likely to allocate much time and energy to that role. However, commitment to roles (family and work roles) tends to vary with some employees "overcommit" to their work roles and "undercommit" to their family roles. In this situation, employees experience role strain in the role they "undercommit"—manifested in allocating less time and energy to that role. Decisions that lead to the efficient use of personal resources that can meet demand of

one's various roles in multiple life domains lead to greater wellbeing only by reducing role strain.

Concerning *facilitation theory*, Wayne, Grywacz, Carlson, and Kacmar (2007) developed a model referred to as the Resources-Gain Development Perspective that captures the notion that personal and environmental resources contributing positively in one life domain (e.g., work or family) are also likely to facilitate similar positive experiences in another domain. Specifically, positive personality characteristics such as positive affectivity and high self-efficacy may cause the employee to experience positive emotions in work life. Such experiences facilitate similar experiences in other domains such as family, social, and community life. Similarly, positive environmental characteristics at work (e.g., supportive supervisor, friendly co-workers, training and mentoring) do not only contribute to positive emotional states in the work domain (i.e., job satisfaction), but also may facilitate similar positive reactions in other life domains. This occurs as a function of learning. The employee learns skills and behaviors that are likely to enhance positive experiences at work that may transfer to the family domain and others. Much evidence is accumulating to document the positive effects of facilitation on wellbeing. Facilitation effects are linked with higher levels of job satisfaction, organizational citizenship, organizational commitment, self-esteem, self-acceptance, and life satisfaction (e.g., Balmforth & Gardner, 2006; Lennon & Rosenfield, 1992; Perrone, Egisdottir, Webb, & Blalock, 2006; Ruderman, Ohlott, Panzer, & King, 2002).

With respect to the *Vitamin analogy*, Warr (2007) identified nine aspects of the environment that can affect employee wellbeing and personal happiness. These are: (1) opportunity for personal control, (2) opportunity for skill use, (3) externally generated goals, (4) variety, (5) environmental clarity, (6) contact with others, (7) availability of money, (8) physical security, and (9) valued social position. Personal happiness is influenced by these environmental conditions of the workplace in a manner analogous to the effect of vitamins on physical condition. Vitamins play a key role in physical health in that vitamin deficiencies give rise to ill health. By the same token, too much vitamins may not be a good thing. Good health necessitates adequate levels of vitamins, not vitamin overdose. In many cases, vitamin overdose may lead to ill health. The nine environmental conditions that Warr identified are akin to vitamins. Employees should experience them in adequate quantities to contribute to job satisfaction and personal happiness. Too much or too little may contribute to employee ill-being, not wellbeing.

Lastly, there is *job demands-resources* theory (see Bakker & Demerouti, 2018, for a review of the theory and underlying research). Here is a synopsis of this theory. The theory proposes that job characteristics can be viewed in terms of job demands and job resources. Job demands involve challenge demands (i.e., workload and complexity) and conflicts (i.e., hindrance that undermine performance). Job resources are the aspects of work that individuals use to meet job demand and role expectations. Resources may include performance feedback, social support, and skill variety.

Job demands may cause a wellbeing deficit when exposure to daily workload becomes chronic overload over time. Deficit in wellbeing may take form in physical

and mental health problems. In contrast, job resources serve to satisfy basic and growth needs and promote work engagement. Job resources also serve to buffer the adverse impact of job demands on wellbeing. The theory also proposes that job resources serves to heighten motivation and work engagement when job demands are high. In other words, autonomy, skill variety, performance feedback, and task identity play an important role when job demands are high. Finally, personal resources (e.g., optimism and self-efficacy) work in concert with job resources to heighten motivation and work engagement too. That is, personal resources the individual to effectively deal with job demand. Work motivation, in turn, has a positive impact on job performance and wellbeing, and conversely whereas job strain has a negative impact on job performance and wellbeing.

17.3.4 Ego-Involvement Theories

There seems to be much research on the concepts of employee engagement and flow. These theories imply that the employees become cognitively and affectively involved in work-related activities—the greater their involvement in these activities the greater the wellbeing. In relation to *engagement theory*, one can argue that employees who are engaged in their jobs are likely to experience a higher level of wellbeing and happiness than those who are less engaged (Stairs & Gaplin, 2010). Employee engagement has high affinity to the concepts of job involvement. Employees who are engaged in their jobs or express a high level of job involvement regard their work as a major part of their personal identity. The job is central to their self, their identity. They experience a state of flow. This complete absorption in job-related activities contributes positively and significantly to subjective wellbeing.

The seminal research by Hackman et al. (1975) on the Job Characteristics Model is based on the notion that skill variety, task identity, task significance, autonomy, and feedback are environmental factors that can be manipulated by management to heighten employee engagement and involvement, which in turn leads to positive organizational outcomes such as job performance, organizational commitment, organizational citizenship, and low turnover rates.

Stairs and Gaplin (2010) conceptualize employee engagement in terms of three dimensions: work enjoyment, work challenge, and work meaning. Employees that enjoy their work, feel their job is challenging, and find meaning in their assigned tasks are likely to feel happier than those who do not experience these states. In other words, happiness results from the interactive effects of these three dimensions of engagement.

Flow theory asserts that work activities are pleasurable when the challenge is matched with the employee's skill level (Csikszentmihalyi, 1975). When an employee engages in an activity that is either too easy or too difficult, he or she is not likely to experience flow—a state of total absorption with the work activity. Csikszentmihalyi has argued repeatedly that a happy life is not an excellent life. To

lead an excellent life is to engage in activities that help us grow and fulfill our potential (Csikszentmihalyi, 1975, 1982, 1990; Csikszentmihalyi, 1997). In his book *Finding Flow*, he states:

The quality of life does not depend on happiness alone, but also on what one does to be happy. If one fails to develop goals that give meaning to one's existence, if one does not use the mind to its fullest, then good feelings fulfill just a fraction of the potential we possess. A person who achieves contentment by withdrawing from the world "to cultivate his own garden," like Voltaire's *Candide*, cannot be said to lead an excellent life. Without dreams, without risks, only a trivial semblance of living can be achieved. (Csikszentmihalyi, 1997, p. 22)

17.3.5 Human Development Theories

There are at least two theories used by I/O psychologists and wellbeing researchers that are grounded in human development. One theory dates back to the 1960s, namely Herzberg two-factor theory. Another is self-determination theory emanating from social-personality psychology and adopted in both I/O psychology and quality-of-life studies.

Herzberg's two-factor theory (Herzberg, 1966) proposes that the primary determinants of employee wellbeing are factors intrinsic to the work that employees do (i.e., recognition, achievement, responsibility, advancement, and personal growth). These factors are referred to as "motivators" because they motivate employees to excel in the workplace. By the same token, these motivators determine satisfaction in the workplace for the most part. In contrast, factors that determine dissatisfaction are referred to as "hygiene factors." These are extrinsic to the work itself and include company policies, supervisory practices, working conditions, salaries, and wages, and interactions with co-workers. Herzberg theory suggests that personal happiness can be achieved when the workplace provides opportunities for personal growth (motivators). Similarly, the workplace can undermine personal happiness through conditions and aspects that lead to dissatisfaction and negative feelings at work.

Self-determination theory (SDT) is attributed to Richard M. Ryan and Edward L. Deci. See their article in the *American Psychologist* summarizing much of the subjective wellbeing research guided by self-determination theory (Ryan & Deci, 2000). Self-determination theory posits that subjective wellbeing can be enhanced by satisfying three major needs: competence, autonomy, and relatedness. These three needs, based on SDT, are essential social development and personal wellbeing. Of course, these three needs are likely to be met in the workplace, thus explaining how the workplace contributes to happiness.

Cognitive evaluation theory (CET) is a precursor of SDT and developed by Deci and Ryan (1985). One can construe CET as a subtheory of SDT focusing on the needs of competence and autonomy. The essence of CET in an organizational context is the notion that there are social and environmental factors at work (e.g.,

task feedback, communication between employee and co-workers, rewards given as a function of employee performance) facilitate and undermine intrinsic motivation. For example, supervisor feedback that promotes employee sense of effectance, and freedom from demeaning evaluations can go a long way to enhance intrinsic motivation and subjective wellbeing. Specifically, feelings of competence conjoin with the sense of autonomy to conduce the expression of intrinsic motivation. Intrinsic motivation is operationalized when an employee engages in a job activity because the employee is interested in the activity itself instead of the tangential rewards or punishment associated with the activity (e.g., doing the job to earn a living or to avoid the boss' possible reprimand).

SDT builds on CET by adding relatedness needs to the list of intrinsic motives that play a key role in subjective wellbeing. Intrinsic motivation manifests itself through internalization and integration. Self-determination can be viewed along a continuum from "nonself-determined" to "self-determined." When an employee engages in job activities in non-self-determined ways, the person is said to be "amotivated." His behavior is regulated by extrinsic rewards and punishment. He does not sense control over the activity situation (i.e., the perceived locus of causality is impersonal). Therefore, the behavior related to that activity is nonintentional and nonvaluing. He does not feel a sense of competence or control engaging that task. The other extreme is self-determined behavior that reflects intrinsic motivation. Intrinsically motivated behavior is inherently intrinsically regulated. The employee's perception of causality is internal, and his behavior comes across as interested in the activity, that he enjoys the activity and feels quite satisfied.

The relative internalization of a job activity is a function of relatedness, competence, and autonomy. That is, for that activity to be fully internalized, the employee must have support from significant others who are either role models or provide moral support, thus satisfying the need for relatedness. The activity must generate feelings of effectance, making the employee feel competent in this endeavor, thus satisfying the need for competence. Furthermore, the employee has to make an autonomous decision to engage in the activity. Doing so allows the employee to feel a sense of ownership of the activity, thus satisfying the need for autonomy.

17.3.6 Goal Theories

Although goal theory has turned into a research paradigm in social-personality psychology, the language of goal theory spurred specific theoretical development in I/O psychology and quality-of-life studies. I will review three theoretical models in this vein: selection/optimization/compensation, time management, and goal selection/implementation.

The *Selection, Optimization, and Compensation* (SOC) model is a life strategy theory was developed in the context of successful aging but is used to across all the lifespan stages of development by Baltes team (Baltes, 1997; Baltes & Baltes, 1990; Baltes & Heyden-Gahir, 2003; Freund & Baltes, 2002). It was also applied to

work-life balance (Baltes, Clark, & Chakrabarti, 2010). Selection involves goal setting (or changing current goals to new goals considering loss or failure). Optimization refers to changes in allocation of resources to achieve the set goals. This may include investment of time energy to acquire new skills that are instrumental to the attainment of the set goals. Compensation refers to activities the person may resort to maintain a desired level of functioning given decreases in resources. Employees using SOC strategies to deal with work-family conflict were found to score higher on wellbeing measures than those who do not use such strategies (Baltes & Heyden-Gahir, 2003; Young, Baltes, & Pratt, 2007).

With respect to the *time management* model argues that employee's wellbeing can be enhanced by managing their time wisely. This means that (1) goals have to be set and prioritized, (2) planning to achieve the stated goals by breaking the goal down into specific tasks and making "to-do list," and (3) organizing for action which involves maintaining a system of organization that facilitates action. This model was used in the context of work-family conflict (Adams & Jex, 1999). The study findings revealed that employees who score low on time management tend to experience higher levels of work-family conflict.

Finally, in regard to the *Goal Selection/Implementation* model, a few years ago I (Sirgy, 2006) developed this model to help explain work-life satisfaction dynamics. The proposed theory has five central tenets. First, work-life satisfaction is enhanced by *selecting to pursue the kind of work goals in which goal attainment is likely to induce positive affect* (e.g., work satisfaction, feelings of pride, sense of accomplishment, social recognition) in the work life domain. Second, work-life satisfaction is enhanced by *selecting to pursue the kind of goals that are likely to be attained*, thus goal attainment ensures the experience of positive affect (e.g., work satisfaction, feelings of pride, sense of accomplishment, social recognition) in the work life domain. Third, work-life satisfaction is enhanced by *engaging in a process of goal selection likely to lead to goal attainment*, thus ensuring the experience of positive affect (work satisfaction, feelings of pride, sense of accomplishment, social recognition) in the work life domain. Fourth, work-life satisfaction is enhanced by *taking action to implement important work goals*. Goal implementation increases the likelihood of goal attainment and the experience of positive affect (e.g., work satisfaction, feelings of pride, sense of accomplishment, social recognition) in the work life domain. And finally, work-life satisfaction is enhanced through the *attainment of important work goals*, thus ensuring the experience of positive affect (e.g., work satisfaction, feelings of pride, sense of accomplishment, social recognition) in the work life domain. Much evidence is cited in Sirgy (2006) supporting goal theory applied to work wellbeing.

17.4 What Are Other Consequences of Work Wellbeing?

Much of the research on job satisfaction shows that this construct is related to many employee and organizational outcomes. These include:

- Job performance/productivity (e.g., Greenhaus, Bedian, & Mossholder, 1987; Judge & Church, 2000; Wright & Cropanzano, 2007; Zelenski, Murphy, & Jenkins, 2008),
- Job involvement and effort (e.g., Carter, Pounder, Lawrence, & Wozniak, 1990; Efraty & Sirgy, 1990; Efraty, Sirgy, & Claiborne, 1991; Lewellyn & Wibker, 1990),
- Organizational identification and commitment (e.g., Carter et al., 1990; Efraty et al., 1991; Efraty & Sirgy, 1990; Lewellyn & Wibker, 1990; Rode, Rehg, Near, & Underhill, 2007; Wright, 2010),
- Work attendance (e.g., Scott & Taylor, 1985),
- Intention to quit (e.g., Carter et al., 1990; Efraty et al., 1991; Efraty & Sirgy, 1990; Lewellyn & Wibker, 1990),
- Employee turnover (e.g., Hom, 2001; Wright, 2010),
- Decision to retire (e.g., Hanish and Hulin, 1991),
- Prosocial and organizational citizenship, and
- Workplace incivility (e.g., Mount, Ilies, & Johnson, 2006).

Wright (2010) uses Fredrickson (2001, 2010) *broaden-and-build theory* to explain the effects of employee wellbeing (and psychological wellbeing) on a host of employee cognitive/affective/conative responses as well as other organizational outcomes. Positive emotions (i.e., positivity) serve to broaden the employee's momentary thought-action repertoires by expanding an array of thoughts and actions in the workplace. In contrast, negative emotions (i.e., negativity) diminish the same mechanisms. Employees experiencing a high level of positivity than negativity tend to be more creative, outgoing, and sociable than those experiencing negativity.

Positive employees tend to remember favorable events better and are less likely to interpret ambiguous events as threatening than negative employees. Positivity also helps employees build personal resources of all kinds—physical, emotional, intellectual, and social resources. These personal resources help employees thrive in the workplace in many ways. Thus, positivity can account for higher job performance, job involvement and effort, organizational commitment, work attendance, and prosocial and organizational citizenship behaviors. Similarly, positivity also accounts for lower levels of intention to quit, decisions to retire, employee turnover, and workplace incivility.

17.5 What Are the Preditors of Work Wellbeing?

Much research has been done in this area, especially in job satisfaction (for excellent reviews of the research literature on job satisfaction see Locke, 1976; Jayarante, 1993; and Warr, 1999). Examples of significant factors from I/O psychology are factors that can be categorized in three major groups: (1) the work environment,

(2) employees' characteristics, and (3) work behavior (cf. Gallie, 1996; Warr, 1999).²

17.5.1 The Work Environment

Much research investigating the effects of specific job characteristics on job satisfaction was initiated by the now famous Job Characteristics Model of Hackman and Oldham (1976). This model focused the effects of task identity, task significance, skill variety, autonomy, and feedback on job satisfaction. There is much evidence accumulating over the years showing how the work environment (job facets) plays a key role in job satisfaction (see Judge & Church, 2000 for a review of this literature).

Locke (1976) developed a theoretical model that has come to be known as Value-Percept Theory explaining employee wellbeing not only in terms of job facets but the gap between want and have related to these facets and moderated by the importance of these facets. Many studies have provided evidence to support this conception of employee wellbeing. For example, McFarlin and Rice (1991) examined specific job facets that impact job satisfaction. Survey results supported the hypothesis that facet job satisfaction is a function of three basic determinants: (1) facet amount, (2) facet wanted, and (3) facet importance. Examples of job facets include salary, opportunity to take action, freedom to do work own way, learning opportunities, opportunity to suggest work procedures, promotion opportunities, involvement in the solution of work problems, performance feedback, and contact with client or customer. Specifically, facet satisfaction was highest when employees wanted a large amount of a job facet, were currently receiving a large amount of the facet and felt that facet was personally important (cf. Rice et al., 1991).

Also related to the work environment, Hulin (1991) developed a theoretical model that asserts that employee wellbeing is a function of the balance between role inputs (i.e., what the employee puts into the work role such as amount of training, the amount of experience from previous jobs, and work effort) and role outcomes (i.e., what is received by the employee in terms of pay, status, recognition, friendships, etc.). The more the role outcomes vis-à-vis role inputs the greater the employee wellbeing.

As previously mentioned, Warr (1999) was able to identify at least 10 environmental determinants of employee wellbeing: opportunity for personal control, opportunity for skill use, externally generated goals, variety, environmental clarity, availability of money, physical security, supportive supervision, opportunity for interpersonal contact, and valued social position. These will be addressed below.

²A recent study has identified four sets of factors related to happiness at work (Singh & Aggarwal, 2018). These are (1) supportive work experiences, (2) unsupportive work experiences, (3) flow and intrinsic motivation, and (4) work repulsive feelings.

Opportunity for personal control may take form in allowing employees to make major decisions or at least participate in collective decision-making. Employees are given enough autonomy to make decisions concerning how they can produce the required outcome. That is, they are not micro-managed. Their supervisor is not scrutinizing their every move. For example, workplace spirituality is recognized to allow employees greater personal control. Workplace spirituality is usually defined in terms of meaningful work, sense of community in the workplace, and alignment of personal and organizational values (Pawar, 2008, 2009a, 2009b, 2009c). Research has found that workplace spirituality is positively associated with employee attitude toward work, work satisfaction, employee feelings of frustration, job involvement, and organizational identification (e.g., Kolodinsky, Giacalone, & Jurkiewicz, 2008), employee productivity and organizational commitment (e.g., Fry, Vitucci, & Cedillo, 2005).

With respect to *opportunity for skill use*, the argument goes as follows: Employees feel good about their work situation when they are allowed and encouraged to use their valued skills and are recognized for these skills (e.g., Cummings & Malloy, 1977; Glaser, 1980). For example, a study conducted by Campion and McClelland (1993) showed that overall job satisfaction increased significantly after the jobs of clerical workers were enlarged to increase skill use and their special knowledge and abilities.

Regarding *externally generated goals*, high job demand and high workload leads to dissatisfaction with work. When other goals (such as family responsibilities) conflict with work goal, employees become disenchanted and frustrated. For example, Verducci and Gardner (2005) have shown that employee wellbeing can be significantly diminished when the nature of one's job forces employees to engage in tasks that they may be reluctant to do. They illustrate this point by citing the case of American journalists in the late 1990s that saw their profession as involving the pursuit of important stories in a careful and deliberate manner (i.e., verify their sources and provide scrupulous documentation and evidence). The market demand in relation to the journalism profession changed to cover sensational stories (the dramatic and horrific), and to report quickly and cut corners. These changes have left journalists feeling frustrated and unhappy about their jobs and careers (cf. Fischman, Solomon, Greenspan, & Gardner, 2004; Gardner, Csikszentmihalyi, & Damon, 2001). Much research has shown that high job demand does take its toll on certain dimensions of employee wellbeing such as anxiety, depression, emotional exhaustion, and burnout (e.g., Lee & Ashforth, 1996; Sevastos, Smith, & Cordey, 1992; Spector & O'Connell, 1994). However, other research has shown that some moderate levels of job demand are positively associated with employee wellbeing (e.g., Burger, 1989; De Jonge & Schaufeli, 1998; Karasek, 1979). The effect of role demand on employee wellbeing is most evident in studies examining work-family conflict (e.g., Frone et al., 1997; Frone, Russell, & Cooper, 1992a, 1992b; Rice, Frone, & MacFarlin, 1992; Thomas & Ganster, 1995).

With respect to *variety*, the extremely popular Job Characteristics Model (Hackman & Oldham, 1976) specifies skill variety as an important determinant of job satisfaction. Skill variety is the extent to which the job allows one to do different

tasks. Much research has documented the effects of variety on employee wellbeing (e.g., Cummings & Malloy, 1977; Glaser, 1980).

Concerning *environmental clarity*, this involves information about role expectations and behaviors likely to meet these expectations. The Job Characteristics Model (Hackman & Oldham, 1976) specifies task identity and feedback as important determinants of job satisfaction. Task identity is the degree to which one can see one's work from beginning to end. Feedback is the degree to which the work itself provides feedback for how the employee is performing the job. For example, in one study, Welsh and Parr (1990) showed how providing adequate information about the role of the sales people can contribute significantly to job satisfaction—information about the company products and customers, the company policies and procedures, competitor characteristics, and time management techniques; and how to overcoming frustration, loneliness, and irregular hours, confronting aggressive competitors, and persuading reluctant customers.

Concerning the *availability of money*, much research has shown the impact of financial resources on job satisfaction. Jayarante (1993), based on a review of the literature, concluded that organizational determinants such as pay and status are significant and robust determinants of job satisfaction (cf. Plater, Rahtz, & Katz, 1995). Clark and Oswald (1996) found that job satisfaction is not a function of the absolute level of pay but on pay relative to other co-workers with the same education and job classification (cf. Brown, Gardner, Oswald, & Qian, 2003).

Concerning *physical security*, much research related to job satisfaction has shown that employee perceptions of the safety of the physical surroundings and working conditions play a significant role in job dissatisfaction (see Jayarante, 1993, for literature review).

In relation to *supportive supervision*, much evidence has accumulated in the literature suggesting that positive leadership, supervisor's empathy, and management support for employees play a significant role in employee satisfaction with work (see Jayarante, 1993, for literature review; Kara, Uysal, Sirgy, & Lee, 2013; also see a meta-analysis in Gottfredson & Aguinis, 2016 and Montano, Reeske, Franke, & Huffmeier, 2017).

How about *opportunity for interpersonal contact*? Satisfaction with work is affected by the opportunity afforded to employees interact with colleagues, make friends, and collaborate with others on work-related task. For example, numerous studies have documented the job satisfaction impact of teamwork (e.g., Nandan & Nandan, 1995; Qvale, Hanssen-Bauer, et al., 1990). Teamwork is viewed as a formal form of collaboration in which team members simply confer with each other on issues before the team (Brill, 1976). Team members' exchange views freely to express agreement or disagreement. Teamwork is characterized by reciprocal trust and respect among team members. There is a certain degree of felt interdependence of functions, tasks, and shared decision making. Verducci and Gardner (2005) have conducted a large-scale study to explore what is good work and invariably found evidence that the effective use of source resources at work makes a difference in employee wellbeing. The use of social resources involves seeking obtaining support from co-workers and collaborating with them on organizational tasks (i.e.,

teamwork), as well as acting as mentors and role models for others. Meta-analyses indicate that social support at work is good predictor of job satisfaction as well as life satisfaction (Chiaburu & Harrison, 2008). When comparing types of social support, emotional or affective support from coworkers has been found to be a stronger predictor of job satisfaction relative to instrumental support. Both.

supervisor support and coworker support are negatively related to emotional exhaustion or fatigue. Social support at work does contribute to subjective wellbeing, especially when individuals experience high levels of stress (ter Doest & de Jonge, 2006).

In relation to *valued social position*, much research has shown that employee wellbeing is directly related to occupational status and job rank in the management hierarchy (see Jayarante, 1993 for a review of the literature). Status is indeed a significant and robust determinant of job satisfaction. The Job Characteristics Model (Hackman & Oldham, 1976) specifies task significance as an important determinant of job satisfaction. Task significance is the degree to which the employee perceives that his job is important and is recognized as such by others.

There are other environmental factors influencing employee wellbeing not addressed by Warr's (1999) classification. For example, ethics institutionalization is a work environment factor influencing employee wellbeing. Colleagues and I (Lee, Yu, Sirgy, Singhapakdi, & Lucianetti, 2018) conducted a study provided evidence suggesting that explicit and implicit ethics institutionalization do indeed have an effect on employee life satisfaction and happiness. We theorized that explicit ethics institutionalization (i.e., codification of ethical behavior in terms of codes of ethics, policy manuals, orientation programs, and ethics committees) has a positive effect on implicit ethics institutionalization (i.e., work climate in which ethical behavior is understood by employees to be central to the firm's identity and functioning), which in turn enhances employee wellbeing (job satisfaction, quality of work life, esprit de corps, and organizational commitment). Furthermore, we hypothesized employee wellbeing have a positive effect on overall life satisfaction and happiness, moderated by work-life family conflict. That is, the positive contribution of employee wellbeing to life satisfaction and happiness is deflated for employees experiencing work-life imbalance, much more so compared to those who experience balance. A survey of employees in Italy provided support for these theoretical notions (cf. Marta et al., 2013).

17.5.2 Employee Characteristics

As reviewed by Judge and Larsen (2001), evidence exists suggesting that job satisfaction is very much influenced by dispositional characteristics of the employee. Consider the seminal study by Staw and Ross (1985) who found evidence that measures of job satisfaction were reasonably stable over time and even when workers changed jobs (i.e., they still feel the same way irrespective of the job). Examples of factors in this category are affective disposition, the Big-Five

personality traits, core self-evaluations, employee age, and gender differences, among others.

Affective disposition refers to two personality traits (positive affectivity (PA) and negative affectivity) that reflect the emotional style and feelings about oneself. Much evidence has accumulated suggesting that employee's affective disposition does play a significant role in many measures of employee wellbeing (Elliott, Chatrand, & Harkins, 1994; George, 1989; Munz, Huelsman, Konold, & McKinney, 1996; Watson & Pennebaker, 1989; Watson & Slack, 1993; Watson & Walker, 1996). For example, Brief, Burke, George, Robinson, and Webster (1988) conducted a study that showed that employees scoring high on negative affectivity and a measure of negative affect at work during the previous week. Other studies focusing on positive affectivity (e.g., Judge & Locke, 1993; Necowitz & Roznowski, 1994; Schaubroeck, Ganster, & Kemmerer, 1996; Watson & Slack, 1993) showed that PA is more related to intrinsic than extrinsic job satisfaction. Thoresen, Kaplan, Basky, Warren, and de Chermont (2003) conducted a meta-analysis that revealed that negative affectivity was somewhat more strongly related to job satisfaction than positive affectivity.

With respect to the *Big-Five personality traits*, Judge, Heller, and Mount (2002) found that the three Big Five traits (neuroticism, extraversion, and conscientiousness) were significantly related to job satisfaction. Specifically, neuroticism was negatively related to job satisfaction, while both extraversion and conscientiousness were positively related.

Core self-evaluations are fundamental beliefs that people have about themselves and the way they function in the world at large (Judge et al., 1997). Specifically, core self-evaluation is a broad personality trait formed of four major dimensions: self-esteem, generalized self-efficacy, locus of control, and emotional stability. A meta-analysis between core self-evaluation and job satisfaction revealed a strong positive correlation (Judge & Bono, 2001).

With respect to employee *age*, there is some evidence that suggests that older employees experience higher job-specific wellbeing than younger employees (Birdi, Warr, & Oswald, 1995; Pugliesi, 1995; Warr, 1992). Warr (1999) discusses several explanations of this effect. One explanation is the assertion that on the average, older employees tend to have high-level and more-status positions than younger employees. A second explanation is the possibility that older employees have more dampened reward expectations than their younger counterparts. These expectations dampen with experience (i.e., older employees become more realistic in their expectations).

With respect to *gender differences*, large-scale surveys in the U.S. do not show any differences in job satisfaction (see Pugliesi, 1995 for a literature review). However, large-scale surveys in the U.K. show differences in favor of women (i.e., women report more satisfied at work than men) (Clark, 1996). Clark explained this finding by arguing that women have lower expectations of reward conditions at work than men. With respect to gender differences in relation to satisfaction with specific job facets, studies have shown men seem to be more satisfied than women with the opportunity for personal control (reported in Pugliesi, 1995). Conversely,

women seem to be more satisfied than men in regard to supportive supervision (again reported in Pugliesi, 1995). Roxburgh (1996) reported findings that suggest that women employees are more affected by high job demand and low variety than men employees. Furthermore, there is some evidence suggesting that women employees tend to experience higher levels of burnout than men employees (e.g., Kauppinen-Toropainen, Kandolin, & Mutanen, 1983; Maslach & Jackson, 1981).

Other studies have shown that the other factors such as personal motivation affects employee wellbeing (e.g., Cummings & Malloy, 1977; Glaser, 1980); family background in the way families serve as a formative source of positive values, good habits, and professional direction (e.g., Verducci & Gardner, 2005); religious and spiritual values in that employees get inspired by the belief that they may be doing “God’s work” (e.g., Verducci & Gardner, 2005).

17.5.3 Work-Related Behaviors

Work-related behaviors refer to constructs such as job performance, absenteeism, turnover, and discretionary activities. How are these related to work wellbeing? With respect to *job performance*, an early meta-analytic study provided evidence suggesting a relationship between job performance and job satisfaction, and more for intrinsic than extrinsic job satisfaction (Iaffaldano & Muchinsky, 1985). This general finding was reinforced by later studies (e.g., Podsakoff, MacKenzie, & Bommer, 1996; Shore & Martin, 1989).

With respect to *absenteeism*, employee absence from work is considered to be a substitute construct to job-performance in the sense that employees who do poorly on their job are likely to be more absent from work than those who do well on their job. Absences from work due to sickness, attending to family matters, and dealing with personal problems (and so on) do take a toll on employee productivity and job performance. In a meta-analysis, Farrell and Stamm (1988) found a negative relationship between job satisfaction and absenteeism. This finding was reinforced by Melamed, Ben-Avi, Luz, and Green (1995) who focused on satisfaction with specific job facets and absenteeism.

With respect to *turnover*, similar to absenteeism, turnover is taken as a sign of low job performance (Warr, 1999). Two meta-analyses provided ample evidence of a negative relationship between job satisfaction and turnover (Carsten & Spector, 1987; Hom, Caranikas-Walker, Prussia, & Griffeth, 1992). In other words, research clearly shows that job dissatisfaction is an important predictor of employees quitting their job, which in turn accounts for the employee turnover rate.

With respect to *discretionary activities*, Warr (1999) have argued that job satisfaction may be related to discretionary activities—those that employees choose to engage at free will and are not required of them because of job demand. Warr identified three types of discretionary activities: (1) voluntary overtime, (2) prosocial activity, and (3) adaptive behavior. For example, Gechman and Wiener (1975) have produced evidence that schoolteachers who volunteer extra time (unpaid) tend to be

more satisfied with their jobs than those who volunteer less. Prosocial activity at work refers to activities that employees engage to help others (e.g., activities providing assistance to co-workers, volunteering to take on needed tasks, and making suggestions to improve quality). A meta-analysis study (Organ & Ryan, 1995) provided evidence suggesting that job satisfaction is positively related with employee prosocial behavior at work. Adaptive behavior is the kind of behavior that employees undertake to adapt to a changing environment at work (employees undergoing more formal and informal training, learning new things on their own, serving on working groups to solve organizational problems, and so on). There is suggestive evidence showing that employees who score high on wellbeing measures tend to engage in more adaptive behaviors than those who score low (e.g., Birdi, Gardner, & Warr, 1998). Inherent in the concept of discretionary activities is a related concept of work-life balance. For a review of this literature, please see Lee and Sirgy (2018, 2019), Sirgy and Lee (2016, 2018) and Ford, Wang, and Huh (2018).

17.6 Conclusion

The concept of work wellbeing has been a long-time topic that traces its historical roots to McGregor's Theory Y in the management discipline. In this chapter, I began the chapter by defining the concept of work wellbeing. The reader was exposed to eight different definitions of work wellbeing: (1) meaningful work, (2) an affective response to the work environment, (3) ratio of job uplifts to job hassles, (4) need satisfaction, (5) satisfaction in work life, (6) a component of the broader concept of employee wellbeing, (7) job-specific wellbeing and context-free wellbeing, and (8) the European Commission definition of quality of work.

I then tried to answer the questions: What is the relationship between work wellbeing and subjective aspects of wellbeing? How does work wellbeing influence overall wellbeing and positive mental health? The evidence related to the former question point to a resounding yes. That is, much of the research literature in wellbeing studies support the notion that work wellbeing plays a key role in the subjective aspects of wellbeing. How? Several explanations were described. These were categorized in terms of five major dimensions: domain satisfaction theories (spillover, segmentation, compensation, and border), role theories (conflict, boundary, and identity), resource theories (scarcity), ego-involvement theories (engagement, involvement, and flow), human development theories (hygiene factors versus motivators, self-determination), goal theories (selection/optimization/compensation, time management, and goal selection/planning/implementation). These theories, of course, have policy implications. For example, public policies as well as organizational policies are developed and enforced to minimize conflict between work life and nonwork life (family life, social life, leisure life, spiritual life, etc.).

I then shifted gear to address the question: What are other consequences of work wellbeing and quality of life? Much of the evidence in wellbeing studies suggest that

besides the impact on subjective aspects of wellbeing, work wellbeing plays a significant role in many employee outcomes (e.g., employee performance and productivity, job involvement and effort, organizational identification and commitment, work attendance, intention to quit and retire, workplace incivility, and prosocial and organizational citizenship) as well as organizational outcomes (e.g., employee turnover). These collective results highlight the importance of work wellbeing in public policy. That is, work wellbeing influences many outcomes related to different stakeholders (employees, customers, managers, distributors, suppliers, host communities, etc.) and sectors of society (economy, education, housing, welfare, the environment, etc.).

I also addressed the predictors of work wellbeing and quality of life. There is a plethora of research in this area. Much of the research was categorized in three major groups: (1) the work environment, (2) employees' characteristics, and (3) work behavior. Examples of factors related to the work environment include opportunity for personal control, opportunity for skill use, externally generated goals, variety, environmental clarity, availability of money, physical security, supportive supervision, opportunity for interpersonal contact, and valued social position. Examples employee characteristics affecting work wellbeing and quality of life include affective disposition, the Big-Five personality traits, core self-evaluations, employee age, and gender differences. Finally, with respect to factors related to work behaviour, I described the impact of job performance, absenteeism, turnover, and discretionary activities. Understanding the predictors of work wellbeing should help decision makers (managers, public policy officials, etc.) develop policies and program that can enhance work wellbeing.

Finally, I like to make reference to an interesting and thought-provocative work wellbeing intervention that was conducted at the Trivago Flowlab (Ludwigs, Haese, Sivy, Weber, & Schromgens, 2020). The intervention involved 253 employees (130 experimental group, 123 control group) participating in a six-week wellbeing program. Both groups were surveyed multiple times about their wellbeing throughout the program. The program involved a mix of wellbeing workshops, digital content, and daily prompts designed to create healthy habits. The experimental group experienced higher levels of wellbeing on measures of sleep quality, mindfulness, flow, well-being at work, happiness, life satisfaction, work commitment, corporate appreciation and inter-department cooperation. This study gives us hope that wellbeing interventions can be designed for various work environments in various industries and institutions.³

³For additional reading on work wellbeing, I strongly recommend the following book: *Oxford Handbook of Positive Psychology and Work* (Linley, Harrington, & Garcrea, 2010). Also see the special issue in *Social Indicators Research* on flexible working outcomes for gender equality and worker's wellbeing (volume 151, issue 2, 2020).

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Chapter 18

Residential Wellbeing



You take care of you and your family. Then you go to your neighbourhood and then you spread it on out within the community.

—Al Smith (<https://www.brainyquote.com/authors/al-smith-quotes>)

18.1 Introduction

There is growing interest in concepts that come under the umbrella of “residential wellbeing” such “housing wellbeing,” “neighborhood wellbeing,” and “community wellbeing.” Many scholars and public policy officials have used these concepts and related research to address societal progress in lieu of the dominant paradigm of economic growth (Wiseman & Brasher, 2008). Many public policy makers interested in regional economic development have become increasingly interested in broadening the concept of economic development to socio-economic development. In doing so, they use social indicators in assessing the quality of life of a given region, community, and neighborhoods. Along these lines, many have become increasingly interested in understanding and measuring the effects regional, community, and neighborhood development through both subjective and objective social indicators of community wellbeing. In that vein, wellbeing researchers have addressed many related issues concerning residential wellbeing. This chapter describes some of these issues. The discussion is organized in terms of the following questions: What is residential wellbeing how is this construct conceptualized and operationalized? Does residential wellbeing play a significant role in the subjective aspects of quality of life? If so, how? And what are some factors or intervention programs that have been proven to enhance residential wellbeing and subjective quality of life?

18.2 What is Residential Wellbeing?

From a psychological perspective, wellbeing researchers have conceptualized residential wellbeing in terms of residents' gap between actual and desired housing and neighborhood conditions, residents' attitude toward their living space, feelings of gratification from living in a specific space, satisfaction with the community overall, residents' perceptions of the quality of life of their community, perception of community wellbeing by community planners, community pride, and satisfaction with dwelling features. See Sirgy (2018) for a thought-provocative essay on types of indicators that can be used to capture residential wellbeing *comprehensively*. Also see a well-informed essay on how we should conceptualize community wellbeing using a hybrid conceptualization involving individual subjective and community wellbeing by Atkinson, Bagnall, Corcoran, South, and Curtis (2020).

18.2.1 *Gap between Actual and Desired Housing and Neighborhood Conditions*

This is what we call the *gap concept of residential wellbeing*. This definition focuses on the difference between actual and desired housing and neighborhood conditions. In other words, residential wellbeing is the difference between a resident's actual and desired (or aspired-to) housing and neighborhood conditions (e.g., Galster, 1987; Galster & Hesser, 1981). Residents make judgments about residential conditions based on their needs and aspirations. Satisfaction with one's residential situation indicates the absence of complaints and a high degree of congruence between actual and desired. Conversely, a discrepancy between their actual housing or neighborhood and desired conditions may lead to dissatisfaction (cf. Erdogan, Akyol, Ataman, & Dokmeci, 2007). Handal, Barling, and Morrissy (1981) used a congruence measure of neighborhood satisfaction involving two dimensions, namely physical and social characteristics. Their measure involved two discrepancy scores: difference between ideal and perceived *physical* characteristics and difference between ideal and perceived *social* characteristics.

18.2.2 *Residents' Attitude toward their Living Space*

Some researchers have conceptualized residential satisfaction as an evaluation or feeling of favorableness or unfavorableness toward the neighborhood in question in an expectancy-value sense (Fishbein & Ajzen, 1975). Therefore satisfaction with one's residential place is captured as a composite of satisfaction toward the physical and social features of the neighborhood—features such as perceived attractiveness of the neighborhood, evaluations of upkeep of dwellings, similarity to neighbors, and

noise level of the block (Caffaro, Galati, Zardoya Loureda, & Roccato, 2019; Miller, Tsemberis, Malia, & Grega, 1980).

18.2.3 Resident's Feelings of Gratification from Living in a Specific Place

Other researchers have conceptualized residential wellbeing as residential satisfaction (e.g., Walton, Murray, & Thomas, 2008). Residential satisfaction, in this context, refers to the “experience of pleasure or gratification derived from living in a specific place” (Bonaiuto, Fornara, & Bonnes, 2006, p. 24).

18.2.4 Residents' Feelings of Satisfaction with the Community at Large

Community wellbeing is captured as residents' satisfaction with the community at large as well as its various conditions and amenities (e.g., Auh & Cook, 2009; Norman, Harwell, & Allen, 1997; Shin, 1980; Sirgy, Rahtz, Cicic, & Underwood, 2000; Widgery, 1982; Widgery & Angur, 1997). For example, my colleagues and I (Sirgy et al., 2000) measured community wellbeing in terms of residents' satisfaction with the community overall. We were able to demonstrate that our measure is nomologically valid by relating it to measures of global satisfaction with life.

From a psychological standpoint, community wellbeing has been conceptualized and measured by community residents' perceptions of the quality of life of their community (e.g., Jeffres & Dobos, 1990, 1992, 1995; Mthembu, 1997). For example, Jeffres and Dobos (1990, 1992) instructed the survey respondents (community residents) to rate the quality of life in the metropolitan area on a 10-point scale, where 10 represents the best place to live and 0 the worst.

18.2.5 Residents' Perceptions/Evaluations/Satisfaction of Community Amenities/Services/Conditions

My colleagues and I (Sirgy, Widgery, Lee, & Yu, 2010) developed a new measure of community wellbeing based on the notion that community residents perceive the quality-of-life impact of community services and conditions in various life domains (e.g., family, social, leisure, health, financial, cultural, consumer, work, spiritual, and environmental domains). These perceptions influence residents' overall perception of community wellbeing, their commitment to the community, and their overall life satisfaction. Survey data were collected in the Flint area (Michigan, USA) in four

Table 18.1 Residential wellbeing as perceptions and evaluations of community conditions and services

Perception and evaluation of the environment
• Green spaces • Urban cleanliness • Pollution (air, water, noise)
Perception and evaluation of urbanism
• Occupation density • Urban and architectonic quality
Perception and evaluation of mobility
• Traffic • Public transportation
Perception and evaluation of culture
• Cultural facilities • Cultural recreation
Perception and evaluation of sports and leisure
• Recreational and leisure spaces • Sports facilities
Perception and evaluation of education
• Educational facilities—kindergartens, schools • Higher education
Perception and evaluation of health
• Hospitals (public and private), health centres, nursing stations
Perception and evaluation of social work services
• Day nurseries, homes for the elderly, recreational centres, day centres, domiciliary services
Perception and evaluation of trade and services
• Trade and services to the population
Perception and evaluation of housing
• Purchase and leasing • Housing quality and condition
Perception and evaluation of urban safety
• Crime, urban insecurity
Perception and evaluation of poverty and exclusion
• Poverty and exclusion
Perception and evaluation of social and civic behaviour
• Social and civic behavior

Source: Adapted from Santos et al. (2007, p. 56)

waves (1978, 1990, 2001, and 2006). The data supported the nomological validity of the measure.

Other researchers have employed similar composite satisfaction indices. For example, Jeffres and Dobos (1990, 1992) measured this construct using a series of questions in which respondents rated the quality of housing, public schools, justice/ law enforcement, government services, public transportation, cultural events, employment opportunities, and outdoor recreation. Similarly, Santos, Martins, and Brito (2007) conceptualized community wellbeing as perception and evaluation of a variety of community services and conditions (cf. Widgery, 1982). See the dimensions and subdimensions of community wellbeing in Table 18.1.

18.2.6 *Perceptions and Evaluations of the Community by Planners*

Hovik (1992) conducted a study using a Delphi survey to elicit the judgment of regional planners as to what indicators are significant that reflect the quality of life of a community. The results of the Delphi survey narrowed the initial list of 113 social indicators into a smaller set involving three groups of indicators: demographic,

Table 18.2 Indicators of quality of life of a community as identified by planners

Demographic indicators	Sociocultural indicators	Socioeconomic indicators
• Population and density • Population growth rates* • Population age cohorts • Life expectancy* • Leading cause of death* • Number of hospital beds per population • Number of physicians per population • Adequate quality and quantity of food	• Availability of quality education* • Median number of years of education completed* • Per capita expenditures in basic education • Percent of population living in poverty* • Per capita expenditures spent on social welfare • Crimes of violence* • Crimes of property • Availability of existing housing* • Percent of housing that is substandard* • Percent of housing that is owner occupied • Quality of air and water resources* • Availability of necessary goods and services • Equitable distribution of income and wealth • Adequacy of parks and green space* • Availability and access of free time activities* • Availability of quality cultural amenities • Absence of racial and ethnic bias* • Relative easy access to family within the community • Appropriate types of neighbors and neighborhoods	• Unemployment rate* • Inflation rate • Per capita income* • Labor force compensation and earnings* • Employee turnover • Percent of labor force per sector of employment • Percent of income spent on taxes* • Amount of municipal revenues and expenditures • Highway expenditures and road system access* • Access to rail and air services

Source: Adapted from Hovik (1992)

Note: Those marked by an “*” were identified as “essential indicators” by the regional planners.

sociocultural, and socioeconomic. These are shown in Table 18.2. Indicators judged most useful as a measure of quality of life were ranked as follows:

- Air and water quality
- Quality of education
- Percent of population in poverty
- Number of crimes of violence
- Unemployment rate
- Number of crimes of property
- Absence of racial and ethnic bias
- Crime victimization rates
- Distribution of income and wealth
- Employee compensation and earnings
- Number of parks
- Per capita expenditures for social welfare
- Per capita income
- Availability of goods and services
- Percent of income spent on taxes

18.2.7 Community Pride

Baker and Palmer (2006) conceptualized and operationalized community wellbeing in terms of community pride. Community pride in this sense refers to the positive feelings of attachment residents feel about their community and their feelings of satisfaction with the community at large. Examples of measurement items used to capture this construct are shown in Table 18.3.

Table 18.3 Measuring community pride

Community attachment • I live here because I want to. • I am proud to tell others where I live. • I would not want to move away from here. • I think this city is an ideal place to live. • I feel like I belong in my community • I like the neighborhood in which I live. • I feel safe in my community. Community satisfaction • There are many areas that I find attractive. • There are many good leaders in this town. • The future looks bright. • There are many excellent services available if I need help. Responses are captured on a 5-point Likert-type scale varying from 1 = strongly disagree to 5 = strongly agree

Source: Adapted from Baker and Palmer (2006, p. 407)

18.2.8 Satisfaction with Dwelling Features

Another definition of residential wellbeing is essentially feelings of the resident in relation to many features that concern his immediate dwelling. Operationally-speaking, this translates into a composite of satisfaction with dwelling features such as, plumbing, kitchen facilities, heating equipment, interior condition, exterior condition, modernity, floor space/size, yard space, number of bathrooms, and privacy (e.g., Galster, 1987).

18.2.9 Domain Satisfaction

Recently, I (Sirgy, 2016) introduced a new conceptualization of residential well-being based on the concept of domain satisfaction. I defined residential wellbeing as satisfaction with one's living arrangement captured by one's home and its immediate surrounding (i.e., neighborhood and community) to the extent that this satisfaction contributes to the sense of well-being in seven major life domains, namely health/safety, financial, family, social, work, leisure/arts/culture, and education/personal development, which in turn all contribute to the overall sense of well-being. The contribution of housing amenities (and neighborhood and community amenities) to the overall sense of wellbeing to domain satisfaction is shown in Table 18.4.

18.3 Does Residential Wellbeing Play a Significant Role in the Subjective Aspects of Quality of Life?

For most people, housing is the largest consumption item in their lifetime, and home is the setting where one finds refuge, rest, and satisfaction (Adams, 1984). The home is the place in which people experience intimate experiences and thus tend to affect the quality of their lives (e.g., Andrews & Withey, 1976; Campbell, Converse, & Rodgers, 1976; Headey, 1981; Morris & Winter, 1978; Stoeckler, 1977; Stoeckler & Larntz, 1986). Major national surveys in the European Union countries (Ireland, Italy, Germany, France, the Netherlands, Belgium, Denmark, and the U.K.) have shown that satisfaction with housing and neighborhood is a significant predictor of life satisfaction (Davis & Fine-Davis, 1991).

The residential environment can profoundly affect the quality of people's lives (e.g., Andrews & Withey, 1976; Campbell et al., 1976; Carp, 1976; Headey, 1981). The neighborhood plays an important role in social interactions and relationships with others. The neighborhood affects well being through health, friendship, work, financial status, and marital relationships.

The literature on residential mobility and quality of life (see Michalos, 1997 for an excellent review of the literature) indicates that people tend to move to

Table 18.4 How residential amenities contribute to subjective wellbeing**Wellbeing in relation to education and personal development**

- Housing: personal library, digital educational programming, etc.
- Neighborhood/community: community library, educational programs offered nearby, etc.

Wellbeing in relation to leisure, arts, and culture

- Housing: hobby room, nice décor, art pieces and pictures, etc.
- Neighborhood/community: theaters, festivals, sport events, etc.

Work wellbeing

- Housing: study room, den, tool room, wiring and other infrastructure in the house to accommodate internet, telephone, mobile phone, etc.
- Neighborhood/community: workplace within an easy commute, no traffic congestion on the way to work, good road conditions on the way to work, availability of public transportation, etc.

Social wellbeing

- Housing: adequate and quality space for social functions, etc.
- Neighborhood/community: restaurants, cafes, shopping malls/centers, park and rec places, etc.

Family wellbeing

- Housing: quality family-related room (e.g., kitchen, utility rooms, family room, porch/deck, etc.).
- Neighborhood/community: grocery store(s) close by, department store(s) department store (s), hardware store(s), childcare center(s), eldercare center(s), etc.

Financial wellbeing

- Housing: affordable rent or mortgage, investment opportunity, affordable utilities, affordable maintenance and repair, etc.
- Neighborhood/community: affordable cost of living in the community, banks and financial services, maintenance and repair services, etc.

Wellbeing in relation to health and safety

- Housing: safe electrical, safe water, safe heat/air conditioning, safe air, etc.
- Neighborhood/community: fitness and sports facilities, hospital and clinics, crime-free neighborhoods, law enforcement, rescue squad, fire department, etc.

Source: Adapted from Sirgy (2016) and Baker and Palmer (2006, p. 138)

neighborhoods that have a higher quality of life. Quality of life for the social mobile people is viewed as a place to achieve economically speaking. It is a place that has good public services, good prospects for career advancement and access to jobs, and good schools. It is a place that has reasonable taxes, low housing costs and low risk of health hazard and crime. As previously cited, major national surveys in the European Union countries (Ireland, Italy, Germany, France, the Netherlands, Belgium, Denmark, and the U.K.) have shown satisfaction with neighborhood is a significant predictor of life satisfaction (Davis & Fine-Davis, 1991).

In 1995, the Regional Plan Association and the Quinnipiac College Polling Institute of Hamden, Connecticut surveyed 1500 residents of 31 counties in New York, New Jersey, and Connecticut to examine determinants and consequences of perceived community wellbeing (Wagner, 1995). The study also surveyed 400 people from each of the four other major metropolitan areas, namely Los Angeles-Riverside-Orange County, Dallas/Fort Worth, Atlanta, and Seattle-Tacoma-Bremerton. The results of this survey indicated that a person's satisfaction with their community has a big effect on their perceived quality of life.

Another example of a study that demonstrated the link between community wellbeing and subjective aspects of quality of life (happiness, subjective wellbeing, and positive mental health) is Norman et al. (1997). These authors conducted a study showing that community satisfaction does make a significant and positive contribution to community residents' perceptions of their own quality of life. The study involved five rural South Carolina communities. The sample involved 360 residents who responded by completing a survey questionnaire. The study also revealed that satisfaction with recreational services provided by the town does positively affect community satisfaction. Using community pride as an indicator of community wellbeing, Baker and Palmer (2006) conducted a survey of community residents and the results demonstrated a positive link between community pride and quality of life.

Therefore, the answer to the question of whether subjective constructs of community wellbeing play a role in overall subjective wellbeing is a resounding yes. The next question to answer is: how does this come about?

One explanation—*bottom-up spillover*—was advanced by my colleagues and me (Sirgy et al., 2000). We developed a method and measures for assessing residents' satisfaction with community-based services and showing how satisfaction with these services determine global satisfaction with the community at large, which in turn plays a significant role in global satisfaction with life. The method is based on the theoretical notion that *consumer satisfaction with individual government services* (e.g., police, fire/rescue, and library), *business services* (e.g., banking/savings, insurance, and department stores), and *non profit services* (e.g., alcohol/drug abuse services, crisis intervention, and religious services) affect satisfaction with the community at large (global community satisfaction). Ultimately, this global community satisfaction, together with satisfaction with other relevant life domains (work, family, leisure, etc.), affect global life satisfaction. The theoretical notions were explained using bottom-up spillover theory. This theory applied to the method explains that residents' overall satisfaction with a community can be decomposed into a variety of sub-domains, each of which contributes to their overall feelings about the community. Survey data from four different communities were collected to test the validity of the method. The results provided support to the model and the assessment method and measures used. From a managerial perspective, the authors showed how the model and the assessment method can be used by community leaders to tap citizens' perception of community quality of life and its determinants, identify strategic gaps or problem areas, and take corrective action.

18.4 Factors Affecting Residential Wellbeing

There are many factors affecting residential wellbeing, psychologically speaking. We will organize those factors in three major categories of factors: institutional factors, social factors, and environmental factors.

18.4.1 Institutional Factors

In studying the predictors of community satisfaction of Flint (Michigan), Widgery (1982) found *trust in government and the political system* to be an institutional factor affecting residents' satisfaction with the community at large.

There are many studies that have shown that *satisfaction with business, government, and nonprofit services* provided to community residents plays an important role in the residents' overall feelings about their community and their overall sense of wellbeing (e.g., Andrews & Withey, 1976; Baker & Palmer, 2006; Bruin & Cook, 1997; Campbell et al., 1976; Grzeskowiak, Sirgy, & Widgery, 2003; Lansing, Marans, & Zehner, 1970; Lee, Sirgy, Larsen, & Wright, 2002; Michalos & Zumbo, 2000; Morris & Winter, 1978; Sirgy et al., 2000; Sirgy & Cornwell, 2001; Sirgy, Gao, & Young, 2008; Widgery, 1992, 1995). For example, the study conducted by Auh and Cook (2009) involved a survey among rural residents. The study found that *satisfaction with local government services and commercial services and facilities* does indeed influence community satisfaction. Wagner (1995), in a large-scale survey of five metropolitan areas, found that *high-quality public schools* play a significant role in residents' sense of overall wellbeing.

Among the important institutions that play an important role in quality of life for community residents is the healthcare institution. My colleagues and I (Rahtz & Sirgy, 2000; Rahtz, Sirgy, & Lee, 2004; Rahtz, Sirgy, & Meadow, 1989) have conducted a series of studies that explored the relationship between *satisfaction with healthcare in the community* and the effect of such satisfaction on community wellbeing and subjective aspects of quality of life. Specifically, the research was able to demonstrate that community satisfaction and personal health satisfaction were important determinants of life satisfaction of community residents. Both community satisfaction and personal health satisfaction were strongly influenced by satisfaction with a variety of healthcare services available in the local community (e.g., drug stores, hospitals, oncology centers, children health services, healthcare services related to diabetes, maternal health services, among many others).

A study conducted by Wassmer, Lascher, and Kroll (2009) noted that personal happiness seems affected by *increases/decreases in public expenditures on public safety*. This study was based on the *General Social Survey* conducted in the US, administered by the National Organization for Research at the University of Chicago. The personal happiness survey item in this survey is: "Taken all together, how would you say things are these days—would you say that you are very happy, pretty happy, or not too happy? The construct related to public safety was captured as an objective indicator as public safety expenditure as % of state and local expenditure.

18.4.2 Social Factors

Researchers interested in treating community development in terms of residents' perceptions of the quality of life of the community have investigated factors impacting residents' overall perception of community quality of life. The work by Jeffres and Dobos (1990, 1992, 1995) is an example of this effort. These authors developed a model to explain and predict quality of community life (QCL), which posits that QCL is primarily determined by *personal happiness (or overall perception of quality of life of community residents) and perceptions of others' quality of life*. Personal happiness and perceptions of others' quality of life are in turn, influenced by *communication channels and network relations, communication processes, and personal observation and experience*. Residents' personal values, goals, status, resources, relations, and life cycle influence these, in turn. The model also shows that residents' assessment of QCL is highly dependent on the information communicated through the local media, interpersonal communications, and personal observations. The role of marketing communications was also found to play an important role in QCL. Based on study results, they made a call for a communication campaign tied with public programs designed to involve residents in their community.

Much evidence exists suggesting that lack of safety and crime affects happiness in adverse ways (e.g., Dahmann, 1985; Goitein & Forsythe, 1995; Hartnagel, 1979; Michalos & Zumbo, 2000; Widgery, 1992, 1995). However, people have a remarkable ability to adapt to lack of safety and crime. Consider the case of Afghanistan. Graham (2009, 2011) reports on a large-scale happiness study in Afghanistan in which crime and corruption do not seem to be negatively correlated with happiness. She attributes this finding to the fact that crime and corruption is the norm in Afghanistan, and people have adapted to these circumstances. However, crime and corruption in Taliban-influenced areas of the country are not the norm. Survey results from these areas do show a negative relationship between happiness and crime victimization. In other words, those who were victimized by crime and corruption report lower levels of happiness.

Mthembu (1997) has shown how *crime* in certain communities in South Africa can significantly affect the QCL among residents. That crime has a significantly greater effect on QCL than health, unemployment, and inflation, among others. That crime affects QCL through fear. Sociability of community residents is diminished as a direct function of the fear of crime. The emotional and financial consequences of crime are great. This observation has been validated by a study conducted in 1995 by the Regional Plan Association and the Quinnipiac College Polling Institute of Hamden, Connecticut (Wagner, 1995). The study revealed 34% of those who say crime is a serious problem where they live expressed dissatisfaction with their communities. However, the share is higher among residents who cite other problems. For example, 41% of those who say lack of community is a serious problem expressed dissatisfaction with their community. And 43% of those who cite lack of parks and open space also expressed dissatisfaction with their community.

Moller (2005) examined the relationship between victimization and quality of life in South Africa's Nelson Mandela Metropolitan Municipality in the Eastern Cape Province through a large-scale survey of community residents. This study found that fear of crime and concerns about personal safety are more negatively related to life satisfaction than actual victimization. The same study found that crime against a person tends to have a more significant negative impact on life satisfaction than crimes of property.

A recent study conducted in Malawi (Davies & Hinks, 2010) examining the link between crime and happiness found that crime does indeed have a negative effect on personal happiness. The same study findings indicate that males and females respond differently to crime—males are negatively affected by the actual crime whereas females are negatively affected by subjective feelings of insecurity arising from crime. Again, more recently, a study by Kitchen and Williams (2010) investigated the relationship between crime and quality of life in Saskatoon, Canada—a city that has a very high crime rate in Canada and publicized in the news media as such. Part of the survey they conducted includes measures of fear of crime (“How would you describe your safety from violent crime in your neighborhood?” Excellent/Very good-Good-Fair/poor) and quality of life (“How would you describe your overall quality of life?” Excellent/Very good-Good-Fair/poor). The study results indicate that residents who reported their quality of life to be lower also expressed higher levels of fear of crime (cf. Michalos & Zumbo, 2000).

Widgery and Angur (1997) reported that *satisfaction with race relations* and the *race mix of the neighborhood* seem to be a significant predictor of satisfaction with community life among white residents, but not black residents. Their study was based on 1030 residents of a community in Flint, Michigan, USA (cf. Widgery, 1992, 1995). Living in a neighborhood with others of the same race/ethnic group plays a significant and positive role on subjective wellbeing for individuals belonging to minority race/ethnic groups (Yuan, 2008). Specifically, Blacks in the US living in Black neighborhoods gain much social support and enjoy higher levels of subjective wellbeing and lower levels of depression.

Widgery (1982) was able to provide evidence suggesting that *satisfaction with friends and family in the community* played an important role in the satisfaction with the community at large. A recent Canadian study (Muhajarine, Labonte, Williams, & Randall, 2008) showed that *neighborliness* has a positive effect on perceived quality of life and self-reported health. Another study conducted by Auh and Cook (2009) conducted a survey among rural residents and found that *social capital* does contribute directly to community satisfaction and indirectly through community attachment (cf. Ahlbrandt & Cunningham, 1979; Davis & Fine-Davis, 1991; Galster & Hesser, 1981; Lansing et al., 1970). See Table 18.5 for how social capital was measured in the context of the study.

Dittmann and Goebel (2010) used the German Socio-Economic Panel Data to examine the relevance of neighborhood aspects for life satisfaction in Germany. The study findings revealed that a positive relationship between *social cohesiveness* and life satisfaction. That is, people who are closer in contact with their neighbors tend to report higher levels of life satisfaction than people are less close (cf. Fried &

Table 18.5 Measuring social capital in a community

Social capital was measured using three indicators in which respondents were instructed to rate their community in terms of four dimensions: • friendliness (from “unfriendly” or 1 to “friendly” or 9), • supportiveness (from “indifferent” or 1 to “supportive” or 9), • exciting (from “boring” or 1 to “exciting” or 9), and • trust (from “not trusting” or 1 to “trusting” or 9).

Source: Adapted from Auh and Cook (2009)

Table 18.6 Measuring community involvement

• Residents can influence community decisions. • Residents are involved in making community decisions. • People work together to get things done. • Residents respect people from all cultures. Responses are captured on a 5-point Likert-type scale varying from 1 = strongly disagree to 5 = strongly agree

Source: Adapted from Baker and Palmer (2006, p. 405)

Gleicher, 1961; Western, Weldon, & Haung, 1974). Baker and Palmer (2006) were able to demonstrate that *community involvement* is an important determinant of community pride (which is their definition of community wellbeing). They measured community involvement using the survey items shown in Table 18.6.

McKee, Wall, and Luther (1997) conducted a study using a sample of communities in the Southeast and Southwest of the United States—the initial sample involved representatives from 154 communities and the final sample involved representatives of 321 communities. The study found that *community development culture* plays a significant role in the economic development performance of communities. See definition and measurement aspects of community development culture in Table 18.7. Community development culture incorporates elements of community wellbeing and therefore this study shows that community wellbeing can and does play a significant role in economic development performance of communities. Economic development performance was measured by asking community representatives to indicate how their community compared with competing communities in terms of five indicators: Expansion of existing business, new job creation, retention of existing business, new business creation, and attracting new businesses to locate in their community. Responses were tapped on a 7-point scale varying from “1” (much worse than average) to “7” (much better than average).

There are other social factors that play a role in housing, neighborhood, and community satisfaction. Examples include housing stratification (e.g., Wu, Chen, Bian, & Wang, 2020).

Table 18.7 Defining and measuring community development culture

Community development culture is defined as a set of beliefs of community residents that favor development. It was measured using Likert-type scales through four dimensions:

- **Community spirit** (e.g., “Our residents, and particularly our leaders, show a strong sense of community pride.” “There is an emphasis on quality in our business and community life.” “Our community is willing to invest in its future. There is a participatory approach to decision making in our community.” “Our residents have a cooperative community spirit.”)
- **Economic development leadership** (e.g., “Our community leaders have a realistic appraisal of future opportunities.” “Our community leaders are aware of competitive positioning in community and economic development efforts.” “Our community has an active economic development program.” “Our community leaders make sophisticated use of information sources.” “Our community leaders are willing to seek help from outside sources like the state, universities, utilities, and so on.” “There is a conviction among our leadership that, in the long run, making our community a good place to live is up to us.” “Leaders in our community are aware of the physical environment and how it can contribute to development.”)
- **Political action** (e.g., “There is a deliberate transition of power to the youngest generation of leaders in our community.” “Women are accepted in leadership roles in our community.” “Our leaders take problems in providing healthcare head on.” “There is a sound and well-maintained infrastructure—streets, sidewalks, water, and sewer systems—in our community.” “Our leaders use community fiscal resources wisely.”)
- **Institutional foundation** (e.g., “There is a strong belief in and support for education in our community.” “There is a strong family orientation in our community.” “Traditional institutions, like the church, schools, and civic clubs, are a well-developed part of life in our community.”)

Source: McKee et al. (1997)

18.4.3 Environmental Factors

There are many environmental factors within a community that adversely affect residential well-being and the subjective aspects of quality of life. Examples include:

- *noise pollution*—the greater the airport noise the lower the residential wellbeing (e.g., (e.g., Davis & Fine-Davis, 1991; Hygge, Evans, & Bullinger, 2002; Schreckenberger & Meis, 2007; Van Praag & Baarsma, 2005; Van Praag & Ferrer-i-Carbonell, 2004);
- *air pollution*—the greater the air pollution the lower the residential wellbeing (e.g., Goitein & Forsythe, 1995; Jacobs, Evans, Catalano, & Dooley, 1984; Luechinger, 2007; Welsch, 2006);
- *commuting*—the longer the commute the lower the residential wellbeing (e.g., Ingenfeld, Wolbring, & Bless, 2019; Kahneman & Krueger, 2006; Novaco, 1992; Novaco & Collier, 1994; Novaco, Kliever, & Broquet, 1991; Novaco, Stokols, & Milanesi, 1990; Stutzer & Frey, 2007);
- *mechanical systems*—mechanical systems in the house (e.g., heating, kitchen appliances) that are either lacking or not functional take a negative toll on housing satisfaction (e.g., Davis & Fine-Davis, 1991; Galster & Hesser, 1981);
- *structural defects*—the more the perceived housing defects the greater the dissatisfaction with the dwelling (e.g., Galster & Hesser, 1981),

- *dilapidated structures*—residents living in neighborhoods with dilapidated structures are more likely to be dissatisfied than those living in neighborhoods with well-maintained structures (e.g., Galster & Hesser, 1981);
- *dwelling age*—the older the house the greater the dissatisfaction with the dwelling (e.g., Davis & Fine-Davis, 1991; Galster, 1987; Varady, 1982, 1983);
- *kitchen and bathrooms*—dissatisfaction with the kitchen and bathrooms lead to dissatisfaction with the house at large (e.g., Davis & Fine-Davis, 1991);
- *draught/dampness*—the higher the water draught (the higher the water dampness) the greater the dissatisfaction with the house at large (e.g., Davis & Fine-Davis, 1991);
- *housing condition*—negative housing conditions tend to take a toll on residential wellbeing (e.g., Auh & Cook, 2009; Westaway, 2006);
- *adequacy of outdoor play space*—neighborhoods with inadequate outdoor play space tend to lead to residential dissatisfaction (e.g., Lansing et al., 1970);
- *compact development*¹—the greater the compact development of the neighborhood the lower the residential wellbeing (e.g., Arifwidodo & Perera, 2011; Burgess, 2000);
- *access to public transportation*—the higher the satisfaction with access to public transportation to higher the satisfaction with the neighborhood at large (e.g., Davis & Fine-Davis, 1991); and
- *conditions of roads/footpaths in neighborhood*—the worse the conditions of roads and footpaths in the neighborhood the greater the dissatisfaction with the neighborhood at large (e.g., Davis & Fine-Davis, 1991).

In contrast, there are also environmental factors that positively affect community wellbeing and subjective wellbeing. Examples include

- *parks and green spaces*—the more parks and green spaces in the neighborhood the greater the residential wellbeing (e.g., Bird, 2007, for a review²; Erdogan et al., 2007; Vemuri & Costanza, 2006);

¹*Compact development* refers to the physical layout and spatial arrangement of the city in ways to increase built area and population densities derived from concentration of urban functions (Burgess, 2000). Compact development policies have been popular in cities of developed countries. However, a study conducted by Arifwidodo and Perera (2011) in Bandung city (Indonesia) examined the perceived impact of different features of compact development on the life satisfaction of community residents, which concluded that compact development policies may not contribute to QOL. Hence, compact development policies should be better tailored to suit the needs of cities in developing countries.

²Bird (2007) identified at least two major theories designed to explain the wellbeing effects of human experience with nature. The first theory, *the biophilia hypothesis*, posits that humans are genetically favorably disposed toward landscapes that have water and variety (e.g., savanna²). It may have been that ancient humans have survived and prospered in such landscapes. The second theory, *the restoration hypothesis*, posits that humans “recharge their batteries” by exposure to nature. In other words, nature plays a significant role in health restoration and stress reduction.

- *walkability*³—the more walkable one's area of living to amenities the greater the residential wellbeing (e.g., Leyden, 2003; Rogers, Halstead, Gardner, & Carlson, 2011);
- *adequacy of the place for retirement*—the more a community is perceived to have the conditions and amenities that are favorable for retirement the greater the residential wellbeing (e.g., Goitein & Forsythe, 1995);
- *sports and recreational opportunities for children*—the higher the perception that the neighborhood has sports and recreational opportunities for children the greater the residential wellbeing (e.g., Goitein & Forsythe, 1995);
- *the aesthetic quality of the community*—the greater the residents' perception of the aesthetic quality of the community the greater the residential wellbeing (e.g., Widgery, 1982);
- *garden*—the higher the satisfaction with the garden the higher the satisfaction with the house at large (e.g., Davis & Fine-Davis, 1991);
- *housing landscape*—the more aesthetic (and the greater the size of the yard) the landscape of the house the greater the satisfaction with the dwelling (e.g., Galster & Hesser, 1981; Lee & Weber, 1984);
- *aesthetic quality of the neighborhood*—neighborhoods perceived to have higher aesthetic quality are rated higher in neighborhood satisfaction (e.g., Widgery, 1992, 1995); and
- *population density*—the greater the population density the lower the quality of life; that is, higher population density is related to an increase in negative life events (i.e., criminal and noncriminal in nature) and a reduced perception of neighborhood quality (e.g., Cramer, Torgersen, & Kringlen, 2004; Walton et al., 2008).

There are many other environmental factors that affect residential wellbeing either positively or negatively. These include:

- *neighborhood features*⁴—neighborhood perceived to have high levels of social, economic, and environmental positive features the higher the residential wellbeing (e.g., Sirgy & Cornwell, 2002);

³*Walkability* refers to the extent to which community residents can walk in their own neighborhoods and easily access stores, amenities, and interact with neighbours and friends. Thus, being able to walk to places to meet daily needs serve to reduce social isolation and contribute to mental and physical wellbeing of residents (Leyden, 2003). Rogers et al. (2011) used a case study approach to document the positive effects of walkability in enhancing residents' degree of social capital in three communities in New Hampshire (USA).

⁴Sirgy and Cornwell (2002) conducted a study showing how *satisfaction with neighborhood features* affect residents' quality of life (life satisfaction). Survey data from a variety of communities located in southwest Virginia were collected. The study findings show that satisfaction with different features of the neighborhood (social, economic, and physical) affect different domain satisfactions, which in turn affect life satisfaction. Specifically, satisfaction with the physical features affects both neighborhood satisfaction and housing satisfaction. Neighborhood satisfaction plays a role in community satisfaction, whereas housing satisfaction plays a role in home satisfaction. Both community satisfaction and home satisfaction, in turn, play a role in life satisfaction.

- *availability of third places*⁵—when residents perceive availability of other places to socialize and spend leisure time the greater the residential wellbeing (e.g., Jeffres, Bracken, Jian, & Casey, 2009);
- *housing space and quality*—the more spacious (and higher quality) the dwelling the greater the satisfaction with the dwelling (e.g., Campbell et al., 1976; Galster, 1987; Galster & Hesser, 1981; Levy-Leboyer, 1993; Lu, 1999; Morris & Winter, 1975, 1978; Rogers & Nikkel, 1979; Rossi, 1980; Weidemann & Anderson, 1985);
- *housing interior and exterior*—the more aesthetic the interior and exterior of the house the greater the satisfaction with the dwelling (e.g., Hafstrom & Chung, 1990; Lee & Weber, 1984; Stoeckler, 1977; Stoeckler & Larntz, 1986);
- *daylight in living room*—the more daylight in the living room the higher the satisfaction with the house at large (e.g., Davis & Fine-Davis, 1991);
- *housing general amenities*—the more house amenities (e.g., housing units with telephone, piped gas, adequate cooling, adequate storage space)—the greater the housing amenities the greater the residential wellbeing the greater the housing amenities the greater the life satisfaction the higher the satisfaction with the house at large (e.g., Davis & Fine-Davis, 1991; Zebardast, 2009);
- *smells/fumes*—the lower the index of smells/fumes the higher the satisfaction with the house at large (e.g., Davis & Fine-Davis, 1991);
- *general housing condition*—the greater the perception that the current condition of the house is in good shape the greater the satisfaction with the house (e.g., Auh & Cook, 2009); and
- *type of housing structure* (single-family homes versus apartment complex)—elderly residing in apartment complex express greater residential satisfaction than those living single-family units mostly because of satisfaction with building maintenance (e.g., James, 2008).

18.4.4 Economic Factors

Fernandez and Kulik (1981) found that life satisfaction is negatively associated with the *cost of living in the neighborhood* (cf. Lu, 1999). Interestingly, individual household income and the average household income in the neighborhood were found not to be associated with life satisfaction. Neighborhoods with high home

Satisfaction with the social features of the neighborhood plays a role in the satisfaction with the neighborhood and the community—the latter feeds into life satisfaction. Satisfaction with the economic features of the neighborhood plays a role in the satisfaction with the house and home—the latter feeds into life satisfaction.

⁵*Third places* are areas that community residents visit within the community to socialize and spend leisure time. Jeffres et al. (2009) conducted a study that was able to demonstrate a link between the availability and use of third places and perceived quality of life of community residents.

value tend to be associated with residential satisfaction than those with homes of lower value (e.g., Lansing et al., 1970).

Ross, Reynolds, and Geis (2000) examined the relationship between *fluctuation/stability in the residential area* and life satisfaction. The study suggested that stable communities with low turnover rates are associated with higher levels of life satisfaction but only in rich residential areas.

Shields and Wooden (2003) found that the demographic profile of the neighborhood (e.g., average household income, rate of unemployment) is not associated with life satisfaction. Interestingly, the major finding is that people living in the same neighborhood tend to report similar levels of life satisfaction. In other words, neighborhoods tend to be homogeneous in relation to life satisfaction. This may be explained by social comparison theory. That is, people in the same neighborhood tend to *compare their income and living situation with their neighbors*; therefore, they may feel equally happy as their neighbors (cf. Luttmer, 2005). Clark, Kristensen, and Westergaard-Nielsen (2008) also underscored the positive relationship between neighborhood income and life satisfaction of neighborhood residents. Furthermore, residents were found to report higher levels of life satisfaction when their neighbors are richer, which suggests social comparison. Poorer neighbours “bask in the glory” of their richer neighbors. Dittmann and Goebel (2010) reported an interesting study finding: life satisfaction is lower when a person resides in a neighborhood with a higher socioeconomic status than his or her own. This result underscored the notion that people do indeed compare themselves with their neighbors in making judgments about life satisfaction.

Home ownership (versus rental characteristics) seems to play a role in residential satisfaction—housing satisfaction is low when residents are renters surrounded by a neighborhood of home owners; and conversely, housing satisfaction is high when residents are home owners surrounded by a neighborhood of renters (e.g., James, 2008; Vera-Toscano & Ateca-Amestoy, 2008).

18.4.5 Geographic Factors

Are there differences between cities as a direct function of geography? This research question was addressed by Okulicz-Kozaryn and Valente (2019) who examined correlations between liveability and subjective wellbeing across European cities. Liveability was measured using the popular Mercer Quality of Living Survey (which correlates well with measures of community wellbeing and life satisfaction; <https://mobilityexchange.mercer.com/Insights/quality-of-living-rankings>). This measure of liability evaluates cities based on 39 factors (political, economic, environmental, personal safety, health, education, transportation, and other public service factors). The study found Western and Northern European cities to rank higher in liveability

and subjective wellbeing than others. Furthermore, smaller cities ranked higher than larger cities.

18.5 Conclusion

In this chapter I made an attempt to provide answers to several questions: (1) what is community wellbeing how is this construct conceptualized and operationalized? Does community wellbeing play a significant role in the subjective aspects of quality of life? If so, how? And what are some factors or intervention programs that have been proven to enhance community wellbeing and quality of life?

With regard to the question of what is community wellbeing, I described how wellbeing researchers have conceptualized community wellbeing in terms of residents' gap between actual and desired housing and neighborhood conditions, residents' attitude toward their living space, feelings of gratification from living in a specific space, satisfaction with the community overall, residents' perceptions of the quality of life of their community, perception of community wellbeing by community planners, community pride, satisfaction with dwelling features, and domain satisfaction.

Regarding the question concerning the link between community wellbeing and quality of life, I described some evidence that suggests a strong and positive link. That is, people who feel good about their community are likely to also feel good about their lives. I described the link mechanism using bottom-up spillover theory. That is, satisfaction in community life, in conjunction with satisfaction in other life domains, spill over to the most abstract domain of life at large, thus influencing life satisfaction.

I also described many factors affecting the sense of community wellbeing. These include institutional factors (e.g., satisfaction with a variety of community services and institutions), social factors (e.g., social capital, community involvement), environmental factors (e.g., noise and air pollution, commuting, parks and green spaces), economic factors (e.g., relative and absolute income of the neighborhood), and geographic factors (e.g., city size, geographic location).

In sum, research in community wellbeing sheds a great deal of light on the subjective aspects of quality of life. Understanding the links between community wellbeing and quality of life is an important research topic that has strong public policy implications. I urge my colleagues to invest more research in this area and to focus on unexplored issues such as the interrelationships between community wellbeing and other wellbeing domains, and the impact of these interactions on the subjective aspects of quality of life.

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Chapter 19

Material Wellbeing



You only ever have three things: (1) yourself, wellbeing and mindset, (2) your life network, resources and resourcefulness, and (3) your reputation and goodwill. Treasure and tend the first. Value, support and build the second. And mindfully, wisely ensure that the third (your life current and savings account) is always in credit

—Rasheed Ogunlaru (<https://www.goodreads.com/quotes/tag/savings>)

19.1 Introduction

One can easily acknowledge that the economic landscape in every country and around the world in becoming increasingly complex. As such, the goal to attain material wellbeing is also becoming increasingly elusive for the majority of people. Poverty and financial insecurity are rampant. However, some of us achieve material wellbeing. The question then becomes: How and why do some individuals achieve a sufficient level of material wellbeing while others fail? Does material wellbeing play an important role in happiness, subjective wellbeing, and positive mental health? What is material wellbeing anyway? Can research on material wellbeing help develop policies and programs that can enhance material wellbeing and other subjective aspects of quality of life? I will attempt to answer these questions in this chapter.

19.2 What Is Material Wellbeing?

Material wellbeing is a term that is interchangeable with terms such as financial wellbeing, economic wellbeing, and consumer wellbeing.¹ The literature points to several definitions of material wellbeing. These are (1) evaluation of one's financial

¹For a thought-provocative essay on well-being marketing and how consumer well-being is an inherent concept guiding this organizational philosophy, see Yu, Lee, and Sirgy (2014).

situation; (2) evaluation of one's standard of living; (3) feelings of financial security; (4) objective indicators of economic wellbeing; (5) consumers' feelings about major goods and services; (6) satisfaction with acquisition of consumer goods/services and possession of major consumer durables; (7) satisfaction with specific categories of obtained goods and services that are purchased through retail institutions; (8) satisfaction with acquisition, possession, and maintenance of material goods; and (9) subjective wellbeing directed related to product benefits (see Sirgy, 2018, 2019, for a literature review; also see the entire edited volume by Brule & Suter, 2019 for a broader exposition of the topic on wealth and subjective wellbeing).

19.2.1 Evaluation of One's Financial Situation

Wellbeing researchers have defined material wellbeing in terms of an individual's evaluation of current financial situation of his or her family. For example, Xiao, Tang, and Shim (2009) operationalized material wellbeing using the following survey item: "Indicate how satisfied or dissatisfied you are with your financial situation: from 1 = Very dissatisfied to 5 = Very satisfied" (cf. Vera-Toscano, Ateca-Amestoy, & Serrano-del-Rosal, 2006). Another measure that focuses on financial satisfaction, but not in relation with the self but to one's family, is: "All in all, how do you rate the economic situation of your family today? 1 = Very unsatisfactory, 2 = Unsatisfactory, 3 = Satisfactory, and 4 = Very satisfactory (Hayo & Seifert, 2003).

19.2.2 Evaluation of One's Standard of Living

Some wellbeing researchers have focused on satisfaction with one's financial situation such as income, materials in possession, and other financial assets such as savings and investments. Table 19.1 shows an example of a measure of wellbeing based on the evaluation of one's standard of living.

Nakano, MacDonald, and Douthitt (1995), in investigating consumer socialization effects of work experience, used the following instrument to measure quality of consumer life. The instrument involved two questions: (1) "How do you feel about your standard of living—the things you have like housing, car, furniture, recreation, and the like?" and (2) "How do you feel about the extent to which your physical needs are met?"

Table 19.1 A measure of evaluation of one's standard of living

Evaluation of one's standard of living is conceptualized to involve four dimensions:

- **Problems with accommodation** (e.g., "Do you have any of the following problems with your accommodation? Shortage of space, rot in windows/doors/flats, damp/leaks, lack of indoor flushing toilet? [Yes]")
 - **Affordability of basic goods** ("There are some things that many people cannot afford, even if they would like them: keep home adequately warm, holiday, furniture, meal with meat, clothes, having friends or family for a drink, car, home computer, washing machine? [Cannot afford it]")
 - **Making ends meet** ("A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income, is your household able to make ends meet? [With great difficulty/with difficulty]"), and
 - **Solvency problems** ("Has your household been in arrears at any time during the past 12 months, that is, unable to pay as scheduled any of the following? Rent or mortgage payment for accommodation, utility bills such as electricity, water, gas, etc. [Yes]")
-

Source: Adapted from Bohnke (2008)

19.2.3 Feelings of Financial Security

Andrews and Withey (1976) measured material wellbeing (they referred to this construct as the *Money Index*) in terms of people's feelings about how secure they are financially, their family incomes, and how well off they think they are.

A variation of this construct involves a subjective assessment of income adequacy (sometimes known as the Leyden model; Kushman & Ranney, 1990). Respondents are typically whether their current level of income is sufficient to cover their expenses: "enough with money left over," "just enough," "no difficulty," "some difficulty," and "much difficulty" (Chan, Ofstedal, & Hermalin, 2002). Another variation of this measure is: "Thinking of your household's total monthly income, is your household able to make ends meet? "with great difficulty," "with difficulty," "with some difficulty," "fairly easily," "easily," and "very easily" (Popova & Pishniak, 2017).

There are other measures too involving material hardship. For example, Lewin and Stier (2017) used a measure involving three sets of questions capturing hardship in providing basic necessities for oneself and one's family. Respondents are asked whether during the previous 12 months financial difficulties had forced to forgo things such as a hot meal every day, inviting family members or friends home for meals, buying clothes or shoes, heating or cooling of their dwelling, house repairs, paying household bills, and whether any utilities were disconnected.

An increasingly popular measure of financial security is the In-Charge Financial Distress/Financial Well-Being Scale (Prawitz et al., 2006). This measure involves eight items in which responses are recorded in terms of a 10-point confidence-type scale ("1 = no confidence," "10 = high confidence"). An example of a survey item is: "How confident are you that you could find the money to pay for a financial emergency that costs about \$1,000?" (cf. Howell, Kurai, & Tam, 2013).

19.2.4 *Objective Indicators of Economic Wellbeing*

Some wellbeing researchers opt to use objective indicators of material wellbeing. One very commonly accepted indicator of material wellbeing is the *personal balance sheet* (e.g., Nickerson, Schwartz, & Diener, 2007). At a more macro level, objective material wellbeing is commonly captured through concepts and measures of Gross Domestic product (GDP), GDP per capita, economic growth, and purchasing power (e.g., Levin et al., 2011).

19.2.5 *Consumers' Feelings about Major Goods and Services*

Andrews and Withey (1976) measured consumer wellbeing (referred to as the *Consumer Index*) in terms of people's feelings about transportation and access to work and shopping, the medical services in their area, and the goods and services they can get when they buy in their area—things like food, appliances and clothes.

Another measure capturing this construct is the International Wealth Index (IWI) developed by Smits and Steendijk (2015). Households with an IWI value of 100 have a TV, fridge, phone, car, a house with piped drinking water, electricity, a flush toilet, good quality floor material, and 3+ rooms. Households with a value of 0, on the other extreme, own none of the above items, have a floor of earth or dung, have none or poor quality toilet, no electricity, only one room, and water from an unprotected source (cf. Arias & De Vos, 1996; Christoph, 2010; Plagnol & Easterlin, 2008).

19.2.6 *Satisfaction with Acquisition of Consumer Goods/ Services and Possession of Major Consumer Durables*

Day (1987) and Leelakulthanit, Day, and Walters (1991) conceptualized the material life domain in terms of (1) acquisition of consumer goods and services and (2) possession of goods (e.g., house/apartment, furniture, car/truck, clothing/accessories, and savings). Furthermore, they identified nine sub-dimensions of *material acquisition*. These are:

- Selection (assortments) of goods in local stores,
- Quality of goods available in local stores,
- Prices charged in local stores,
- Attractiveness (ambiance) of local stores,
- Courtesy and helpfulness of store personnel,
- Honesty and trustworthiness of store personnel,
- Hours that stores re open,

- After-purchase service provided by stores, and
- Warranty policies of stores.

With respect to *material possessions*, they identified five sub-dimensions. These are:

- House (s);
- Furnishings and appliances;
- Car(s) and trucks;
- Clothing, furnishings, and jewellery; and
- Savings and investment

19.2.7 Satisfaction with Specific Categories of Obtained Goods and Services That Are Purchased through Local Retail Institutions

My colleague (H. Lee Meadow) and I (Meadow & Sirgy, 2008) conceptualized the consumer life domain in terms of (1) obtained goods and services, (2) interactions with retail personnel, and (3) interactions with goods and service institutions. Specifically, they identified 11 consumer subdomains, and within each, they in turn identified those retail institutions that consumers interface. These are:

- Food (retail institutions such as eating and drinking establishments, take home food outlets),
- Housing (retail institutions such as real estate agencies, people/firms who rent, hotel/motel establishments),
- Household operations (retail institutions such as utilities, household repair facilities, clothes care facilities),
- Household furnishing (retail institutions such as appliance outlets, department store/furniture outlets, hardware outlets, gift shops),
- Clothing and accessories (retail institutions such as clothing stores, shoe stores, jewellery stores),
- Personal care (retail institutions such as hair styling facilities, health spas),
- Medical care (retail institutions such as hospitals, doctors/dentists, drug stores, counseling services),
- Recreation (retail institutions such as travel agencies, sporting goods outlets, establishments selling reading materials, spectator admission facilities, hobby shops),
- Transportation (retail institutions such as automobile service outlets, auto dealers, airlines, bus services, train services, taxi services),
- Education (retail institutions such as colleges and trade schools), and
- Other (retail institutions such as insurance services, legal services, banking services).

19.2.8 Satisfaction with Acquisition, Preparation, Possession, Consumption, Maintenance, and Disposal of Materials Goods

Material wellbeing can also be expressed in terms of aggregate-level satisfaction with material goods and services available in the local area. More specifically, material wellbeing has been construed as satisfaction with shopping (product acquisition), preparation (product assembly for personal use), use (product consumption), possession (product ownership), maintenance (product service and repair), and disposal (the selling, trading in, or actual junking of the product). Measures of consumer wellbeing were developed guided by these theoretical notions (e.g., Lee & Sirgy, 2012; Lee, Sirgy, Larsen, & Wright, 2002; Leelakulthanit et al., 1991; Sirgy, 2020; Sirgy et al., 1998; Sirgy & Lee, 2006; Sirgy, Lee, Larsen, & Wright, 1998).

19.3 Effects of Material Wellbeing on Subjective Aspects of Quality of Life

Again, the reader is referred to the two major review articles on this topic (Sirgy, 2018, 2019). As such, I will discuss the major findings without minimal citations. Research has documented much evidence suggesting that satisfaction with standard of living contributes significantly to life satisfaction, controlling for the effects of non-working activities, family life, savings and investments, work, marriage, friendships, housing, among others. Here are some highlights:

Happiness levels in some countries (e.g., USA, France, and Japan) have not changed since World War II, despite rapid economic growth in these countries. The relationship between material wellbeing and overall wellbeing is very much dependent on whether material wellbeing is construed and operationalized through subjective (versus objective) indicators. Support for the effect of material wellbeing on overall wellbeing comes mostly from studies employing subjective indicators only.

In the same vein, research has shown that subjective indicators related to income play a significant role in the subjective aspects of quality of life. Satisfaction with the material life domain spills over to overall life. Specifically, research has provided evidence of a positive correlation between subjective economic wellbeing and life satisfaction. The correlations vary from 0.57 to 0.20. At least 50% of the variation in overall wellbeing is shared with variation in economic wellbeing.

Strong evidence exists using consumer financial narratives, several large-scale surveys, and two experiments demonstrating that perceived financial well-being (conceptualized in terms of current money management stress and expected future financial security) plays a significant role in subjective well-being (Netemeyer, Warmath, Fernandes, & Lynch Jr., 2017).

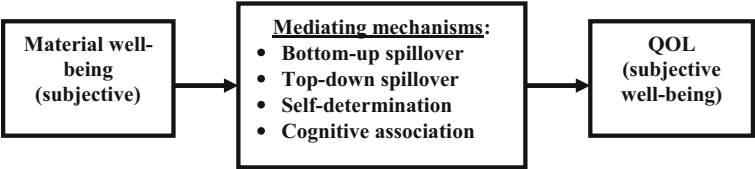


Fig. 19.1 Mediating mechanisms that explains the effect of material wellbeing on subjective quality of life

Besides the aforementioned literature reviews (Sirgy, 2018, 2019), other reviews that examined much of the evidence between income and subjective wellbeing concluded that satisfaction with income (or financial well being) correlates highly and positively with subjective wellbeing (e.g., Dolan, Peasgood, & White, 2008; Veenhoven, 1991).

The research also points out that the influence of material wellbeing on subjective wellbeing is not linear. In other words, the effect of material wellbeing on subjective wellbeing diminishes with higher levels of material wellbeing, a phenomenon consistent with the economic concept of diminishing marginal utility. Robert Lane, in his book *The Market Experience* (Lane, 1991) asserts money does not buy happiness for individuals because it cannot replace the important things in life—a happy family life, friends, enjoyment of work, and a sense of accomplishment therein.

19.4 Explaining the Material Wellbeing Effect on Subjective Aspects of Quality of Life

I have discussed several mediating mechanisms that have been commonly to account for the effects of material wellbeing on subjective aspects of wellbeing in Sirgy (2018, 2019). I will briefly go through selected ones. For specific citations and references, please refer to Sirgy (2018, 2019). Based on the wellbeing research literature, I will describe several mediating mechanisms. These are bottom-up spillover, top-down spillover, self-determination, and cognitive association (see Fig. 19.1).

19.4.1 Bottom-Up Spillover

According to *bottom-up spillover theory of life satisfaction*, evaluations of standard of living are likely to influence one’s evaluation of life in general. The reason is that people’s life satisfaction/dissatisfaction tends to be a direct function of their evaluations of their environmental conditions in important life domains such as health,

family, job, and *standard of living*. One's standard of living is considered an important life domain that affects one's evaluation of overall life. Satisfaction/dissatisfaction with standard of living is likely to spill over to influence subjective wellbeing—the greater the satisfaction with one's standard of living, the greater the satisfaction with life.

Specifically, one can treat the material life domain as a psychological domain segmenting memorable experiences and affect in relation to three dimensions: (1) acquisition of material goods, (2) possession of material goods, and (3) maintenance of material goods. The sub-domain of *acquisition* of material goods involves activities associated with shopping and the purchase of material goods for individual and household consumption. This sub-domain includes overall perceptions and evaluations of acquisition facets such as assortment of goods in local stores, quality of goods available in local stores, prices charged in local stores, courtesy and helpfulness of store personnel, and all other activities associated with the exchange of goods between buyers and sellers. *Possession* of material goods is another dimension related to the consumer life domain that involves ownership of material things such as house/apartment, furniture, automobile, clothing/accessories, and all other collection of objects maintained by an individual consumer. After buying a material good, people go through a process that focuses on the care and *maintenance* of the purchased good. Examples of maintenance of material goods include repair of household appliances, wash and repair of automobiles, and cleaning/mending of clothes.

Satisfaction in each of these sub-domains spills over to other life domains affecting satisfaction with overall life. The extent of *spillover* between each of the material sub-domains and overall life is very much dependent on the extent to which the person is emotionally involved in that sub-domain. Emotional involvement in the acquisition sub-domain is defined in terms of *shopping involvement*. Emotional involvement in the possession domain is defined in terms of *materialism*. Similarly, emotional involvement in the maintenance sub-domain is defined in terms of *care of possession*.

Consumer- and market-related factors may moderate this spillover between material and subjective wellbeing. These factors may include shopping involvement, materialism, and care of possession. That is, consumers high on shopping involvement, materialism, and care of possessions are likely to experience greater spillover between material wellbeing and subjective wellbeing compared to consumer low of the same dimensions.

19.4.2 Top-Down Spillover

The theoretical argument here is that subjective wellbeing may influence material wellbeing, not the other way around. This is because those who feel happy about life in general tend to work harder, and thus generate more income. Thus, happiness contributes to a sense of material wellbeing. This is the essence of what we

previously called top-down spillover. The theory calls for the impact of happiness of satisfaction in various life domains. People who report high levels of life satisfaction also report satisfaction in their life domains. That is, overall feelings of happiness tend to spillover from the most abstract life domain (life at large) to the more concrete life domains such as material life, family life, work life, spiritual life, etc.

19.4.3 Self-Determination

A compelling case can be made that satisfaction with material life influences subjective wellbeing through personal control and pride. People who succeed in the labor market (thus have higher incomes) tend to attribute their financial success to themselves, and thus feel proud of their accomplishments. These feelings of pride and personal control play a significant role in general feelings of happiness or life satisfaction. Thus, work instead of consumption plays a more key role in subjective wellbeing.

Those who have a sense of control over their finances often acknowledge that if they cannot afford a material object, they either save for it or forget it; they express material desires within their financial means. They keep close tab of how much they have in their savings account. These people are likely to feel a greater sense of wellbeing than those who do not have control over their finances.

19.4.4 Cognitive Association

Why does satisfaction with material life influence life satisfaction? Perhaps because people judge themselves and others most by one's standard of living (income, savings, and material possessions). In other words, people have mental associations that link wealth with a host of other personal attributes. A rich man is typically perceived as relatively healthy, happy, and well-adjusted, while a poor man is seen as maladjusted and unhappy. That is, people have money schemas that are evoked and used to make judgments about self and others. They make *inferences* about themselves and others using financial cues involving income, savings, and material possessions. For instance, people are likely to make attributions about their satisfaction with their material life using cues about their own standard of living—"I have more money than most people; therefore, I must be happy with my standard of living and life at large."

19.5 Predictors of Material Wellbeing and Subjective Aspects of Quality Of Life

Many studies have examined antecedents of subjective economic wellbeing. Much of this research is covered in my literature review (Sirgy, 2018, 2019). In that article, I categorized determinants (or predictors) of material life into two major sets of factors, namely personal and contextual factors.

19.5.1 Personal Factors

Personal factors include socio-demographics; personality traits and dynamics; needs and need satisfaction; beliefs and mental associations; goals and aspirations; skills, behavior, and resources; and values, lifestyle, and habits.

With respect to *socio-demographics*, the evidence suggests that *age* is related to material wellbeing and that this relationship is a U-shaped—minimum well-being is at an age of 37 and maximum at 75 years of age. Older adults tend to have greater assets and lower debt compared to their younger counterparts. The evidence suggests no relationship between *gender* and material wellbeing. Concerning *education*, the evidence suggests a positive relationship. Education serves the individual to succeed in the workforce with financial gains. The effects of *unemployment* on material wellbeing is profound—people who are unemployed suffer a great deal of material illbeing which in turn spills over to other aspects of their quality of life. There is a relationship between *marital status* and material wellbeing in that individuals who are either divorced or widowed experience lower material wellbeing, compared to those who are married. And couple with *no children* experience the highest levels of material wellbeing, compared to those who have children. With respect to *family structure*, women in non-traditional families (i.e., single mothers, cohabitators, and stepfamilies) experience less material wellbeing than women in first marriages. Furthermore, objective criteria of personal wealth are positively correlated with subjective criteria of personal wealth.

Regarding *personality traits*, the literature review article described evidence suggesting that personality traits such as extraversion, neuroticism, and autonomy may influence subjective wellbeing through the mediation effects of materials wellbeing. *Extroversion* may influence wellbeing by inducing extroverts to socialize with others, and sociability in the workplace may help improve job performance, which in turn may increase work wellbeing spilling over unto subjective wellbeing. The converse can be said about *neuroticism*. *Autonomy* means high expectancy of control, self-efficacy, and personal control. There is plenty of evidence suggesting that people who lack self-control (i.e., impulsive) tend to overspend in shopping, which in turn causes material illbeing and feelings of dissatisfaction with life overall.

There are also *personality dynamics* involved in material wellbeing. For example, there is some evidence suggesting that when people are dissatisfied in important life

domains, such as family life, work life, and love life, they channel much energy (and money) into shopping. As such, they overspend resulting in material illbeing, which in turn spills over unto subjective illbeing. This tendency in personality dynamics has come to be known as “the compensation principle.”

Goals and aspirations can also impact material and subjective wellbeing. Specifically, research has shown that financial satisfaction is a direct function of the gap between material aspirations and attainments. For example, people who indicate that they aspire to acquire and own material goods (such as a home, a yard and lawn, a car, a second car, a vacation home, etc.) and have already attained such goods tend to express higher financial satisfaction and life satisfaction than those who aspire to have these material goods but do not have them.

Skills, behavior, and resources also play an important role in influencing material and subjective wellbeing. There is evidence to suggest that perceived financial capability and literacy impact financial satisfaction—the greater the financial capability and literacy the greater the satisfaction in material life. Financial behaviors designed to improve financial well-being, such as practices related to expense management (e.g., tracking monthly expenses, spending within the budget, review bills each month for accuracy), balance control (e.g., maintaining sufficient balances in the bank account, paying bills on time each month, paying off credit card balance in full each month), and saving (e.g., saving money regularly, setting aside money for emergencies, contributing to an investment or retirement account, willing to take investment risks, and planning for money long-term). Again, much evidence suggests a positive impact of financial behaviors on satisfaction with financial life.

How about *values*? Do they play a role in determining material wellbeing? Several studies have shown that materialistic people tend to experience a host of financial problems such as getting into debt, engaging in compulsive shopping, and declaring bankruptcies. As such, it is not surprising to note that many studies have documented a negative relationship between materialism and life satisfaction. One explanation of the influence of materialism on life satisfaction involves a bottom-up explanation. Specifically, positive and negative affect are invested in life domains capturing certain types of emotional experiences, which in turn influences one's sense of well-being in various life domains (e.g., sense of well-being in family life, leisure life, love life, work life, social life, spiritual life, and so on). One important life domain is material life (or standard of living). The material life domain houses emotional reactions related to material possessions, household income, savings, investment, and other material resources related to personal wealth. In this vein, life satisfaction judgments are directly influenced by how one feels about important life domains such as material life. In this case, materialists tend to evaluate their material life using inflated expectations compared to nonmaterialists. As such, they are likely to experience more dissatisfaction with material life than satisfaction. This may account for the negative relationship between materialism and subjective well-being.

More recently, colleagues and I (Sirgy et al., 2021) made the case that materialism can influence life satisfaction both positively and negatively by building on the dual model of materialism (Sirgy et al., 2013). The model posits that two dimensions of

materialism—success and happiness—influence life satisfaction differently. Success materialism (wealth and material possessions are signs of success in life) influences life satisfaction positively, whereas happiness materialism (wealth and material consumption are signs of happiness in life) may influence life satisfaction negatively. That is, success materialism contributes to life satisfaction by boosting economic motivation, which in turn causes a rise in future satisfaction with their standard of living. The latter in turn contributes to future life satisfaction. In contrast, happiness materialism, in contrast, influences life satisfaction adversely in two ways: (1) by heightening dissatisfaction with standard of living, which in turn detracts from life satisfaction, and (2) by heightening dissatisfaction with other life domains (e.g., family life, financial life, social life), thus detracting from life satisfaction. Data from a large-scale representative survey of German adults provided good support for the dual model of materialism (cf. Sirgy et al., 2012; Yu, Sirgy, Bosnjak, & Lee, 2020).

Furthermore, my colleagues and I developed a new program of research dealing with shopping wellbeing and ill-being (Ekici, Sirgy, Lee, Yu, & Bosnjak, 2018; El-Hedhli, Chebat, & Sirgy, 2013; Lee et al., 2014; Sirgy et al., 2016; Sirgy, Lee, & Yu, 2020) and presented evidence on how shopping wellbeing and ill-being influence several dimensions of subjective aspects of quality of life

19.5.2 Contextual Factors

Contextual factors refer to aspects of the environment that influence how people make evaluations about their financial situation and standard of living. The literature review publications I made reference to earlier (Sirgy, 2018, 2019) described three sets of contextual factors, one dealing with social comparisons, the second dealing with how people adapt their expectations to changing circumstances, and the third involving changes in the macro economic environment.

With respect to *social comparisons*, research has shown that within nations, people's standard of living correlate with their reported subjective well-being, but that richer nations show no greater happiness than poorer ones. This study finding was explained using the concept of social comparisons. That is, people compare themselves to others within their own country people but not to others from other countries. Research also show that people with similar incomes living in poorer area are likely to be more satisfied with life than those living in wealthier areas. This is because people in poorer areas are likely to compare their income with other people in the same area. And given that most people in poor areas make about the same income, income comparisons are not likely to create dissatisfaction. However, people living in wealthier areas with significant income variations, are likely to compare themselves with others in the same area causing some level of dissatisfaction. Furthermore, evidence point to the possibility that people compare their current income with previous levels. As such, increases in come for the current years compared to the previous year cause increases in income satisfaction, which in turn also cause increases in life satisfaction.

Now let us focus on *adaptation effects*. That is, research has shown that people adapt to their current situation, thus dampening satisfaction resulting from life events. For example, research has shown even though real income increased substantially, people's satisfaction with their standard of living seem constant. As such, people's expectations of their standard of living seem to rise proportional to the increases in real income. As such, expectations (material aspirations) are adapted (by decreasing or increasing aspiration level) as a direct function of real income.²

Let us now turn to *changes in the macroeconomic environment*. Research has provided evidence suggesting that economic recessions play a role in subjective wellbeing. That is, consumers' level of subjective wellbeing declines in recessions. Economic downturns are correlated with reduced financial well-being and increased financial stress. Recessions inflict great pain. A sharp downturn has major hedonic effects, partly because losses are more important than gains and increased income is less hedonically impactful.

19.6 Conclusion

This chapter focused on the psychology of material wellbeing and subjective aspects of quality of life (happiness, subjective wellbeing, and positive mental health). I tried to describe to the reader various conceptualization of material wellbeing from a psychological perspective. In this context, I identified eight different conceptualizations: (1) evaluation of one's financial situation, (2) evaluation of one's standard of living, (3) feelings of financial security, (4) actual financial situation of the individual, (5) consumers' feelings about major goods and services, (6) satisfaction with acquisition and possession of major consumer durables, (7) satisfaction with specific categories of retail institutions in the local area, (8) satisfaction with purchasing, preparing, owning, consuming, repairing, and disposing of consumer durables in one's local area.

Does material wellbeing contribute significantly to subjective aspects of quality of life? The answer is a resounding yes. I reviewed much of the evidence that links material wellbeing and happiness, subjective wellbeing, and positive mental health and explained this relationship using the following theoretical concepts: bottom-up spillover, top-down spillover, self-determination, and cognitive association.

I then reviewed the literature on the predictors of material wellbeing. These predictors involve personal and contextual factors. Personal factors include socio-demographics; personality traits and dynamics; needs and need satisfaction; beliefs and mental associations; goals and aspirations; skills, behavior, and resources; and values, lifestyle, and habits. Contextual factors refer to aspects of the environment that influence how people make evaluations about their financial situation and

²For a thought-provocative discourse on adaptation effects and research related to hedonic adaptation, see Luhmann and Intelisano (2018).

standard of living. Research point to three sets of contextual factors, one dealing with social comparisons, the second dealing with how people adapt their expectations to changing circumstances, and the third involving changes in the macro economic environment.

Some of these relationships have significant policy implications. For example, the study findings related to personal factors point to the importance of skills, behavior, and resources in nudging people toward increased (rather than decreased) sense of material wellbeing. We know that financial capability and financial literacy can play a vital role in the sense of material wellbeing, which in turn can influence happiness, subjective wellbeing, and positive mental health. If so, the policy implication here is to develop and implement programs to educate people to become savvier in handling personal finances. This can be done in both secondary and higher education through the school education curricula. Similar courses can be offered through community continuing education programs. Parents can be encouraged to teach their children how to manage personal finances. Public policies can be developed to require people in debt to take educational courses in personal finance.

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Chapter 20

Social, Family, and Marital Wellbeing



“The best thing to hold onto life is each other”

Audrey Hepburn (<https://parade.com/936221/marynliles/romantic-love-quotes/>)

20.1 Introduction

There are significant trends in our social landscape. For instance, family structure has been changing markedly. In the last 50–60 years, marriage and fertility rates have fallen, divorce rates have risen, and the character of marriage has changed. These trends took place in the context of a changing culture. Today’s culture has experienced dramatic changes in the social, legal, and technological environment of modern society that ultimately had an impact on the incentives for adults to form and invest in marriages and children.

In this chapter, I will review the literature on the psychology of social, family, and marital wellbeing and try to answer questions such as: What is social, family, and marital wellbeing? How do wellbeing researchers measure these constructs? Do social, family, and marital wellbeing play an important role in the subjective aspects of quality of life? If so, how? What are the predictors of social, family, and marital wellbeing in relation to happiness, subjective wellbeing, and positive mental health?

20.2 What Is Social, Family, and Marital Wellbeing?

There is a variety of definitions and conceptualizations of social, family, and marital wellbeing from a psychologically vantage point. These include satisfaction with social life, social adjustment, social capital, social support, family life quality, satisfaction with family life, social and family functioning, family quality of life, relationship happiness, and involvement in a quality romantic relationship.

20.2.1 *Satisfaction with Social Life*

Many wellbeing researchers have treated social wellbeing as the extent to which people are happy or satisfied with their social life (e.g., Hahn, Cella, Bode, & Hanrahan, 2010). In this case, social life is a clearly, demarcated life domain containing valenced beliefs about many aspects of social life. Aggregating these valenced beliefs leads to the formation of an overall attitude or judgment of satisfaction with social life.

20.2.2 *Social Adjustment*

Cicognani et al. (2008) conceptualized social wellbeing in terms of social adjustment in the context of youth. Thus, social wellbeing involves aspects of social coherence, social integration, social contribution, and social actualization (Keyes, 1998; McDowell & Newell, 1987). *Social coherence* refers to the belief that the world is predictable and understandable. *Social integration* refers to personal beliefs that reflect acceptance in a community. *Social contribution* refers to personal beliefs that he or she has an important role to play in the community at large. Finally, *social actualization* refers to personal beliefs that people are working together to improve the human condition; that society is becoming more civilized. See measurement items in Table 20.1.

Table 20.1 A social adjustment measure

Social coherence
• The world is too complex for me. (reverse coded) • I cannot make sense of what’s going on in the world. (reverse coded) • I find it easy to predict what will happen next in society.
Social integration
• I don’t feel I belong to anything I’d call a community. (reverse coded) • I feel close to other people in my community. • My community is a source of comfort.
Social contribution
• I have something valuable to give to the world. • My daily activities do not produce anything worthwhile for my community. (reverse coded) • I have nothing important to contribute to society. (reverse coded)
Social actualization
• The world is becoming a better place for everyone. • Society has stopped making progress. (reverse coded) • Society isn’t improving for people like me. (reverse coded)
Response scale: Responses are captured on 7-point scales varying from 1 = strongly disagree to 7 = strong agree

Source: Adapted from Shapiro and Keyes (2008, p. 344)

20.2.3 Social Capital

A number of wellbeing researchers have defined social wellbeing in terms of membership and participation in community and organizations (e.g., Coleman, 1988; Putnam, 2001a, 2001b). This is *social capital*. Table 20.2 shows an example of a measure of social capital that reflects community resilience (i.e., the measure captures social wellbeing at the community level).

Coleman (1988) developed a conceptualization of social capital that has become the standard in social science research on that topic. He conceptualized social capital in terms of three dimensions: (1) trust and obligations (the trust that an individual feels toward other people in general and public institutions too), (2) information channels (time that an individual spends with family and friends), and (3) norms and sanctions (whether dishonest conduct such as bribery and cheating on taxes cannot be justified).

20.2.4 Social Support

Social support refers to the quality and number of persons whom an individual trusts and relies on in matters of need (e.g., Keyes, 1998; Larson, 1993). Bohnke (2008) reported a study in which social support was operationalized as a formative construct involving (1) *contact with friends and neighbors* (“On average, thinking of people living outside your household, how often do you have direct face-to-face contact with any of your friends and neighbors? Several times a year/less often), (2) *living alone* (one person in household), (3) *no support in an emergency* (“From whom would you receive support in each of the following situations? If you needed help around the house when ill, if needed advice about a serious personal or family matter, if you were feeling a bit depressed and wanted someone to talk to, if you needed to urgently raise 1000 Euros to face an emergency? Nobody”), (4) *dissatisfied with social/family life* (“Can you please tell me on a scale from 1 to 10 how satisfied

Table 20.2 A measure of social capital

Social support	
	• Ratio of 2 parent households w/children to 2 parent plus single parent households w/children
Social participation	
	• Number of arts/sports organizations/10,000
	• Number of civic organizations/10,000
	• Voter percent in presidential election
	• Religious adherents/1000
Community bonds	
	• Net migration rate/1000
	• Property crime rate (inverse)

Source: Sherrieb et al. (2010, p. 240)

you are with your family life and social life where 1 means you are very dissatisfied and 10 means that you are very satisfied. 0-5”), and (5) *perception of integration in society* (“I feel left out of society? Yes”).

20.2.5 *Family Life Quality*

Rettig and Leichtentritt (1997) developed the Perceptual Indicators of Family Life Quality (PIFQ) scale. The measure is theoretically grounded in resource theory. It involves items related to six resources: love, status, services, information, goods, and money. The individual’s evaluation of family life essentially reflects the degree to which the family environment satisfy personal needs for love and affection (love), respect and esteem (status), comfort and assistance (services), communication resulting in shared meaning (information), ownership of personal things (goods), and money for personal use (money). The combination of family wellbeing scores from several family members indicates family quality of life. A study was conducted involving 560 adults and the results provided some validation support, mostly from the women’s data.

20.2.6 *Satisfaction with Family Life*

Wellbeing researchers have viewed family and marital wellbeing in terms of a number of constructs such as marital satisfaction (e.g., Kiesling & Fitzpatrick, 1997; Metzen, Dannerbeck, & Song, 1997), satisfaction with children (e.g., Metzen et al., 1997), satisfaction with home life (e.g., Metzen et al., 1997), satisfaction with family (e.g., Andrews & Withey, 1976; Campbell, Converse, & Rodgers, 1976; Campbell, 1981; Carsky, Dolan, & Free, 1990, 1991; Greenhaus & Beutell, 1985; Kelly & Voydanoff, 1985; Pleck, 1985; Sekaran, 1990; Sontag, Bubolz, & Slocum, 1979; Voydanoff, 1985; Walker, Lee, & Bubolz, 1990), satisfaction with parenting (e.g., Fulkerson, 1995), and satisfaction with relationships within the family (e.g., Weston, 1997).

An example of a measure developed based on the satisfaction concept is the Kansas Family Life Satisfaction Scale (Schumm, McCollum, Bugaighis, Jurich, & Bollman, 1986). Walker et al. (1990) have used this measure, which consists of four statements regarding satisfaction with family, relationship with spouse, relationship with children, and children’s relationships with each other. Responses to these statements were recorded on 7-point scales varying from “completely dissatisfied” to “completely satisfied.”

20.2.7 Social and Family Functioning

Social functioning refers to the extent to which people are satisfied with relationships and their performance in social roles (Hahn et al., 2010). Here are examples of survey items designed to capture social functioning: (1) “Were you limited in pursuing your hobbies or leisure time activities?” (reverse coded); (2) “I have trouble meeting the needs of my friends?” (reverse coded); (3) “Compared to usual, how active are you socially?” and (4) “Compared to others your age, how active are you socially?”

Family and marital wellbeing has also been described in terms of family functioning too (Shek, 2002). This construct is measured using 33 items capturing five dimensions: (1) mutuality, (2) communication, (3) conflict and harmony, (4) parental concern, and (5) parental control (Siu & Shek, 2010).

20.2.8 Family Quality of Life

Family quality of life is yet another conceptualization. Shek (2008) used this conceptualization and developed a comprehensive family quality of life based on several dimensions: parenting quality (involving several dimensions such as paternal/maternal knowledge of their children’s behavior, paternal/maternal expectations of their children’s good behavior, paternal/maternal monitoring of their children’s behavior, paternal/maternal discipline of their children, paternal/maternal parenting style based on parents’ degree of demandingness of their children and responsiveness to their demands, and paternal/maternal perceived control of their children), parent-child relational quality (involving several dimensions such as paternal/maternal trust in their children, children’s trust in their parents, children’s readiness to communicate with parents, and children’s satisfaction with parental control).

20.2.9 Relationship Happiness, Satisfaction, or Quality

Other well-being researchers (e.g., Walker et al., 1990) have conceptualized family and marital wellbeing in terms of relationship happiness. For example, Walker et al. (1990) measured marital happiness using one self-report item capturing relationship happiness. Respondents were asked about how happy she was with her marriage. Responses were recorded on a 7-point scale ranging from “extremely unhappy” to “extremely happy.” The focus here is on “relationships,” and the qualifiers are happiness, satisfaction, or quality. These are interchangeable terms as expressed in the research literature (see Kansky, 2018, for a review of the literature on romantic relationships).

20.2.10 *Involvement in and Quality of Romantic Relationship*

Many studies have construed romance/marital wellbeing in terms of involvement in and quality of romantic relationships (e.g., Dush & Amato, 2005; Hinde, 1997; Myers, 2000; Reis, Collins, & Berscheid, 2000). For example, Demir (2010) used the six-item version of the Perceived Relationship Quality Component (Fletcher, Simpson, & Thomas, 2000) to capture this construct. This measure has six different dimensions of relationship quality: relationship satisfaction, commitment, intimacy, trust, passion, and love. Sample items include “How intimate is your relationship?” and “How much do you trust your partner?” In another study, Demir used the McGill Friendship Questionnaire-Friend’s Functions (Mendelson & Aboud, 1999) to assess romantic relationship quality. The measure contains 30 items capturing six dimensions: stimulating companionship, help, intimacy, reliable alliance, emotional security, and self-validation.

20.3 Does Social, Family, and Marital Wellbeing Contribute Significantly to Positive Mental Health?

Putnam (2001a, 2001b) argues that people are happiest in neighborhoods and communities where *social capital* is high; that is, where people trust one another and mutually helpful. Specifically, communities with high rates of volunteer activity, club membership, church membership, and social events have higher rates of wellbeing than communities low on the same characteristics. Putnam also shows data suggesting that social capital in the U.S. has been on the decline. Let us consider the evidence that links social wellbeing with subjective aspects of wellbeing:

- Diener and Seligman (2002) compared the happiest top 10% of college students with the unhappiest bottom 10% and found that social relationships is a major distinguishing factor. Those who are happiest tend to have strong relationships with friends, family, and romantic partners than the unhappiest.
- Lucas and Dyrenforth (2006) reviewed the literature on the association between subjective wellbeing and a number of social network variables such as the number of friends people have, whether they have a close friend to whom they can confide, and the amount of time that they spend with friends and relatives. They conclude that correlations of social network variables with subjective wellbeing average in the 0.15–0.20 range (cf. Pinquart & Sorensen, 2000).
- Bjornskov (2008) used US panel census data (periods of 1983–1998) to examine the relationship between social capital and happiness. Social capital in these data was captured in terms social trust (agreeing with the following statement: “Most people are honest”) and two indicators of sociability: formal sociability (items such as “did volunteer work,” “worked on a community project,” went to a club meeting,” “attended a lecture,” “attended church or other place of worship,”

“went to a classical concert,” “visited an art gallery,” “gave or attended a dinner party,” and “sent a greeting card”) and informal sociability (items such as “went swimming,” “went to the movies,” “entertained people at my home,” “went out to dinner at a restaurant,” “went on a picnic,” “played cards,” “attended a sporting event,” “went to a pop or rock concert,” “went clothes shopping,” “went camping,” “went bowling,” and “played tennis”). The study findings indicate that social trust is a strong predictor of happiness at both individual and national levels. Social trust allows people to interact with people they do not know, making for a safer, more predictable environment. Such an environment facilitates the type of interactions that could enhance individual happiness. Unfortunately, the data failed to support the effect of either formal or informal sociability on happiness.

- Lack of social capital (e.g., social isolation) is also related to mental illness such as depression (e.g., Argyle, 1987; Baumeister, 1991). For example, Hintikka, Koskela, Kontula, Koskela, and Viinamaeki (2000) found that people with more friends had lower levels of mental distress than those with fewer friends. Using a large-scale survey, Jenkins et al. (1997) found that the higher rates of mental illness are associated with being unmarried, single parents, and living alone. Antonucci, Lansford, and Akiyama (2001) found that women with a confidant are less likely to be depressed and are more satisfied with their lives than women who do not have a confidant. Chappell and Badger (1989) found that elderly respondents report lower levels of subjective wellbeing when they do not have confidants or companions. Hammen and her colleagues (e.g., Hammen & Brennan, 2002) have made the case that interpersonal problems is a primary factor in depression. That is, depression may be caused by problems arising from beliefs about significant others, stressful interpersonal events, dysfunctional social behavior, and conflictful family relationships. Their studies showed women who were depressed reported problems with their relationships with their own children, friends, and family.
- Helliwell et al. (2010) have done extensive research on social capital and its effects on happiness across cultures and countries. One study employed the Gallup World Poll across 120 countries involving measures of social connections and happiness. The study findings indicate that all measures of social connections were significantly correlated with measures of life satisfaction across all countries in the sample. That is, people who have social support tend to be happier than those who do not (cf. Guillen, Coromina, & Saris, 2011; Hooghe & Vanhoutte, 2011).
- Kroll (2011) conducted a study in the UK using a large-scale sample to examine the relationship between social capital and life satisfaction in the context of differences between gender and marital status groups. The study findings indicate that the relationship between social capital and life satisfaction does vary by gender and parental status. Specifically, women with no and high levels of formal social capital and men with moderate levels of formal social capital (e.g., civic engagement) report the highest levels of life satisfaction. Those women who report high levels of formal social capital tend to be childless. Among women in

general, socializing (informal social capital) matters to life satisfaction more so than men.

- Using data from the Canadian General Social Survey of Social Engagement, Leung, Kier, Fung, Fung, and Sproule (2011) were able to demonstrate an empirical link between social capital measures of happiness (cf. Ram, 2010; Winkelmann, 2009).

Furthermore, there is much evidence suggesting that family and marital wellbeing do play a significant role in overall subjective wellbeing (e.g., Andrews & Withey, 1976; Campbell et al., 1976; Campbell, 1981; Sontag et al., 1979; Walker et al., 1990). Myers (1993, 1999) has amassed much evidence to show the strong contribution of close social relationships to subjective wellbeing. The effect of close relationships on subjective wellbeing is revealed through satisfaction with friendships and marital satisfaction. Examples include:

- Andrews and Withey (1976) found *family wellbeing* to be a significant predictor of life satisfaction, controlling for the effects of efficacy, money, amount of fun one is having, house/apartment, things done with family, time to do things, spare-time activities, recreation, national government, and consumer.
- Weston (1997) conducted a study involving 2850 young people aged 11 to 19 years and their parents in Australia. The major finding of this study related to quality of life is that *satisfaction with relationships within the family* is a strong predictor of subjective wellbeing for both adolescents as well as parents.
- Sekaran (1990) has shown that *family satisfaction* is a stronger predictor of life satisfaction than career satisfaction among dual-career couples in university settings. Metzen et al. (1997) conducted a study involving a sample of 171 married mothers, 184 married fathers, and found the following: Among fathers, satisfaction with job, *satisfaction with marriage*, and sense of control over life had the greatest impact on life satisfaction. Among mothers, *satisfaction with children* and social life were the most powerful predictors of life satisfaction. Among single parent women, *satisfaction with home life*, perception of income adequacy, sense of control over life, and satisfaction with social involvement were strong predictors of life satisfaction.
- Walker et al. (1990) conducted a study on rural versus urban wives and mothers and found that *quality of family life* does indeed play a significant role in overall quality of life. Specifically, with respect to rural women, the findings indicate that wellbeing is mostly determined by quality of family life, income adequacy, health stressors, and health symptoms. That is, rural women who report high levels of wellbeing also report high levels of both quality of family life and income adequacy and low levels of health stressors and health symptoms. With respect to urban women, the findings suggest that wellbeing is mostly determined by quality of family life, low income, and health symptoms. That is, urban women who report high levels of wellbeing also report high levels of both quality of family life and household income, and low levels of health symptoms.

Focusing more specifically on *marital or romantic wellbeing*, theory and research suggest that involvement in romantic relationships is an essential correlate of wellbeing (e.g., Greeley, 1991; Hinde, 1997; Myers, 2000; Reis et al., 2000). Much evidence exists indicating that romance/marital wellbeing does have a significant impact on happiness (e.g., Dush & Amato, 2005; Hinde, 1997; Myers, 2000; Reis et al., 2000).

20.4 Explaining the Social/Family/Marital Wellbeing Effects on Positive Mental Health

Based on the wellbeing research literature, several theories have emerged explaining the link between social/family/marital wellbeing and subjective aspects of wellbeing. These include the belongingness theory, attachment theory, buffering theory, bottom-up spillover theory, horizontal spillover theory, compensation theory, mattering, the triangular theory of love, and passionate versus companionate love.

20.4.1 The Need to Belong

There is much evidence in psychology that suggests that we, as humans, are motivated to belong to families and other social units. Baumeister and Leary (1995) point out that people spend much time thinking about their hopes and fears about others, particularly intimate others, such as romantic partners and family members. When people are asked “what is necessary for your happiness?” or “what is it that makes your life meaningful?” most people mention “satisfying relationships with family, friends, and romantic partners” (Berscheid, 1985). These relationships have to be intimate and long-term. Short-term relationships are not satisfying to humans. This sense of belonging serves to aid survival in many ways. Intimate social bonds serve survival by keeping children close to their caregivers. Adults who become romantically involved tend to marry, bear and raise children in healthful ways to ensure that the children would repeat the same behavior, thus propagating the human species. Much of our behavior as humans is geared toward seeking social approval from romantic partners and family members and avoiding their disapproval. We spend much money buying things that ultimately would make us more acceptable to those others we care deeply. Sexual motivation and the need to belong define us in many ways.

20.4.2 Attachment

Infants and children are emotionally attached to their caregivers (Blakeslee, 1995; Bowlby, 1980). This emotional attachment creates strong social bonds and has survival value. Infants feel comforted when they hear familiar voices and see familiar faces—the voices and faces of their caregivers. When separated from their caregivers, infants become highly distressed; when reunited with their caregivers they feel joy and relief. Attachment leads infants to explore—that is infants who feel secure in their knowledge that they are attached to caregivers freely explore their environment. By the same token, those who do not feel secure in their attachment to caregivers exhibit fear and anxiety and cling to the caregivers seeking security through the caregivers. Thus, they are not free to explore because of this insecure attachment to the caregivers (Ainsworth & Bell, 1970).

Intimate attachments to other human beings are the hub around which a person's life revolves, not only when he is an infant or a toddler or a school child but throughout his adolescence and his years of maturity as well, and on into old age. From these intimate attachments a person draws strength and enjoyment of life. (Bowlby, 1980, p. 442)

20.4.3 The Buffering Effect of Family

Family wellbeing does play an important role in subjective wellbeing (i.e., the higher the family wellbeing the greater the subjective wellbeing). Argyle (1996) explained this effect by showing that marriage provides a *buffering effect* (i.e., spouse provides social support in one is highly stressed, thus preventing distress, and leading to lower rates of illness and depression).

20.4.4 Bottom-up Spillover

As described in Chap. 16 (Domain Dynamics), *bottom-up spillover theory* is versatile enough to explain how family/marital wellbeing influences life satisfaction and other subjective aspects of quality of life. Family and marital life is one among many life domains. Much positive and negative affect is invested in this domain as a function of life events directly related to family and marital relations. The overall attitude that the person in relation to his or her family and marital life spills over vertically to influence his or her feelings about his or her overall life (Andrews & Withey, 1976; Campbell et al., 1976).

20.4.5 *Horizontal Spillover*

Again, as described in Chapter 16 (Domain Dynamics), *horizontal spillover theory* can easily be used to help explain the effect of family/marital wellbeing on overall wellbeing. Remember that horizontal spillover involves the notion that feelings invested in the family/marital life domain may influence the wellbeing of other life domains (e.g., work life, leisure life, and material life). Conversely, feelings invested in other life domains could spillover to family/marital life too. Thus, overall happiness is likely to be influenced not only by a bottom-up spillover from family/marital life to overall life but also from the interactions among various life domains.

20.4.6 *Compensation*

Remember our discussion of *compensation theory* in Chapter 16 (Domain Dynamics). Compensation refers to the psychological strategy that people use to maintain (and possibly enhance) their subjective wellbeing by shifting priorities in their lives. If they feel unhappy in a particular life domain, they shift their energies to enhance satisfaction in another life domain. This is essentially one of the explanations that David Myers (1999) developed to explain why marriage is positively associated with subjective wellbeing. Here is what he said:

Marriage offers the roles of spouse and parent, which can provide additional sources of self-esteem ... True, multiple role can multiply stress. One's circuits sometimes overload. Yet each role provides rewards, status, avenues to enrichment, and escape from stress faced in other parts of one's life. When one's personal identity stands on several legs, it more easily holds up under the loss of any one of them. If I mess up at work, well, I can tell myself, I'm still a good husband and father, and in the final analysis, these parts of me are what matter most. (p. 380)

20.4.7 *Mattering*

The *theory of mattering* states that the quality of social relationships (e.g., friendships) is likely to affect happiness through perceived mattering. That is, if a person perceived that his friendship matters a lot to his friend, this friendship is likely to enhance his subjective wellbeing (Demir, Ozen, Dogan, Bilyk, & Tyrell, 2011; Rosenberg & McCullough, 1981). Interpersonal mattering is essentially the psychological tendency to evaluate the self as significant to specific other people (e.g., a friend). Perceptions of mattering denote a sense of belongingness with a significant other. Perceptions of mattering are formed when the person observes that a significant other pays much more attention to the person in question than other people and things.

Perceived mattering is commonly measured using the Mattering to Others Questionnaire (Marshall, 2001). Participants are asked to indicate how they think their best friends are thinking about them. Example items include “I feel special to my friend” and “I matter to my friend.” Responses are captured on a 5-point scale (1 = not at all, 5 = a lot). Two items ask the respondent to indicate where they stand on a list (1 = bottom, 5 = top) if their friend made a list of things he or she cares about. Demir et al. (2011) conducted two studies that tested the notion that friendship quality affects happiness through the mediating effects of mattering.

20.4.8 The Triangular Theory of Love

The triangular theory of love (Sternberg, 1986, 1988) focuses on romantic or marital relationships. This type of social relationships differs from general social relationships in important ways, namely a marked difference in intimacy beyond close friendship. The theory proposes that the total amount of love depends on the overall sum of the three components: intimacy, passion, and commitment.

Over time, all three components increase as couples transition from casual dating to monogamous dating to engagement. Once married, passion and intimacy tend to decline while commitment increases. Comparing the association of these components with overall relationship satisfaction, research shows that commitment has the strongest association. The theory also predicts that relationship dissatisfaction is mostly determined from mismatches among the three qualities within couples are associated with greater relationship dissatisfaction.

20.4.9 Passionate versus Companionate Love

Marital wellbeing researchers (e.g., Hatfield & Rapson, 1993; Hatfield, Rapson, & Martel, 2007) have made a distinction between passionate love and companionate love. Passionate love refers to as infatuation, erotic love, or romantic love. It involves sexual feelings and intense positive emotions (e.g., passion) and negative emotions too (e.g., anxiety, jealousy). In contrast, companionate love involves less intense emotions such as attachment, intimacy, trust, closeness, and commitment.

Research has demonstrated that both components of love are important in successful marriages. However, each component may account for different relationship and well-being qualities. Specifically, passionate love is strongly associated with positive affect, while companionate love is more strongly associated with life satisfaction. Both components are associated with relationship satisfaction.

20.5 Effects of Social/Family/Marital Wellbeing on Other Health Outcomes

Much research has provided suggestive evidence of the link between family/marital wellbeing and health. Consider the following studies:

- In 1984, after reviewing much of the evidence in immunology the National Academy of Sciences reported grief and depression following the death of a spouse increase immune defense. Immune defense in turn accounts for increase in disease incidence (cf. Dohrenwend et al., 1982).
- A Finnish study involving 96,000 widows indicate that their risk of death doubled in the week following their partner's death (Kaprio, Koskenvuo, & Rita, 1987).
- A study focusing on leukaemia patients who have recently undergone a bone marrow transplants found that only 20 percent who remained alive two years later reported that they had little love and emotional support from family members, whereas 54 percent who remained alive reported receiving much love and emotional support (Colon, Callies, Popkin, & McGlave, 1991).
- A large-scale study of heart attack patients found that the rate of recurring heart attack doubled in a six-month period for those who were living alone compared to other groups (Case, Moss, Case, McDermott, & Eberly, 1992).
- Another large-scale study of heart disease patients revealed that those who were married registered an 82 percent 5-year survival rate compared to 50 percent of those who were not married (Williams et al., 1992).
- A study conducted by Lai-Kwok and Shek (2010) was able to demonstrate that family wellbeing (conceptualized and measured in terms of family functioning) is a strong predictor of hopelessness and suicidal ideation among Chinese adolescents.
- A study examining health and longevity across a nationally representative sample of U.S. adults has shown that individuals who are “not too happy” in marriage were over twice as likely to report worse health and almost 40% more likely to die sooner than individuals who are “very happily” married (Lawrence, Rogers, Zajacova, & Wadsworth, 2019).

20.6 Predictors of Social, Family, and Marital Wellbeing

Research in wellbeing has uncovered many factors affecting family and marital wellbeing. These factors are organized in terms of (1) social and family factors, (2) individual factors, and (3) factors dealing with conflict between family and work.

20.6.1 *Social and Family-related Factors*

Campbell et al. (1976) found that satisfaction with family life is a strong and significant predictor of overall life satisfaction. And satisfaction with family life was found associated with *family communication* and *sharing of activities*.

Evidence also suggests that *socializing with family members* is positively associated with subjective wellbeing (see literature review by Dolan, Peasgood, & White, 2008). Based on this evidence, the authors suggest that such finding has important implications for government policies that encourage a geographically mobile labor force. In other words, such policies tend to weaken networks of family, which is important to the sense of family wellbeing and subjective wellbeing.

Demir (2010) conducted a study that examined the role of multiple *close relationships* (mother, father, best friend, and romantic partner) in happiness among an older youth group. The study findings indicated that those without a romantic partner, close relationships with mother and best friends seem to play a significant and positive role in happiness. In contrast, those with a romantic partner, close relationships with mother and the romantic partner mattered a great deal in impact happiness. This study underscored the notion that *friendship* plays an important role in young people's happiness only if they are not involved in a romantic relationship.

Kiesling and Fitzpatrick (1997) have conducted a study from 60 couples in a heterosexual dating relationship and found that *attachment style* (positive, ambivalent, and avoidant) has a significant effect on relationship (or marital) satisfaction. Specifically, ambivalent and avoidant attachment styles played a significant role in dissatisfaction with the relationship for both men and women (cf. Bucher, Neubauer, Voss, & Oetzbach, 2019).

Social support seems to be a major predictor of social/family/marital wellbeing and overall wellbeing. Social support refers to the extent to which people perceive that other people care about them and that these others do express their care by providing assistance in addition to feelings of connectedness with others—social ties (Hahn et al., 2010). Mueller (2006) conducted a study to investigate the effectiveness of various types of *social support* on decreasing marital conflict (thus enhancing marital satisfaction) from the perspective of wives. The types of social support were participation in a home visiting program (in which a professional assisting the young family with medical or social problems), support from wife's friends, general support from friends, and wife's contact with peers. Marital satisfaction was captured in terms of the wife's subjective aspects of quality of life. The study involved a survey of young mothers in the City of Zurich (Switzerland). The study results indicated that females peer support seems to be at least as successful as home visiting by professional nurses and social workers. There are at least two types of social support: structural and functional (McDowell & Newell, 1996). Indicators of structural social support include the number of relationships and the frequency of contacts with friends, whereas indicators of functional social support include companionship or assistance with tasks and responsibilities. Empirical evidence suggests that functional support is more strongly related with subjective wellbeing than structural

social support (e.g., Broadhead, Gehlbach, de Gruy, & Kaplan, 1988; Cohen & Syme, 1985; Wills, 1985; Wortman, 1984; Wortman & Conway, 1985). Hahn et al. (2010) were able to demonstrate that social wellbeing (“Overall, how happy are you with your social life?”) is associated with three types of social support: instrumental support (i.e., getting help when sick in bed), informational support (i.e., getting useful advice about important things in life), emotional support (i.e., friends and family members lending an ear and listening to the person’s concerns), and social companionship (i.e., social outings from friends and family members).

As previously mentioned, Walker et al. (1990) conducted a study on rural versus urban wives and mothers and found that *quality of family life* does indeed play a significant role in overall quality of life. Part of the study findings was the fact that quality of family life of *rural women* was found mostly determined by *marital happiness, number of dependents, time stressors, children’s problems, and health symptoms*. Specifically, rural women who report high levels of quality of family life also report high levels of marital happiness, lower number of dependents, and low levels of time stressors, children’s problems, and health symptoms. With respect to *urban women*, quality of family life was found mostly determined by *marital happiness, income adequacy, health symptoms, and children’s problems*. Specifically, urban women who report high levels of quality of family life also report high levels of marital happiness and income adequacy, and lower levels of children’s problems and health symptoms.

The relationship between *having children* and subjective wellbeing seems to be moderated by a number of factors such as household income, family composition, age of children, tenure of residence versus relocation, and health status of children (see Dolan, Peasgood, and White for a review of this literature). Specifically, children tend to affect the sense of wellbeing more negatively when the family is poor financially, when the children are over years-old, if the family has recently moved, and if the child is sick and needs constant care. The authors also have noted country and cultural moderation effect in that the negative effect of children seems to be more prominent in the US and UK, but not as bad in other countries in Europe and Russia.

Family structure seems to make a difference on family wellbeing. A study conducted in New Zealand tracing families between 1981 and 2001 found a negative relationship between one-parent families and family wellbeing (Cottrell, Weldon, & Mulligan, 2008).

Schulz, Visintainer, and Williamson (1990) reviewed evidence showing that the cumulative effects of *caring for a family member with a mental illness* takes a huge toll on the caretaker—the caretaker ends up with a mental disorder and other medical problems (cf. Andrade, Sarmah, & Channabasavanna, 1989; Hammen, 2000; Martens & Addington, 2001).

Cicognani et al. (2008) conducted a study of Italian, American, and Iranian university students to assess the relationship among *social participation, sense of community*, and social wellbeing. Social participation was assessed by a list of 14 items capturing the frequency with which students were involved in different forms of social activities during the last three months: social, recreational, sports,

political, religious, volunteering, etc. Responses were captured on a 3-point rating scale for each activity: 1=never, 2=once, and 3=several times. Sense of community was measured by the *Sense of Community Index* (Chipuer & Pretty, 1999). This measure asks respondents to choose the most important community for them (hometown versus town where they live to take classes). *Identification with the community* was assessed by the *Strengths of Group Identification Scale* (Brown, Condor, Mathews, Wade, & Williams, 1986). The results of the study show that students reporting higher levels of social participation and sense of community also report higher levels of social wellbeing.

As noted above, the rich on family satisfaction is very rich. The examples of social and family factors influencing satisfaction with family life are many and quite varied. For a recent literature review on that topic, the reader is urged to read Botha, Booysen, and Wouters (2018).

Specific to marital wellbeing, Dolan et al. (2008) point to evidence suggesting that *regular sex* among marital partners is associated with positive subjective wellbeing, and that this effect is strongest when sex is performed with the same partner (i.e., spouse or boyfriend/girlfriend). In other words, being in a caring relationship plays an important role in subjective wellbeing than simply having casual sex with a string of romantic partners. Similarly, cohabitation seems to contribute to subjective wellbeing but only if the relationship is perceived to be stable.

20.6.2 Individual Difference Factors

Marital status has been found to be associated with overall wellbeing. For example, Veroff, Duvan, and Kukla (1981) found that those who report to be "very happy" are mostly married women, the second most "very happy" category was married men, single women and divorced men, with divorced women being the category with the least number of people reporting to be "very happy." Using data from a large-scale nationally representative sample of the US, Shapiro and Keyes (2008) closely examined the effect of marital status on perceived social wellbeing. Contrary to the authors' expectations, the study findings revealed only a small advantage of social wellbeing between married and non-married people. Married people fared better but modestly so. Also, the findings from Shapiro and Keyes' study indicate that those who are cohabitating report lower social wellbeing than those who are "officially" married. The authors explain this negative effect by arguing that cohabitation is a state of uncertainty; it is an "incomplete institution" that lacks formalized norms and is stigmatized by society at large. Based on a literature review, Dolan et al. (2008) assert that much of the evidence show that being alone (single, separated, or widowed) is worse than being married.

How about *age*? Does it matter in social/family/marital wellbeing? There is evidence suggesting that age plays a role in high quality romantic relationships and well-being. Specifically, it moderates the effect of relationship quality on

wellbeing. Most couples experience a decline in life satisfaction as they grow old. However, the decline is much more pronounced with couples with low than high quality relationships. See Kansky (2018) for an excellent review of the research focusing on the relationship between age and marital satisfaction and overall wellbeing.

One of the individual difference factors that play a major role in family and marital wellbeing is the extent to which family members *manage time pressure*. Kaufman and Lane (1990) have also argued that coping with time pressures can be achieved through three strategies: time expansions, time extensions, and transfers of activity time. *Time expansions* enable family members to broaden the clock day, getting more out of a given block of time. This is done by decreasing the level of mental or physical intensity devoted to a given while to allow attending to another activity at the same time. Certain products or services may assist in time expansions. Examples include a laptop computer that can assist an employed wife perform primary career work at home, at the same time as attend to other childcare responsibilities. *Time extensions* are a strategy to lengthen the clock day by increasing the quantity of clock time devoted to a particular activity. Innovative products allow family members to perform tasks faster. The home is full of timesaving devices, such as blow dryers, washing machine, dryers, microwave ovens, home fax machines, catalogue and electronic shopping, among others. *Transfers of activity time* refer to rescheduling tasks from on clock or calendar time to another. For example, recording devices such as VCRs, telephone answering machines, and electronic mail allow family members to transfer activity time. Family members do not have to engage in a certain activity at a designated time and only at that time. These products give family members flex time, thus helps them cope with time pressures.

How family members *solve problems* arising from social interactions with other family members is an important individual factor in the quality of family life. Siu and Shek (2010) define social problem solving as a cognitive-affective-behavioral process by which people attempt to resolve real-life problems in a social context. They used the Social Problem-Solving Inventory to measure this construct (see Table 20.3). The study findings indicate that negative problem orientation and avoidance behaviour were strongly related to depression and anxiety. Also, impulsiveness was related to depression. In contrast, high positive problem orientation was related to lower depression and anxiety. Rational problem-solving was to be not related with depression and anxiety. In other words, rational problem-solving does not seem adequate to the management of depression among young adults. Furthermore, social problem-solving also was found to be related to family wellbeing. Specifically, the negative dimensions of social problem solving were negatively related to family wellbeing, and conversely the positive dimensions were positively related to family wellbeing.

There is also evidence that suggests that the *Big Five personality factors* (extroversion, neuroticism, agreeableness, openness, and conscientiousness) do play a significant role in satisfaction with romantic relationships (e.g., Karney & Bradbury, 1995; Kelly & Conley, 1987; Kwan, Bond, & Singelis, 1997; White, Henrick, & Hendrick, 2004). Specifically, extroversion and agreeableness were found to be

Table 20.3 The social problem-solving inventory

The *Social Problem-Solving Inventory* (SPSI; D’Zurilla, 1986) is a common measure capturing social problem solving. The measure is based on five dimensions:

- positive problem orientation,
- negative problem orientation,
- rational problem solving,
- avoidance style, and
- Impulsiveness.

Positive problem orientation reflects a constructive attitude toward problem solving (i.e., being optimistic and having the confidence in oneself to solve problems). *Negative problem orientation* refers to the motivation that inhibits problem solving (i.e., pessimism about one’s ability to solve problems and handle conflict). *Rational problem solving* reflects the extent to which the person systematically uses problem-solving techniques in handling conflict. *Avoidance* refers to the extent to which the person procrastinates and delaying hard decisions to be made. Finally, *impulsiveness* refers to the extent to which the person is careless, hurried, narrow, and thoughtless in decision-making.

Source: Adapted from Siu and Shek (2010)

positively related with satisfaction, whereas neuroticism and openness to experiences were negatively related. The relationship between conscientiousness and satisfaction seem inconsistent across studies (see White et al., 2004). For example, using a college student sample, Demir (2010) was able to empirically demonstrate that the romantic wellbeing (relationship quality) predicts happiness above and beyond the effects of the Big Five personality traits. The study findings were supportive of this theoretical notion.

More recently, a review of 174 studies concluded that *psychological flexibility* is a very important quality for happy relationships (<https://www.inc.com/jessica-stillman/happiness-relationships-psychological-flexibility.html>). People with high psychological flexibility are generally open to experiences (good and bad experiences); they are more mindful of the present; they experience more difficult thoughts with little rumination; they inject a broader perspective when faced with a challenge; and they express higher levels of goal commitment in light of failure and setbacks. Psychological flexibility helps people roll with the emotional punches in dealing with problems in social relationships, especially the romantic type. There is much evidence suggesting a strong link between psychological inflexibility and weaker family ties, conflictful relationships, and less effective parenting.

Furthermore, there are individual differences specific to romantic relationships, namely *love styles*. There are six love styles (Lee, 1977; see Hendrick & Hendrick, 1986 for a measure of these love styles). The three main love styles are:

- *eros* or love based on strong physical attraction;
- *ludus* or love viewed as a game (i.e., noncommittal);
- *storge* or love based on friendship which in time evolves into a romantic relationship.

The remaining three are combination of eros, ludus, and storge. Specifically, these are:

- *mania* or love characterized as strong feelings of possessiveness, jealousy, and anxiety (mix of eros and ludus);
- *pragma* or practical love (mix of ludus and storge);
- *agape* or altruistic love (mix of eros and storge).

Research has shown that the eros and agape styles are strongly associated with relationship satisfaction, while ludus is negatively associated with satisfaction (e.g., Frazier & Esterly, 1990; Hendrick, Hendrick, & Adler, 1988; Morrow, Clark, & Brock, 1995).

Furthermore, research has uncovered that individuals within couples who have different love styles tend to experience dissatisfaction with their relationship (e.g., Davis & Latty-Mann, 1987).

Attachment style is yet another individual difference factor in relationship quality. Evidence suggests that a secure attachment style is strongly associated with quality romantic relationships (see review of this literature in Schiffrin, 2014). Securely attached individuals report relationships with high levels of commitment, trust, and satisfaction, as well as high subjective wellbeing. In contrast, the insecure individuals report low levels of wellbeing. Perhaps those with secure attachment may feel most comfortable and confident in the relationship, which in turn facilitates the development and maintenance of trust, communication, and intimacy, all of which are important in relationship satisfaction and overall wellbeing. Moreover, secure attachment is positively related to self-determination, higher well-being and positive mental health.

And speaking about love and romantic relationships, we must acknowledge the research on sexual satisfaction. There is evidence suggesting that *sexual satisfaction* is strongly associated with relationship quality, satisfaction, and wellbeing (see Sprecher & Cate, 2004, for a review of this research).

20.6.3 *Factors Dealing with Conflict between Family and Work*

It is customary to distinguish between two types of work-family conflict: work-to-family conflict (WFC) and family-to-work conflict (FWC) (e.g., Aryee, Fields, & Luk, 1999; Frone, Russell, & Cooper, 1992a; Frone, Yardley, & Markel, 1997; Greenhaus, Collins, & Shaw, 2003; Scherer & Steiber, 2010). The former (WFC) deals with the way work interferes or undermines family wellbeing, the focal topic of this section; the latter (FWC) deals with the way family responsibilities undermine work wellbeing, a topic better addressed in the work wellbeing chapter. Past research confirms this distinction in the fact that WFC seems to be more strongly affected by work variables (e.g., work hours and stress) than is FWC (Byron, 2005).

Duxbury and Mills (1990) defined and measured work-family conflict in terms of role overload, role interference, work role intrusion into family roles, family roles intrusion into work roles, and impact of children. Table 20.4 shows specific items

Table 20.4 A measure of work-family conflict

Role overload	Role interference	Work role intrudes into family roles	Family role intrudes into work roles	Impact of children
“I feel I have more to do than I can comfortably handle.” “I feel physically drained when I get home from work.” “I feel emotionally drained when I get home from work.” “I feel I have to rush to get everything done each day.” “Work makes me too tired or irritable to participate in or enjoy family life.”	“I have a good balance between my job and my family life.” (reverse coded) “I wish I had more time to do things for the family.” “I feel I don’t have enough time for myself.”	“My job keeps me away from my family too much.” “My preoccupation with my job affects my family life.”	“I worry about my children when I am working.” “Family life interferes with work.”	“I worry whether I should work less and spend more time with my children.” “I find enough time for my children (reverse coded) “I have as much patience with my children as I would like.” (reverse coded)

designed to measure these various dimensions. They conducted a study involving a sample of 310 male managers and/or professionals and found the following:

- Dual-career men with computers at home do not experience more work-family conflict with increases in the number of hours worked per week. This finding contradicts past research that showed work-family conflict to be positively related to the number of hours worked per week. The authors conclude that the electronic briefcase does increase dual-career men’s ability to cope with work-family conflict.
- Traditional men with computers do experience more work-family conflict with increases in the number of hours worked per week. Traditional men are defined as husbands who have full-time housewives. The authors interpreted this finding as follows: dual-career women may be more sympathetic to their husband’s work demands than women in traditional families.

The relationship between subjective quality of life and balancing *work and family demands* is indisputable. Much research has documented the fact that people who are better able to balance work and family demands experience higher wellbeing through higher levels of both family and job satisfaction (e.g., Aryee et al., 1999; Frone et al., 1997; Frone, Russell, & Cooper, 1992b; Greenhaus et al., 2003; Greenhaus & Beutell, 1985; Kelly & Voydanoff, 1985; Pleck, 1985; Voydanoff, 1985, 1988). There are at least three streams of research in this area. One stream of research deals with work-related variables and work-centered strategies such as alternative work arrangements and the use of work-related benefits such as day

care on site. A second stream of research has dealt with individual and family-variables and strategies of coping with work/family conflict. The third stream of research deals with institutional factors such as welfare state regimes, systems of employment regulation, and country differences. The fourth stream of research involves working women's purchase and special use of products such as food.

20.6.3.1 Work-Related Variables

Here we will explore two areas of research--one dealing with the use of day care on work site, and the other dealing with home-based work. With respect to *work demands and employee control of working time*, much of the research clearly shows that employees experiencing high work demand are more likely to experience WFC than those with less demand (e.g., Greenhaus & Beutell, 1985; Gutek, Searle, & Klepa, 1991). Work demand can be in the form of the amount of time spent in paid work, increases in the required amount of time spent at work. Thus, much scholarly work has been done demonstrating that providing employees with control of working time (compared to having employers dictate working time) helps reduce WFC (e.g., Cousins & Tang, 2004; Crompton, 2002; Haas & Wallace, 2004; Parasuraman & Simmers, 2001).

Much research has documented the effects of the *use of day care on site* in effectively managing family/job conflicts (e.g., Bohen & Viveros-Long, 1981; Lowe, 1989; Nieva, 1985; Ronen, 1981; Rothman & Menlo-Marks, 1987; Voydanoff & Kelly, 1984). Beach (1987) examined the integration of work and family life of home workers in a variety of occupations. She found that these workers were generally satisfied with their work environment (cf. Michelson, 1997). However, two other studies have shown that women do find it difficult, with some *home-based occupations*, to successfully manage work and family responsibilities (Hershey, 1985).

Carsky et al. (1990, 1991) have proposed a model to examine the effects of women's home-based work on quality of family life and satisfaction. They maintain that, the *nature of the work*, and the *home/work environment* influence quality of family life. With respect to the *occupation of the worker*, they argued that occupations evolving from a hobby or avocation are likely to contribute positively to the quality of family life than occupations selected primarily for their income generation potential. With respect to the *worker/family characteristics*, the authors proposed that quality of family life is likely to be enhanced when balance is achieved between work and family, when the home-based worker perceives the rewards from her work as being adequate, etc. With respect to the *nature of the work*, it was theorized that quality of family life is likely to be adversely affected when the elements of the nature of the work constrain interaction, and when the stress to produce overrides the feelings of control and independence gained from the home-based work. Finally, with respect to the *home/work environment*, the authors argued that wellbeing is likely to be enhanced given that the worker can arrange the work time to be compatible with routines of the family. Furthermore, given that the work is

absorptive, a workspace that minimizes family interruptions is likely to enhance quality of family life. Conversely, given that the work requires little concentration, a workspace in proximity to family activities is likely to positively contribute to the quality of family life.

20.6.3.2 Individual and Family-Related Variables

WFC is very much affected by the extent to which the person experiences time and financial demand from the family. Research has shown that the greater the *time and financial demands from the family* (perhaps from having more children or from societal norms related to females should take care of her family first and foremost) the higher the WFC (e.g., Clarkberg & Merola, 2003; Duxbury, Higgins, & Lee, 1994; Frone et al., 1992b; Gutek et al., 1991; Jacobs & Gerson, 2001; Kinnunen & Mauno, 1998; Voydanoff, 1988).

Many studies have examined individual and family-centered strategies in coping with work/family conflicts such as spousal support, the use of power in family dynamics, division of labor, the use of social support, among others (see Piotrkowski, Rapoport, & Rapoport, 1987 for an excellent review of this literature). For example, Berger, Cook, and Weigel (1997) have conducted a study investigating quality-of-life variables in relation to overload from family and work roles. The study indicated that women want their husbands to do more household chores, and that husbands want their wives to do more childcare chores. That these strategies can reduce work overload and increase satisfaction with both job and family.

Gorham (1997) conducted a study of dairy farm couples to determine the impact of work and family life on their quality of life. The study indicated that husbands were more satisfied with work than wives. Husbands' work satisfaction was a significant predictor of life satisfaction. That is, the more they were satisfied with their work, the more they were satisfied with their lives. With respect to wives, the more time they spent working in off-farm jobs, the more they were dissatisfied with their work.

Sekaran (1990) was able to show that enabling behaviors, such as supportive behaviors between the spouses, play a significant role in family and work satisfaction.

20.6.3.3 Institutional Factors

Variations in social and labor market policy among countries may affect WFC. Countries differ in the extent to which the state supports programs and policies designed to promote work-family balance. Examples of such programs and policies include the provision of high quality and affordable childcare services, parental leave programs (e.g., Cousins & Tang, 2004; Scherer & Steiber, 2010). With respect to specific countries, the Netherlands and Sweden have an employment system that gives employees a high level of time autonomy (e.g., Scherer & Steiber, 2010;

Wilhagen, Tros, & von Lieshout, 2003). In Germany employees in companies with more than 15 employees have the right to demand reduced hours from their employers (Burri, Opitz, & Veldman, 2003).

20.6.3.4 Product and Services-Related Variables

Research in this area revealed that working women tend to balance the demands of work and family by doing the following:

- Buying and using labor-saving products (e.g., disposable diapers, meals away from home) and services (e.g., childcare) (Nickols & Fox, 1983; Strober & Weinberg, 1980; Weinberg & Winer, 1983),
- Not baking from scratch (Strober & Weinberg, 1980),
- Not do price checks on purchases (Strober & Weinberg, 1980),
- Reduce time in household production (Nickols & Fox, 1983),
- Shop less frequently and made greater use of husbands in shopping activities (Douglas, 1976),
- Shop less for food and cook less at home (Jackson, McDaniel, & Roa, 1985), and
- Establish food preparation routines (e.g., preparing food during weekends for use during the week), have very simple meals, and do more planning of food shopping and preparation (Marshall, Duxbury, & Heslop, 1992).

20.7 Conclusion

This chapter reviewed the literature on the psychology of social, family, and marital wellbeing. I made an attempt to answer a variety of questions such as: What is social, family, and marital well being? How do wellbeing researchers measure these constructs? Does social, family, and marital wellbeing play an important role in the subjective aspects of wellbeing? If so, how? What are the predictors of social, family, and marital wellbeing?

Concerning the definitions of social, family, and marital wellbeing; I identified several conceptualizations and corresponding measures. These include satisfaction with social life, social adjustment, social capital, social support, family life quality, satisfaction with family life, family functioning, family wellbeing, relationship happiness, and involvement in a quality romantic relationship. The evidence concerning the relationship between social/family/marital wellbeing and subjective aspects of wellbeing points to a strong association. Some evidence points out to buffering as an explanatory mechanism tying family/marital wellbeing with wellbeing. That is, people experience stress in their daily lives. Having a family or a romantic partner may serve to buffer the strains and stresses of daily life. I also used several theories such as need for belongingness, attachment, compensation,

bottom-up spillover, horizontal spillover, and mattering to explain the influence of social/family/marital wellbeing on wellbeing.

There is much evidence that suggests family and marital wellbeing are linked with other health outcomes. I also reviewed evidence suggesting that social/family/marital wellbeing plays a strong role in other outcomes such as hopelessness and suicidal ideation. Finally, the focus of the chapter turned to predictors of social/family/marital wellbeing. In this vein, I organized and discussed many factors affecting social/family/marital wellbeing and wellbeing: (1) family factors (e.g., communication, socializing, and sharing activities among family members), (2) individual factors (e.g., marital status, Big-Five personality factors, social problem solving), and (3) factors dealing with conflict between family and work (e.g., work demands, employee control over working time, use of day-care facilities, and family demands).

In closing, social/family/marital wellbeing is at the heart of the subjective aspects of quality of life. Research has documented the fact that satisfaction in social-related life domains contribute a large amount of variance in measures of wellbeing and positive mental health. Furthermore, satisfaction in these life domains are associated with other positive outcomes—it contributes to physical health and longevity, job satisfaction, work performance, creativity, etc. Most importantly, well-being in the social-related domains creates a buffer against psychopathology (Kansky, 2018). Understanding the psychology of social, family, and marital wellbeing can help us develop better policies and programs that can enhance quality of life of individuals, communities, and nations.

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Chapter 21

Health Wellbeing



“A healthy body is a guest chamber for the soul: a sick body is a prison.”

—Francis Bacon (<https://www.wiseoldsayings.com/wellness-quotes/#ixzz6dPoARv00>)

21.1 Introduction

The health & wellness industry has experienced tremendous change during the last few decades. The trend reflects a move towards the commercialization, privatization and individualization of health. The trend encompasses a wide variety of issues, from attempts to regulate industries that produce ill health (e.g., tobacco, junk food) to educating people to assume control over their bodies and health. This chapter is written in that spirit (Kickbush & Payne, 2003). I make an attempt in this chapter to address the voluminous research on health wellbeing in relation to happiness, subjective wellbeing, and positive mental health. Wellbeing researchers have addressed important issues in relation to health-related quality of life. Some of the research covered in this chapter addresses the questions such as what is health wellbeing, does health wellbeing contribute significantly to happiness, subjective wellbeing, and positive mental health, how does health wellbeing influence the subjective aspects of quality of life, and what are the predictors of health wellbeing.

21.2 What Is Health Wellbeing?

There are many conceptualizations and corresponding measures of health wellbeing. Examples of popular conceptualizations and measure include:

21.2.1 *Successful Adjustment to Illness*

In some instances, health wellbeing has been defined in terms of psychological adjustment to illness. An example of a measure specifically designed to capture psychological adjustment to illness is the *Psychological Adjustment to Illness Scale* (PAIS) (Derogatis & Derogatis, 1992). This measure is completed by either a physician or a trained healthcare professional. The measure captures adjustment to illness in the context of seven environments: health, vocation, domestic, sexual relationship, extended family relationships, social, and psychological distress.

Cramer and Spilker (1998) described a common quality-of-life measure used in health outcome assessment. They referred to this common measure as the *5-Ds measure* (e.g., Fries, Spitz, Kraines, & Holman, 1980). This is because the measure involves five dimensions—death, disability, discomfort, drug side effect, and dollar cost. In other words, the wellbeing effect of any drug treatment can be assessed in terms of the various components of four of the 5 Ds—disability, discomfort, drug side effect, and dollar cost. With respect to *disability*, specific physician measures are used to identify and locate the disability in the patient's basic skills related to cognitive, sensory, and motor aspects (e.g., grip, feed, walk, and climb). With respect to *discomfort*, the physician uses measures are designed to identify the nature of the discomfort (i.e., whether it is physical as in pain, fatigue, etc., or psychological as in depression, anxiety, etc.). With respect to *drug side effect*, measures are designed to identify medical side effects (GI, blood, etc.) or surgical (infection, bleeding, etc.). Finally, with respect to *drug costs*, the physician attempts to measure direct costs (drugs, visits, etc.) and indirect costs (work loss, social, etc.).

A more comprehensive measure commonly used by physicians to determine the health wellbeing of a patient is The *Sickness Impact Profile* (SIP) (Patrick & Generic, 1989) includes a physical dimension (e.g., ambulation, mobility, body care, and movement), a psychosocial dimension (e.g., social interaction, alertness behavior, communication, and emotional behavior), and five other dimensions—eating, work, home management, sleep and rest, and recreations and pastimes. The SIP is scored by summing the scale values for the items, dividing by the total possible score, and multiplying by 100, thus producing a percentage score (0 representing no dysfunction while 100 representing total dysfunction).

21.2.2 *Good Functional Status*

In some instances, health wellbeing is construed in terms of functional status. Consider the popular Dartmouth Primary Care Co-operative Information Project (COOP). This measure is designed to assess the functional status of adults and adolescents (Scholten & van Weel, 1992). The measure involves nine charts (physical fitness, feelings, daily activities, social activities, change in health, overall health, social support, pain, and quality of life). Each chart has a title and a question.

The alternative responses are illustrated by drawings and visual objects as well as words. The quality-of-life chart has a title of “Quality of Life” and a question (“How have things been going for you during the past 4 weeks?”). The alternative response categories are illustrated in terms of a ladder in which the upper-most step on the ladder is “Very well: could hardly be better,” the second step “Pretty good,” the third step “Good and bad parts about equal,” the fourth step “Pretty bad,” and the bottom step “Very bad: could hardly be worse.”

Another popular measure of health wellbeing based on functional status is the Health Assessment Questionnaire (HAQ). This measure is commonly used to measure quality of life of patients with rheumatic diseases, HIV, and musculoskeletal disability (Ramey, Raynauld, & Fries, 1992). The HAQ comes in two forms—the short form and the long form. The short form involves 24 questions on activities of daily living and mobility. The long form measures functioning and mobility. It also adds other dimensions such as pain, global severity, income, job change, cost of medical care, and side effects of treatment.

The Center for Disease Control (CDC) has developed a health outcome measure (called Behavioral Risk Factor Surveillance System) involving the number of days in the past 30 of physical activity limitation, poor mental health, and poor physical health. Each year more than 100,000 adults are randomly surveyed via telephone to collect data using these measures and continuously validate the HRQOL measures (Jia, Lubetin, Moriarty, & Zack, 2007; Moriarty, 1997). This has been done continuously since 1993 involving all 50 states in the United States. This measure also has been validated in a number of studies. For example, Chambers et al. (1997) conducted a study using a stratified probability sample of 1042 adults in the six municipalities of Hamilton-Wentworth, Ontario, Canada. The measure was validated through findings that support the following hypotheses:

- Low-income individuals were nine times more likely to report fair/poor health than individuals of high income.
- Individuals over 70 years of age were 1.7 more likely to report fair/poor health than those who were 50, and 4.0 times more likely to report fair/poor health than those who were 20 years of age.
- Inactive individuals were 1.4 times more likely to report at least one day of poor physical health and 1.4 times more likely to report at least one day of physical activity limitation than active individuals.
- Smokers were 1.5 times more likely to report at least one poor mental health day in the past 30, and 1.8 times more likely to report fair/poor self-perceived health than non-smokers.

Another well-established measure of functional status is the Nottingham Health Profile (NHP) (Hunt, McEwen, & McKenna, 1986). The measure is designed to be sensitive to capturing the effects of specific medical interventions and is typically administered before and after an intervention. It captures functional status in terms of physical, social, and emotional health. Specifically, the measure contains 38 items capturing six dimensions: energy, pain, physical mobility, emotional reactions, sleep, and social isolation.

A more elaborate and comprehensive measure of functional status is the McMaster Health Index Questionnaire (MHIQ) (Chambers, 1982). This measure contains 59 items specifically designed to capture the effect of specific medical interventions (i.e., typically administered before and after a specific intervention). Three dimensions of health are captured by the MHIQ: physical, social, and emotional function. The physical function dimension contains 24 items capturing functional status in terms of physical activities, mobility, self-care activities, the use of sight and hearing in communication, and global physical function. The social function dimension has 25 items designed to capture general wellbeing, work/social role performance, family support and participation, friends' support and participation, and global social function. The emotional function dimension contains 25 items reflecting feelings of self-esteem, attitude toward personal relationships, thoughts about the future, critical life events, and global emotional function.

21.2.3 Perceptions of Low Illness Symptoms

Health wellbeing is essentially a judgment made by a person about his personal health articulated in terms of specific health symptoms. For example, Walker, Lee, and Bubolz (1990) asked respondents to indicate their health status by reporting health symptoms such as trouble sleeping, headaches, depression, and so forth. There were 12 items each focusing on a different symptom. Responses were recorded on a 5-point scale varying from "never" to "almost always." A composite score is then computed by summing the scores in relation to the 12 items.

Two other very popular measures of health wellbeing commonly used by physicians are the Symptom Check List (SCL-90-R) and the Brief Symptom Inventory (BSI). The SCL-90-R is a 90-item self-report questionnaire designed to capture the psychopathological effects associated with an illness (Derogatis, 1975). The symptom dimensions include somatisation, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The BSI measure has 53 items capturing psychological distress associated with disease in the same manner that of the SCL-90-R (Derogatis, 1993). Both measures are highly correlated.

21.2.4 Satisfaction with Personal Health

Health wellbeing in this context is defined as perceived quality of personal health or satisfaction with personal health. Look at Barak and Rahtz's measure of health satisfaction (1990). The items are shown in Table 21.1. Their study produced a reliability coefficient of 0.70.

The Center for Disease Control (CDC) incorporates a satisfaction with personal health measure in their large-scale survey. Specifically, survey respondents are asked

Table 21.1 A measure of health satisfaction

Barak and Rahtz (1990) have used a measure of health satisfaction that contains the following items:

- I never felt better in my life.
- my health is just beginning to be a burden on me. (reverse coded)
- I still feel young and full of spirit.
- I am perfectly satisfied with my health.
- I feel just miserable most of the time. (reverse coded)

Responses are re-coded on a 5-point Likert scale.

Source: Adapted from Barak and Rahtz (1990)

to rate their personal health in terms of the following categories: excellent, good, fair, and poor (Jia et al., 2007; Moriarty, 1997).

21.2.5 *Positive Mood and Affect*

Health wellbeing is viewed from the perspective of mood and affect. Consider the Derogatis Affect Balance Scale (DABS). This measure is a multidimensional mood and affects inventory involving 40 adjectives that characterise affectivity and affect balance through four positive affect dimensions (joy, contentment, vigor, and affection) and four negative affect dimensions (anxiety, depression, guilt, and hostility) (Derogatis, 1975). Several scores are computed from the affect dimensions. The Positive Affect Total (PTOT) score is the sum of all the scores on all four positive affect dimensions. The Negative Affect Total (NTOT) score is computed by summing the scores on the four negative affect dimensions. The Affect Balance Index is a score computed as $PTOT - NTOT / 20$. The Affect Expressiveness Index is a score derived from the summation of total affective expression, regardless of positive or negative direction. The Positive Affect Ratio is a score representing the proportion of total affective expression that is positive.

21.2.6 *Satisfaction with Personal Health and Related Life Domains*

Consider Bowling's definition as captured in her seminal book (*Measuring Disease: A Review of Disease-Specific Quality-of-Life Measurement Scales*):

Health-related quality of life is defined here as optimum levels of physical role (e.g., worker, carer, parent, etc.) and social functioning, including relationships and perceptions of health, fitness, life satisfaction and well-being. It should also include some assessment of the patient's level of satisfaction with treatment outcome and health status and with future prospects. (Bowling, 1995, p. 2)

Table 21.2 The eight dimensions of the SF-36 measure

• Physical functioning (varying from “vigorous activities” to “not being able to bathe and dress”) • Role-physical (varying from “cut down time” to “had difficulty”) • Bodily pain (magnitude of pain and the degree in which pain interfered with daily activities) • General health (varying from “excellent health” to “get sick easy”) • Vitality (varying from “full of pep/life” to “tired”) • Social functioning (extent of social engagement and amount of time spent in social activities) • Role-emotional (varying from “cut down time” to “not careful”) • Mental health (varying from “happy/peaceful” to “nervous/down in dumps/blue and sad”)

Source: Adapted from Ware and Sherbourne (1992)

Wellbeing researchers working in this area have used many measures. Consider the following measures.

The EORTC QLQ-C36 (Aaronson, Cull, Kaasa, & Sprangers 1994) instrument consists of 36 items organized into four functional scales (physical, role, emotional, and social functioning), two symptom scales (fatigue and nausea/vomiting), a health related quality-of-life scale, common symptoms (e.g., pain, dyspnea, sleep problems), and financial hardship as a result of treatment costs. The EORTC QLQ-C30 (Aaronson et al., 1993) refines the EORTC QLQ-C36 by expanding the functional domains to include cognitive functioning and an additional symptom domain (pain). The EORTC QLQ instrument involves the use of supplementary questions measuring the quality-of-life impact of specific cancer treatments.

The Medical Outcome Study Short Form (SF-36) Health Survey (Ware & Sherbourne, 1992) involves 36 items capturing eight dimensions of health (see the dimensions and their definitions in Table 21.2. Based on the eight dimensions two overall scores are computed, one reflecting overall physical health (composed of physical functioning, role-physical, bodily pain, and general health) and the other reflecting overall mental health (composed of vitality, social functioning, role-emotional, and mental health).

The constitution of the World Health Organization (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 2001). More recently, the WHO has defined positive mental health as “a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). WHO developed its own measure of health wellbeing referred to as the World Health Organization’s Quality of Life (WHOQOL Group, 1995, 1998, 2004, 2006). This measure involves six domains. These are shown in Table 21.3.

Recently, Chen et al. (2009) developed a web-form WHOQOL-BREF as an alternative to the paper form. Two studies were conducted. The first study compared the web and paper versions and was able to demonstrate the test-retest reliability of the web version. The second study was able to demonstrate the internal consistency, concurrent validity, and construct validity of the web version too (cf. Li, Kay, & Nokkaew, 2009; Yao & Wu, 2009; Yao, Wu, & Yang, 2008).

Table 21.3 The six dimensions of the WHOQOL measure

• <i>Physical domain</i> (pain and discomfort, energy and fatigue, sexual activity, sleep and rest, and sensory functions), • <i>Psychological domain</i> (positive feelings; thinking, learning, memory, and concentration; self-esteem; body-image and appearance; and negative feelings), • <i>Level of independence</i> (mobility, activities of daily living, dependence on medicinal substances and medical aids, dependence on non-medical substances such as alcohol, communication capacity, and work capacity), • <i>Social relationships</i> (personal relationships, receiving social support, providing social support to others), • <i>Environment</i> (freedom and safety, home environment, work satisfaction, financial resources, accessibility to health care as well as quality of health care, opportunities for learning, recreation/leisure activities, and pollution in the physical environment), and • <i>Spirituality</i> (religion and personal beliefs about meaning of life and afterlife).

Source: Adapted from WHO (2001)

Gill et al. (2011) developed a measure of health wellbeing that is alleges more sensitivity to capture the effects of physical activities and other health promotion interventions. They argue that physical wellbeing is paramount dimension that comprises physical health symptoms (perceived personal health), physical fitness (body shape, bodily appearance, and level of physical activity), and physical functioning (ability to do activities of daily living, ability to take care of oneself, and ability to get around). The non-physical wellbeing dimensions involve social wellbeing (personal relationships, intimate relationships, ability to initiate and maintain relationships, emotional relationships with others, and social relationships at large), spiritual wellbeing (prayer/meditation, spiritual growth, spiritual beliefs, and spiritual life), emotional wellbeing (peace of mind, feelings of happiness, sense of calm and peacefulness, sense of not feeling sad or depressed, and sense of not feeling worried or anxious), cognitive wellbeing (ability to concentrate, ability to think, ability to solve problems, memory, and ability to continue learning).

21.3 Does Health Wellbeing Contribute Significantly to Subjective Aspects of Quality of Life?

Much research (e.g., Duda & Tappe, 1988; Ryckman, Robbins, Thorton, & Cantrell, 1982) has shown that feelings about personal health spills over to overall life satisfaction, because personal health is considered important in one's evaluation of life (see Andrews & Withey, 1976; Bubolz et al., 1980; Campbell, Converse, & Rodgers, 1976; Campbell, 1981; Davis & Fine-Davis, 1991; Diener, 1984; Larsen, 1978). Walker et al. (1990) have shown that the number of health symptoms was significantly related to subjective wellbeing, as well as family quality of life and marital happiness.

Okun, Stock, Haring, and Witter (1984) performed a meta-analysis of 104 studies published before 1980 focusing on the American elderly and concluded that

objective and subjective measures of health account for 8–14% of the variance in subjective wellbeing.

Michalos, Zumbo, and Hubley (2000) conducted a large scale survey in attempt to predict the effect of health satisfaction on subjective wellbeing and found that perception of health status (or health satisfaction) plus domain satisfaction indicators explain 53% of the variations in respondents' reported happiness, 68% of the variance in life satisfaction scores, and 63% of the variance in reported satisfaction with overall quality of life. That 60% of the explained variance in happiness scores was attributable to health satisfaction (cf. George & Landerman, 1984; Larsen, 1978; Michalos et al., 2007).

21.4 Explaining the Health Wellbeing Effect on Subjective Aspects of Quality of Life

There are two theories discussed in the wellbeing literature designed to explain the effect of health wellbeing on the subjective aspects of quality of life (happiness, subjective wellbeing, and positive mental health). These are bottom-up spillover theory and homeostatic control theory.

21.4.1 Bottom-Up Spillover Theory

I explained bottom-up spillover theory in different context in the previous chapters. I will make an attempt to explain it again in a health context. Bottom-up spillover theory asserts that emotional experiences are segmented in various psychological domains that vary in their level of abstractness. The most abstract domain life at large. This most abstract domain houses feelings the person has about his or her life overall. The second level in the hierarchy is life domains. Campbell (1981) identified 12 domains in which satisfaction with these domains account for a majority of the variance in life satisfaction. These are marriage, family life, friendships, general standard of living, work, neighborhood, city/town of residence, housing, *health*, self, education, and national concerns (cf. Lehman, 1988).

The basic notion of bottom-up spillover is that positive and negative affect housed in these psychological domains influence overall life satisfaction as a direct function of the perceived importance or salience of these domains. That affect invested in a life domain (such as health life) is likely to influence life satisfaction if such a domain is perceived to be important—the greater the salience of a life domain the greater the spillover of affect to overall life. For example, the majority of the elderly have health issues rendering the health domain to be regarded as very important. As such, one's overall sense of health wellbeing is very likely to spill over to overall life affecting the person's overall life satisfaction. Similarly, within each

life domain are life concerns that influence the overall sense of wellbeing in that domain. For example, within the health domain, the person may experience a variety of concerns related to certain disease or general ailments. Therefore, they may have certain feelings about these health conditions, which in turn spillover vertically (to the next abstract level) affecting the person's overall sense of wellbeing in health.

21.4.2 *Homeostatic Control Theory*

Mark Rapley (2003), in his book on *Quality of Life Research: A Critical Introduction*, devotes almost an entire chapter (although critical in its focus) to this theory and its application in health related quality-of-life research. *Homeostatic control theory* is attributed to Robert Cummins (2000, 2010), a professor of psychology at Deakin University in Melbourne, Australia. Cummins asserts that there is a great deal of evidence that suggests that life satisfaction exhibits a remarkable degree of stability over time. That most people tend to report themselves as moderately happy. Thus, life satisfaction is homeostatically maintained within a small range of moderate degree of happiness. Maintenance of life satisfaction within some range is optimal for the survival of the human species.

Subjective wellbeing is made up of affective and cognitive components. Happiness may be used to describe the affective component and life satisfaction the cognitive component. The cognitive component (i.e., life satisfaction) is driven by a perceived difference between what one has versus (1) what one wants, (2) what others have, (3) the best one has had in the past, (4) what one expected to have in the past, (5) what one expects to have in the future, (6) what one deserves, and (7) what one needs. This cognitive calculus is also applicable to describing satisfaction judgments in various life domains such as satisfaction with personal health. Thus, satisfaction judgments across various life domains can be modelled using the difference formulation to account for the overall satisfaction ratings of all life domains. To obtain an index of subjective aspects of quality of life (SQOL), domain satisfaction ratings are then multiplied by perceived importance of the corresponding domains, and then summed across all domains. Both SQOL and global life satisfaction scores maintain remarkable stability at the moderate-to-high range of the distribution.

Life events play a significant role in variations in subjective wellbeing. A life event can depress a person's subjective wellbeing below its adaptation level; the homeostatic control mechanism will attempt to restore homeostasis back to the adaptation level. Conversely, life events can enhance subjective wellbeing temporarily, but, in the final analysis, homeostatic balance is restored to its original adaptation level. This adaptation level or "set point" of subjective wellbeing is strongly influenced by two personality traits: extraversion and neuroticism. Extraversion determines positive affectivity, while neuroticism determines negative affectivity. However, it should be noted that the individual experiences "joy" if the life event is positive to exceed his or her adaptation level. In contrast, the person would

experience “depression” when the life event is negative falling below his or her adaptation level. In both cases, joy and depression are sources of motivation for action that brings about new life events that are likely to match their adaptation level, thereby restoring homeostasis.

Self-esteem, perceived control, and optimism serve as buffers to subjective wellbeing. These psychological traits serve to ensure that subjective wellbeing remains moderately high. For example, a negative life event may be interpreted as bad luck, then the negativity associated with the event is blunted (i.e., prevented from significantly decreasing one’s overall level of subjective wellbeing).

21.5 Predictors of Health Wellbeing

There are many factors shown a relationship to health-related quality of life (e.g., self-assessed health). It is beyond the scope of this book to cover all of them. I will try to cover selected ones that are deemed important from a healthcare perspective. These are categorized in terms of three major groups of variables: (1) personal health factors, (2) healthcare factors, and (3) psychographics.

21.5.1 Personal Health Factors

Michalos et al. (2000) in a large scale survey have shown that *general health, vitality, body mass, health worries, and stress* account for 56% of the variance in health satisfaction, and that general health is the strongest predictor of the set. *General health* is measured through a 5-item measure borrowed from the SF-36 Questionnaire (Ware, Snow, Kosinski, & Gandek, 1993). Low scores on the general health measure mean personal health is perceived as poor and is likely to get worse, whereas high scores mean that personal health is perceived as excellent.

Davis and Fine-Davis (1991) were able to demonstrate in several large-scale surveys in a number of European countries that *longstanding illness* accounts for a significant portion of the variance in self-assessed health. That is, people who have chronic disease tend to rate themselves lower on self-assessed health than those who do not have a chronic illness. Longstanding illness was measured by asking respondents about the presence of any long-standing illness, physical disability of infirmity which had troubled the patient for at least the past year or would likely to go on troubling the patient in the future.

Davis and Fine-Davis (1991) also were able to demonstrate that the *number of symptoms* accounts for a significant portion of the variance in self-assessed health. That is, people who have more disease symptoms are likely to rate themselves lower on self-assessed health than those who have fewer symptoms. Examples of symptoms include dizziness, general aches and pains, headaches, tenseness, rapid heart-beat, skin rash, upset stomach, allergy or hay fever, generally rundown, depressed,

indigestion, swelling of feet or legs, constipation, feeling tired without obvious reason, and backache.

Moreover, Davis and Fine-Davis (1991) have shown that *functional ability* accounts for a significant portion of the variance in self-assessed health. That is, people who rate themselves high on functional ability were also likely to rate themselves higher on self-assessed health than those who have less symptoms. Functional ability was measured by questions such as the ability to climb stairs without help from anyone else, to run 50 yards, to dress oneself, to hear what is being said in a conversation between several people, etc.

Using data from the National Opinion Research Center's General Social Survey (GSS), Easterlin (2016) was able to demonstrate the relevance of *subjective norms and actual life circumstances* in making judgments about health satisfaction. The data show that health satisfaction changes in the same direction as actual health but not as much. That is, health standards used in health satisfaction judgments change with actual health. Thus, objective circumstances alone are insufficient to account for health satisfaction judgments. Furthermore, there is evidence suggesting that physical activity does contribute to happiness and life satisfaction as mediated through perceived health. That is, those who engage in physical exercise perceive themselves as healthier, and this self-perception contributes to increased wellbeing (Lera-Lopez, Ollo-Lopez, & Sanchez-Santos, 2017).

21.5.2 Health Care Factors

Davis and Fine-Davis (1991) were able to demonstrate in several large-scale surveys in a number of European countries that *satisfaction with healthcare services* accounts for a significant portion of the variance in self-assessed health. Evans and Stoddart (1990) developed a comprehensive model showing the impact of health care on prosperity, disease, health and function, individual biological and behavior responses, and individual well being. The model is shown in Fig. 21.1. The authors argue that the quality health care does play a direct role in tackling disease, an obvious *raison d'être* of the health care system. However, health care is not the only determinant of disease eradication. Other factors play an important role too. Examples of these other factors include the physical environment such as air and water pollution, the social environment such as stressful relationships, and the person's genetic endowment. Disease plays a key role in health and function. A sick person obviously cannot function to the same extent as a normal person. The person's health interferes with normal functioning. Furthermore, the way the individual responds to illness matters a great deal. For example, patients can fully cooperate with their physicians and health care professionals and therefore assist in their recovery, or they can obstruct treatment efforts. Health and function, in turn, play an important role in people's overall well being, both subjectively and objectively. People with good health and high levels of functioning are likely to experience higher levels of well being than those are with poor health and low levels of functioning. The authors

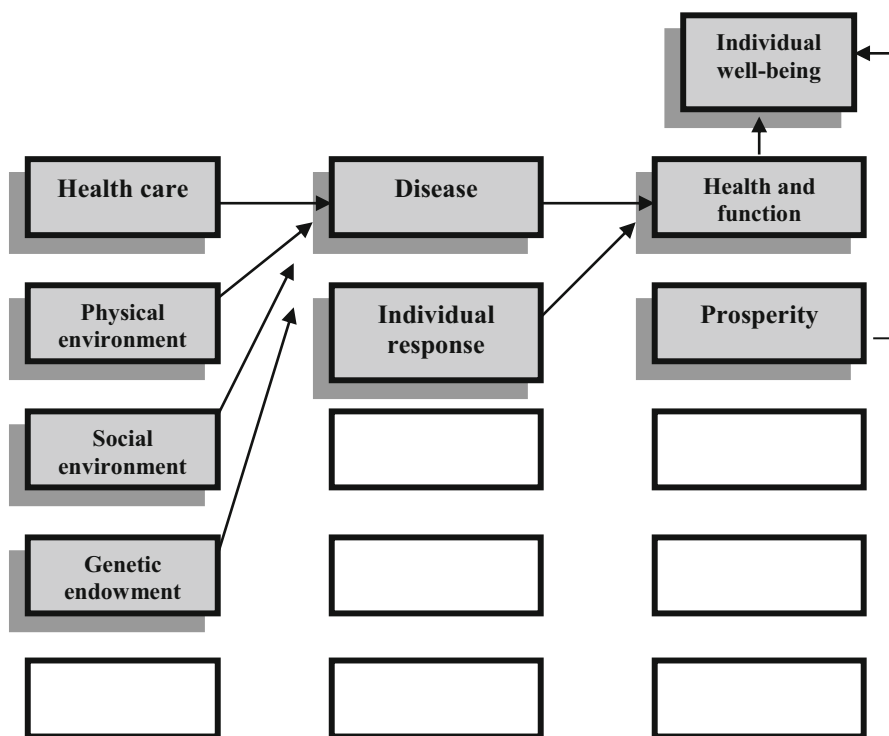


Fig. 21.1 The relationship between health and individual wellbeing

also acknowledge the role of prosperity among other factors that feed directly in individual well being.

Meadow and I (Meadow, 1983; Meadow & Sirgy, 2008) demonstrated the existence of the relationship between *satisfaction with healthcare services* and life satisfaction among the elderly. That is, satisfaction with healthcare services seems to spill over to other life domains, affecting satisfaction with the totality of life. More specifically, we developed a consumer wellbeing (satisfaction) measure and correlated it to life satisfaction measures among the elderly. Satisfaction with medical care (health care) was one of the consumer domains in the measure and was a composite of satisfaction ratings with hospitals, doctors/dentists, drug stores, and counseling services. The results showed a more significant and stronger relationship between satisfaction with medical care institutions and life satisfaction than between satisfaction with other domains (such as food services, housing) and life satisfaction. This finding supports the notion that the healthcare industry plays a significant role in people's perception of the quality of life.

Also, Rahtz, Meadow, and I (Rahtz, Sirgy, & Meadow, 1989) conducted a study to further explore the relationship between healthcare service satisfaction and life satisfaction among the elderly and to investigate the moderating role of perceived personal health. The study revealed a higher level of spillover between healthcare

services satisfaction and life satisfaction when the elderly patients perceive their health to be poor than when they perceive their health to be good. We explained this relationship using *emotional involvement*. Elderly patients who perceive their health is poor tend to be more emotionally involved in the health life domain. This life domain takes an increasingly important role in the totality of their psychological life. This is because they become dependent on healthcare services. Therefore, any affect or emotional reaction experienced in this domain is likely to spill over to other life domains affecting one's evaluation with life in general. These findings were replicated by additional studies that my colleagues and I had conducted (e.g., Rahtz & Sirgy, 2000; Sirgy, Mentzer, Rahtz, & Meadow, 1991).

Bebko, Garg, and Krishnan (1992) have argued that satisfaction with health care services is one of the major components of quality of life, particularly for the elderly. This is because the elderly are heavy users of health care services, more so than young people. A study was conducted to compare elderly's satisfaction against young people's satisfaction in a hospital setting. The results indicate that the elderly have comparatively smaller gaps between their expectations and performance perceptions than the young. Thus, the elderly seems to be more satisfied with health care services than the young. The authors attributed this effect to the low level of expectations elderly have compared to the young, and not necessarily because the elderly receive better quality health care.

Hansen, Littlefield, and I (Sirgy, Hansen, & Littlefield, 1994) conducted an empirical study that showed *hospital satisfaction* can affect life satisfaction through satisfaction with community healthcare satisfaction and satisfaction with personal health. Based on the study findings, we described a set of managerial strategies for hospital administrators. We recommended establishing long-term relationships with hospital patients by enhancing patient satisfaction. To establish these relationships is patient satisfaction that is based on expectations that are salient in the patients' lives. Long-term relationships develop as a function of value satisfaction, the kind of satisfaction that is highly meaningful to patients. Relationship marketing should be of particular interest to hospital administrators because of the ongoing association the hospital has with the local community. A hospital can ensure patient commitment to it by establishing a long-term relationship with the patient. Specifically, a hospital can develop and market hospital services that create the kind of patient satisfaction that is related to life satisfaction and thus is meaningful to patients. Those hospital administrators should make a concerted effort to associate their hospital's efforts with other community healthcare efforts and patients' perceptions of their own health. This can be carried out by two strategies. First, communicate the benefits of hospital services in achieving quality healthcare for the community. This strategy is deduced directly from the link between hospital satisfaction and community healthcare satisfaction. Second, communicate the benefits of hospital services in improving personal health. This strategy is based directly on the link between hospital satisfaction and personal health satisfaction. Thus, by providing hospital services that improve community healthcare and personal health, hospital administrators can create value-laden satisfaction. This is likely to lead to long-term

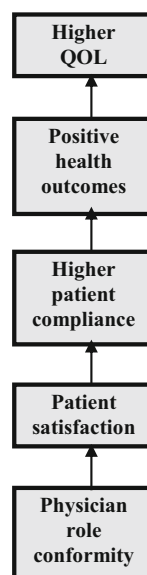
relationships with patients in the community, as well as enhance the quality of life of consumers of hospital services.

Another study that Rahtz, Meadow, and I had done (Rahtz et al., 1989) explored the role of personal health on the relationship between *community healthcare satisfaction* and life satisfaction among the elderly. The study revealed a stronger relationship between community healthcare satisfaction and life satisfaction when personal health is perceived as poor (as compared to good). We (Sirgy et al., 1991) also conducted a follow-up study to further assess the relationship and to explore the moderating role of personal health satisfaction (and cognitive age) on the relationship. Overall, results indicated that healthcare satisfaction is positively related with life satisfaction, as expected. Personal health satisfaction was found to relate to life satisfaction directly and independently of community healthcare satisfaction. More specifically, the results suggested that community healthcare satisfaction affects life satisfaction through the mediating effect of personal health satisfaction. Furthermore, we (Sirgy, Rahtz, Meadow, & Littlefield, 1995) conducted yet another study to investigate the mediating versus moderating roles of personal health satisfaction on the spillover effect of community healthcare satisfaction on life satisfaction. The results indicated that personal health satisfaction is a mediator between community healthcare satisfaction and life satisfaction for a general population involving elderly and non-elderly. However, when focusing exclusively on the elderly, the results indicate a moderation effect. That is, personal health satisfaction moderates the relationship between community healthcare satisfaction and life satisfaction. Specifically, those elderly who are dissatisfied with their personal health tend to experience a greater spillover effect of healthcare satisfaction on life satisfaction. This spillover is not that pronounced given a general population involving both elderly and non-elderly (cf. Rahtz & Sirgy, 2000).

Larsen and Rootman (1976) conducted a study that revealed that patient satisfaction is a direct function of *physician role conformity*. Physician role conformity is defined as the degree to which the physician's perceived role behavior is consistent with the patient's expectations. Thus, the more a physician's role performance meets the patient's expectations, the more satisfied the patient is likely to feel about the physician's services. Patient satisfaction with physicians was predicted by patient compliance (Francis, Korsch, & Morris, 1969; Imanaka, Araki, & Nobutomo, 1993; Swartz & Brown, 1989). That is, the greater the patient compliance to the physician's prescribed treatment the greater the patient satisfaction with the physician. Bendall and Powers (1995) explained that the relationship between patient satisfaction, compliance, and quality of life is as follows. Physician role conformity leads to patient satisfaction. The greater the patient satisfaction the higher the likelihood of patient compliance. The greater the patient compliance the higher the likelihood of positive health outcomes, which in turn leads to a higher level of wellbeing. These relationships are captured in Fig. 21.2.

Duffy, Duffy, and Kilbourne (1992) have argued that the quality of life of nursing home residents is significantly affected by the *service quality of the facility*. They conducted a study in which the perception of service quality was measured for both nursing home residents and administrators. The results showed that administrators

Fig. 21.2 Determinants and Quality-of-Life (QOL) consequences of patient satisfaction. (Source: Adapted and modified from Bendall and Powers (1995, p. 78))



had significantly high expectations and perceptions of the level of service quality than what was actually delivered (based on the perceptions of the nursing home residents).

21.5.3 Psychographics

A number of studies have shown that *cognitive age* is positive related to health-related quality of life among the elderly (e.g., Busse, Jeffers, & Obrist, 1970; Logan, Ward, & Spitze, 1992; Milligan, Powell, Harley, & Furchtgott, 1985; Montepare & Lachman, 1989; Staats et al., 1993). That is, elderly who perceive themselves as younger than their chronological age experience higher levels of health satisfaction than those who perceive themselves consistently with their actual age or older.

Graham (2011, p. 102) reports in her book, *The Pursuit of Happiness*, the people who have *extreme problems in self-care and mobility* also report lower levels of health satisfaction and life satisfaction. However, this effect disappears when *optimism* is controlled for. In other words, the negative effect of extreme problems in self-care and mobility are mitigated by the person's optimistic outlook. Optimists are not likely to better adapt to the health circumstances of extreme problems in self-care and mobility much better than pessimists. Therefore, the expected negative effect disappears when one takes into account the extent to which people who are experiencing these problems are optimists or pessimists. The moderating effect of optimism is limited to health problems that people can adapt to. Optimism does not

help in circumstances in which people cannot adapt, such as extreme health problems with pain and anxiety.

A study conducted by Dalmida, Holstad, Dilorio, and Laderman (2011) was able to demonstrate that *spirituality* was a factor in health-related quality of life among African American women with HIV/AIDS. Using data from The Get Busy Living Project and the KHARMA Project (two large-scale surveys funded by the National Institute of Health), the authors show that existential wellbeing (one dimension of spiritual wellbeing) was significantly and positive associated with the physical composite index of health-related quality of life. Existential wellbeing was also significantly associated with the mental health composite index.

21.6 Conclusion

In this section, I will attempt to provide the reader with a synopsis of this chapter and some concluding thoughts. The chapter began with the question: what is health wellbeing? Based on the literature I was able to identify several conceptualizations and corresponding measures. Health wellbeing has been defined and operationalized as successful adjustment to illness, good functional status, perceptions of low illness symptoms, satisfaction with personal health, positive mood and affect, and satisfaction with health life and related life domains.

Does health wellbeing contribute significantly to subjective aspects of quality of life? There seems to be plenty of evidence to suggest a positive link—that is, the greater the health wellbeing the higher the quality of life. Two theories were discussed to explain this positive association: bottom-up spillover theory and homeostatic control theory.

With respect to the predictors of health wellbeing and quality of life, I described those factors in terms of (1) personal health factors, (2) healthcare factors, and (3) psychographics. Examples of personal health factors include general health, vitality, body mass, health worries, stress, general health, longstanding illness, number of symptoms, and functional ability. Examples of healthcare factors include satisfaction with hospital services, satisfaction with healthcare services of all kind, and satisfaction with community healthcare. Examples of psychographics include cognitive age, extreme problems in self-care and mobility, optimism, health literacy, and spirituality.

Health wellbeing plays a very important role in the quality of life, particularly among special populations such as the disabled and the elderly.¹ However, it may suffice to say at this point that health wellbeing is likely to contribute to overall sense

¹The reader interested in specific disease populations should consult a recently published handbook called, *Handbook of Disease Burdens and Quality of Life Measures* (Preedy & Watson, 2011). This handbook holds three volumes (250 chapters) that provide much information about specific health related quality-of-life instruments designed for specific disease populations (e.g., oncology patients, arthritis patients, diabetic patients, etc.).

of wellbeing mostly by reducing the pain and the sting associated with failing health. Health wellbeing is not likely to contribute much to people's repertoire of positive affect. As such, the best that the healthcare industry can do to better the conditions of human wellbeing is to ameliorate negativity.

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Chapter 22

Leisure Wellbeing



We give up leisure in order that we may have leisure, just as we go to war in order that we may have peace

—Aristotle (<https://www.goodreads.com/quotes/63446>)

22.1 Introduction

Leisure typically refers to the use of discretionary time. That is, a person with leisure is experiencing the time remaining after work. Thus, leisure is total time minus time spent on non-discretionary activities. This definition of leisure is grounded in traditional economic theory, which divides human activities in terms of time spent on production, consumption, and leisure.

In this chapter I will describe selected research in wellbeing related to the use of leisure time that is satisfying and enhancing to well-being. In doing so, I will address questions such as, what is leisure well being? Does leisure well-being contribute significantly to happiness, subjective wellbeing, and positive mental health? If so, how? And what are the predictors of leisure well-being in relation to happiness, subjective wellbeing, and positive mental health?¹

22.2 What IS Leisure Wellbeing?

The literature on leisure well-being in wellbeing research hints at several definitions. These are satisfaction with leisure life, satisfaction with important dimensions of leisure life, perceived recreation quality, satisfaction with leisure time, and satisfaction with a specific leisure event. I will describe these definitions of leisure well-being in some detail below.

¹For an exposition of latest research on leisure, physical activity, sports, recreation and quality of life, the reader is advised to consult de la Vega and Toscano (2017).

Table 22.1 A measure of leisure experience

Experience of peace	Experience of achievement	Experience of exercise	Experience of risk
“I felt really free.” “I observed the scenery.” “I felt close to nature.” “I learned more about myself.” “I thought about my personal values.” “I experienced peace and calm.”	“I applied my skills.” “I developed my skills and ability.” “I did things my own way.”	“I got exercise.” “I felt good after being physically active.”	“I encountered the unexpected.” “I chanced dangerous situations.” “I took risks.”

Source: Unger and Kernan (1990, p. 356)

22.2.1 *Satisfaction with Leisure Life*

Andrews and Withey (1976) conceptualized leisure well-being as satisfaction with leisure life. In a large-scale survey of the American public, the survey asked respondents about overall leisure satisfaction using a delighted-terrible scale. The results of the survey showed the following:

- 11% were delighted with their leisure
- 32.3% pleased
- 36.5% mostly satisfied
- 11.5% mixed
- 8.5% dissatisfied
- 1% said “terrible”

22.2.2 *Satisfaction with Important Dimensions of Leisure Life*

Andrews and Withey (1976) conceptualized and measured leisure well being in terms of five subconstructs: (1) amount of fun one is having, (2) things done with family, (3) time to do things, (4) spare-time activities, and (5) recreation. All five subconstructs and their measures were significant predictors of life satisfaction, controlling for the effects of efficacy, family, money, house/apartment, national government, and consumer.

Unger and Kernan (1990) defined and measured leisure experience in terms of four psychological leisure dimensions: (1) experience of peace, (2) experience of achievement, (3) experience of exercise, and (4) experience of risk. The items measuring these dimensions of leisure are shown in Table 22.1.

Unger and Kernan (1983) and Domzal and Kernan (1992, 1995) have conducted a study testing the notion that quality of leisure life is a multidimensional construct.

Table 22.2 Dimensions of leisure satisfaction with pretrip, trip route, and destination travel/tourism services

	Pretrip activities	Trip route services	Destination services
Perceived freedom from control	• Being able to make own plans; having power not to plan	• No pressure in getting to destination; high level of flexibility	• Do whatever I want; live out fantasies
Perceived freedom from work	• Someone else makes plans	• Someone else gets you there; can relax along the way	• Total escape
Involvement	• Absorption with researching the trip	• Becoming engaged in activities along the way	• Level of participation in activities at the destination site
Arousal	• Internet previews/virtual reality; anticipation of the trip and pending tourism experience	• Meeting new people during transit; scenery along the way; anticipation of the vacation experience en route	• High-risk activities; being part of another culture
Mastery	• Success in negotiating rates; finding the best route; getting the trip put together; success in using the internet; training (e.g., learning a new language, scuba diving training)	• Saving time/money along the way; not getting lost	• Accomplishing the purpose of the trip; mastering a sport
Spontaneity	• Impulse purchases	• To explore along the way	• No structured schedule; get information from locals
Extrinsic satisfaction	• Good travel agent; ease in making transit and accommodation arrangements	• Comfort of transit mode; pleasant flight attendant; good rental car performance	• Getting a tan/smooth skin; feeling rested; being satisfied with the competency and friendliness of tour guide

Source: Adapted from Neal et al. (1995, p. 146)

It makes up of six dimensions: (1) arousal, (2) intrinsic satisfaction, (3) involvement, (4) mastery, (5) perceived freedom, and (6) spontaneity. These are subjective states associated with leisure experience. The study underscored advertising's ability to communicate leisure meanings of leisure-related products and services based on the six-dimensional typology of quality of leisure life. Table 22.2 shows how my colleagues and I (Neal, Sirgy, & Uysal, 1999; Neal, Uysal, & Sirgy, 1995) have used this six-dimensional typology to develop their own measure of satisfaction with tourist services.

22.2.3 *Perceived Recreation Quality*

The Recreation Roundtable is a research organization created in 1989 by the nonprofit American Recreation Coalition consisting of the leisure industry's top-level executives from companies such as Harley-Davidson, Times-Mirror Magazines, and Walt Disney Attractions (Dickinson, 1996). The goal is to learn how Americans spend \$300 billion on outdoor recreation each year. Thus, the Recreation Roundtable conceptualized leisure well-being in terms of perceived opportunities for recreation, the extent of participation in recreational activities, and the satisfaction with these activities. Based on this definition of leisure well-being, the organization developed the *Recreation Quality Index*, which measures Americans' perceived opportunity for, participation in, and satisfaction with 30 physical outdoor activities. *Perceived opportunity* in each physical outdoor activity is measured through physical access to activities and the extent to which people have the time and money to take advantage of them. *Participation* in a given outdoor activity is measured through activities in which people engaged in the past year, vacations they took, and whether they plan to increase or decrease their participation next year. *Satisfaction* with a given physical outdoor activity is measured through people's satisfaction with the value they received for the money they have spent, the quality of the services they used, and the level of activities and instruction available.

22.2.4 *Satisfaction with Leisure Time*

Eriksson, Rice, and Goodin (2007) conceptualized leisure well-being in terms of satisfaction with leisure time. Leisure time in this context was defined in terms of how much control people have over their spare time—discretionary time. Thus discretionary time is operationalized as “amount of time remaining after the time people strictly need to devote to paid labour, unpaid household labor and personal care” (Eriksson et al., 2007, p. 511). In the survey they used, respondents were asked how satisfied they were with their amount of leisure time. Responses were captured on a 10-point rating scale varying from 1 = totally unsatisfied to 10 = total satisfied.

22.2.5 *Satisfaction with a Specific Leisure Event*

A more recent study by Chen, Ye, Chen, and Tung (2010) argues that satisfaction with a specific leisure event is a better way to capture the mediating role of leisure well-being between flow experiences and life satisfaction. The authors measured satisfaction with a specific leisure event (e.g., acrobatic show) using two survey items shown in Table 22.3.

Table 22.3 A measure of leisure well-being as satisfaction with a specific leisure event

• I am satisfied with the quality of the [show]. • I am satisfied with the [acrobatics] performance. Response scale: Responses were captured on a 7-point Likert scale varying from strongly disagree (1) to strongly agree (7)

Source: Chen et al. (2010, p. 306)

22.3 Does Leisure Well-Being Contribute to Subjective Aspects of Quality of Life?

Research has documented the effects of leisure on subjective aspects of quality of life. That is, leisure wellbeing does play a key role in subjective wellbeing. Consider the following studies:

- Andrews and Withey (1976), using a large-scale nationally representative survey in the U.S., found that that leisure satisfaction (measured in terms of amount of fun one is having, things done with family, time to do things, spare-time activities, and recreation) was a significant predictor of life satisfaction, controlling for the effects of efficacy, family, money, house/apartment, national government, and consumer.
- Campbell, Converse, and Rodgers (1976) showed that satisfaction with non-working activities contribute approximately 29% variance accounted for in life satisfaction, the greatest amount of variance controlling for the effects of family life, standard of living, savings and investments, work, marriage, friendships, and housing.
- A study by Veroff, Duvan, and Kukla (1981) found that 34% of people in jobs find leisure equally as satisfying as work, 19% find it more satisfying.
- An experimental study instructed students to engage in either two or twelve pleasant activities for a month. Both groups reported an increased wellbeing compared to a control group (Reich & Zautra, 1981).
- Relative to other sources of happiness, Balatasky and Diener (1993) found that leisure activities were the strongest source of life satisfaction.
- Lu and Argyle (1994) found that British adults who are happier in life reported that they have serious and committing leisure activities, compared to those who were less happy.
- Norman, Harwell, and Allen (1997) showed that leisure satisfaction in one’s community does make a significant and positive contribution to community residents’ perceptions of their own quality of life. The study involved five rural South Carolina communities.
- Haggard, Granzin, and Painter (1995) conducted a study on a sample of adults to investigate the relationship between leisure-life experience (construed and measured in terms of leisure boredom) and quality of life. The data showed that leisure-life experience does influence quality of life, but its effect is indirect through the intervening variable such as mental health.

- Neal et al. (1999) have shown empirically that leisure satisfaction plays a significant role in impacting life satisfaction. That leisure satisfaction has two main derivatives, namely leisure satisfaction experienced at home and away from home. Those leisure satisfactions experienced away from home come from two sources, namely satisfaction with travel and tourism services and satisfaction with own travel efforts.
- Using the German Socio-Economic Panel data based on a nationally representative sample, Eriksson et al. (2007) was able to show a positive association between satisfaction with leisure time and life satisfaction.
- A more recent study conducted by Chen et al. (2010) collected data on leisure and life satisfaction in relation to acrobatics show. The study showed that satisfaction with leisure does indeed play a significant role in life satisfaction.

22.4 Theories Explaining the Link Between Leisure Wellbeing and Subjective Aspects of Quality of Life

There are several major theories that have been used to explain how leisure wellbeing contributes to the sense of overall wellbeing. These include physiology and genetics theory, social motivation theory, effectance motivation theory, intrinsic motivation and flow theory, telic versus paratelic states theory, sensation-seeking theory, activity theory, bottom-up spillover theory, the benefits model, and the DRAMMA model. Let us discuss these in some detail.

22.4.1 *Physiology and Genetics*

Certain leisure activities such as listening to music produce immediate positive affect based on innate responses. Similarly, engaging in leisure activities involving strenuous exercise (e.g., vigorous sports) stimulates the endorphins, which activate certain brain cells that give rise to positive emotions. Positive social interactions with friends and loved ones are accompanied by physiological responses such as smiling faces, friendly voices, and other physiologically based responses (Argyle, 2001). In other words, certain leisure activities are innately wired in humans to elicit positive affect.

22.4.2 *Social Motivation*

Many forms of leisure activities involve social interactions that result in satisfaction of a variety of social need. Examples of social needs include the need for social

approval, affiliation, belongingness, social status, social recognition, cooperation, competition, and altruism. Many leisure activities (e.g., watching a movie drama, playing tennis, engaging in team sports, getting together with others in church or social clubs) serve to meet social needs.

A study conducted by Hills, Argyle, and Reeves (2000) has demonstrated the link between leisure activities and satisfaction of social needs. Specifically, satisfaction of social needs was significantly correlated with the following activities:

- Engaging in active sports, taking on dangerous sports, fishing, and attending musical performance ($r = 0.27$);
- Dancing, eating out, engaging in family activities, attending social parties, getting together with other people at pubs, travelling to tourist places on holidays, socializing with friends, going to the movies, and watching sport events ($r = 0.45$);
- Engaging in do-it-yourself activities, taking evening classes, doing meditation, engaging in serious reading, and sewing ($r = 0.46$);
- Attending political activities, raising money for charity, engaging in religious activities, and doing voluntary work ($r = 0.55$).

22.4.3 *Effectance Motivation*

Argyle (2001) has also argued that leisure satisfaction contributes to happiness through the satisfaction of effectance or efficacy needs. Argyle cited his 2000 study (Hills et al., 2000) that demonstrated this “effectance” effect. Respondents were asked to rate their ability in relation to 36 activities (“How good do you think you are at this activity?”) The study results indicated that reported enjoyment activities correlated highly with reported ability for all activities, even for activities that do not seem to involve effectance (e.g., watching television, reading a book, and going for a walk).

22.4.4 *Intrinsic Motivation and Flow*

Intrinsic motivation refers to the tendency to engage in an activity for its own sake. In other words, people find pleasure to engage in activities because of certain intrinsic values inherent in these activities. For example, children spend hours daily in play. They do it not to get recognized and gain social approval; they do so because they are “intrinsically motivated” to play. A study by Markland and Hardy (1993) asked English students why they engaged in sport or exercise. Most of the respondents (51.3%) indicated that they do so because they enjoy the physical activity. Other reasons that were endorsed included: “fitness” (56.6%), “social and affiliative” (35.3%), “health related” (30.3%), “stress management and relaxation”

Table 22.4 A common measure of flow

• I lose track of time • I have a high level of concentration • I forget personal problems • I feel fully involved Responses to the above survey items are captured on a 7-point Likert scale varying from “Strongly disagree” (1) to “Strongly agree (7).

Source: Chen et al. (2010, pp. 304–305)

(29%), “weight control” (22.4%), “develop personal skills” (17.1%), and “competition” (7.9%).

Csikszentmihalyi has argued repeatedly that a happy life is an excellent life. To lead an excellent life is to engage in activities that help us grow and fulfill our potential (Csikszentmihalyi, 1975, 1982, 1990, 1997). In his book *Finding Flow*, he says:

The quality of life does not depend on happiness alone, but also on what one does to be happy. If one fails to develop goals that give meaning to one’s existence, if one does not use the mind to its fullest, then good feelings fulfil just a fraction of the potential we possess. A person who achieves contentment by withdrawing from the world “to cultivate his own garden,” like Voltaire’s *Candide*, cannot be said to lead an excellent life. Without dreams, without risks, only a trivial semblance of living can be achieved (Csikszentmihalyi, 1997, p. 22).

As an example of his work on flow, Csikszentmihalyi (1975) showed that leisure activities that engage people in serious, deeply demanding effort such as chess or rock-climbing produce “flow experience.” He interviewed people who admittedly engage in serious leisure activities such as rock climbing, competitive dancing, composing music, and playing basketball. The study findings indicated that deep satisfaction is experienced when the leisure activity involves challenge and skill. That is, when both challenge of the activity is high and accompanied by a high level of individual skill, people experience the deepest satisfaction (i.e., flow), compared to other conditions (low challenge/low skill, high challenge/low skill, and low challenge/high skill).

Much evidence exists that connects flow experience with life satisfaction: flow experienced in art and science (e.g., Csikszentmihalyi, 1996), flow experienced in aesthetics (e.g., Csikszentmihalyi & Robinson, 1990), flow experienced in sports (e.g., Jackson, Martin, & Eklund, 2008), flow experienced in leisure activities (e.g., Chen et al., 2010; Jones, Hollenhorst, Perna, & Selin, 2000; Seifert & Hedderson, 2010), the flow experience across cultures (e.g., Askakawa, 2004; Bassi & Delle Fave, 2004; Moneta, 2004), flow and the autotelic personality (e.g., Askakawa, 2004).

A study conducted by Chen et al. (2010) collected data on leisure and life satisfaction in relation to acrobatics show. The study showed that flow does contribute to life satisfaction through satisfaction with the leisure event. See Table 22.4 for a common measure of flow.

Lastly, a stream of research in leisure wellbeing has now been established, coined as “serious leisure.” This research is based on the notion that many leisure activities involve serious pursuits in which the leisure participants acquire and express special skills, knowledge, and experience. Serious leisure contributes to eudaimonic wellbeing. See Stebbins (2016) for a review of this research literature.

22.4.5 *Telic versus Paratelic States*

Argyle (2001) argued that sometimes we engage in leisure activities to pursue certain goals (telic state); other times we engage in leisure because we seek relaxation or excitement (paratelic state). Hills et al. (2000) tested this hypothesis by asking survey respondents to rate 36 activities for how purposeful they were. The most paratelic activities (least purposeful) were playing computer games, going to movies, having or attending parties, going to pubs, listening to music, getting together with friends, fishing, eating out, travelling on holidays. In contrast, the most telic (purposeful) activities were reading and studying, collecting for charity, engaging in political activities, engaging in religious activities, engaging in voluntary work, engaging in do-it-yourself activities, gardening, and taking evening classes. Compared to telic activities, paratelic activities were found to reflect social needs, involve less skill and challenge, and seem to be more enjoyable.

22.4.6 *Sensation Seeking*

Argyle (2001) also argued that some people engage in leisure activities for sensation seeking purposes. Examples of such activities include white-water rafting, racing, parachute jumping, hand gliding, bungee jumping, etc. Zuckerman (1979) found that those who pursue dangerous sports tend to be sensation seekers. People who are high on sensation seeking tend to engage in high risk behaviors of all kinds.

22.4.7 *Activity*

Much research has shown that the greater the *frequency of participation in leisure activities* the greater the subjective wellbeing (e.g., Lemon, Binston, & Peterson, 1972; Rodriguez, Latkova, & Sun, 2008). Researchers explain this effect using activity theory. This theory states that participation in activities contributes to the sense of wellbeing. Activities tend to make people feel alive and well. Activities make people feel useful and productive. Through activities people experience rewards of all kinds: social rewards, a sense of recognition, and in some cases monetary rewards.

22.4.8 *Bottom-up Spillover*

Much evidence has accumulated supporting the theoretical notion that leisure contributes to subjective wellbeing through a bottom-up process (Kuykendall, Boerman, & Zhu, 2018; Kuykendall, Tay, & Ng, 2015; Newman, Tay, & Diener, 2014). Allow me to present evidence of this bottom-up process using studies that my colleagues and I have conducted over the years.

Neal et al. (1999) have developed a conceptual model that captures the relationships among satisfaction with various aspects of tourism, leisure, and overall life. This model is shown in Fig. 22.1. The model posits that leisure satisfaction (which plays a significant role in impacting life satisfaction), has two main derivatives: leisure satisfaction experienced at home and away from home. Leisure satisfaction experienced away from home come from two sources: satisfaction with travel and tourism services and satisfaction with own travel efforts. Focusing on leisure satisfaction in relation to travel and tourism services, this in turn comes from three sources: leisure satisfaction with travel/tourism pretrip services, trip route services, and destination services. Leisure satisfaction with each type service (pretrip, en route, and destination services) was conceptualized as involving two major dimensions of leisure experience: intrinsic and extrinsic satisfaction. Intrinsic satisfaction was thought to involve six dimensions: perceived freedom (from control and from work), involvement, arousal, mastery, and spontaneity (see Table 22.2 in a previous section).

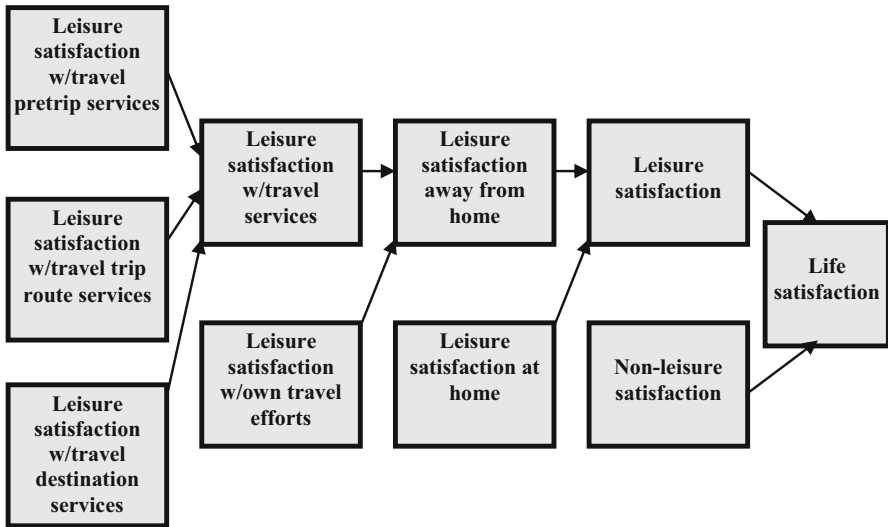


Fig. 22.1 The role of travel/tourism in leisure satisfaction and life satisfaction. (Source: Adapted and modified from Neal et al., 1995, p. 145)

22.4.9 *Benefits*

My colleagues and I (Sirgy, Uysal, & Kruger, 2017, 2018) have developed a theory of leisure wellbeing by focusing on the type of benefits people perceive from specific leisure activities. The basic premise of the theory is that leisure activities contribute to leisure well-being (and ultimately quality of life) by satisfying a set of basic and growth needs. Leisure activities that satisfy basic needs usually provide a set of benefits related to safety, health, economic, sensory, escape, and/or sensation/stimulation needs. In contrast, activities that satisfy growth needs tend to provide a set of benefits related to symbolic, aesthetic, moral, mastery, relatedness, and/or distinctiveness needs. The leisure wellbeing effects of these benefits are further amplified when the benefits of leisure activities match corresponding personal characteristics, namely safety consciousness, health consciousness, price sensitivity, hedonism, escapism, sensation seeking, status consciousness, aestheticism, moral sensitivity, competitiveness, sociability, and need for distinctiveness, respectively.

22.4.10 *The DRAMMA Model*

DRAMMA is an acronym that stands for Detachment-Recovery, Autonomy, Meaning, Mastery, and Affiliation. The idea here is that the extent to which leisure satisfies these needs the more likely that leisure would contribute to subjective wellbeing (Newman et al., 2014). Let us focus on *Detachment-Recovery* first. People are motivated to detach themselves from work during nonwork time. As such detachment facilitates recovery. But what is recovery? It is the process in which the individual returns to their normal state after a stress event. Detachment and recovery help preserve well-being from the daily exposure to stressors. *Autonomy* refers to the sense that one's actions are freely chosen and reflect the true desires of the individual. Leisure is characterized by greater freedom of choice than other activities (work, household activities, etc.). As such, leisure contributes to subjective wellbeing by satisfying the need for autonomy. The need for *mastery* is also heavily involved in leisure. The individual usually has opportunities to utilize or increase their skills or learn something new through leisure. Mastery plays an important role in "serious" leisure activities—activities involving special skills, knowledge, and experience. Engagement in such activities serve to satisfy the need for mastery, which in turn serves to contribute to subjective wellbeing. The need for *meaning* is another need involved in leisure and wellbeing. Meaning in life can be extracted from leisure activities. For example, leisure activities can help foster meaning in life by helping people cultivate a positive group identity, engage in creative expression, strengthen social bonds, build connection with nature, and promote harmony, balance, growth, and transformation. The need for *affiliation* is also embedded in most leisure activities in that leisure serves as a conduit to bond with family members, friends,

and associates. As such, leisure serves to satisfy the need for affiliation and contribute to subjective wellbeing.

22.5 Predictors of Leisure Wellbeing

There are many factors affecting leisure well being. I will group these factors in terms of activity factors (e.g., frequency of participation in leisure activities), time factors (e.g., time with significant other), personality factors (e.g., differences in allocentrism and psychocentrism), and situational factors (e.g., anticipation before the event).

22.5.1 *Activity Factors*

There is research that shows that frequency of participation in certain types of leisure activities is positively associated with subjective wellbeing. Consider the following studies:

- There is suggestive evidence that point to holidays and travel/tourism being positively related to psychological wellbeing—self-actualization, self-fulfilment, and finding inner peace and harmony (see literature review by Pearce 1982).
- Hills and Argyle (1998) found that members of a sports club reported higher scores on the Oxford Happiness Inventory than non-members.
- Leung and Lee (2005) have provided evidence suggesting that increased participation in physical leisure activities is positively related to subjective wellbeing.
- Wendel-Vos, Schuit, Tijhuis, and Kromhout (2004) provided evidence suggesting that participation in physical leisure activities contribute to health-related QOL.
- Lloyd and Auld (2002) showed that participation in social leisure activities (i.e., frequency of visiting friends, going out with friends) contribute to subjective wellbeing (cf. Robinson & Martin, 2008).
- In a large scale survey in Croatia, Brajsa-Zganec, Merkas, and Sverko (2011) were able to categorize a long list of leisure activities into three major categories: “active socializing and going out,” “visiting cultural events,” and “family and home activities.” With respect to the first category of leisure activities (active socializing and going out), the study showed that men who are between the ages of 31 and 60 who frequently engage in these activities also report higher levels of subjective wellbeing (compared to other men in other age categories who engage in these activities less frequently). Women between the ages of 18 and 60 who engage in these activities more often report higher levels of subjective wellbeing than much older women (61+). With respect to the second category of leisure activities (visiting cultural events), the study showed that that older people (30+)

who participate in this type of leisure activities report higher levels of wellbeing (compared to those who engage in these activities less frequently). Finally, with respect to the third category of leisure activities (family and home activities), the study showed that higher frequency of participation in these activities predict subjective wellbeing for both men and women across all age categories.

22.5.2 *Time Factors*

Spending time with significant others fosters a sense of leisure wellbeing that spills over to life satisfaction. Staats and Partlo (1992) have examined family patterns in use and wished for use of free time. They conducted a survey using college students and their parents. The study revealed that most people spend most of their leisure time with family and friends and they wish to do so too. Spending leisure time with pets came second. However, subjects showed that they like to spend more time with their pets than they do. Fathers showed that they tend to spend slightly more time with self than they want and less time with family than they want.

A study conducted by Wang, Kao, Huan, and Wu (2011) was able to show that *free time management* does contribute significantly to QOL. Free time management refers to the extent that the individual sets goals to use free time wisely, develops plan to use the free time to accomplish these goals, use effective scheduling techniques, and evaluates the success of these processes in achieving his or her goals. The authors measured free time management using survey items shown in Table 22.5.

The authors conducted a survey using college students in Taiwan. The survey questionnaire had measures of free time management, wellbeing (the WHOQOL-BREF measure), and a host of other control variables. The study findings revealed a significant link between free time management and students' wellbeing (cf. Eriksson et al., 2007).

22.5.3 *Individual Differences*

A recent meta-analysis (Kuykendall et al., 2015) found support individual differences in *life stage*. Specifically, leisure satisfaction is more strongly related to subjective wellbeing for retired individuals, much more so than for workers.

There are other individual differences too. For example, my colleagues and I (Neal, Sirgy, & Uysal, 1997) have conducted a study of 373 consumers of travel/tourism services employed in a major state university to examine differences between *allocentrics* and *psychocentrics* in their satisfaction with leisure life and various aspects of travel and tourism services. Psychocentrics are travellers who are self-inhibited and non-adventuresome on vacation. Allocentrics, on the other hand, are those who enjoy trying a wide variety of pursuits and challenges while on a

Table 22.5 Measure of free time management**Goal setting and evaluating**

- Sets goals for free time
- Makes lists of things to do in free time
- Sets priorities for free time
- Uses waiting time
- Evaluates free time use

Techniques

- Organizes free time daily or weekly
- Collects information related to leisure pursuits
- Organizes activities to do during free time
- Preserve a period of time for leisure

Free time attitudes

- Free time is meaningful
- Free time is happy
- Free time use is important

Scheduling

- Think that making schedules wastes time (reverse coded)
- Believes free time to be too unpredictable (reverse coded)
- Don't know what to do in free time (reverse coded)

Responses are captured on 5-point Likert-type scales varying from 1 = strong disagree to 5 = strongly agree

Source: Adapted from Wang et al. (2011, p. 567)

vacation. The study results indicated that the more allocentric a traveller is the more she or he is likely to be satisfied with destination services, travel services in general, trip experiences, perceived freedom from control, perceived freedom from work, involvement, arousal, spontaneity, leisure experience at home, and leisure life in general.

22.5.4 *Situational Factors*

Nawijn, Marchand, Veenhoven, and Vingerhoets (2010) conducted a study comparing vacationer with non-vacationers to examine if the actual vacation did increase happiness upon their return. They measured happiness before and after the trip. The results showed that for the vacationers' post-trip happiness did not significantly increase (compared to pre-trip happiness). Contrary to expectations, pre-trip happiness was higher than post-trip happiness. Nevertheless, vacationers reported higher levels of happiness than nonvacationers. The authors attributed this finding to a happiness *anticipation effect*. In another study involving a large-scale survey of Dutch vacationer, Nawijn (2011) reported that vacationers were marginally happier than non-vacationers—a boost in hedonic-type happiness, which is short-lived.

Furthermore, a recent study by Grossi, Sacco, Blessi, and Cerutti (2011) found that *access to cultural amenities* in Italy (e.g., Jazz music concerts, classical music concerts, opera/ballet, theatre, museums, rock concerts, disco dance, painting

exhibits, watching competitive sports, cinema, and poetry reading sessions) is a significant predictor of Italian residents' psychological wellbeing (as captured through six health related quality-of-life dimensions: anxiety, depressed mood, positive wellbeing, self-control, general health, and vitality). Again, this study finding attests to the power of leisure and cultural amenities on the subjective aspects of quality of life.

Then there is the influence of *shopping experience* on leisure wellbeing. A recent study (Yu, Sirgy, Bosnjak, & Lee, 2020) tested the hypothesis that satisfaction with shopping experience during leisure travel contributes to a satisfaction hierarchy moderated by financial concerns. Through two surveys of online panel members in the United Kingdom, the study demonstrated that satisfaction with shopping has a positive influence on satisfaction with leisure travel, which in turn has a positive influence on satisfaction with leisure life and life overall. The study also found that the shopping satisfaction–leisure travel satisfaction relationship is negatively moderated by overspending on shopping during travel. That is, the contribution of shopping satisfaction to satisfaction with leisure travel is deflated by overspending. Similarly, the leisure travel satisfaction–leisure life satisfaction relationship is negatively moderated by current money management stress. That is, any contribution of satisfaction with leisure travel is deflated by financial concerns and worry. The study also showed that expected future financial insecurity does play an adverse role on life satisfaction overall.

22.5.5 Cultural Factors

Schwartz (1999) has suggested that leisure is likely to be less important in cultures where mastery values and hierarchy values are important; and conversely, leisure is more important in cultures where affective autonomy, egalitarian, harmony, and conservatism values are important. These predictions have been supported partly in Europe by comparing countries that value work less and work fewer hours, thus may value leisure more (Organisation for Economic Cooperation and Development, 2009). However, this hypothesis was not supported by meta-analysis (Kuykendall et al., 2015).

22.5.6 Constraints

Based on a good literature review, Kuykendall et al. (2018) were able to document how leisure constraints work against wellbeing. Here is a synopsis of their discussion.

A prominent organizing framework capturing the effects of constraints on leisure wellbeing is the hierarchical leisure constraints model (see Godbey, Crawford, & Shen, 2010 for the most recent exposition). The model identifies factors that limit

leisure participation, namely intrapersonal constraints (e.g., confidence about one's capabilities in pursuing leisure interests), interpersonal constraints (e.g., lack of partners to share in leisure activity), and structural constraints (e.g., lack of local leisure opportunities and financial resources). The model also posits that people are influenced by these constraints in a sequential fashion, starting with the intrapersonal constraints, moving through interpersonal constraints, and lastly finishing with structural constraints.

How do people *overcome leisure constraints*? One way is to abandon the pursuit of a leisure activity. One can do this by employing behavior-based strategies (e.g., choosing alternative sites that are more affordable to deal with financial constraints) or cognitive strategies (e.g., persuading oneself that skill is not necessary to participate in a particular leisure activity given an intrapersonal constraint related to lack of self-confidence).

Are there *demographic differences* in the way people experience leisure constraints? Research has identified *socio-economic status* to be a major factor—individuals with lower income and education tend to experience more severe leisure constraints. Another factor is *life stage* (e.g., young people are usually constrained by a lack of money, opportunities for participation, and participation partners; adults are usually constrained by lack of time; and older adults are constrained by being isolated and perhaps lacking skills required in leisure participation).

22.6 Conclusion

In this chapter an attempt was made to answer questions such as, what is leisure well being? Does leisure wellbeing contribute significantly to subjective aspects of quality of life? If so, how? And what are the predictors of leisure wellbeing? The literature provides several definitions of leisure wellbeing. These include satisfaction with leisure life, satisfaction with important dimensions of leisure life, perceived recreation quality, satisfaction with leisure time, and satisfaction with a specific leisure event.

The research literature also provides evidence that links leisure wellbeing with subjective wellbeing. And is this link explained in the literature? The literature provides us with several explanations: physiology and genetics theory, social motivation theory, effectance motivation theory, intrinsic motivation and flow theory, telic versus paratelic states theory, sensation-seeking theory, activity theory, bottom-up spillover theory, the benefits model, and the DRAMMA model.

With respect to the predictors of leisure wellbeing, I grouped these predictors in several categories: (1) activity factors (e.g., frequency of participation in leisure activities), (2) time factors (e.g., time with significant other), (3) personality factors (e.g., differences in allocentrism and psychocentrism), and (4) situational factors (e.g., anticipation before the event, shopping experience during leisure travel).

Leisure wellbeing plays a significant role in wellbeing. Understanding this concept and its effects on wellbeing should help organizations and government

develop leisure programs and policies that can enhance the quality of life of all citizens.

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Chapter 23

Wellbeing in Other Domains



It is an eternal law of our universe that everything shall always return to harmony and equilibrium. Well-being is our default, natural state. Stay strong in times of darkness. The light will soon return. It always does.

—Anthon St. Maarten (https://www.goodreads.com/author/show/6154621.Anthon_St_Maarten)

23.1 Introduction

So far, I have covered several life domains: work life, material life, social life, family life, marital life, health life, and leisure life. I have described the psychology of well-being in the context of these domains. These domains can be viewed as highly salient to most people. In other words, the sense of overall well-being is very much dependent of the sense of well-being in the domains. There are other domains that may play a key role the subjective aspects of quality of life, but these tend to vary in salience. Examples include spiritual life, political life, national life, environmental life, educational life, and sex life. Some people tend to engage in activities that make these domains highly salient, and hence contribute significantly to one's overall sense of well-being. In other words, these domains are not universal in their impact on subjective well-being. They tend to affect some people, not others. This chapter is devoted to these domains that are less universal.

23.2 Spiritual Wellbeing

As I have done with the preceding chapters on the universal life domains, I will review wellbeing studies dealing with spiritual well-being by answering the following questions: what is spiritual well-being? Does spiritual well-being contribute significantly to the subjective aspects of quality of life? Other consequences of spiritual well-being? How does spiritual well-being influence subjective well-being? And what determines spiritual well-being?

23.2.1 What is Spiritual Wellbeing?

Wellbeing researchers have defined this concept in many ways. Spiritual well-being is viewed as *involvement or a state of awareness or devotion to a higher being or life philosophy*. It incorporates the satisfaction of spiritual needs and activities related to the satisfaction of these needs (Teichmann et al., 2006; WHOQOL Group, 1995). The WHOQOL-100 spirituality domain includes survey items related to personal beliefs about the meaningfulness of life and their impact on one’s life. See examples in Table 23.1.

Another popular definition of spiritual well-being is the satisfaction one feels in relation to one’s conception of their God (e.g., Paloutzian & Ellison, 1982). Other definitions include the extent to which one finds meaning and purpose in life (Ellison, 1983). A measure based on this definition of spiritual well-being is the Spiritual Well-Being Scale (Ellison, 1983). Good reliability estimates were reported by Ellison (1983) and Brinkman (1989). Selected items are shown in Table 23.2. Scott, Agresti, and Fitchett (1998) factor analysed these items and showed that there are three factors imbedded in this measure, namely affiliation (items 3, 6, 8, 11, 13, 15, and 16), alienation (items 1, 2, 4, 7, 10, and 14), and dissatisfaction with life (items 5, 9, and 12).

Pargament, Murray-Swank, Magyar, and Ano (2005) have defined spiritual wellbeing in terms of *spiritual struggles*—“efforts to conserve or transform a spirituality that has been threatened or harmed” (p. 247). Ellison and Lee (2010) identified three types of spiritual struggles: (1) divine or perception of an uneasy or troubled relationship with God, (2) negative encounters with other religious people, and (3) having religious doubt and God and divinity. See examples of measurement items in Table 23.3. Of course, we must treat spiritual struggles as “spiritual ill-being” (i.e., not spiritual well-being).

Spiritual centrality is yet another conceptualization of spiritual well-being. Snoep (2008) conducted a study on religiousness and happiness in three countries (Netherlands, Denmark, and the USA) using data from the World Values Survey. One of the study variables was “How important is God in your life?”

Spiritual wellbeing is also construed as a combination of two conceptual dimensions: existential well-being and religious well-being (Ellison, 1983; Paloutzian & Ellison, 1982). *Religious wellbeing* focuses on the degree to which a person perceives his or her spiritual wellbeing as directly related to God (e.g., “I believe that

Table 23.1 Items from the WHOQOL-100 spirituality domain

• Do your personal beliefs give meaning to your life?
• To what extent do you feel that your life is meaningful?
• To what extent do your personal beliefs give you the strength to face difficulties?
• To what extent do your personal beliefs help you understand life’s difficulties?

Responses are captured on a 5-point scale varying from 1 = No, not at all to 5 = Yes, very much so.

Source: Adapted from Teichmann, Murdvee, and Saks (2006, p. 149)

Table 23.2 The spiritual wellbeing scale

1. I don't find much satisfaction in private prayer with God. (reverse coded)
2. I don't know who I am, where I came from, and where I'm going. (reverse coded)
3. I believe that God loves me and cares about me.
4. I believe that God is impersonal and not interested in my daily situations. (reversed coded)
5. I feel unsettled about my future. (reverse coded)
6. I have a personally meaningful relationship with God.
7. I don't get much personal strength and support from my God. (reverse coded)
8. I believe that God is concerned about my problems.
9. I don't enjoy much about life. (reverse coded)
10. I don't have a personally satisfying relationship with God. (reverse coded)
11. My relationship with God helps me not to feel lonely.
12. I feel that life is full of conflict and unhappiness. (reverse coded)
13. I feel most fulfilled when I'm in close communion with God.
14. Life doesn't have much meaning. (reverse coded)
15. My relationship with God contributes to my sense of well being.
16. I believe there is some real purpose for my life.
Responses are recorded on 6-point Likert-types scales ranging from "strongly disagree" to "strongly agree".

Source: Adapted from Scott et al. (1998)

Table 23.3 A measure of spiritual struggles

Divine or perception of an uneasy or troubled relationship with God
• I feel that God is punishing me for my sins
Negative encounters with other religious people
• How often do people in your congregation make too many demands on you?
Having religious doubt and God and divinity
• How often these problems caused doubts about your religious faith. . . Specific problems include evil in the world and personal pain and suffering.
Responses are captured on a rating scale varying from never (1) to often (3).

Source: Adapted from Ellison and Lee (2010, p. 507)

God loves me and cares about me”; “I have a personally meaningful relationship with God”). In contrast, *existential wellbeing* focuses on the degree to which the individual is adjusted to self, community, and life overall and can identify meaning and purpose in life (e.g., “I feel that life is a positive experience”; “I believe there is some real purpose for my life”).

Based on a thorough review of the literature on spiritual wellbeing, Sawatzky, Gadermann, and Pesut (2009) developed an integrated conception of spiritual wellbeing they referred to as *spiritual attributes*. This conception of spiritual wellbeing reflects purpose in life and a sense of peace of mind, comfort, and optimism. See measurement items in Table 23.4.

Table 23.4 Spiritual attributes

• I believe there is some real purpose for my life.
• My spiritual/religious beliefs are a source of great comfort to me.
• I have trouble feeling peace of mind. (reverse coded)
• I feel good about my future.
• I don't know who I am, where I came from or where I am going. (reverse coded)
• There is no real meaning in my life.
Responses are recorded on 6-point Likert-types scales ranging from “strongly disagree” to “strongly agree”.

Source: Adapted from Swatzky et al. (2009, p. 9)

23.2.2 Does Spiritual Wellbeing Affect Subjective Aspects of Quality of Life?

There is a huge literature on the effects of spirituality on personal wellbeing (see Koenig, 2001; Cohen & Johnson, 2017 for reviews of this literature). Let us consider selected study evidence:

- Zullig, Ward, and Horn (2006) conducted a study among college students exploring the relationship between self-rated health and life satisfaction and found a positive association mediated by spiritual wellbeing. That is, college students who report good health also report high levels of spiritual wellbeing, which in turn is the predictor of life satisfaction.
- Teichmann et al. (2006) conducted a study involving Estonian university students. Spiritual wellbeing was captured through questions related to meaningfulness of life. The study found positive and significant correlations between spiritual wellbeing and subjective wellbeing, as well as positive and significant correlations between spiritual wellbeing and physical health and social relationships.
- Kelley and Miller (2007) investigated the relationship between spiritual wellbeing and life satisfaction among adolescents and found a positive and strong relationship.
- A large-scale study (Ellison & Fan, 2008) conducted over seven years (1998–2004) found a positive relationship between measures of spiritual wellbeing (the *Daily Spiritual Experience Scale*) and measures of subjective wellbeing. The same study showed a decline in religiosity over time and attributed this finding to the fact that discoveries in science concerning the universe and historical studies of religious testaments may have weakened spiritual beliefs and religious faith.
- Ellison and Lee (2010) were able to demonstrate that spiritual struggles (i.e., three types: divine or perception of an uneasy or troubled relationship with God, negative encounters with other religious people, and having religious doubt and God and divinity) were associated with psychological distress. They used data from the 1998 NORC General Social Survey. The study results also show that this

relationship is robust across various population subgroups such as race and socioeconomic status.

- Holder, Coleman, and Wallace (2010) conducted a study to assess the relationship between spirituality and happiness among children aged 8–12 from both public and private (i.e., faith-based) schools. Children’s level of spirituality was assessed in addition to their religious practices. The results show that spirituality is positively associated with happiness but not religious practices. Spirituality was measured using the *Spiritual Wellbeing Questionnaire* (Gomez & Fisher, 2003), which reflects four dimensions of spirituality: personal (meaning and value in one’s own life), communal (quality and depth of interpersonal relationships), environmental (sense of awe for nature), and transcendental (faith in and relationship with someone or something beyond human). The construct of religious practices was measured using items from the *Practice and Belief Scale* (Idler et al., 2003) such as “How often do you go to a place of worship such as a church?” “How often do you pray or meditate privately outside of church or other place of worship?” and “I read religious or spiritual books or magazines.” Happiness was measured using three different measures: *Oxford Happiness Questionnaire* (Cruise, Lewis, & McGuckin, 2006), the *Subjective Happiness Scale* (Lyubomirsky & Lepper, 1999), and the *Faces Scale* (Abdel-Khalek, 2006).
- Wills (2009) conducted a study using the *Personal Wellbeing Index* (Cummins, Eckersley, Pallant, van Vugt, & Misajon, 2003) in a large-scale survey in Booota, Columbia. The results show that satisfaction in the spiritual domain made a significant contribution to satisfaction with life.
- Snoep (2008) conducted a study on religiousness and happiness in three countries (Netherlands, Denmark, and the USA) using data from the World Values Survey. One of the study variables was “How important is God in your life?” This variable can be construed as spiritual centrality, a conception of spiritual wellbeing. This measure of spiritual wellbeing was positively correlated with the happiness measure but only in the USA sample—not in the Netherlands and Denmark samples. This finding demonstrates that spiritual wellbeing does play a significant role on overall wellbeing at least in some countries.

23.2.3 *Are There Other Consequences to Spiritual Wellbeing?*

Paloutzian (1997) have argued that spiritual well being does play a significant and positive role not only in relation to subjective well being but also other outcomes. A literature review of studies revealed that spiritual well being is positively related to *coping with terminal illness, adjustment to hemodialysis; and negatively related to anxiety, depression, and other psychological and health-related variables*. Religiousness is also positively related to *coping, physical health and well being in*

old age; and negatively related to alcohol and substance abuse, child neglect and abuse, prejudice and right-wing authoritarianism, and at-risk behaviors during adolescence.

There is also evidence to suggest that spiritual wellbeing may play a significant role in *longevity*. For example, Hummer, Rogers, Nam, and Ellison (1999) conducted a large-scale longitudinal study in the US and found that religious people live longer. This effect persisted even after controlling for the effects of other variables that have been established to correlate highly with mortality such as age, sex, race, self-reported health, marital status, social ties, cigarette smoking, obesity, and alcohol consumption.

Much evidence suggests that aspects of religious participation and commitment have positive effects on a *wide array of health outcomes*, ranging from mental health (e.g., hypertension and physical mobility) to mortality (Ellison & Levin, 1998; George, Ellison, & Larson, 2002; Smith, McCullough, & Poll, 2003).

Three literature reviews focused on adolescents' spiritual wellbeing and health attitudes and behavior, and all suggested that there is a positive effect on *mental health* (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Rew & Wong, 2006).

In contrast, there are studies that showed that excessive spiritual wellbeing may produce *depression and other mental disorders* in some individuals under certain circumstances (e.g., Ellis, 1962).

23.2.4 How Does Spiritual Wellbeing Influence Subjective Wellbeing?

Spiritual experiences contribute to better physical and mental health. This effect may be attributed to the fact that religious institutions influence health by *prescribing and enforcing rules against unhealthy habits* such as drug abuse, sexual promiscuity, gambling, womanizing, and engaging in other risk behaviors (e.g., Teichmann et al., 2006; Wortham & Wortham, 2007; Zullig et al., 2006).

Another explanation is *horizontal spillover*. In other words, spiritual wellbeing influences the sense of wellbeing in other life domain. Sawatzky et al. (2009) conducted a study to test the theoretical notion that spiritual wellbeing does affect life satisfaction among adolescents grades 7 to 12 in British Columbia, Canada) through the mediating effects of perceived health status and satisfaction in other life domains (besides spiritual life such as family life, friendship, school life, living conditions, and self).

Argyle (1987/2001) has argued that being religious enhances fellowship. Fellowship is important in providing social support and meeting other social needs. Thus, *satisfying social needs* is perhaps a mediator between spiritual wellbeing and life satisfaction. Here is an excerpt from Argyle.

I have argued elsewhere . . . that religion is in some ways a social phenomenon. Close bonds are formed between members, perhaps because of their shared beliefs, perhaps because of shared rituals are a bonding experience. (Argyle, 1987/2001, p. 167)

Argyle advanced several other explanations to account for the relationship between religiosity and subjective wellbeing: fear of death, guilt feelings, deprivation, and stress. With respect to *fear of death*, the premise is that religious people are less afraid of death than the nonreligious. Therefore, religiosity serves to reduce negative feelings associated with one's sense of mortality, especially impeding mortality. Similarly, religious people feel relieved after going to church, confessing their sins, and asking God's forgiveness. They become unburdened, and as such their negative feelings associated with their "sins" are diminished after engaging attending a religious event. Thus, attending a religious event serves to *relinquish feelings of guilt*. This decrease in negative feelings from guilt may account for the increase in subjective wellbeing among the religious. The *deprivation* explanation points to the notion that the poor and disenfranchised use religion as a mechanism to help cope with their material deprivation. The *Communist Manifesto* calls for the workers to turn away from religion because religion is used to numb away the pain of material deprivation, poverty, and inequality. Finally, religion is used as a stress buffer. Religion provides a theory of the world that helps explain unfortunate events such as loss of a loved one. The belief that God is omnipotent, and that God has reasons for personal adversities is comforting to most people. Thus, the trauma associated with the death of a loved one is reduced knowing that it is God's will, and God is good.

More recently, Kim-Prieto and Miller (2018) in an insightful article on the intersection between religion and wellbeing described how the research in this area provides a host of explanations shedding light on the mediating factors between religiosity and subjective wellbeing. These include meaning and purpose in life, coping, social support, and positive emotions. Specifically, religion provides an explanation of how the world works and the rationale for existence. Those who are religious tend to believe that their life has purpose and this purpose has been bestowed by the divine. This *meaning and purpose in life* serves to enhance subjective wellbeing. Much research has substantiated these mediating effects of meaning and purpose in life on wellbeing and other positive mental health outcomes (see Pargament, Wong, & Exline, 2016, for an insightful article on the spiritual dimension of eudaimonics).

Religiosity helps people *cope* with stressors in life. Research has shown that positive religious coping (e.g., those who are dying appraise their dying experience as a benevolent act from God) does indeed contribute to subjective wellbeing. And of course, religiosity influences positive religious coping. That is, those who are more religious than others are likely to engage in positive religious coping, much more so than those who are less religious.

With respect to *social support*, the benefits are clear. Religious people tend to receive social support from members of their religious congregation to help deal with life's adverse events (e.g., death in the family, loss of income due to unemployment,

and domestic abuse). As such, those who are more religious are likely to receive more social support dealing with traumatic events than the less religious. Consequently, social support help maintain or preserve life satisfaction at acceptable levels.

Religiosity has an effect on triggering positive emotions and the buffering of negative emotions. Religion provides guidelines for conditions to experience positive and negative emotions and the regulation of emotional expression. Specifically, there is much evidence suggesting that religious services, prayer, sermons, and religious chants serve to trigger positive emotions because of religious doctrine mandates this expression. Positive emotions related to awe, gratitude, love, peace, contentment, optimism, forgiveness, and compassion tend to be triggered by various religious practices, which in turn contributes to subjective wellbeing.

23.2.5 What Are the Determinants of Spiritual Well Being?

Examples of factors influencing spiritual wellbeing include intrinsic motivation, religiosity, religious affiliation, strength of religious affiliation, religious activities, and religious beliefs. Wellbeing research in spiritual wellbeing has found that *intrinsic*s tend to score higher on measures of spiritual well being than *extrinsic*s (e.g., Bassett et al., 1991; Chamberlain & Zika, 1992; Donahue, 1985; Ellison, 1983; Genia, 1996; Swinyard, Kau, & Phua, 2001). Intrinsically religious people are those who are genuinely committed to their faith.

Snoep (2008) conducted a study on religiousness and happiness in three countries (Netherlands, Denmark, and the USA) using data from the World Values Survey. *Religious affiliation* was operationalized through survey question such as “Do you belong to a church organization?” “Do you belong to a religious denomination?” Religious affiliation was found to positively and significantly correlated with happiness, but only in the US sample, not the Netherlands and the Denmark samples (cf., Ferriss, 2002). The study found *religious activities* (“Do you spend time with people at your church?” “How often do you usually attend religious services?”) to be positively correlated with happiness (cf. Inglehart, 1990).

Religiosity was also found as a factor that affects happiness. Robbins and Francis (1996) found a significant association between scores on the Francis Scale of Attitude towards Christianity and scores on the Oxford Happiness Inventory. However, replication of this study by Lewis and Joseph (1996) failed to demonstrate this relationship. Furthermore, evidence suggests that happiness is associated with certain *religious beliefs* such as the “there is evil in this world” (Ferriss, 2002). Ferriss (2002) reviewed evidence suggesting that life satisfaction is higher for people who have religious beliefs than those who identify themselves as atheists. However, Clark and Lelkes (2009) have provided evidence suggesting that people with religious beliefs fare better (in terms of their subjective wellbeing) when faced with unemployment, low income, and widowhood than those who do not have

religious beliefs. Helliwell (2003) found that across countries a higher rate of belief in God is associated with higher levels of life satisfaction and lower rates of suicide.

Another factor, *strength of religious affiliation*, was shown to be related to life satisfaction. Specifically, those who are more strongly affiliated with religious groups are likely to be more satisfied with life than those who are weakly affiliated with religious groups (e.g., Moberg, 1972; Reed, 1991; Witter et al., 1985).

23.2.6 Additional Thoughts

Peterson and Webb (2006) provided some concluding remarks based on a thorough review of the literature of spirituality and wellbeing. Here is an abbreviated synopsis of their recommendations:

- Research should be conducted to explore the direct and indirect effects of spirituality and wellbeing.
- Research should focus on identifying moderator effects between spirituality and wellbeing.
- Research should be conducted based on longitudinal designs to capture the effects of spirituality on wellbeing over time.
- Research should focus on how spiritual practices affect wellbeing.
- Research should involve multi-disciplinary approaches.
- Research should be grounded in different theoretical perspectives.
- Research should explore the effects of spirituality on wellbeing various macro levels: local, regional, and global.
- Research should focus on the effects of spirituality on wellbeing across different life stages.
- Much of the research on spirituality and wellbeing can be strengthened with qualitative research.
- Research should explore different modalities of spirituality and the effects of these modalities on wellbeing.
- Research should investigate the effect of spirituality in various domains of life (e.g., work life, social life, family life, and community life).

23.3 Political and National Wellbeing

In the vast and voluminous literature on life satisfaction and happiness, there is a relative dearth of empirical research on political and national wellbeing. The few studies conducted in this area shed some light on political/national wellbeing and its relationship with subjective aspects of quality of life.

One definition of political/national wellbeing is citizen's *satisfaction with the political conditions of the country* (Inglehart, 1988). Another definition of political/

Table 23.5 A measure of perception of quality of society

• Trust in the social system
“How much trust do you have in the ability of the following two systems to deliver when you need it?”
– State pension system? – Social benefit system?
(Responses are captured on 10-point rating scale varying from 1 = no trust at all to 10 = Fully trust)
• Trust in other people
“Generally speaking, would you say that most people can be trusted, or that you can’t be too careful in dealing with people?”
(Responses are captured on a 10-point rating scale varying from 1 = no trust at all to 10 = Fully trusting)
• Tensions
“In your opinion, how much tension is there between each of the following groups in your country?”
– Poor and rich people? – Management and workers? – Men and women? – Old and young people? – Different racial and ethnic groups?
(Responses are captured on a 10-point rating scale varying from 1 = A lot of tensions to 10 = No tensions at all)
• Quality of public services
“In general, how would you rate the quality of each of the following public services in your country?”
– Health services? – Educational system? – Public transport? – Social services? – State pension system?
(Responses are captured on a 10-point scale varying from 1 = Very poor to 10 = Very good).

Source: Adapted from Bohnke (2008)

national wellbeing is based on the work of Robert Cummins and his colleagues of the International Wellbeing Network (Cummins et al., 2003; Renn et al., 2009). These scholars developed the National Wellbeing Index (NWI). The NWI is designed to capture citizens’ satisfaction with aspects relating to their country: economic situation, state of the environment, social conditions, government, business, and national security. Still another definition of political/national wellbeing is offered by Bohnke (2008). This author reported a study in which national wellbeing was conceptualized in terms of *perception of quality of society*. This construct has four dimensions and the exact measures are shown in Table 23.5.

Does political/national wellbeing play a significant role in subjective aspects of quality of life such as life satisfaction? The answer is a “soft yes.” Early studies in the 1960s and 1970s found positive within-country correlations between national

satisfaction and life satisfaction (e.g., Cantril, 1965; Levy & Guttman, 1975). Later in the 1980s, Inglehart (1988), in a study of nine European countries, found that at the aggregate country level both political satisfaction and life satisfaction were correlated with stable democracy. In other words, the effect of political wellbeing on life satisfaction seems to be moderated by the extent of economic development of the country. Political satisfaction is more strongly related to life satisfaction in the more developed (than less developed) countries. Inglehart attribute this effect to interpersonal trust. That is, those who live in the developed countries tend to experience a higher level of trust in institutions than those who reside in the developing countries.

Moreover, Morrison, Tay, and Diener (2011) examined the relationship between satisfaction with one's country (*national satisfaction*) and subjective wellbeing using data from a representative worldwide poll. National satisfaction was measured in the context of this study using the Ladder of Life measure, but country ratings were elicited in place of personal ratings. The study finding showed that national satisfaction is a strong and positive predictor of individual-level life satisfaction. However, this relationship seems to be moderated by several factors such as household income, household conveniences, residential mobility, country gross domestic product per capita, and Western versus non-Western country.

The research literature also suggests that *institutional and constitutional factors* do impact individual wellbeing. For example, Veenhoven (2000a, 2000b) has concluded that *economic, but not political, freedom* contributes to wellbeing particularly in poor countries; however, political wellbeing contributes to wellbeing in richer countries. Pirralha (2017) has also shown that *political participation* plays an important role in political wellbeing.

23.4 Environmental Wellbeing

One conceptualization of environmental wellbeing is *satisfaction with environmental quality*. This construct, developed by Jeffres and Dobos (1995), was used by several other wellbeing researchers such as Moller (2001), Westaway (2006), and Ejechi and Ejechi (2008). The construct involves a composite of satisfaction with eight environmental aspects: housing, schools, health services, transport, refuse disposal, street lighting, recreational facilities, and law enforcement.

Another similar definition of environmental wellbeing involves *perceptions of environmental quality*. This is a construct captured by asking respondents to rate the quality of their environment in terms of atmosphere, noise, land use, open areas, greenery, sanitation, housing indoor and outdoor maintenance, sewage, environmental safety, and overall (e.g., Cheung & Leung, 2008; Fisher & Freudenburg, 2004; Riad & Norris, 1992).

What are factors influencing environmental wellbeing in relation to happiness, subjective wellbeing, and positive mental health? Consider the following studies. Cheung and Leung (2008) conducted a study to investigate the effects of *urban*

renewal program in Hong Kong. They surveyed residents living in areas surrounding seven urban renewal sites. Perceptions of environmental quality during the urban renewal (and its expected effects after urban renewal) were associated with respondents' subjective aspects of quality of life. That is, those who perceived positive environmental effects from the urban renewal program reported higher life satisfaction than those who did not perceive such an impact. This effect was most pronounced among the less educated respondents. The authors explained that higher educated residents tend to mitigate the adverse impact of the environment.

Nature relatedness refers to the affective, cognitive, and experiential relationships that people have with the natural world, which translate into a sense of connectedness with nature (Nisbet, Zelenski, & Murphy, 2009). Three studies were conducted by Nisbet and his colleagues (Nisbet, Zelenski, & Murphy, 2011) to demonstrate that measures of wellbeing (Psychological Wellbeing measure—Ryff, 1989; PANAS—Watson, Clark, & Tellegen, 1988; and the Satisfaction with Life Scale—Diener, Emmons, Larsen, & Griffin, 1985) and positively associated with measures of nature relatedness. Nature relatedness was measured using statements such as “I feel very connected to all living things and the earth,” “My feelings about nature do not affect how I live my life” (reverse coded), and “I enjoy being outdoors, even in unpleasant weather.” The results show that people scoring high on nature relatedness also score high on the wellbeing measures. The authors explained this relationship by injecting the *biophilia hypothesis* (Wilson, 1984): people have an innate need to affiliate with all living things. The biophilia hypothesis explains why people prefer outdoor wilderness activities, zoos, gardening, nurturing relationships with animals, and natural scenery.

23.5 Educational Wellbeing

This section will cover educational wellbeing, examples of conceptualizations and measures, the research linking educational wellbeing with subjective aspects of quality of life, and predictors of wellbeing. The reader is also encouraged to read the section on Positive Education in the *Oxford Handbook of Happiness* (David, Boniwell, & Conley Ayers, 2013).

23.5.1 What is Educational Wellbeing?

What is educational wellbeing? A commonly used construct and measure of educational wellbeing is *student wellbeing* that is captured by the *Wellbeing Inventory of Secondary Education* (WISE) measure (Engels, Aelterman, Schepkens, & Van Petegem, 2004). Various aspects of wellbeing are included in the WISE measure:

- satisfaction with teaching methods,
- satisfaction with course content,
- satisfaction with discipline and participation,
- satisfaction with interpersonal relationships with teachers and support staff, and
- satisfaction with the school's administrative staff.

Response to the assorted items capturing these dimensions are recorded on a 5-point rating scale varying from 1-very unhappy to 5 = very happy.

Another conceptualization of educational wellbeing is *quality of college life*. My colleagues and I (Sirgy, Greskowiak, & Rahtz, 2007; Sirgy et al., 2010) developed the construct of quality of college life in terms of college student's overall satisfaction with college life—overall feelings of satisfaction a student experiences with life at the college. We argued that students' overall satisfaction with college life is a direct function of satisfaction from two major domains: (a) satisfaction with academic aspects of the college and (b) satisfaction with social aspects of the college. Satisfaction with the academic aspects of college life involves:

- satisfaction with faculty,
- satisfaction with the overall teaching methods used by the faculty,
- satisfaction with the classroom environment,
- satisfaction with the student workload,
- satisfaction with the academic reputation of the college, and
- satisfaction with academic diversity (ethnic and gender composition of the students and faculty).

Satisfaction with the social aspects of college life involves:

- satisfaction with on-campus housing,
- satisfaction with international programs and services,
- satisfaction with spiritual programs and services,
- satisfaction with clubs and social organizations at the college,
- satisfaction with collegiate athletics, and
- satisfaction with recreational activities on campus.

Furthermore, satisfaction with both academic and social aspects of the college are further influenced by satisfaction other facilities and services on campus such as library services, healthcare services, telecommunications, and recreational facilities. We collected data from numerous colleges and universities around the world, and the data were able to support these relationships. In an extension study, the authors were also able to demonstrate that satisfaction with college life (quality of college life) is positively associated with students' overall life satisfaction.

Quality of college life was also conceptualized as the degree of need satisfaction and the experiences that create a positive affect throughout college life (Yu & Kim, 2008). Yu and Kim (2008) conceptualized this concept as a higher-order concept involving two measures: a measure of needs satisfaction and another measure involving positive and negative affect arising from college experiences. The needs satisfaction measure involved seven dimensions (see measure in Table 23.6).

Table 23.6 Need satisfaction at college

Satisfaction of health and safety needs
• I feel that I can maintain/enhance my health in college.
• I feel physically safe at my college.
• My college is a safe place.
Satisfaction of economic and family needs
• I think that the financial expense of college is acceptable.
• The college tuition fees are affordable.
• I am satisfied with what I am paying to experience college life.
Satisfaction of social needs
• I am getting along nicely with people at my college.
• I have a strong sense of belonging to several student groups at college.
• I have enough time away from academic activities.
Satisfaction of esteem needs
• I am proud of being a student at my college.
• I am satisfied with myself in college.
• I find myself an important person at college.
Satisfaction of actualization needs
• I believe that I am realizing my full potential being in college.
• I believe that I am developing my character strengths through college.
• My college is helping me realize my full potential.
• I believe that I can find my ideal self through college.
Satisfaction of knowledge needs
• I believe that I am learning new things in my areas of interests.
• My college is helping me build a repertoire of good knowledge.
• My college is helping build knowledge that will be useful in my future profession.
Satisfaction of aesthetics needs
• I find the campus environment to be beautiful.
• I do participate in various arts-related events (e.g., art exhibit, art festival) at the college.
• I feel that my aesthetics needs are fulfilled at college.
<i>Response scale: 5-point Likert-type scale</i>

Source: Adapted from Yu and Kim (2008, p. 18)

23.5.2 What is the Relationship between Educational Wellbeing and Life Satisfaction?

The evidence is strong and overwhelming. Suldo, Riley, and Shaffer (2006) have documented the effect of satisfaction with schooling and life satisfaction among children. Huebner (1991) considers satisfaction with schooling to be a crucial life domain in children. Children’s sense of wellbeing with school spills plays a strong role in their overall sense of wellbeing. Research has shown that students who are dissatisfied with school are much more likely to show negative physical and psychological symptoms such as headaches, depression, fatigue, and sleeplessness. They also are likely to have problems with substance abuse, engage in sexual

risk-taking, commit crime and suicide, among others (e.g., Le'vy-Garboua, Lohe'ac, & Fayolle, 2006; Rask, Aastedt-Kurki, Tarkka, & Laippala, 2002; Natvig, Albrektsen, & Qvarnstrom, 2003).

23.5.3 What Are Possible Sources of Educational Wellbeing?

Van Petegem, Aelterman, Van Keer, and Riosseel (2008) conducted a study that was able to demonstrate a positive relationship between student wellbeing and the *quality of teacher interaction with the students*. The latter construct was measured using the Questionnaire on Teacher Interaction developed by Wubbels, Brekelmans, and Hooymayers (1991). This measure has two major dimensions: influence and proximity. The *influence* construct is captured using a scale varying from dominance (teacher expressing dominance towards the students) to submission (teacher is submissive toward the students). *Proximity* is captured using a scale varying from cooperation (very close student-teacher contact) to opposition (authoritarian teacher behavior).

Randolph, Kangas, and Ruokamo (2010) have conducted a thorough literature review of the factors predicting school satisfaction among children and they were able to group these factors in four major categories: classroom/school factors, (2) social factors, (3) individual factors, and (4) unrelated factors (see Fig. 23.1).

Classroom/school factors involve the following:

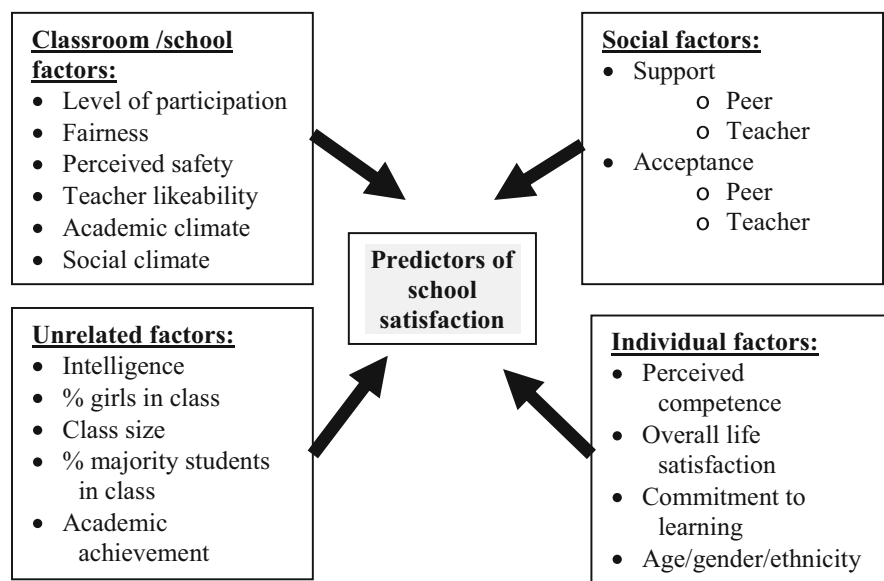


Fig. 23.1 Predictors of School Satisfaction. (Source: Adapted from Randolph et al. (2010, p. 195))

- level of participation (the greater the student participation the higher the school satisfaction),
- fairness (student who perceive they are treated fairly report higher levels of school satisfaction),
- teacher likeability (students who report that they like their teachers tend to also report higher levels of school satisfaction),
- academic climate (students who perceive the school as having an academic climate—serious about academics—the higher their satisfaction with the school), and
- social climate (students that perceive students and teachers to be friendly and collegial also report high levels of school satisfaction).

Social factors involve the following support and acceptance from peers and teachers. That is, students who report higher levels of social support and acceptance from both their peers and their teachers also report high levels of school satisfaction.

Individual factors involve the following:

- Perceived competence (students who perceive themselves to be competent socially and academically also report high levels of school satisfaction),
- Overall life satisfaction (students who are happy with life tend to also report satisfaction with the school),
- Commitment to learning (students who are committed to learning report high levels of school satisfaction),
- Age (younger students express high satisfaction with their schools than older students),
- Gender (female students express high satisfaction with school than male students), and
- Ethnicity (ethnic minority students are more satisfied with their school than ethnic majority students).

Unrelated factors include the following:

- Intelligence (no relationship with school satisfaction),
- % girls in classroom (no relationship with school satisfaction),
- Class size (no relationship with school satisfaction),
- % majority in class (no relationship with school satisfaction), and
- Academic achievement (students who excel academically report high levels of satisfaction).

With respect to educational life in college, Yu and Kim (2008) argued that quality of college life is likely to be influenced by *college student satisfaction with three college-types of services: academic-related services* (e.g., courses taught, instructors), *administrative services* (e.g., core administrative services, peripheral services, and service provider interactions), and *facilities services* (e.g., educational facilities, facilities related to social activities, facilities related to lodging and dining, and the campus environment at large). The authors conducted a study in a large university in

Seoul (South Korea) and the data provided support for these predictors of quality of college life.

23.6 Sexual Wellbeing

A recent online survey (Frederick, Lever, Gillispie, & Garcia, 2017) has shown that sexual satisfaction diminishes in longer-term relationships. The online survey involved 38,747 adult men and women who had been together for at least three years. Most participants reported being satisfied with their sex lives during their first six months of their relationship. With respect to satisfaction with their current sex lives, responses were more variable—only half of survey respondents reporting overall satisfaction. More than a third of the respondents claimed their sex lives were as passionate now relative to the beginning of their relationship. Sexual satisfaction was higher among men and women who:

- had sex most frequently,
- engaged more in oral sex,
- had more consistent orgasms, and
- incorporated more variety of sexual acts, mood setting, and sexual communication.

In this section, I will discuss the research on sexual wellbeing in relation to subjective aspects of quality of life. In doing so, I will address questions such as, what is sexual wellbeing and how does sexual wellbeing contribute to happiness, subjective wellbeing, and positive mental health. I will also discuss contemporary trends.

23.6.1 *What is Sexual Wellbeing?*

How is sexual wellbeing defined and operationalized? One study defined sexual being as satisfaction with one's sexual relations and one's own sexuality (Bancroft, Long, & McCabe, 2011). It was operationalized in the study through two survey questions: "In general, would you say your current sexual relationship is Excellent, Very good, Good, Fair, or Poor?" The other question was stated as follows: "In general, would you say your own sexuality is Excellent, Very good, Good, Fair, or Poor?"

A formal measure was developed by Neto (2012) called the Satisfaction with Sex Life scale. The scale has five items as shown in Table 23.7. Favorable psychometric properties of the scale were demonstrated through several studies. Specifically, tests of internal consistency, item-total correlations, and factor structure indicated homogeneity and unidimensionality of the scale. Nomological validity of the scale was

Table 23.7 The satisfaction with sex life scale

• In most ways my sex life is close to my ideal.
• The conditions of my sex life are excellent.
• I am satisfied with my sex life.
• So far, I have gotten the important things I want in sex life.
• If I could live my sex life over, I would change almost nothing.
<i>Response scale:</i> 7-point Likert-type scale

Source: Adapted from Neto (2012, p. 24)

also demonstrated by testing hypotheses related to gender, love satisfaction, and life satisfaction—no difference between men and women.

Another measure designed for adults aged 60+ years reflects several dimensions, namely sexual satisfaction, physical intimacy, emotional closeness during sex, sexual compatibility, and distress related to problematic sexual function (Stulhofer, Jurin, Graham, Enzlin, & Traeen, 2019).

23.6.2 *How Does Sexual Wellbeing Contribute to Overall Wellbeing and Positive Mental Health?*

The literature provides several explanations. One explanation is based on *neuroscience*. The literature supports the idea of two separate systems involving sexual wellbeing and its relationship to an overall sense of wellbeing: one involving libido and the other involving pair-bond formation. Reproductive hormones, (e.g., androgen and estrogen) are associated with libido (Fisher, Aron, Mashek, Li, & Brown, 2002) and the ventral striatum and hypothalamus are areas associated with intense sexual arousal (Walter et al., 2008). In contrast, pair-bonding most likely involves oxytocin and vasopressin (Fisher, Aron, & Brown, 2006) and the activation of the basal ganglia (Phan, Wager, Taylor, & Liberzon, 2002) and the cingulate cortex (Bartels & Zeki, 2004).

Another theory is *socio-cultural*. For example, Bancroft, Long, and McCabe (2011) in an attempt to explain the finding that black women in the U.S. tend to experience higher levels of sexual wellbeing than white women, theorized that white women’s sexuality is very much influenced by their culture of purity and chastity remnant of the old Victorian era. This culture is not firmly engrained in black women’s psyche because of the history of slavery and the development of a black culture, which emphasize individualism and sexual pleasure apart from marital relations. That is, because of their culture, black women tend to experience a greater sense of self-esteem through their sexuality, which in turn plays an important role in subjective wellbeing (cf. Oggins, Leber, & Veroff, 1993).

23.6.3 Contemporary Trends

Sexual norms are changing. The trend in some societies, especially the developed countries, involves alternative relationships such as *polyamory or open relationships*. Interestingly, a review of the research on nonmonogamous relationships and wellbeing show no significant differences in wellbeing between those involved in monogamist and nonmonogamist relationships (Rubel & Bogaert, 2014). Research also suggests that polyamorous individuals tend to experience a higher level of intimacy compared to monogamous individuals because polyamorous relationships are, by definition, relationships characterized by emotional intimacy, openness, and honesty, beyond mere sexual intimacy. However, there is also evidence showing that marital liberation detracts from life satisfaction (Cheung, Low, & Ning, 2019). That is, research has shown that life satisfaction is significantly lower for those practicing marital liberalization. This may be explained by the fact that marital liberalization is incompatible with social norms and social integration.

Another societal trend is *online dating*. Recent research (Smith & Duggan, 2016) found that 38% of “single and looking” American adults have used online dating sites. Approximately 50% report knowing someone who has been an online user. Is there research comparing couple who met traditionally versus through online dating sites in relation to marital satisfaction? A literature review points to conflicting and mixed results (Finkel, Eastwick, Karney, Reis, & Sprecher, 2012).

23.7 Conclusion

This chapter focused on life domains that are only salient to some, not others. That is, these domains are not universal—all people feel they are very important to their overall wellbeing. These non-universal domains include spiritual life, political life, national life, environmental life, and educational life.

Wellbeing researchers have defined spiritual wellbeing in many ways. Spiritual wellbeing has been defined as involvement or a state of awareness or devotion to a higher being or life philosophy, satisfaction one feels in relation to one’s conception of their God, spiritual struggles, spiritual centrality, existential wellbeing, religious wellbeing, and spiritual attributes. Does spiritual wellbeing contribute to subjective wellbeing? The answer is yes indeed. Much evidence has documented the effect of spiritual wellbeing on the subjective aspects of wellbeing. Spiritual wellbeing was also shown to have other positive consequences: spiritual well being is positively related to coping with terminal illness, adjustment to hemodialysis; and negatively related to anxiety, depression, and other psychological and health-related variables. Religiousness was found to be positively related to coping, physical health and well being in old age; and negatively related to alcohol and substance abuse, child neglect and abuse, prejudice and right-wing authoritarianism, and at-risk behaviors during adolescence. Wellbeing scholars have explained the spiritual wellbeing effect in that

religious institutions influence health by prescribing and enforcing rules against unhealthy habits. Another explanation is horizontal spillover. In other words, spiritual wellbeing influences the sense of wellbeing in other life domains. There are many factors that influence spiritual wellbeing and overall wellbeing. These include intrinsic motivation, religiosity, religious affiliation, strength of religious affiliation, religious activities, and religious beliefs.

With respect to political and national wellbeing, wellbeing researchers have defined this concept in terms of citizen's satisfaction with the political conditions of the country and perception of quality of society. Does political/national wellbeing play a significant role in subjective aspects of wellbeing such as life satisfaction? Based on the evidence, the answer is yes.

Regarding environmental wellbeing, wellbeing researchers have defined this concept in terms of satisfaction with environmental issues and perceptions of environmental quality. There is also suggestive evidence that builds the case for the effect of environmental wellbeing on overall wellbeing. Examples of factors that influence environmental wellbeing and overall wellbeing include urban renewal programs and nature relatedness.

I also described the literature on educational wellbeing. The literature defines this concept in terms of student wellbeing and quality of college life. Sources of educational wellbeing include classroom/school factors (e.g., level of participation, fairness, teacher likeability, academic climate, and social climate. Social factors involve support and acceptance from peers and teachers. Individual factors involve perceived competence, overall life satisfaction, commitment to learning, age, gender, and ethnicity. With respect to college student satisfaction with their universities, the key determinant seems to be satisfaction student satisfaction with three college-types of services: academic-related services, administrative services, and facilities services.

Lastly, I referred to sexual wellbeing. The literature defines it in terms of satisfaction with one's sexual relations and one's own sexuality. The Satisfaction with Sex Life scale was described. I reported on survey findings based on a large national survey (U.S.) offered at least two explanations that may account for the relationship between sexual wellbeing and overall wellbeing.

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Part V

Population Segments and Wellbeing

This part of the book explores the concept of subjective aspects of quality of life (happiness, subjective wellbeing, and positive mental health) in relation to special populations. As such, I will describe wellbeing research in relation to children, youth, college students, the elderly, women, countries, and other special population groups (e.g., disabled, drug addicts, sex workers, emergency personnel, immigrants, teachers, and caregivers).

Chapter 24

The Wellbeing of Children and Youth



There can be no keener revelation of a society's soul than the way in which it treats its children.

—Nelson Mandela, *Former President of South Africa*(<https://www.compassion.com/poverty/famous-quotes-about-children.htm>)

24.1 Introduction

The study of children wellbeing is a field of study within the overall discipline of child development research. This field of study has been growing rapidly. Past research in children wellbeing has focused on children's disorders, deficits, and disabilities. However, during the last three decades, we have witnessed increasing research on the positive aspects of children wellbeing—children's strengths, assets, and abilities. Doing so helps us better understand the conditions that helps children flourish and thrive. The children wellbeing literature is huge and continues to expand rapidly (see literature review by Pollard & Lee, 2003).

In this chapter I will describe wellbeing research (limited to happiness, subjective wellbeing, and positive mental health) related to children, youth, and college students. I will discuss theoretical perspectives that shed light on explaining the psychology of wellbeing as it directly pertains to these population groups. This will be followed by a description of the research addressing the factors affecting subjective wellbeing of these population groups. Finally, I will highlight examples of indicators of children wellbeing and policy implications.

24.2 How Is the Wellbeing of Children and Youth Conceptualized?

Wellbeing researchers have conceptualized and developed instruments to capture the subjective aspects of wellbeing at various stages of development among children and youth. I will review conceptualizations and measures organized by chronological

age.¹ However, as Casas (2016) has noted, the subjective aspects of children wellbeing involve three different constructs, namely subjective well-being (essentially what some call “hedonia”), psychological well-being (or “eudaimonia”), and health-related quality of life (focusing on mental health and social functioning).

24.2.1 *The Wellbeing of Children of Pre-School Age*

With respect to early years such as *pre-school*, one example of a wellbeing measure is the Early Development Instrument (EDI). The Oxford Centre for Child Studies in Ontario, Canada, has created the EDI (Janus & Offord, 2007). The EDI has gained a great of popularity in recent years. The instrument is conceived originally as a measure of school readiness (e.g., Doherty, 2007; Janus et al., 2007). However, it is also used as a quality-of-life instrument. School readiness reflects the child’s ability to learn with a school setting and having the skill set and other personal characteristics that can facilitate successful learning. What makes this school readiness measure suitable as a wellbeing measure is the fact that it is consistently associated with many social, emotional, and academic outcomes (e.g., Llyod & Hertzman, 2009; Llyod, Irwin, & Hertzman, 2009). The EDI involves a checklist completed by the kindergarten schoolteacher for target children. The measure attempts to capture five domains directly related to school readiness: physical health and wellbeing, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. These five domains are further subdivided into 16 subdomains (see the measure in Table 24.1).

24.2.2 *The Wellbeing of Children of Elementary School Age*

An example of a quality-of-life measure designed for *elementary-school children* is the Child Quality of Life Systemic Inventory (Inventaire Systemique de Qualite de Vie-Enfant, ISQV-E; Etienne, Dupuis, Spitz, Lemetayer, & Missotten, 2011). The measure is based on the theoretical concept of gap between desired and actual state in various life domains moderated by the perceived importance of these domains. See measure in Table 24.2.

¹See Casas (2016) for an excellent literature review of the research on children wellbeing and adolescents. Further, see a recent major conceptual contribution in the literature of children wellbeing is the *Handbook of Child Well-Being*, edited by Ben-Arieh, Casas, Frønes, and Korbin (2014). The handbook includes 114 chapters (more than 238 authors from 32 different countries) on the state-of-the-science of children wellbeing and presents a wide range of different theoretical perspectives. The reader should also be informed that data sources for subjective indicators of children’s well-being include the HBSC (www.hbsc.org) and the PISA (www.oecd.org/pisa).

Table 24.1 The Early Development Instrument (EDI)

Domain	Subdomain	Example item
Physical health & wellbeing	Physical readiness for school	Arrives at school hungry
	Physical independence	Has well-coordinated movements
	Gross & fine motor skills	Is able to manipulate objects
Social competence	Overall social competence	Is able to get along w/other children
	Responsibility & respect	Accepts responsibility for actions
	Approaches to learning	Works independently
Emotional maturity	Readiness to explore new things	Is eager to explore new items
	Prosocial & helping behaviour	Helps other children in distress
	Anxious & fearful behaviour	Appears unhappy or sad
	Hyperactivity & inattention	Is restless
Language/cognitive development	Basic literacy	Is able to write own name
	Interest in literacy/ numeracy	Is interested in games w/numbers
	Advanced literacy	Is able to read sentences
	Basic numeracy	Is able to count to 20
Communication skills & general knowledge	Communicates easily/ effectively	Is able to communicate his needs
		Understands others
	Participates in story telling	Participates in story telling
	Articulates clearly	Articulates clearly
	Shows adequate knowledge	Shows interest in general knowledge

Source: Adapted from Muhajarine, Puchala, and Janus (2011, p. 300)

24.2.3 The Wellbeing of Children of Middle-School Age

With respect to *children of middle-school years*, one measure that has gained popularity among children of this age segment is the Multidimensional Students' Life Satisfaction Scale (MSLSS: Gilligan & Huebner, 2007; Huebner, 1994; Huebner, Seligson, Valois, & Suldo, 2006; Huebner, Suldo, Valois, & Drane, 2006; Irmak & Kuruuzum, 2009; Sawatzky, Gadermann, & Pesut, 2009). This measure captures satisfaction in five key domains highly relevant to middle-school years' children. It is based on the theoretical premise that children's overall life satisfaction is based on positive and negative affect accrued in salient life domains

Table 24.2 The child quality of life systemic inventory

The measure includes 20 life domains: sleep, food, pain, health, clothes, physical appearance, bedroom, relations with grandparents, relations with mother, relations with father, relations with siblings, relations with friends, “opinion of people around me have about me,” school, school results, sports activities, extracurricular activities, autonomy, obedience to authority, and tolerance of frustration. These domains cover the child’s physical, emotional, cognitive, social, and family functioning. The questionnaire is divided in three sections:

Section 1: This section of the questionnaire has a *Visual Analog Scale* (VAS), which is “dial” with color gradation from pale yellow (best possible situation) to red (worst possible situation). Graphic faces are shown on the dial representing the different emotional states (from happy faces to sad faces). The child rotates the dial once in the context of each of the 20 life domains to indicate his/her actual state (“How happy are you now?”) and another time to indicate his/her desired state (“Where should you be situated to be satisfied?”). A gap score (−100 to +100) is then computed between the actual and desired states in relation to the 20 life domains.

Section 2: This section has measures designed to capture the perception of progress or hindrance regarding movement from actual to desired state in the context of the 20 life domains. The child indicates whether he/she thinks that, in the last few days, his/her actual situation has improved (“Getting better and better”) or worsened (“Getting worse and worse”) compared to his/her desired state. The scale used to capture these responses is a speed dial using four pictures: a walker, a cyclist, a car, and a plane.

Section 3: This section is designed to capture the perceived importance of the 20 life domains. The child indicates, on a 7-point importance rating scale, how important each domain is to him/her. These scores are then transformed into ranking scores signalling the level of priority the child places on the various life domains.

Source: Adapted from Etienne et al. (2011, pp. 245–247)

such as family life, friendship, school life, self, and the living environment. See measure in Table 24.3.

Another measure that has gained popularity in relation to children of middle-school years is the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The measure assumes that children may evaluate their life overall based on standards such as ideal life, present life, aspired life, and past life. This measure has been adapted for children (SWLS-C) of middle-school years (grades 4–7) (Gadermann, Guhn, & Zumbo, 2011; Gadermann, Schonert-Reichl, & Zumbo, 2010). See exact items in Table 24.4. The results indicated that the measure is unidimensional, has high reliability, and captured life satisfaction across different groups of children (across gender, first language learned at home, and different grades). The SWLS-C measure also showed discriminant and convergent validity using other constructs and measures based on past research.

24.2.4 The Wellbeing of Adolescents

There are many subjective wellbeing constructs and measures focusing on *adolescents*. For examples, the Personal Wellbeing Index-School Children (PWI-SC; Cummins & Lau, 2005; Tomy & Cummins, 2011a, 2011b) captures satisfaction

Table 24.3 The multidimensional students' life satisfaction scale

Family:

- Members of my family talk nicely to one another.
- My family gets along well together.
- I like spending time with my parents.
- My parents and I do fun things together.
- My family is better than most.
- My parents treat me fairly.

Friends:

- My friends are great.
- My friends are nice to me.
- I have a lot of fun with my friends.
- My friends will help me if I need it.
- My friends treat me well.
- I have enough friends.
- My friends are mean to me. (reverse coded)
- I have a bad time with my friends. (reverse coded)
- I wish I had different friends. (reverse coded)

School:

- I like being in school.
- I look forward to going to school.
- School is interesting.
- I enjoy school activities.
- I feel bad at school. (reverse coded)
- I learn a lot at school.
- I wish I didn't have to go to school. (reverse coded)
- There are many things about school I don't like. (reverse coded)

Self:

- I think I am good looking.
- I am fun to be around.
- Most people like me.
- I am a nice person.
- I like to try new things.
- I like myself.
- There are lots of things I can do well.

Living environment:

- I like where I live.
- I wish I lived in a different house. (reverse coded)
- I wish I lived somewhere else. (reverse coded)
- I wish there were different people in my neighbourhood. (reverse coded)
- This town is filled with mean people. (reverse coded)
- My family's house is nice.
- I like my neighbours.
- There are lots of fun things to do where I live.
- I like my neighbourhood.

Response scale: Responses are captured using a 6-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree)

Source: Adapted from Hatami, Motamed, and Ashrafzadeh (2010)

in various life domains (standard of living, health, achieving, relationships, safety, community, and future) including school. Part of the construct validity of this measure is establishing a link between school satisfaction and life satisfaction. The

Table 24.4 The satisfaction with life scale adapted for children

-
- In most ways my life is close to the way I would want it to be.
 - The things in my life are excellent.
 - I am happy with my life.
 - So far, I have gotten the important things I want in my life.
 - If I could live my life over, I would have it the same way.

Response scale: 5-point Likert-type scale—"disagree a lot" (or 1), "disagree a little" (or 2), "Don't agree or disagree" (or 3), "agree a little" (or 4), and "agree a lot" (or 5).

Source: Adapted from Gadermann, Guhn, and Zumbo (2011, p. 42)

Table 24.5 A measure of personal growth

-
- I know how to change specific things that I want to change in my life.
 - I have a good sense where I am headed in my life.
 - If I want to change something in my life, I initiate the transition process.
 - I can choose the role that I want to have in a group.
 - I know what I need to do to get started toward reaching my goals.
 - I have a specific action plan to help me reach my goals.
 - I take charge of my life.
 - I know what my unique contribution to the world might be.
 - I have a plan for making my life more balanced.

Response scale involves a 6-point Likert-type scale varying from 1 = definitely disagree to 6 = definitely agree.

Source: Adapted from Stevic and Ward (2008, p. 528)

study did indeed find that school satisfaction contributed a significant portion of the overall variance in overall life satisfaction.

Another example of a quality-of-life instrument for adolescents is the Personal Growth Measure (Robitscheck, 1998). This measure consists of nine items capturing the student's deliberate attempts towards changing and developing as a person. See measurement items in Table 24.5.²

24.2.5 *The Wellbeing of College Students*

With respect to capturing the subjective aspects of wellbeing in relation to college students, Michalos and Orlando (2006) employed two indices: a global subjective wellbeing index and a domain satisfaction index. The subjective wellbeing index is composed of four variables: (1) satisfaction with life as a whole, (2) satisfaction with the overall quality of life, (3) satisfaction with one's standard of living, and (4) overall happiness. The domain satisfaction measure is composed of a series of satisfaction items capturing satisfaction rating in the following life domains: housing, family relations, friendships, recreation, financial security, self-esteem, instructors, course

²See Losada-Puente, Araujo, and Munoz-Cantero (2020) for a systematic review of the assessment of quality of life in adolescents.

offerings, student services, library services, food services, fitness services, bookstore services, and academic preparation for employment. Using survey data from the University of Northern British Columbia, the authors found that satisfaction with some personal domains (e.g., satisfaction with family relations) and university-related domains (e.g., satisfaction with instructors) do play a significant role in student subjective wellbeing.

Durak, Senol-Durak, and Gencoz (2010) employed the Satisfaction with Life Scale (SWLS—Diener et al., 1985) to capture the quality of life of college students in Turkey. The reliability and validity of the SWLS was supported in the context of this population segment.

24.3 Explaining the Wellbeing of Children and Youth

The literature seems to hint at three theories that wellbeing scholars have used to explain subjective wellbeing among children and youth. These are social developmental theory, attachment theory, and ecological theory. Let us look at these theories closely.

24.3.1 *Social Development Theory*

Erikson's (1968) *social development theory* asserts that maturation occurs in eight distinct stages. Each stage presents a particular challenge that the individual has to overcome. The way this challenge is dealt with makes a huge impact on the subjective wellbeing of the individual. Resolving particular challenges colors the individual's personality and allows him or her to resolve the next set of challenges of the following stages. For example, toddlers (1–3 years old children) face the challenge of becoming autonomous. That is, the child tries to control his or her environment by depending less and less on his or her caretaker. Preschool children (3–5 years of age) learn to cooperate with other children and adults in completing school and play activities. School-age children (6 years to adolescence) are faced with the challenge of demonstrating academic competence and mastering social skills. The major challenge in adolescence is identity formation—to know who they are and what they want to be.

24.3.2 *Attachment Theory*

A body of research has shown that later emotional wellbeing and cognitive capability are strongly influenced by the *attachment* between mother and infant in early development (e.g., Ainsworth & Bell, 1970; Bowlby, 1969; Maccoby & Martin,

1983). Positive emotions experienced by infants are associated with resilience in later life. A caregiver's responsiveness to an infant's attachment behaviors influences the child's self-representations and beliefs about others, which in turn influence emotional regulation and behavior. Attachment differences are represented by two relatively distinct dimensions: avoidance and anxiety. Avoidance represents differences in intimacy and emotional expression; anxiety represents differences in sensitivity to abandonment, separation, and rejection. Low scores on the dimensions of avoidance and anxiety indicate greater attachment security.

In romantic relationships, partners typically serve as *attachment figures*. Attachment insecurity has been linked to poor relationship quality (see Guerrero & Bachmann, 2006 for a review of the literature). Insecure types describe their partners more negatively. They also engage in fewer relationship maintenance behaviors (such as sharing the workload at home). In contrast, secure types engage in relational maintenance more often.

With respect to the role of father, studies have shown that an absent, abusive, or authoritarian father is associated with an increased risk of mental health problems in adolescence and early adulthood (e.g., Amato & Sobolewski, 2001). Other studies have also demonstrated the effect of *positive fathering style* such as caring and warmth in interpersonal interactions on the wellbeing of children (e.g., Furnham & Cheng, 2000; Flouri & Buchanan, 2003a).

A study conducted by Hwang, Johnston, and Smith (2009) examined the impact of *adult attachment style* on self-esteem and life satisfaction among those with physical disabilities. The study underscored that secure attachment is positively associated with self-esteem and life satisfaction.

Using data from the British National Child Development Study, Flouri (2006) examined the role of *parenting* (closeness to either mother or father or both) on the happiness of people later in life (at age 42). Happiness at that age was construed in terms of psychological functioning and absence of psychological distress. After controlling a host of possible confounds (e.g., parental social class, parental family structure, and domestic tension at the parental home), the study found that closeness to mother at age 16 predicted life satisfaction at age 42 for both males and females. Furthermore, closeness to mother at age 7 predicted life satisfaction at age 42 among men, not women. In contrast, women who reported close to their mothers at age 16 also reported poor psychological functioning at age 42.

24.3.3 Ecological Theory

Bronfenbrenner's (1979) ecological theory focuses on interactions between the child and the environment. These interactions are analyzed in several hierarchical levels. At the lowest level (microsystem), child-environment interactions focus on any one immediate setting (family, school, neighborhood, etc.). At the next level (mesosystem) two or more microsystems interact. For example, analyzing the interface between child interactions at school and child interactions within the family

reflects a specific mesosystem. At the next level there is the exosystem, which is most macro. An exosystem contains setting where the child is not directly involved; however, the setting influences the child and his or her interactions with the environment. Examples of exosystem include the parents' workplace, the parents' affiliations within the neighbourhood, the government social services, etc. The microsystem, the meso-system, and the exosystem constitute the child's developmental context. To explain children's subjective wellbeing, the wellbeing researcher has to take into account these three ecological sets of factors and study their influence interactively or simultaneously.

Shek (2016) emphasized the ecological perspective in his research on adolescence. He has long asserted that human behavior is governed by personal (i.e., positive youth development attributes such as resilience, psychosocial competencies, self-determination, self-efficacy, positive identity, optimism, prosocial proclivities) and environmental factors (i.e., family functioning). He argues that positive youth development attributes could be treated as proxy measures of personal well-being, family functioning could be viewed as a construct to develop an index of family quality of life. His research has clearly demonstrated that positive youth development attributes and family functioning shape the development of Chinese adolescents.

24.4 Factors Affecting the Wellbeing of Children and Youth

Research has shown that compared to the very unhappy, the very happy adolescents were found to experience higher levels on school-related variables (e.g., structured school activities, school satisfaction, academic aspirations, academic achievement, and attitude toward education), interpersonal variables (e.g., parental relations, altruism, peer relations, and social acceptance), and intrapersonal variables (e.g., life meaning, gratitude, aspirations, self-esteem, positive affect, and healthy life-style). The very unhappy reported higher levels of social stress, depression, and negative affect (e.g., Froh, Emmons, Card, Bono, & Wilson, 2011; Proctor, Linley, & Maltby, 2009).

Much research has shown that subjective wellbeing of adolescents suffer from mental health problems and is considered to be a stage in life in which adolescents undergo great physical, social, and psychological change (e.g., Baker, 1999; Casas, Baltatescu, Gonzalez, & Figuer, 2009; Huebner, Gilman, & Laughlin, 1999; Suldo & Huebner, 2004; Keyes, Keyes, 2006; Sawyer et al., 2000).³ Life satisfaction of adolescent is positively associated with a vast array of positive personal, psychological, social, interpersonal, and intrapersonal outcomes (see Proctor et al., 2009 for

³An important data source that many children well-being scholars use to identify predictors of children wellbeing is the International Survey of Children's Wellbeing (ISCWeB; <http://www.isciweb.org/>). See a description of this database in Casas (2016).

a review). Specifically, adolescent life satisfaction has been demonstrated to be positively associated with self-esteem, health-related quality of life, hope, self-efficacy, relationships with parents and peers, participation in extracurricular activities, aspirations, academic achievement, satisfaction across multiple life domains, positive emotions, increased mental health.

In the sections below I discuss examples of factors that influence subjective wellbeing of children, youth, and college students; and I group these factors in terms of five major categories: (1) situational factors, (2) personality factors, (3) psychographic factors, (4) social factors, and (5) socio-economic and socio-cultural factors.

24.4.1 *Situational Factors*

There are many situational factors that play a key role in the subjective wellbeing of children and youth. Some of these factors can be viewed as positive while others as negative. Among the positive factors are eustress, social recognition, social support, and hope intervention.

Consider the following study dealing with *eustress* (i.e., functional stress). A recent study tested the hypotheses that eustress interacts with hope and self-efficacy to positively influence life satisfaction (O'Sullivan, 2011). In the clinical psychology literature, stress is considered to have both positive and negative effects: functional versus dysfunctional stress. Eustress is stress that motivates the student to engage in action to reduce stress and attain aspirational goals.

With respect to impact of *social recognition* on life satisfaction, consider the study by Stevic and Ward (2008) involving a survey of undergraduate students. This study was able to demonstrate that students who receive more recognition and praise tend to experience higher levels of subjective wellbeing, which in turn spurs personal growth. Recognition and praise were measured using two items ("How often do you receive recognition and praise from family members? And "overall, how often do you receive recognition and praise" Response scale involves a 5-point rating scale: 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = always). Subjective wellbeing was measured using the Brief Multidimensional Students' Life Satisfaction Scale (Huebner, 1994; Zullig, Huebner, Gilman, Patton, & Murray, 2005). Personal growth consisted of nine items capturing the student's deliberate contribution towards changing and developing as a person (Robitscheck, 1998).

Yarcheski, Mahon, and Yarcheski (2001) found a positive relationship between *social support* and subjective wellbeing. This relationship was mediated by self-esteem and hopefulness. Using samples of U.S. and Korean adolescents, Park and Huebner (2005) found that satisfaction with school is strongly correlated with life satisfaction (mostly for Korean students but less so for US students).

A study conducted by Marques, Lopez, and Pais-Riberio (2011) sought to demonstrate the effectiveness of *hope intervention* in raising school achievement and subjective wellbeing among middle-school children. The hope intervention

involved a 5-week program to help students conceptualize goals clearly, generate alternative ways for goal attainment, remain committed to goal attainment over time, and reframe obstacles as challenges that can be met. The intervention program was tested using a pre-post design with a comparison group. Post-test measures indicated that the students who received the hope intervention reported higher life satisfaction and self-worth than the comparison group and maintained those ratings 18-months later (follow-up measure).

24.4.2 *Personality Factors*

Proctor et al. (2009) conducted a comprehensive literature review on youth life satisfaction and personality factors and they concluded that most studies among adults show a positive relationship between life satisfaction and extraversion (sociability) and self-esteem. Life satisfaction is also negatively related with neuroticism (emotionality). The same findings also are evident among the youth. A recent study examining the relationship between temperament and happiness (Holder & Klassen, 2010) has shown that children who are more *social and active*, and less shy, emotional, and anxious were happier. These results further reinforce the well-established positive wellbeing effect of *extraversion* (sociability) and the negative wellbeing effect of neuroticism (emotionality). Thus, we can view personality factors affecting the wellbeing of children and youth (as well as college students) as positive (e.g., sociability) and negative (e.g., emotionality). Thus, I will group personality factors in terms of their positive versus negative effect on subjective wellbeing.

Regarding the negative personality factors, research indicates the adolescent life satisfaction is negatively associated with psychopathological problems such as *depression*, *social stress*, and *neuroticism* (cf. Ho, Cheung, & Cheung, 2008). Proctor et al. (2009) conducted a comprehensive literature review on youth life satisfaction and concluded that, similar to adults, evidence suggests a strong negative correlation between depression (and loneliness) and life satisfaction among adolescents. Evidence also links adolescents' *suicide* and *emotional disturbance* with life dissatisfaction. Of course, these may be obvious. The challenge is to identify the positive factors.

Regarding the positive personality factors, there are many personality factors that are positively associated with subjective aspects of quality of life. These include sense of coherence, optimism, self-efficacy, mastery, social potency, dependability, interpersonal relatedness, identity firmness, dispositional gratitude, resilience, and character strengths.

Consider the study conducted by Posadzki, Musonda, Debska, and Polczyk (2009) on Polish undergraduate students. This study revealed the effect of three positive personality factors on various measures of subjective wellbeing: *sense of coherence*, *optimism*, and *self-efficacy*. In other words, students who have scored high on measures of coherence, optimism, and self-efficacy also scored high on

measures of subjective wellbeing. Gilman and Ashby (2003) conducted a study examining the relationship between perfectionism and life satisfaction among middle school children and found that children who set high standards for themselves also reported higher levels of life satisfaction. However, this relationship seems to be mediated by the person's *ability to achieve* these standards (the greater the ability the higher the life satisfaction). Flouri and Buchanan (2003a, 2003b) found *self-efficacy* is positively related to life satisfaction. Fogle, Huebner, and Laughlin (2002) were able to document the positive effect of *social self-efficacy* on life satisfaction. Ben-Zur (2003) examined the relationship between subjective wellbeing and psychological factors such as *optimism* and *mastery*. Their study using adolescent Jews provided support for these relationships. Evidence also suggests that *academic and social self-efficacy* is positively associated with life satisfaction (Vecchio, Gerbino, Pastorelli, Del Bove, & Caprara, 2007). In the same vein, Proctor et al. (2009) argued (based on a comprehensive literature review) that *employed* youth (after school) tend to report higher levels of life satisfaction than the unemployed. This finding also applies to unemployed adults. As with adults, children and adolescents who are intrinsically motivated in various activities experience higher levels of life satisfaction than those who are extrinsically motivated. Furthermore, not being able to achieve personal goals is negatively linked with life satisfaction. However, setting high personal goals is positively associated with life satisfaction. This finding applies equally to both adults and the young. Those who express hope and are motivated by self-efficacy report higher levels of life satisfaction than those who are less hopeful and not motivated by self-efficacy. Again, this finding applies across the ages.

Ho et al. (2008) conducted a study to examine the mediating relationship of negative life events between personality traits (social potency, dependability, and interpersonal relatedness) and life satisfaction among adolescents (12–18 years of age). *Social potency* refers to novelty, diversity, divergent thinking, leadership, extraversion, and enterprise. Social potency, at large, was found to be positively related to life satisfaction and partly mediated by lower perceptions of negative life events. The concept of negative life events was operationalized in terms 79 events that are perceived by adolescents to have a major adverse impact on their lives. Events were classified in terms of (1) school-related events such as school dropout or suspension from school, (2) health-related events such as severe injury or hospitalization, (3) family-related events such as parent divorcing, (4) friend-related events such as losing a good friend, and (5) romance-related events such as breaking up with a boyfriend or girlfriend. *Dependability* refers to meticulousness, responsibility, discipline, and meaning in life. Adolescents who scored high on dependability also scored high on life satisfaction and low on negative life events. Finally, *interpersonal relatedness* refers to harmony, family orientation, relationship orientation, graciousness, interpersonal tolerance social orientation, and social sensitivity. Adolescents who scored high on interpersonal relatedness also scored high on life satisfaction and negative life events. Related to the above, measures of life satisfaction have been found to be positively correlated with measures of social and emotional competencies (e.g., Ciarrochi, Scott, Deane, & Heaven, 2003).

Table 24.6 A measure of resilience

In that study, resilient beliefs were measured by asking the child respondents to agree or disagree with the following statements:

- I believe that as a person, one should live with human feelings.
- I believe that as a person, one should be reasonable.
- If one wants to succeed, he/she needs the support from family.
- Even though life may become worse tomorrow, I would still live on.
- I am proud to be Hong Kong people.
- We should be responsible for family members, however difficult, even if it would mean going beyond our limit.
- Although poverty, misfortune, and illness may be my destiny, I am still not afraid.
- Despite difficulties, people should live with integrity, relying on self rather than others.
- When life isn't good, take a break and cast it out of one's mind.
- I believe that as a person, one needs to abide by the law.
- People should find a way to forgive and let go.

Source: Adapted from Lee et al. (2010)

Chen and Yao (2010) correlated aspects of *identity firmness* and measures of health-related quality of life (WHOQOL-BEF and VAS scales) and found that identity firmness is positively associated with all dimensions of health-related quality of life (physical health, psychological, social relationships, and environmental). Identity firmness refers to the certainty that the adolescent feels about aspects of his or her personal identity such as personal identity (e.g., “I am sure of my value system”), social identity (e.g., “I am sure of my popularity with other people”), academic identity (e.g., “I am sure of my academic achievement”), and ability identity (e.g., “I am sure of my ability to deal with things”). The study suggests that identity firmness is related to *resilience* and mental health of adolescents. This assertion is based on Erikson's identity theory that points to the notion that individuals with a strong sense of identity are more likely to be more mentally healthy than those who lack a strong sense of identity.

Chen and Kee (2008) conducted two cross-sectional studies among senior high school athletic students in Taiwan and found that *dispositional gratitude* positively predicts team satisfaction and life satisfaction, and negatively predicts athlete burn-out. Dispositional gratitude refers to experiences and expressions of gratitude and appreciation in daily life and positive feelings towards others who provide amenities and other benefits.

A crucial factor in the wellbeing of children of elementary-school years is *resilience* (i.e., the ability to adapt to adverse life circumstances). Lee, Kwong, Cheung, Ungar, and Cheung (2010) conducted a study that showed children with resilience beliefs and positive child development (i.e., more favorable habits and less behavioral problems) among Chinese children in Hong Kong. The study also underscored the notion that the predictive relationship between children resilience beliefs and positive child development is stronger with increasing adversity in children's lives. See measure of resilience in Table 24.6.

A study conducted by Park and Peterson (2006) involved having parents of children between the ages of 3 and 9 describe (in a narrative form) their children's

strength and happiness. These narratives were coded using for *character strengths* (e.g., appreciation of beauty, authenticity, bravery, creativity, curiosity, fairness, forgiveness, gratitude, hope, humor, etc.) and happiness (e.g., joyful, cheerful, extremely happy, somewhat happy, occasionally happy, etc.). Consistent with research on adults, the study found that certain character strengths (e.g., love, zest, and hope) are associated with happiness. Gratitude was associated with happiness among older children.

There are also studies in which life satisfaction was treated as personality trait and its effects were examined on a variety of behavioral outcomes. For example, Suldo and Huebner (2006) posed the question: Is *extremely high life satisfaction* during adolescence advantageous? They conducted a study to capture the relationship between life satisfaction and adaptive/maladaptive functioning of adolescents (middle and high school students). Life satisfaction was captured using several measures of subjective wellbeing. They then divided the sample in three groups: very high (top 10%), average (middle 25%), and very low (lowest 10%). The high satisfaction group scored higher on all indicators of adaptive psychological functioning and lowest scores on emotional and behavioural problems. Proctor et al. (2009) concluded young people who experience very high life satisfaction show a higher level of adaptive functioning in a variety of life domains (i.e., school, friends, and parents) than those who are less satisfied.

24.4.3 Demographic and Psychographic Factors

Age is an important factor that has implications for children and youth wellbeing. Casas (2016) discussed much of the research indicating a decrease in wellbeing between the ages of 10 and 16. The author advanced several explanations to account for this wellbeing decline. One explanation involves stress and aging. Stress increases with age mostly because of role demand in school, home, and also in social life. Another explanation involves diminishing optimism. As children grow into adolescence their optimism changes into a more realistic world view.

With respect to *gender* differences in wellbeing, a meta-analytic study a slight difference in favour of male children and adolescents (Chen, Cai, He, & Fan, 2020).

Psychographic factors involve person-related factors such as activities, lifestyles, and values. Again, this discussion is organized by positive and negative psychographic factors. In relation to the negative factors, we have variables such as image popularity, abnormal dieting, sexual risk-taking behaviors, and substance abuse.

For example, a study by Kasser and Ahuvia (2002) has shown that college students who value popularity and personal image spend more time being unhappy than those who didn't value popularity and personal image as much. Zullig et al. (2007) conducted a study among college students to investigate the effect of dieting behavior and weight perceptions on life satisfaction. The results indicated that *perceptions of underweight and extreme worry overweight* are negatively related with life satisfaction for both males and females. Additionally, certain *abnormal*

dieting behaviors (e.g., vomiting and binge eating) are negatively related with life satisfaction for females only (see literature review by Proctor et al., 2009). Valois, Zullig, Huebner, Kammermann, and Drane (2002) examined the relationship between life satisfaction and *sexual risk-taking behaviors* (e.g., having been bean-up by a date, having beat up a date, forcing someone to have sex, been pregnant or cause pregnancy) among adolescents. The study documented a strong negative association. Focusing on *substance abuse*, a longitudinal study conducted by Bogart, Collins, Ellickson, and Klein (2007) clearly show that the use of cigarettes and hard drugs at age 18 was associated with lower life satisfaction at age 29. In contrast, marijuana use and alcohol consumption at age 18 did not seem to be related to life satisfaction at age 29. Low income, poor health, and cigarette consumption in adulthood were determined to be mediators of the link between cigarette smoking/hard drug use at age 18 and later lower satisfaction at age 29. In sum, youth problem behaviors (e.g., substance abuse, delinquency, and intention to engage in problem behavior) are all negatively related to life satisfaction (Sun & Shek, 2010). Proctor et al. (2009) concluded (based on a comprehensive literature review on youth life satisfaction) and there is some evidence suggesting a negative link between risk-taking behavior (e.g., physical fights, carrying a weapon, sexual promiscuity, cigarette smoking) among the young and their life satisfaction. Also, victimization (e.g., being bullied, experience of violence with dating) takes a toll on life satisfaction among the young. Sexual risk-taking (e.g., engaging in sexual intercourse, having two more sex partners, using alcohol or drugs with sex, engaging in forceful sex) is also negatively associated with life satisfaction in adolescence.

With respect to positive psychographic factors, we have variables such as religiosity, spiritual wellbeing, physical exercise, ecological responsible behavior, free time management, and values. Kelley and Miller (2007) investigated the relationship between *spiritual wellbeing* and life satisfaction among adolescents and found a positive and strong relationship. Zullig, Ward, and Horn (2006) conducted a study that was able to demonstrate that *religiosity* (measured in terms of the extent to which a respondent agrees that “religion is important to me” and “I am very religious”) is positively associated with life satisfaction among college students. Furthermore, the study also evidenced a mediating relation of *perceived health* (measured in terms “In general, how would you describe your health?”). In other words, religiosity predicted perceived health, which in turn predicted life satisfaction. The authors explored the relationship between self-rated health and life satisfaction among college students and found a positive association mediated by spiritual wellbeing. That is, college students who report good health also report high levels of spiritual wellbeing, which in turn is the predictor of life satisfaction. Holder, Coleman, and Wallace (2010) conducted a study to assess the relationship between spirituality and happiness among children aged 8–12 from both public and private (i.e., faith-based) schools. Children’s level of spirituality was assessed in addition to their religious practices. The results indicate that spirituality is positively associated with happiness but not religious practices. Spirituality was measured using the Spiritual Wellbeing Questionnaire (Gomez & Fisher, 2003), which reflects four dimensions of spirituality: personal (meaning and value in one’s own life),

communal (quality and depth of interpersonal relationships), environmental (sense of awe for nature), and transcendental (faith in and relationship with someone or something beyond human). The construct of religious practices was measured using items from the Practice and Belief Scale (Idler et al., 2003) such as “How often do you go to a place of worship such as a church?” “How often do you pray or meditate privately outside of church or other place of worship?” and “I read religious or spiritual books or magazines.” Happiness was measured using three different measures: Oxford Happiness Questionnaire (Cruise, Lewis, & McGuckin, 2006), the Subjective Happiness Scale (Lyubomirsky & Lepper, 2003), and the Faces Scale (Abdel-Khalek, 2006). Sawatzky, Ratner, Johnson, Kopec, and Zumbo (2009) also tested the theoretical notion that spiritual wellbeing does affect life satisfaction among adolescents (grades 7 to 12 in British Columbia, Canada) through the mediating effects of *perceived health status* and satisfaction in other life domains (besides spiritual life such as family life, friendship, school life, living conditions, and self). The data were supportive of the relationships.

Zullig and White (2011) examined the relationship between *physical activity* and quality-of-life outcomes such as life satisfaction among middle school students. The study results showed female students who reported not engaging in vigorous physical exercise (during the past 7 days) also reported lower life satisfaction. Both male and female students who reported no playing on sports teams also reported lower life satisfaction. These results show that middle school students who engage in physical exercise and sports activities are likely to experience a boost in subjective wellbeing. See literature review of the relationship between spirituality/religiousness and subjective aspects of quality of life among college students in Joshanloo (2011).

Brown and Kasser (2005) conducted a study on middle school and high school children examining the interrelationships among subjective wellbeing, materialism, generosity, and ecologically responsible behavior. *Ecologically responsible behavior* was found to be a positive predictor of subjective wellbeing mediated by low levels of materialism and generosity.

A study conducted by Wang, Kao, Huan, and Wu (2011) was able to demonstrate that *free time management* does contribute significantly to quality of life. Free time management refers to the extent that the individual sets goals to use free time wisely, develops plan to use the free time to accomplish these goals, use effective scheduling techniques, and evaluates the success of these processes in achieving his or her goals. The authors measured free time management using survey items shown in Table 24.7. The authors conducted a survey using college students in Taiwan. The survey questionnaire contained measures of free time management, quality of life (the WHOQOL-BREF measure), and a host of other control variables. The study findings revealed a significant link between free time management and students’ wellbeing.

Casas, Figuer, Gonzalez, and Malo (2007) conducted a large-scale study of adolescents (ages 12–18) examining the relationship between *values adolescents aspire to* and various measures of life satisfaction. The results indicate that all values are positively correlated with life satisfaction measures. See examples of these values in Table 24.8.

Table 24.7 A measure of free time management

Goal setting and evaluating
● Sets goals for free time ● Makes lists of things to do in free time ● Sets priorities for free time ● Uses waiting time ● Evaluates free time use
Techniques
● Organizes free time daily or weekly ● Collects information related to leisure pursuits ● Organizes activities to do during free time ● Preserve a period of time for leisure
Free time attitudes
● Free time is meaningful ● Free time is happy ● Free time use is important
Scheduling
● Think that making schedules wastes time (reverse coded) ● Believes free time to be too unpredictable (reverse coded) ● Don't know what to do in free time (reverse coded)
Responses are captured on 5-point Likert-type scales varying from 1 = strong disagree to 5 = strongly agree

Source: Adapted from Wang et al. (2011, p. 567)

24.4.4 Social Factors

Similar to the situational, personality, and psychographic factors, there are positive and negative social factors. Among the negative social factors are parent's mental distress, living with other people besides one's parents, parental mistrust and alienation, peer alienation and delinquency, and lack of maternal care. The positive factors include social interest and participation in extra-curriculum activities, quality and quantity of interpersonal relationships, development assets, positive social relationships, social bonding, owning meaningful social roles, intimate relationships formed in early adulthood, prosocial motivation and behavior, multiple close relationships, and family structure.

A study by Casas et al. (2008) using a Spanish sample of 12–16-year old children was able to demonstrate that children's subjective wellbeing is associated with their parents' subjective wellbeing. Similarly, a study conducted by Powdthavee and Vignoles (2008) using the national representative British Household Panel Survey explored the extent to which *parent's mental distress* influences children's life satisfaction, and vice versa. This issue was explored in a longitudinal design to examine the long-term effects of contagion of stress. The study findings underscored the fact that parental distress does indeed affect children's life satisfaction, and vice versa (i.e., children distress influences parental distress and therefore parental life satisfaction too). Life satisfaction of the youth was captured by asking the participant to evaluate the quality of his or her life in terms of past, present, and expected experiences in the future on a 7-point scale varying from 1 = very dissatisfied to

Table 24.8 Adolescents’ values

Personal values
● Sensitivity
● Good manners
● Love of life
● Creativity
● Work capacity
● Perseverance
● Character
● Kindness
Relationship values
● Family
● Sympathy
● World knowledge
● Solidarity
● Tolerance
Capacities and knowledge values
● Intelligence
● Practical skills
● Social skills
● Computer knowledge
● Professional status
Materialistic values
● Money
● Power
● Appearance/image
Spiritual values
● Religious faith
● Spirituality

Source: Adapted from Casas et al. (2007, p. 282)

7 = very satisfied. Parent’s mental distress was captured by asking parents to indicate on a 4-point scale (from 1 = no more than usual to 4 = much more than usual) how often over the past few weeks they had lost sleep over worry, felt constantly under strain, felt they could not overcome difficulties, feeling unhappy and depressed, losing confidence, feeling like a worthless person. The youth’s mental distress was captured by asking them whether they have lost sleep due to worry (response was captured on 4-point rating scale varying from 1 = none to 4 = 6–7 night) and the number of days prior to the interview they felt unhappy (responses were captured on a 4-point scale varying from 1 = none to 4 = 11 days+). Using a large-scale survey, Zullig et al. (2005) was able to demonstrate that adolescents who lived with other relatives, non-relatives, or guardians were more likely to report lower levels of life satisfaction than other groups. Nickerson and Nagle (2004) examined the relationship between life satisfaction of adolescents and parent and peer attachments. They found aspects of relationships such as parental mistrust and alienation and peer alienation and delinquency explained a large portion of the variance in life satisfaction. In other words, positive relationship with parents and peers do play a major role in adolescents’ life satisfaction (cf. Cheng & Furnham, 2002, 2003; Flouri & Buchanan, 2003b; Gilman & Huebner, 2006).

Cheng and Furnham (2004) conducted a study to examine the relationship between *parental rearing styles* (not caring, discouraging behavioral freedom, and denial of psychological autonomy), self-esteem, and self-criticism predicted happiness in a youth (young people in their teens and early 20s). The study findings showed that lack of maternal care is a strong antecedent to low self-esteem and high self-criticism, which in turn strongly account for youth unhappiness.

Now let us consider the positive social factors. Gilman (2001) examined the influence *social interest and participation in extracurricular activities* on life satisfaction of high school students. The data showed that these links are strong. The study also documented the effects of satisfaction with family and friends on life satisfaction.

The study by Trzcinski and Holst (2008) was also to document the positive effects of *quality and quantity of interpersonal relationships* (including relationships with parents) on life satisfaction among young people in transition to adulthood. They used data from the German Soci-Economic Panel, a nationally representative in Germany.

Valois, Zullig, Huebner, and Drane (2009) conducted a study to explore the association between youth *development assets* (support by parents and other adults, accountability to adults, empowerment, school support, values regarding risk behaviors, quantity of other adult support, and empathetic relationships) and life satisfaction of high school students. A large-scale survey was used to test this link, and the study results provided support for this relationship.

Holder and Coleman (2009) conducted a study that was able to demonstrate the importance of *positive social relationship* to children's happiness. The study involved children ages 9–12 years. Positive social relations were assessed using the *Pier-Harris Scale* (Piers & Herzberg, 2002)—positive social interactions with parents, siblings, friends, and peers. The study finding was that the quality of social relationships is an important contributor to children's wellbeing. Proctor et al. (2009) conducted a comprehensive literature review on youth life satisfaction and concluded that *positive relationships* play a very important role in youth life satisfaction. Specifically, poor parental relationship is negatively associated with life satisfaction among the youth. The same applies with the quality of the relationship with siblings. Children and adolescents who have more social support report higher levels of life satisfaction. Children and adolescents who are raised by parents with authoritative parental style (high on social support, strictness/supervision, and psychological autonomy) tend to be more satisfied with their life. The same can be said with family functioning. Young people who have high functioning families tend to report higher levels of life satisfaction.

Popularity in children tends to go along with happiness. For example, child's status relative to his or her peers is positively related to wellbeing and increases in adolescents' suicidal ideation are associated with decreases in happiness and popularity (Field, Diego, & Sanders, 2001). Children who are more bullied tend to be less popular and happy (Slee, 1993). Adolescents' personality traits such as neuroticism and introversion are negatively related to both popularity and happiness (Young & Bradley, 1998). In addition to popularity, physical appearance, and body image are

also important factors in children's happiness. In a study involving 9–12-year-old children, Holder and Coleman (2008) examined the effects of temperament (anxiety and dysphoric mood), popularity, and body image on happiness. The study findings supported the notion that these three factors do indeed play a role in children's happiness.

Evidence also point to children and adolescents *social bonding with adults* and *owning meaningful social roles* are positively associated with adolescent life satisfaction (e.g., Paxton, Valois, Huebner, & Drane, 2006). Also, the research shows that *intimate relationship established in early adulthood* contribute to life satisfaction in later adulthood (e.g., Stein & Newcomb, 1999). Youth *prosocial motivation and behavior* are also positive predictors of life satisfaction (e.g., Caprara & Steca, 2005; Gebauer, Riketta, Broemer, & Maio, 2008; Schwartz, Keyl, Marcum, & Bode, 2009).

Demir (2010) conducted a study that examined the role of *multiple close relationships* (mother, father, best friend, and romantic partner) in happiness among an older youth group. The study findings indicated that those without a romantic partner, close relationships with mother and best friends seem to play a significant and positive role in happiness. In contrast, those with a romantic partner, close relationships with mother and the romantic partner mattered a great deal in impact happiness. This study underscored the notion that friendship plays a key role in young people's happiness only if they are not involved in a romantic relationship.

Kwan (2008) conducted a study on adolescents in Hong Kong trying to examine the relationship between *family structure* and life satisfaction. The study findings revealed that adolescent life satisfaction is highest among those living with two parents and lowest among those living with father only, no parents, or single parent. Those living with mothers report high levels of life satisfaction equivalent to those living with two parents.

24.4.5 Socio-Economic and Socio-Cultural Factors

A large-scale study covering 35 countries involving 13-year old boys and girls was conducted by Levin et al. (2011). The study examined the relationship between life satisfaction of the adolescents and *family affluence*. The results indicate a strong relationship between these two constructs. At the national level, the results also indicate that aggregated life satisfaction at the country levels is positively associated with national income and income inequalities.

Paxton et al. (2006) conducted a study to examine the relationship between *neighborhood resources* (perceived opportunities for adult bonding and the enactment of meaningful roles) and life satisfaction among middle school children. The study findings showed that opportunities for adult bonding/meaningful neighborhood roles are related to increase life satisfaction. Based on a comprehensive review of the literature on youth and life satisfaction, Proctor et al. (2009) concluded that there is some evidence suggesting that disabled youth tend to suffer more than adults

with disabilities. However, youth with mental disabilities report higher life satisfaction after successful interventions such as providing social support and integrating into the community.

Proctor et al. (2009) argued that youth living in *neighborhoods characterized as low in environmental quality* tend to report lower levels of life satisfaction. The same finding applies to adults as well. Children and adolescents whose families often relocate experience lower levels of life satisfaction. Children and youth who experience more negative life events tend to report lower levels of life satisfaction (the same can be said for adults). Furthermore, studies on acculturation and psychological adaptation of adult immigrants and their children have shown that high life satisfaction among the youth is positively associated with *effective acculturation strategies* such as emphasis on education and social support. Differences in life satisfaction have been reported between collectivistic and individualistic cultures in that youth from collectivistic cultures tend to report lower levels of life satisfaction. This finding also applies to adults. Those (both adults and youth) who adhere to the cultural values of their ethnic group tend to experience higher levels of life satisfaction. Sam (1998) found that ethnic identity is positively related to life satisfaction.

24.5 Wellbeing Indicators of Children and Youth

In the last two decades, we have witnessed a growing movement within the field of study of children wellbeing related to indicators. This movement can be traced back to the 1960s social indicators movement and the UNICEF's State of the World's Children annual reports. The United Nation's Convention on the Rights of the Child has also played a major role in this movement. The Annie E. Casey Foundation's Kids Count initiative in the United States (<https://www.aecf.org/work/kids-count/>) also played a pivotal role in fostering this movement. Today we have the International Society for Child Indicators (ISCI; <http://isci-haruv.org/>) and its flagship journal, *Child Indicators* (<https://www.springer.com/journal/12187>) represent this growing trend (see article by Ben-Arieh, 2008, describing the child indicators movement).

There are many models of children indicators of wellbeing (see Ben-Arieh & Gross-Manos, 2009, for a taxonomy of child wellbeing indicators). Here is an example by Lippman, Moore, and McIntosh (2011). Below I will describe these authors' efforts at developing both objective and subjective indicators of children wellbeing. The authors break down the indicators in terms of individual, relationships, and context. Focusing on the individual, the authors identify four major dimensions: (1) physical health, development, and safety; (2) cognitive development and education; (3) psychological/emotional development; and (4) social development and behavior (see the exact indicators associated with these individual-type dimensions of children wellbeing in Table 24.9). At the relationship level, we have five major dimensions: (1) family, (2) peers, (3) school, (4) community, and (5) the macrosystem. Again, see the specific subjective indicators of wellbeing in

Table 24.9 Positive indicators of child wellbeing**Individual**

- *Physical health, development, and safety*
- Overall health (objective indicators of health status)
- Healthy habits (objective indicators of eating, exercise, sleeping habits, etc.)
- Safe from accident and injury (e.g., wearing bicycle helmets, seat belts)
- Risk management skills (skills and knowledge to avoid substance abuse and risky sex)
- *Cognitive development and education*
- Educational attainment (secondary and postsecondary enrolment and completion, attainment expectations)
- Educational achievement (in language, math, science, reading, writing, extracurricular activities, etc.)
- Academic self-concept (self-perception of academic performance, ability)
- Critical thinking (evaluation/analytical/problem-solving skills)
- Knowledge of essential life skills (financial management, decision-making skills, home maintenance, etc.)
- Positive attitude toward learning (curiosity, active learning strategies, mastery motivation, study skills, etc.)
- School engagement (behavioral, emotional, and cognitive engagement)
- Interactive use of technology (able to use computers and communication technology, internet, networking sites, etc.)
- Creativity (creativity in arts, ability to develop new views and approaches to tasks)
- Civic knowledge (basic civic knowledge involving democracy, government, and the law)
- Career and technical knowledge (knowledge of occupations, salary ranges, requirements needed)
- *Psychological/emotional development*
- Overall psychological, emotional wellbeing (happiness, subjective wellbeing, flourishing, life satisfaction)
- Self-management (age-appropriate autonomy, emotional self-regulation, persistence, constructive time use)
- Agency (planfulness, resourcefulness, positive risk-taking, realistic goal setting, motivation)
- Confidence (positive self-identity and self-worth)
- Optimism and resilience (positive outlook and constructive adaptation to adverse events)
- Sense of purpose (believing one's life is meaningfully connected to a larger entity)
- Spirituality (transcendence)
- *Social development and behavior*
- Moral character (ethical behavior and integrity)
- Prosocial values (caring and empathy for others)
- Social intelligence (communication, cooperation, conflict-resolution skills, trust, intimacy, etc.)
- Cultural intelligence (cross-culture competence)
- Environmental awareness and behavior (knowledge and positive ecological behavior such as recycling, energy conservation, etc.)
- Civic awareness (age-appropriate concerns regarding the community, social or public issues, etc.)

Relationships

- *Family*
- Positive relations with parents (warmth, closeness, communication, support, etc.)
- Positive relations with siblings and extended family (warmth, closeness, communication, support, etc.)
- Positive functioning of family as a whole (outings, celebrations, vacations, family meals together, etc.)

(continued)

Table 24.9 (continued)

● <i>Peers</i> ● Positive friendships (supportive friendships, quality of relationship with peers, etc.) ● <i>School</i> ● Positive relations with teachers (student perceptions of the teachers) ● Positive engagement and connection (participation in school clubs and extracurricular activities at school, etc.) ● <i>Community</i> ● Positive relations with nonfamily adults (advice, support, communication, etc.) ● Engagement in community institutions (participation in organized recreational activities, etc.) ● Sense of belonging in community (participates in activities at community organizations) ● Civic engagement (participation with organizations such as human-rights groups, religious organizations, or youth clubs) ● Constructive and nontaxing employment (hours worked to help parents earn a living) ● Positive digital/electronic relationships (hours spent and content of media interactions) ● <i>Macrosystems</i> ● Positive group identity (relates positively to own group membership without disparaging others) ● Engages with positive ideologies or movements (cultural, spiritual, political, and/or economic)
Context
● <i>Family</i> ● Positive parenting (warmth, communication, role modelling, time/discussion with children, appropriate structure/monitoring, high expectations) ● Parental activities and enrichment (read books to child, go to the library, go on outings, etc.) ● Parent involvement in community (school, religious institution, community organizations) ● Resources (steady parental employment and adequate income/benefits, housing, childcare, parent education, number of adults in household, health services, etc.) ● Social capital (quantity and quality of social, family and professional networks) ● Safe household (absence of smoke, in good repair, no lead, etc.) ● <i>Peers</i> ● Positive peers (people who do not engage in risky behavior and who are good students) ● <i>School</i> ● Access to good schools (parent satisfaction with school or wishing to transfer) ● Safe schools (safe from bullying, discrimination, crime) ● <i>Community</i> ● Safe neighborhoods (safe from violence, crime, environmental toxins) ● Positive physical environment (recreation facilities and spaces) ● Caring adults (appropriate structure, high expectations) ● Activities (organized child/youth/recreational activities) ● Community institutions/organizations (active religious, social, political, environmental organizations and civic institutions) ● Services (adequate social/economic services) ● Positive social norms (values support diversity, tolerance, work, families, etc.) ● <i>Macrosystems</i> ● Cultures/subcultures societal values, lifestyles, spending patterns ● Belief systems (spiritual, philosophical, political, economic)

Source: Adapted from Lippman et al. (2011)

Table 24.9. Finally, we have the context. The context has corresponding five dimensions—family, peers, school, community, and the macrosystem. See the subjective indicators of wellbeing in the table.

24.6 Conclusion

This chapter captured wellbeing research related to children, youth, and college students. I described the concept of quality of life as it directly pertains to these population groups. Wellbeing researchers have conceptualized and developed instruments to capture the subjective aspects of wellbeing at various stages of development among children and youth. I reviewed these conceptualizations and measures organized by chronological age. For example, I described the Early Development Instrument as a wellbeing measure applied to pre-school children. I described the Child Quality of Life Systematic Inventory as an example of a wellbeing measure designed for elementary-school children. With respect to children of middle-school years, I described the Multidimensional Students' Life Satisfaction Scale and the Satisfaction with Life Scale. The Personal Wellbeing Index-School Children and the Personal Growth Measure were discussed as examples of wellbeing measures of adolescents. Focusing on college students, I described two indices typically employed in capturing wellbeing: a global subjective wellbeing index and a domain satisfaction index.

Then the chapter focused on factors that were found to influence subjective wellbeing of these population groups: (1) situational factors (e.g., eustress, social recognition, social support, and hope intervention), (2) personality factors (negative factors such as depression, social stress, and neuroticism; and positive factors such as sense of coherence, optimism, self-efficacy, mastery, social potency, dependability, interpersonal relatedness, identity firmness, dispositional gratitude, resilience, and character strengths), (3) psychographic factors (negative factors such as image popularity, abnormal dieting, sexual risk-taking behaviors, and substance abuse; and positive factors such as religiosity, spiritual wellbeing, physical exercise, ecological responsible behavior, free time management, and values), (4) social factors (negative factors such as parent's mental distress, living with other people besides one's parents, parental mistrust and alienation, peer alienation and delinquency, and lack of maternal care; and positive factors such as social interest and participation in extra curriculum activities, quality and quantity of interpersonal relationships, development assets, positive social relationships, popularity, social bonding with adults, intimate relationships established in early adulthood, and multiple close relationships, and intact family structures), and (5) socio-economic and socio-cultural factors (e.g., family affluence, neighborhood resources, high quality neighbourhoods, and ethnic identity and effective acculturation strategies).

The knowledge accumulated about children wellbeing should help decision makers and policy officials relegated to child welfare issues. Specifically, we have the measurement instruments that can help monitor the wellbeing of children in different age groups (including adolescents and college students). Monitoring the wellbeing and positive mental health of children and young people should help identify problem areas (as well as opportunities) within specific geographic locales. We can then reach out to them to ameliorate the negative conditions and strengthen the positive conditions. We can intervene with programs of providing social support.

We can tailor those programs to specific groups guided by our understanding of how personality, psychographic, and social factors impact wellbeing. Much can be done to enhance children wellbeing guided by evidence-based research on wellbeing.

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Chapter 25

The Wellbeing of Older Adults



“He who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition, youth and age are equally a burden.”

Plato (427–346 B.C.) (<https://www.psychologytoday.com/us/blog/fulfillment-any-age/201201/15-wise-and-inspiring-quotes-about-aging>)

25.1 Introduction

Our starting point in this chapter is to recognize the rapid growth in the absolute number and percentage of the population aged 65 and over around the globe. Let us focus on the United States as a case in point. This population segment increased from 3 million to more than 35 million from 1900 to 2000, and this segment is projected to reach 90 million by 2060 (Wilmoth & Longino Jr., 2006). The percentage of this segment increased from 4.1% in 1990 to 12.4% in 2000 and is projected to be over 20% by 2060 (Himes, 2001). Focusing on those who are aged 85 and older, this segment of the elderly population increased from 5% in 1900 to 12% in 2000 and is expected to increase to 23% by 2050. How about elderly over the age of 100 (centenarians)? Estimates point to 50,000 centenarians based on the 2000 census representing around 0.2% of the older adult population (Himes, 2001). As such, the older adult population is important mostly because of the sheer size of this population currently and how this segment is projected to increase in size well into the future. Ensuring that policies and programs are designed to maintain or possibly enhance their wellbeing is a major public policy priority in the U.S. and other countries, especially the developed ones.

This chapter will describe research related to the psychology of quality of life of seniors. The chapter begins by providing the reader a basic understanding of how the quality of life of seniors is conceptualized and measured. We will discuss several theories of wellbeing applied directly to older adults. Then we will move to mining the wellbeing research literature regarding factors that impact the wellbeing and positive mental health of seniors.

25.2 What Is Quality of Life for Seniors?

Fernandez-Ballesteros (2011) has argued that quality of life of seniors can be assessed from a variety of perspectives. These perspectives can be classified in terms of two dimensions: unit of analysis (population versus individual levels) and the nature of the quality-of-life assessment (objective versus subjective). The objective dimension captures quality of life of seniors using data commonly collected by government agencies that are non-subjective in nature (e.g., perceptions and evaluations of elderly survey respondents). At the population level, such data may represent indicators capturing demographic factors (e.g., aging rates), environmental conditions (e.g., residential facilities), economic conditions (e.g., pension system), social conditions (e.g., availability of social services), legal conditions (e.g., laws pertaining to age discrimination), and health conditions (e.g., health insurance). At the individual level, quality-of-life indicators may be in the form of demographic indicators (e.g., age education, and socio-economic status), indicators of individual's physical condition (e.g., quality of housing and neighborhood), indicators of the economic condition (e.g., household income), social conditions (e.g., family support), functional abilities (e.g., level of activity), health conditions (e.g., health status), and physical conditions (e.g., body mass index). In contrast, subjective indicators of quality of life of seniors rely on perceptions and evaluations of survey respondents. At the population level, these survey respondents may be an adult population at large expressing its opinion on elderly-related issues (e.g., retirement age, appropriateness of providing employment opportunities for the elderly, laws that would prohibit discrimination against the elderly in employment). At the individual level, the survey respondents are elderly citizens expressing their perceptions and evaluations of their physical, environmental, social, economic, and health conditions. See summary in Table 25.1.

Given that our focus throughout this book is the psychology of wellbeing, I will focus on describing the subjective indicators of quality of life of seniors, mostly at the individual level.

25.2.1 *Global Judgments of Life Satisfaction*

Global judgment of life satisfaction is one perspective or definition of quality of life. In this case, quality of life of seniors is viewed as his or her judgment of the quality of his or her life overall. The Neugarten, Havighurst, and Tobin (1961) Life Satisfaction Rating (LSR) is a widely used measure of global judgment of life satisfaction among the elderly (e.g., Adams, 1969; Larsen, 1978; Meadow & Cooper, 1990; Wood, Wylie, & Sheaffer, 1969). Hsu (2010) used the following items from the original LSR measure (see Table 25.2).

The Reflective Life Satisfaction (RLS) measure (Wood et al., 1969) is another measure capturing global judgment of life quality. The measure involves the

Table 25.1 Classification system of factors involve in the assessment of quality of life in old age

	Population	Individual
Objective	• Demographic conditions: ageing rates, etc. • Environmental conditions: residential facilities, protective assistance, etc. • Economic conditions: pension system, etc. • Social conditions: social network, availability of social services, etc. • Legal conditions: laws pertaining to non discrimination, etc. • Health conditions: life expectancy, health insurance, etc. • Degree of disability in old age	• Demographic conditions: age, education, SES, etc. • Environmental conditions: quality of home and neighborhood, etc. • Economic conditions: income, etc. • Social conditions: family support, social network, etc. • Functional abilities and activity • Health conditions: days spent in hospital, health status, etc. - Physical conditions: fitness, balance, strength, BMI, etc.
Subjective	• Any collective or social perceptions such as stereotypes about aging, social values related to the aged, etc.	• Subjective conditions such as wellbeing, life satisfaction, control perceptions, etc. • Any personal appraisal of the conditions shown in the other cells in this matrix

Source: Adapted from Fernandez-Ballesteros (2011, p. 26)

Table 25.2 Select items from Neugarten et al. (1961) life satisfaction rating measure

- Compared to other people, my life is better than most of them.
- These are the best years of my life.
- I expect some interesting and pleasant things to happen to me in the future.
- I would say I am satisfied with my way of life.

Response scale: a discrete scale of yes or no (scored as 1 or 0).

Source: Adapted from Hsu (2010)

Table 25.3 The Reflective Life Satisfaction (RLS) measure

- As I look back on my life, I am fairly well satisfied.
- I've gotten pretty much what I expected out of my life.
- When I think back over my life, I did not get most of the important things I wanted. (reverse coded)
- I've gotten more of the breaks in life than most of the people I know.
- In spite of what people say, the lot of the average man is getting worse, not better. (reverse coded)
- Most of the things I do are boring or monotonous. (reverse coded)
- These are the better years of my life.
- The things I do are as interesting to me as they ever were.
- I am just as happy as when I was younger.

Response scale: Responses are captured on 5-point Likert-type scales varying from 1 = strongly disagree to 5 = strongly agree

Source: Adapted from Wood et al. (1969)

Table 25.4 Happiness measure for older patients

• How happy do you consider yourself to be in general? 1 means that you do not consider yourself to be a very happy person and 7 means that you consider yourself to be a happy person. • How do you compare your happiness to that of other people? 1 means that you are less happy than most people and 7 means that you are more happy than most people. • Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. How well does this describe you? 1 means that the statement does not describe you at all and 7 means that it describes you a great deal. • Some people are generally not very happy. Although they are depressed, they never seem as happy as they might be. How well does this describe you? 1 means that the statement does not describe you at all and 7 means that it describes you a great deal. (Reverse scored)

Source: Adapted from Angner et al. (2010), p. 336)

following items shown in Table 25.3. A study by Barak and Rahtz (1990) has shown that this measure is somewhat reliable.

The Spreitzer and Snyder (1974) measure of life satisfaction is also a single indicator measure of life satisfaction designed for the elderly, and it is based on the notion that quality of life of seniors is a global judgment of life quality. The measure contains the following response cue: “Taking things all together, how would you say things are these days—would you say that you are very happy, pretty happy, or not too happy.” The rating scale involves three response categories: “not too happy” scored as 1, “pretty happy” scored as 2, and “very happy” scored as 3.

As previously mentioned, the popular Satisfaction with Life Scale (SWLS—Diener, Emmons, Larsen, & Griffin, 1985) is based on the definition that quality of life is a global judgment of life quality. The SWLS has been used to capture the quality of life of seniors (e.g., Durak, Senol-Durak, & Gencoz, 2010). This measure has been employed to capture the Quality of life of seniors in Turkey. The reliability and validity of the SWLS was supported in the context of this population segment.

Table 25.4 also shows yet another example of a happiness measure based on global judgment of life quality. This measure was recently applied using elderly patients (Angner, Miller, Ray, Saag, & Allison, 2010).

25.2.2 *Affective and Cognitive Judgments of Wellbeing*

As previously discussed, subjective wellbeing has been traditionally treated to involve cognitive and affective dimensions. The cognitive dimension reflects global judgment of life quality as described in the preceding section in this chapter. The affective dimension reflects an evaluation of one’s emotional wellbeing (i.e., the extent to which one is feeling good or bad over a certain time frame). In this vein, the Bergland and Wyller (2006) measure of psychological wellbeing fits the bill. These researchers developed a health-related quality of life designed to capture subjective wellbeing for elderly women living at home. The measure is shown in Table 25.5. As you can see, items 1–4 reflect the affective dimension of wellbeing, whereas item 5 represents the cognitive dimension. A survey conducted in Norway

Table 25.5 A Measure of psychological wellbeing for the elderly

-
1. Would you say you are usually cheerful or dejected? (responses are captured on a 7-point rating scale varying from 1 = very cheerful to 7 = very dejected)
 2. Do you by large feel calm and good about yourself? (responses are captured on a 4-point rating scale varying from 1 = almost all the time to 4 = never)
 3. Over the past month have you suffered from nervousness (felt irritable, anxious, tense or restless)? (responses are captured on a 4-point rating scale varying from 1 = never to 4 = almost all the time)
 4. At present do you mostly feel strong and fit, or tired and worn out? (responses are captured on a 7-point scale varying from 1 = very strong and fit to 7 = very tire and worn out)
 5. When you think about the way your life is going at present, would you say that you are by and large satisfied with your life or are you mostly dissatisfied? (responses are captured on a 7-point scale varying from 1 = extremely satisfied to 7 = extremely dissatisfied)
-

Source: Adapted from Bergland and Wyller (2006, p. 484)

Table 25.6 The Philadelphia geriatric center morale scale

Attitude toward aging

- Do things keep getting worse as you get older?
- Do you have as much energy as you did last year?
- As you get older, do you feel less useful?
- As you get older, are things better than expected?
- Are you as happy now as you were when you were younger?

Dissatisfaction

- Do you sometimes feel that life isn't worth living?
- Is life hard for you most of the time?
- Do you have a lot to be sad about?
- Are you satisfied with your life today?

Agitation

- Do little things bother you more this year?
- Do you sometimes worry so much you can't sleep?
- Are you afraid of a lot of things?
- Do you get angry more than you used to?
- Do you take things hard?
- Do you get upset easily?

Responses are captured on a 5-point rating scale varying from "1=No, not at all" to "5=Yes, very much so."

Source: Adapted from Wong et al. (2004)

involving women aged 75 and older and living at home was validated by relating the measure to a general health measure.

Another popular measure of subjective wellbeing used to gauge quality of life among seniors is the Philadelphia Geriatric Center Morale Scale (e.g., Gerstorf, Ram, Locke, Lindenberger, & Smith, 2008; Kudo et al., 2007; Liang, Asano, Bollen, Kahama, & Meda, 1987; Onishi, Masuda, Suzuki, Ericsson, & Lguchi, 2005; Wong, Woo, Hui, & Ho, 2004). This measure has two cognitive dimensions related to life satisfaction: attitude toward aging and dissatisfaction with life. The affective dimension reflects emotional agitation. The items of this measure are shown in Table 25.6.

25.2.3 *Satisfaction of Salient Life Domains*

As previously described in Part I of the book, many quality-of-life researchers have conceptualized the subjective aspects of quality of life in terms of a composite of satisfaction ratings of salient life domains (e.g., family life, social life, leisure life, work life, etc.). Thus, we can develop such a measure of quality of life and apply it to an elderly population if find out what life domains are salient for a typical elderly person. Brown, Bowling, and Flynn (2004) conducted a review of the literature in gerontology to identify salient life domains of an elderly population. The domains identified were health, family relationships, relationships with others, independence, mobility and autonomy, social/leisure activities, finances/ standard of living, emotional wellbeing, religion/spirituality, health of others, and environmental conditions (indoors and outdoors). As such, one can measure seniors' quality of life by asking elderly respondents to rate their satisfaction of the aforementioned domains.

The Quality of Life Index that was developed by Ferrans and Powers (1985) is based on this logic. The measure asks elderly respondents to rate their satisfaction with salient life domains such as relationship with spouse, friends, standard of living, etc. See Table 25.7 for a description of this measure. This measure was employed in a number of studies (e.g., Lewellyn & Wibker, 1990).

In the same vein, the Quality-of-Life Questionnaire, developed by Greenley, Greenberg, and Brown (1997), is a short-form questionnaire containing seven dimensions of quality of life with each dimension (i.e., life domain) captured through several items in which respondents indicate their extent of satisfaction. These dimensions are:

- Living situation (e.g., “The living arrangements where you live.”),
- Finances (e.g., “The amount of money you get.”),

Table 25.7 The Ferrans/powers quality-of-life index

This index involves asking respondents to report their degree of satisfaction (“How satisfied are you with?”) with the following life domains and experiences:

- Your relationship with your spouse
- Your friends
- Your standard of living
- Your ability to meet non-financial family responsibilities
- Your usefulness to others
- Amount of non-job stress or worries in your life
- Your financial independence
- Your leisure time activities
- Your achievement of personal goals
- Your happiness in general
- Your health
- Size of the city in which you live in
- Your religious life
- Your family's happiness

Responses are recorded on a six-point scale varying from “very dissatisfied” to “very satisfied.”

Source: Adapted from Ferrans and Powers (1985)

- Leisure (e.g., “The way you spend your spare time.”),
- Family (e.g., “Your family in general.”),
- Social life (e.g., “The things you do with other people.”),
- Health (e.g., “Your health in general.”), and
- Access to medical care (e.g., “The medical care available to you if you need it.”).

Ku, Fox, and McKenna (2008) developed subjective wellbeing measure for older Chinese called the Chinese Aging Well Profile based on a large-scale survey. Seven key life domains are incorporated in the measure: physical wellbeing, psychological wellbeing, independence, learning and growth, material wellbeing, environmental wellbeing, and social wellbeing. An overall score of quality of life is derived by computing an average or sum of the satisfaction ratings. The authors were able to demonstrate the reliability and validity of the measure in relation to a Chinese-speaking older population.

Kelley-Gillespie (2009) conducted a comprehensive review of the literature on quality of life in relation to the elderly and managed to synthesize much of the literature into six major life domains: (1) social wellbeing, (2) physical wellbeing, (3) psychological wellbeing, (4) cognitive wellbeing, (5) spiritual wellbeing, and (6) environmental wellbeing. The exact subdimensions and indicators of these wellbeing domains are shown in Table 25.8.

Perhaps future measures of quality of life can be improved by using Kelley-Gillespie’s synthesis of the literature. Thus, a formative measure of seniors’ quality of life can be developed by translating the aforementioned dimensions and subdimensions into a more comprehensive and sensitive measure.

25.2.4 Satisfaction of Needs Salient to Seniors

One can construe seniors’ quality of life in terms of need satisfaction. That is, quality of life of seniors is said to be high given that they perceive that their developmental needs (basic and growth needs) are sufficiently met. In this vein, Wiggins, Netuveli, Hyde, Higgs, and Blane (2008) developed the CASP-19 Scale (see measure in Table 25.9) to capture quality of life of people in their early old age. The measure involves 19 items reflecting four need satisfaction dimensions: satisfaction with control (C) needs, satisfaction with autonomy (A) needs, satisfaction with self-realization (S) needs, and satisfaction with pleasure (P) needs. The measure takes into account not only basic human needs but also what it is to “being human.” Construct validity of this measure was demonstrated using several nationally representative surveys in the U.K.

Table 25.8 Synthesis of quality-of-life indicators reflecting elderly dimensions and subdimensions of domain satisfaction**Social wellbeing**

- Socio-cultural/socio-economic status
- Political environment
- Adequate income/wealth/financial status/economic factors
- Standard of living/lifestyle
- Material possessions, resources, support, circumstances; possessions or attainment of tangible things
- Social relationships/support/contact/interactions/networks/communications
- Daily activities/activities/recreation/leisure; opportunities for fun, humor, enjoyment, and creativity; age appropriate activities
- Continuity of past with continuation of social roles
- Sense of connectedness between home, neighbourhood, and community; contact with statutory/voluntary organizations; community interactions

Physical wellbeing

- Biological/physical wellbeing; medical status
- Personal hygiene/grooming/clothing/appearance
- Nutrition
- Exercise/physical fitness
- Illness/disease/injury/disability
- Medication/side effects
- Life-threatening/non-life-threatening conditions
- Somatic sensation; pain and discomfort
- Occupational function; level of physical functioning ability (activities of daily living/instrumental activities of daily living)
- Levels and amount of care/support; continuity of care; technical and interpersonal care/support
- Effectiveness of care—capacity to provide good care/stabilize/maintain or improve functioning
- Skill/appropriateness and timeliness of care
- Accessibility of care/services

Psychological wellbeing

- Emotional/mental health
- Feelings/emotions/affect/mood/morale/attitude
- Coping abilities; level of stress
- Self-worth/self-esteem/self-concept/sense of being
- Enjoyment/pleasure/happiness
- Life satisfaction/level of life acceptance
- Satisfaction with programs/services/care/setting
- Dignity
- Achievement of personal goals, hopes, aspirations
- Freedom, acceptance of choice, control over life, autonomy, independence
- Individuality/personality

Spiritual wellbeing

- Personal values/morals/beliefs
- Standards of conduct; day-to-day choice; moral decisions
- Religious affiliation/involvement
- Human drive; sense of life's purpose
- Sense of wholeness/completeness
- Adherence to religious practices/traditions/customs
- Faith/belief in "higher power"

(continued)

Table 25.8 (continued)

Cognitive wellbeing
• Thinking processes/management skills • Memory/learning/concentration • Decision-making/problem-solving/judgment/logic
Environmental wellbeing
• Living arrangements/housing conditions/accessibility • Privacy/confidentiality • Stimulating environment • Personalization/familiarity; “home-iness” of surroundings • Cleanliness/sanitary conditions • Safety

Source: Adapted from Kelley-Gillespie (2009, p. 270)

Table 25.9 The CASP-19 scale

Control
• My age prevents me from doing the things I would like to do. (reverse coded) • I feel what happens to me is out of my control. (reverse coded) • I feel free to plan for the future. • I feel out of things. (reverse coded)
Autonomy
• I can do the things I want to do. • Family responsibilities prevent me from doing the things I want to do. (reverse coded) • I feel I can please myself with what I do. • My health stops me from doing the things I want to do. (Reverse coded) • Shortage of money stops me from doing things I want to do. (Reverse coded)
Pleasure
• I look forward to each day. • I feel that my life has meaning. • I enjoy the things that I do. • I enjoy being in the company of others. • On balance, I look back on my life with a sense of happiness.
Self-realization
• I feel full of energy these days. • I choose to do things that I have never done before. • I feel satisfied with the way my life has turned out. • I feel that life is full of opportunities. • I feel that the future looks good for me.

Response scale involves a 4-point rating scale: 1 = never, 2 = not often, 3 = sometimes, and 4 = often

Source: Adapted from Wiggins et al. (2008, p. 63)

25.3 Explaining the Subjective Aspects of Quality of Life of Seniors

In this section, I will briefly describe several popular theories of wellbeing originally designed to address wellbeing in old age. These theories are activity theory, socio-emotional selectivity theory, selection/optimization/compensation theory, continuity theory, and innovation theory.

25.3.1 *Activity Theory*

The central proposition of activity theory of ageing is that higher levels of participation in social and leisure activities contributes to wellbeing. This occurs because social and leisure activities replace work-related activities (Havighurst, 1961). Later development of activity theory distinguished three types of social and leisure activities: informal (i.e., interacting socially with close people such as relatives, friends, and neighbours), formal (i.e., participation in formal groups and organisations such as social clubs), and solitary (i.e., alone activities such as reading, television viewing, and solo hobbies). Interestingly, research has shown that participation in informal activities contribute to wellbeing more than formal and solitary activities (Lemon, Bengtson, & Peterson, 1972; Longino & Kart, 1982).

Further development of research under the rubric of activity theory demonstrated that social engagement contributes to wellbeing in two ways: (1) engagement in social activities that are meaningful and purposeful, and (2) engagement in social activities that maintain close relationships with significant others (Rowe & Kahn, 1997).

How does engagement in social and leisure activities of seniors contribute to wellbeing and positive mental health? See Adams, Leibbrandt, and Moon (2011) for a review of this literature. Social and leisure activities often involve physical movement with positive physical health outcomes (i.e., exercise of bodily systems promoting motion and muscle tone with internal benefits to digestion and cardiovascular health). Much evidence of the physical health benefits of social and leisure activities is available in the medical, nursing, physical therapy and occupational therapy literatures. Furthermore, social and leisure participation enhances wellbeing through social support. Social support has many benefits:

- reduces stress by promoting cognitive reappraisals;
- promotes social integration that satisfies the need of belonging;
- promotes exchange of health information that serves to enhance healthy lifestyle;
- contributes to the sense of meaning, purpose, and identity; and
- facilitates the pursuit or achievement of personal goals.

25.3.2 *Socio-Emotional Selectivity Theory*

Much research on the wellbeing of older adults has been guided by socio-emotional selectivity theory (Carstensen, 1992; Carstensen, Isaacowitz, & Charles, 1999; Frederickson & Carstensen, 1990), which has demonstrated that older individuals perceive time as constrained or limited, whereas younger individuals perceive time as expansive or open-ended. As such, activities that have a negative valence (unpleasant), have low positive valence, or are devoid of meaning are not appealing to seniors because they perceive their time left in life as limited. Because of this time perception, they are usually uninterested in novel information, as novel information

is mostly associated with future needs. Seniors tend to be more present-oriented and not future-oriented. Given that seniors are more present—than future-oriented, they are attracted to social and leisure activities with high positive valences. That is, they strive to enhance their sense of well-being mostly through meaningful social and leisure activities.

25.3.3 *Selection, Optimization, and Compensation Theory*

Three major principles are involved selection, optimization, and compensation theory (Baltes, 1997; Baltes & Baltes, 1990; Freund & Baltes, 1998). The first principle refers to a negative correlation between age and biological plasticity.

The second principle focuses on the resources required from society to extend the life span. These resources are required at ever-increasing levels. That is, because of ever-increasing biological entropy (i.e., wear and tear) that occurs in old age, the need for support from family, community, and the State is also ever-increasing for the purpose of extending life.

The third principle addresses losses (versus gains) in old age and the required support to manage the losses. That is, because of age-related losses in biological plasticity, the efficiency of the support provided decreases over time. That is, as people grow into old age, the relative effectiveness of psychological, social, material, and other forms of support wanes. To put this in the broader perspective of the lifespan, resources are allocated in childhood to foster growth. In adulthood, resources are allocated less toward growth and more toward maintenance and recovery. In old age, more and more resources are directed toward management of loss.

How do older adults deal with the ever-increasing losses in functioning (with ever-decreasing gains)? They do so by orchestrating three processes: selection, optimization, and compensation. Here is an example provide by Baltes (1997) in his 1996 American Psychological Association award address. Baltes made reference to the 80-year-old concert pianist Arthur Rubinstein. Rubinstein was asked in a television interview how he managed to continue to play exquisitely. He answered by alluding to the use of selection, optimization, and compensation strategies. Specifically, he said that he played fewer pieces (i.e., *selection*). He also indicated that he now practiced these pieces more often (i.e., *optimization*). He also alluded to the fact that to counteract his loss in mechanical speed, he now introduced slower play before fast segments—an impression management technique to make the fast segments appear faster (i.e., *compensation*). As such, the effective use of these strategies (i.e., selection, optimization, and compensation) contribute to the maintenance of wellbeing.

25.3.4 *Continuity Theory*

Much research has shown that leisure activity in later life is characterized by a high level of continuity. That is, older adults do not participate in newer post-retirement activities compared to pre-retirement, even though they have more discretionary time in post-retirement to explore newer activities. Retired adults tend to continue to participate in the same activities they had enjoyed before retirement. This is the essence of *continuity theory* (Atchley, 1999). The theory asserts that continuity is a primary adaptive strategy for dealing with changes associated with normal aging.

25.3.5 *Innovation Theory*

Innovation theory of successful aging (Nimrod & Hutchinson, 2010; Nimrod & Kleiber, 2007) posits that older adults may be motivated to try new leisure activities. The primary driver underlying innovative leisure is intrinsic. Trying out new leisure activities may be motivated by opportunities for renewal, re-energizing, and personal growth (as in self-transcendence and self-reinvention). Furthermore, positive experiences associated with new leisure activities reinforce the person's motivation to engage in newer activities in the future. As such, innovation in leisure contributes positively to wellbeing among older adults. In other words, innovation in old age can be viewed as a growth mechanism in which the older adult broadens their mental repertoire to explore meaning of life. This purposeful exploration of meaning in life through new leisure activities contributes to psychological wellbeing.

25.4 Factors Affecting the Wellbeing of Seniors

Fagerstrom et al. (2007) conducted a major study across six European countries focusing on the correlates of life satisfaction of the elderly (60+ years of age). The study found that low levels of life satisfaction were associated with low levels of social contact, poor financial resources, perceived health problems, and low self-esteem. This should give the reader an idea of the variety of factors that do play a role in elderly subjective wellbeing. Below I will describe these factors in greater detail. I have organized these factors in five major groups: (1) health-related factors, (2) personal values, (3) social factors, (4) socio-economic factors, and (5) residential factors.

25.4.1 *Effects of Health-Related Factors*

Quality-of-life studies have shown that health-related factors do play a vital role in seniors' wellbeing. Examples of these factors include health problems, quality of healthcare, health literacy, and health habits. Let us consider the evidence:

- Much research has shown that *health problems* (particularly perceived health problems) cause the elderly to experience stress, which in turn adversely affects their psychological wellbeing (e.g., Berg, Hassing, McClearn, & Johansson, 2006; Borg, Hallberg, & Blomqvist, 2006; Pearlin & Skaff, 1996; Rabbitt, Lunn, Ibrahim, Cobain, & McInnes, 2008; Rock & Lachman, 2008). Recently, a study conducted by Windle, Woods, and Markland (2010) has shown that the negative effect of ill-health on life satisfaction of the elderly is moderated by *resilience*. The study involved a cross-sectional survey in Britain. Resilience typically represents the constructs of self-esteem, interpersonal control, and personal competence. In contrast, Hsu (2010) conducted a study using Taiwanese data showing that physical disability is not related to life satisfaction among the elderly.
- A survey was conducted by Hsiegh (2009) to investigate the relationship between health, quality of care, and quality of life among frail older adults. The findings revealed that the *quality of care* of geriatric case management (as measured by patient satisfaction with their care) does play a positive impact on quality of life of patients (captured by a life satisfaction measure) but only mediated by health satisfaction ("How satisfied are you with your health?" Responses are captured on a 7-point rating scale varying from 1 = completely dissatisfied to 7 = completely satisfied).
- Angner et al. (2010) conducted a study demonstrating the positive association between *health literacy* and happiness measures using a cross-sectional survey of community-dwelling older primary-care patients. Specifically, Health literacy was captured using the following survey question: "How confident are you in filling out medical forms by yourself? The scores related to this item were positively correlated with scores from a happiness measure, while controlling for variables related to health and poverty.
- Much evidence reviewed by Ong and Patterson (2016) suggests that older adults who have a high level of eudaimonic wellbeing tend to be diagnosed as healthier than those low on eudaimonia. The evidence also suggests that those high on eudaimonia engage in good health habits, (good nutrition, regular exercise, active lifestyle, good sleep, etc.). Good health habits is a major factor in improved health and wellbeing at large.

25.4.2 *Effects of Personal Values*

Psychological factors do indeed play an important role in the subjective wellbeing of the elderly. Examples of these positive factors include openness to experience, individualism, openness to change, conservation, and self-transcendence. Examples of negative factors include power, conservatism, collectivism, and self-enhancement. Let us closely examine the evidence.

- Bobowick, Basabe, Paez, Jimenez, and Bilbao (2011) using several data bases (two samples from the European Social Survey and two Basque samples from Spain) to investigate the relationship between personal values (using Schwartz's value-orientations) and several traditional measures of subjective wellbeing. The data showed a positive association between subjective wellbeing and values such as *openness to experience* and *individualism*. In contrast, subjective wellbeing was found to be negatively related to other values such as *power*, *conservatism*, and *collectivism*.
- Sagiv and Schwartz (2000) examined the relationship between values and positive affect among student and adult samples across three cultures (West Germany, East Germany, and Israel). The study findings revealed that achievement, self-direction, and stimulation are positively correlated with positive affect. In contrast, values such as tradition, conformity, and security were associated with reduced positive affect. However, Burr, Santo, and Pushkar (2011) argued that *healthy values* such as achievement self-direction, and stimulation may not apply to older people. By the same token, values such as tradition, conformity, and security may not be associated with the same degree of reduced positive affect among the elderly. A different set of values may better fit an elderly population. They proposed a different set of "healthy values" for an elderly population. *Openness to change* values may serve to create opportunities to pursue activities that should enhance positive emotions—activities related to pursuits involving creativity, independence, and pleasure. *Conservation*, although has been associated with reduced positive affect among the young, the same values may generate positive affect among the elderly. Conservation values tend to foster religious activities that may foster social connectedness, purpose, meaning in life, as well as health. As such these values should be associated with high positive affect. *Self-enhancement* values (related to the status and success pursuits), which tend to be associated with positive affect among the young, may lead to negative affect among the old—perhaps because the pursuit of wealth and career success is difficult after retirement. *Self-transcendence* values, which involve concerns with the broader community, are likely to be more important for the old than the young. Activities that are congruent with self-transcendence should result in a high degree of positive affect. The authors investigated these hypotheses using a sample of retirees across three years. The study findings confirmed the hypotheses that retirees who place greater importance on values such as self-transcendence, openness to change, and conservation tend to experience higher positive affect than those who place lesser importance on the same values. Furthermore, the data

also supported the notion that those who value self-enhancement tend to experience greater negative affect than those who place less importance on the same value.

25.4.3 *Effects of Social Factors*

There are also many social factors that have been identified to play a major significant role in the quality of life of seniors. Examples include marital status, quality of relationships with significant others, participation in social activities, social support from grand children, and pet ownership. Consider the evidence.

- Rowe and Kahn (1997) found that *marital status* is related life satisfaction in that those elderly who are married report higher levels of life satisfaction than those are non-married (divorced, widowed, and single). In addition to marital status, the quality of social relationships seems to play an important role in life satisfaction (e.g., Anaby et al., 2011; Li & Liang, 2007; Rock & Lachman, 2008). Social relationships matter more to women than men in that the quality of the social relationships plays a more positive role in life satisfaction among women more so than men (e.g., Cheng & Chang, 2006; Hsu, 2010), and especially among the poor (e.g., North, Holahan, Moos, & Cronkite, 2008) and traumatic life events (e.g., Krause, 2003).
- The World Health Organization (WHO, 2001) identifies *social participation* as an important factor in human health and wellbeing. Positive relationships between social participation and quality of life were reported among older adults living with physical disability (e.g., Levasseur, Desrosiers, & Noreau, 2004), dementia (e.g., Chung, 2004), and stroke patients (e.g., Mayo, Wood-Dauphinee, Cote, Durcan, & Carlton, 2002). According to Anaby et al. (2011), these positive associations may have been confounded by other factors such as social support that is inherent in participation, the health status of the individual, the person's age and level of mental and physical functioning, and the extent of physical mobility that the person can endure. As such, Anaby and her colleagues conducted a study that controlled for these potential confounds. The study provided strong evidence reinforcing the notion that participation (in physical, recreational, and daily activities and social roles) plays an important and positive role in the subjective wellbeing of older adults living with chronic conditions. The study results indicated that satisfaction with participation made a significant contribution to subjective wellbeing.
- The extent to which the elderly is *independent* is an important role in their satisfaction in salient life domains and life in general. In a study conducted by Albert, Labs, and Trommsdorff (2010), independence was measured using survey items such as "I enjoy being unique and different from family members in many respects" (responses capture on a 5-point agreement scale). The results showed that the more independent women were, the weaker the relationships between

Table 25.10 Measure of social support from grandchildren**Emotional support**

How frequently do you feel that your grandchildren provide you with emotional support?
(responses are captured on a 5-point rating scale varying from “not at all” to “always”)

Reciprocal support

“When you have an important decision to make, would you discuss it with your grandchildren?
(responses are captured on a “Yes/No” scale)

“When your grandchildren have an important decision to make, would they approach you for discussion?” (responses are captured on a “Yes/No” scale)

Appraisal support

This dimension is measured by a 7-item scale capturing the positive consequences resulting from relationships with grandchildren such as meaningfulness, family continuity, new knowledge, new life energy, more acceptance of self, and positive relations with others. Responses are captured with a 5-point frequency-type scale in which respondents indicate the frequency they felt a particular type of situation (1 = “not at all” and 5 = “always”).

Source: Adapted from Lou (2010, p. 383)

their family satisfaction and general life satisfaction. In sum, elderly women’s general satisfaction seems to be a function of their satisfaction with family, only for dependent women. This does not apply to independent women.

- Lou (2010) conducted a study exploring the relationship between life satisfaction of older adults and the *social support from grandchildren* in Hong Kong. The study findings showed that life satisfaction of older adults does indeed benefit from the support provided by grandchildren, while controlling for other variables (e.g., demographics, general social support, attitude towards Chinese tradition, self-rated health, and self-rated financial adequacy). Social support from grandchildren was measured using the scale shown in Table 25.10.
- There are numerous studies examining the effects of *pet ownership* on a host of health, social, and psychological outcomes. For example, a literature review by Wells (2007) documents a host of beneficial effects on the physical and psychological wellbeing of the pet owners. However, Cutt, Giles-Corti, Knuiman, and Burke (2007) were more critical of the study findings, reporting conflicting results related to subjective wellbeing. Cutt and colleagues attributed the conflicting results for the lack of controlling the effects of many variables that may have explained the pet ownership/subjective wellbeing effect. Rijken and van Beek (2011) attempted to replicate the previous study findings by controlling for a host of socio-demographic factors and using a large-scale national sample of community-dwelling elderly in the Netherlands. The vast majority of the sample respondents reported suffering from a chronic illness or disability. The study findings failed to establish the positive association between pet ownership (cats and dogs) and self-reported general and mental health. Interestingly, the study findings also showed differences between owning a cat versus a dog. Owners of dogs reported being more healthy and active, whereas cat owners reported the opposite.

25.4.4 *Effects of Residential Factors*

Wellbeing research on older adults focusing on the effects of residential factors identified several factors, namely the residential environment at large, living arrangement within the residence, and the presence of indoor nature. Allow me to be more specific.

Liu, Dijst, and Geertman (2017) investigated the effects of *residential environment* and individual resources on the subjective wellbeing of older adults in Shanghai. Specifically, the study focused on the relationships among resources (residential environment and individual resources), needs satisfaction, and subjective wellbeing. The study results indicated that the residential environment exerts a stronger impact on subjective wellbeing than individual resources. Good quality residential building, good accessibility to medical and financial facilities, higher economic status of a neighbourhood, and a lower proportion of older adults in a neighbourhood were highlighted as important factors in the residential environment. Comfort was found to be the most important basic need for older adults.

Living arrangements are very important to the psychological wellbeing of the elderly. For example, the elderly in rural China who live in three-generation households experience a higher level of psychological wellbeing than those who live in single-generation household (e.g., Silverstein, Chong, & Li, 2006).

A systematic review of studies dealing with the effects of *indoor forms of nature* (both real and artificial) on health and wellbeing among older adults was conducted by Yeo et al. (2020). The review revealed that indoor gardening and horticulture programmes were effective for cognition, psychological wellbeing, social outcomes, and life satisfaction. This means that exposure to indoor nature is beneficial for older care residents.

As the reader would note, there are many residential factors influencing the wellbeing of older adults. The list of residential factors is long. See Nieboer and Cramm (2018) for an informative study that explores a host of residential factors on wellbeing. Examples include:

- outdoor spaces and buildings,
- transportation,
- housing,
- social participation,
- civic participation,
- communication and information, and
- community support and health services.

25.4.5 *Effects of Social and Leisure Activities*

A critical review of the research literature on aging show that engaging in social and leisure activities contributes significantly to wellbeing and positive mental health

(Adams et al., 2011). That is, seniors with high levels of participation in social and leisure activities report high levels of wellbeing. Specifically, 44 publications between 1995 and 2009 show that domains associated with subjective wellbeing and positive mental health include social, leisure, productive, physical, intellectual, service, and solitary activities. Most of these activities take place through informal social activity. The literature also show that the effect of social and leisure activities on wellbeing is moderated by individual difference factors (gender, physical functioning, etc.) and contextual factors (e.g., choice, meaning, and perceived quality play). Activity theory is used to explain these relationships.

25.4.6 *Effects of Socio-Economic Factors*

Research has also found that socio-economic and work-related factors do account for a significant portion of the variance in quality-of-life measures among seniors. Examples of such variables include economic satisfaction, citizenship in countries having a welfare state, trust in others, and national levels of eudaimonic well-being. Let us take a closer look.

- Work and retirement patterns have been reported to influence life satisfaction (e.g., Pinquart & Schindler, 2007; Warr, Butcher, Robertsonk, & Callianan, 2004). Hsu (2010) in his study of Taiwanese elderly found that economic satisfaction played an important role on life satisfaction—the greater the dissatisfaction with one's financial situation the lower the life satisfaction.
- Welfare offers protection from financial risks arising from unemployment, disability, sickness, old age, and retirement. Esping-Andersen (1990) defined three types of welfare states: (1) the liberal welfare state as defined by the market economy (e.g., Australia, United States, Canada, Great Britain, Ireland, and New Zealand), (2) the social democratic welfare state as defined by universal assistance, egalitarianism, and a commitment to cover all types of risk such as aging, retirement, sickness, and disability (e.g., Norway, Sweden, Finland, and Denmark), and (3) the conservative welfare state as defined by compulsory social security and complemented by ad hoc retirement plans (e.g., Austria, Belgium, France, and Germany). The Esping-Andersen typology of welfare states does not take into account the extent of support provided in various countries through informal sources. As such, Anttonen and Sipilä (1996) developed another typology that incorporates formal and informal sources of support. The typology has four categories: (1) people from the upper income bracket using private commercial insurance program, while people in the lower income bracket using limited formal social caregiving accompanied by a large informal caregiving provided by the family (e.g., Spain, Portugal, Italy, Greece); (2) combination of formal and informal caregiving programs with special public services targeting the poor (e.g., Anglo-Saxon countries); (3) a highly structured system of universal caregiving and public services for all (e.g., Scandinavian countries); and (4) primary

responsibility of elder care is in the hands of families and/or political/religious organizations with financial support from the public sector (e.g., continental Western Europe). Requena (2010) conducted an analysis of the relationship between welfare systems and subjective wellbeing using data from the *Social Relations and Social Support Systems* module of the 2001 *International Social Survey Program*. The study findings reveal that *citizenship in a liberal welfare state system* along with *trust in others* are positively associated with the highest levels of subjective wellbeing. The author concludes as follows:

These results lead us to two sociologically significant conclusions that echo the current debate on the welfare systems. First, the welfare systems that provide most individual self-esteem generate greater subjective wellbeing than systems with more detailed care for the welfare of citizens; to the point that citizens in many cases think their wellbeing is the responsibility of the state. Second, judging by the data, the best combination is provided by welfare systems that provide significant social protection but encourage citizens to assume full responsibility for their own wellbeing. Trust in individuals and their own potential is demonstrated here to generate a high probability of future subjective wellbeing. These conclusions have important political and even psychological implications, especially for social policy design, where it is crucial to identify the optimal mix of formal and informal support systems. (Requena, 2010, p. 528)

- Joshanloo, Sirgy, and Park (2018) were able to demonstrate that the relationship between age and life satisfaction is moderated by *national levels of eudaimonic wellbeing*. That is, the relationship is negative between age and life satisfaction in countries with low and moderate levels of eudaimonic wellbeing, and non-significant in countries with high levels of eudaimonic well-being. The study involved a cross-sectional analysis of 264, 123 survey respondents across 133 countries (data from the Gallup World Poll). As previously discussed in earlier chapters, eudaimonic wellbeing captures personal and social functioning (e.g., having a purpose in life, a sense of personal freedom, positive relationships with others, and social contribution). The argument is that these personal characteristics are important in dealing with the challenges of old age. Examples include social support, social activity, neighborhood cohesion, feelings of personal control, sense of personal growth, purpose in life, frequency of learning experiences, and voluntary work. Thus, decline in country-level eudaimonic wellbeing among adults may lead to decreased life satisfaction among the country's elderly population. Countries with higher levels of eudaimonic wellbeing are more likely to protect their elderly citizens. As such, the relationship between age and life satisfaction may depend on national levels of eudaimonic wellbeing. That is, as people age, they are likely to be more satisfied with their lives if they live in countries with high (than low) levels of eudaimonic wellbeing.

25.5 Conclusion

This chapter described research related to the psychology of quality of life of seniors. The chapter began by providing the reader a basic understanding of how quality of life of seniors is conceptualized and measured. Based on the literature I identified four different conceptualizations and corresponding measures of seniors' quality of life. These are global judgments of life satisfaction, affective plus cognitive judgments of wellbeing, satisfaction of salient life domains, and satisfaction of needs salient to the elderly. From a policy-making perspective, I find the definition of domain satisfaction of senior's wellbeing to be most useful. This is because this conceptualization of wellbeing can help policy makers develop specific programs and interventions designed to increase satisfaction in specific life domains (social life, family life, leisure life, spiritual life, etc.), which in turn could enhance overall wellbeing.

Furthermore, I discussed five popular theories of wellbeing related to old age. These are activity theory, socio-emotional selectivity theory, selection/optimization/compensation theory, continuity theory, and innovation theory. These theories have policy implications. For example, activity theory advocates the notion that to maintain an acceptable level of wellbeing, seniors must remain active, and social and recreational activities are likely to be best to maintain wellbeing. Socio-emotional selectivity theory encourages policy makers to develop programs that reflect the fact that people in old age make decisions about what would make them happy by thinking about the time they have left to live. As such, they place much value on activities that consolidates social relationships. If so, policy makers should develop programs that can help seniors consolidate social relationships. Selection, optimization, and compensation theory helps policy makers develop programs that can manage decline in functioning in old age. Programs could be developed to reflect special skills and talents seniors may have (i.e., selection strategy). These skills and talents can be fine-tuned through frequent practice (i.e., optimization strategy) and finding ways to overcome hurdles and obstacles that may ensure goal attainment (i.e., compensation strategy). Continuity theory encourages policy makers to develop programs that maintain a sense of continuity from the past. That is, develop social and recreational programs that older people have been accustomed to during their pre-retirement years. Finally, innovation theory asserts that in many instances new program can be designed to help seniors explore purpose and meaning to life can contribute significantly to their wellbeing.

Then we moved to mining the quality-of-life literature regarding factors that impact elderly subjective wellbeing. As such these factors were grouped in five major categories: (1) health-related factors (e.g., health problems, quality of healthcare, and health literacy), (2) personal values (e.g., openness to experience, individualism, conservation, self-transcendence, power, conservatism, collectivism, and self-enhancement), (3) social factors (e.g., marital status, quality of relationships with significant others, participation in social activities, social support from grand children, and pet ownership), (4) socio-economic factors (e.g., economic

satisfaction, citizenship in countries having a welfare state, and trust in others), and (5) residential factors (e.g., living arrangements). Most of these factors have policy implications. For example, the study findings pertaining to the quality of healthcare should prompt policy makers to pay close attention to how elderly patients perceive quality in the way they are medically treated in clinics and hospitals. Knowing something about how they perceive quality in healthcare should help healthcare officials develop better medical practices to enhance wellbeing.

I like to conclude by making reference to a recent study by Hoeyberghs et al. (2020) who conducted a study among frail older people living in a community dwelling. These researchers were able to document successful strategies that the frail elderly can use to maintain or improve their quality of life. These include financial resources, good health connectedness, and meaningful activities. That is, policies and programs can be devised to ensure that the frail elderly are financially secure, especially in situations involving costly healthcare. They should be involved in taking care of their own health and participate actively with healthcare providers in making decisions about their own health. And last but not least, they should be involved in meaningful activities such as volunteering to serve various community groups (e.g., tutoring children, assisting other frail elderly, serving the poor through charity and religious organizations, etc.).

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Chapter 26

The Wellbeing of Women



“Human rights are women’s rights, and women’s rights are human rights.”

Hillary Clinton (<https://www.goodhousekeeping.com/life/g26326977/international-womens-day-quotes/>)

26.1 Introduction

The Fourth World Conference on Women held in Beijing (China) in 1995 is considered to be a milestone regarding women’s wellbeing issues. A call to action was issued to identify quality-of-life indicators and monitor the state of wellbeing of women around the world. As a result, many international NGOs responded by developing gender specific quality-of-life indicators. There are many indicators capturing the wellbeing of women vis-a-vis the wellbeing of men; however, all of them that I am aware of are designed to capture gender disparity in education, work, income, and health. Also, these are in the form of objective indicators, not subjective ones. For example, the United Nations Development Programme collects data on gender disparity in the form of the *Gender Disparity Index* (GDI). The GDI is based on the very popular *Human Development Index* (HDI) that also belongs to the United Nations Development Programme. It is designed to capture the quality of life of nations in terms of three major dimensions: income (or economic resources), education (or knowledge), and life expectancy (or health). See Bardhan and Klasen (1999) for a critical review of this work.

With respect to subjective indicators of women’s quality of life, much of the science focuses on psychopathology. For example, Pfaff (2011), in his most recent book on social and biological differences between men and women, *Man & Woman: An Inside Story*, pointed to many studies that highlight differences between men and women in relation to anorexia, stress and anxiety, and fatigue syndrome. That is, women tend to suffer significantly more from these psychopathologies than men.

From positive psychology and quality-of-life research, we do get a glimpse about the positive aspects of subjective wellbeing of women. For example, we know that women do not only experience negative emotions more intensely than men but also

positive emotions (e.g., Fujita, Diener, & Sandvik, 1991; Larsen & Diener, 1987). Ratings of global life satisfaction have been found to be roughly equivalent in men and women despite the fact that there are more incidences of mental illness and psychological distress among men (Haring, Okun, & Stock, 1984; Wood, Rhodes, & Whelan, 1989).

This chapter will describe research related to the psychology of quality of life of women. I start out by reviewing the literature on unique views and measures that focus on women's subjective wellbeing. Then the chapter shifts to examine the wellbeing differences between men and women, and how these differences are explained in the literature. Then we peruse the literature to examine the various factors affecting women's wellbeing—family and cultural factors, economic and work-related factors, residential factors, sexual and relationships factors, health-related factors, and factors related to the feminist movement.

26.2 What Is Hedonic Wellbeing, Life Satisfaction, and Eudaimonia for Women?

In Chapter 6, I described some quality-of-life research focusing on gender differences. I referred to the fact that women seem happier (and more depressed) than men (i.e., they experience the polar emotional extremes of positive and negative affect). Because of the intensity of affect that women experience (compared to men), Fujita et al. (1991) developed a conceptualization and measure of wellbeing for women that can be used to complement other others of subjective wellbeing. This is the Affect Intensity Measure (AIM).

The AIM (Larsen & Diener, 1987) is a 40-item measure designed to capture how intensely people feel emotions. Respondents are asked, "When I feel happy it is a strong type of exuberance," and "When I am nervous, I get shaky all over." Thus, the AIM produces two scores: one reflects intensity of positive affect; the other, the intensity of negative affect. Larsen and Diener (1987) reported good reliability for the measure.

Another measure of affect intensity, called Observer AIM (Fujita et al., 1991) is based on the notion that the friends and family members of a particular individual can accurately report on affect intensity of that individual. Thus, the AIM instrument is administered to three friends and three family members of a particular subject and their scores are averaged across observers. Of course, the instructions of the Observer AIM are changed tasking the observer to think about the target individual and report on their affect intensity using modified items from the original AIM.

Still another measure of affect intensity employed by Fujita et al. (1991) is the Memory Performance Intensity Measure (MPIM). Respondents are asked to recall positive and negative emotional experiences in a certain period. Specifically, study participants are given 2 or 3 minutes to write down as many memories that are major events in their lives, and other important events that occurred last year. These open-

ended responses are then categorized into four categories: lifetime happy events, lifetime unhappy events, last year happy events, and last year unhappy events. The number of positive events recalled represents the positive affect intensity score; and conversely, another negative intensity score is similarly computed. The rationale is that more intense emotional experiences can be recalled with greater ease. Thus, the recall of greater numbers of emotional events should reflect greater affect intensity.

There is ongoing debate concerning the independence of positive and negative affect. On the one hand, there is evidence that suggests that these two constructs are indeed independent (e.g., Bryant & Veroff, 1982; Zevon & Tellegen, 1982). In contrast, the notion that positive and negative affect are independent is somewhat counterintuitive in the sense that the more frequently a person experiences one type of affect, the less frequently that person is likely to experience the other. Also, there is evidence suggesting that positive and negative affect are negatively related (e.g., Brenner, 1975; Kammann, Christie, Irwin, & Dixon, 1979; Warr, Barter, & Brownbridge, 1983). However, Diener (2009) explains that people rarely experience strong negative and positive affect at the same time. Thus, they are inversely related in duration in people's lives. But when one measures average levels of positive and negative affect over longer time periods, they show a low correlation with each other. The point here is that women do experience more affect intensity than men, and that positive affect is somewhat independent than negative affect. This means that women are likely to experience more intense positive as well negative affect than men.

In sum, as with men, the subjective aspects of quality of life among women can be viewed in the form of positive and negative affect, life satisfaction, and psychological wellbeing. The vast array of gender and women studies I have reviewed for this chapter employ gender-free measures of subjective wellbeing. However, my recommendation to wellbeing scientists, who are contemplating to measure subjective wellbeing in term of positive and negative affect, is to use traditional measures of positive and negative (e.g., PANAS) as well as measures capturing affective intensity as described in this section.

26.3 Explaining Women's Wellbeing (vis-à-vis Men's Wellbeing)

If we focus on the fact that women experience more stress, anxiety, and depression than men, then what does the research literature say about the why question. Let us explore some of these explanations. These explanations are based on factors that are biological, psychological, cultural, psychographic, healthcare, socio-economic, and specific to social roles.

26.3.1 A Biological Explanation

The biological explanation focuses on the fact that women are prone to mental diseases due to their constitutional predispositions to certain emotional disorders (Niven & Carol, 1993). Women suffer exclusively from disorders specifically related to their particular reproductive role and aspects related to pregnancy and birth (e.g., menstrual cycle disorders, hysterectomy, breast and cervical cancer). For example, there is evidence suggesting that when exposed to stressors, women's heart rate increases significantly higher than men. In contrast, men experience greater systolic blood pressure reactions (Kolander, Ballard, & Chandler, 1999). Men and women also differ in neuroendocrine reactions to stress. Women's immune system seems to be more severely affected by stress than men (MacKenzie, 1994).

For the same reason, women (compared to men) tend to experience decreased epinephrine levels during positive social interactions (reported in Alexander & Wood, 2000). Women are also found to be more emotionally expressive through facial expressions than men (reported in Alexander & Wood, 2000). In sum, women and men seem to vary in their pattern of biological reaction to stress signals and positive stimuli, and this constitutional difference may account for variation in positive and negative emotions.

26.3.2 A Psychological Explanation

Nolen-Hoeksema (1987) advanced a theory of clinical depression that may account for gender differences—*rumination theory*. She argued that it is the way that women respond to pre-depressive events that may account for gender differences in clinical depression. When confronted with a negative, women tend to ruminate about the negative event, but men tend to distract themselves by doing things when they are not in a good mood. Women tend to focus their attention on the negative event. Doing so increases the likelihood of onset of clinical depression. Of course, this psychological explanation applies to negative affect; it does not explain why women experience more positive affect than men.

26.3.3 A Cultural Explanation

Smyke (1993) has argued that women may experience a higher level of psychopathology because they are treated differently by society. Women in contemporary society are expected to play several social roles that are often conflicting (i.e., the role of the wife, mother, caretaker, and worker). This conflict takes an emotional toll on women. Furthermore, women are discriminated against in many situations (e.g.,

in the workplace). Such discrimination takes an emotional toll on women by creating undue stress and anxiety.

Consider society's maltreatment of unmarried women, battered women, childless women, divorced women, elderly women, and even women who have successful careers and aspire to climb up the ladder. In other words, the experience of higher levels of psychopathology among women may be due to women's experiences of oppression due to sexism (Downing & Roush, 1985).

A closely related cultural explanation is Fredrickson and Roberts' (1997) *objectification theory*. This theory helps us understand how women's socialization and experiences of sexual objectification may cause mental health problems (e.g., eating disorders, depression, and sexual dysfunction). Sexual objectification experiences socialize women to treat themselves as objects to be admired as an object of beauty. Self-objectification is manifested by the habitual monitoring of the body appearance. Thus, manifest body surveillance tends to promote body shame and anxiety. Body shame occurs when the person compares oneself against a cultural standard of beauty and perceives oneself as failing to meet that standard. Anxiety is also experienced when the person anticipates fear when one's body is evaluated. This chain of events ultimately contributes to women's risk for depression, sexual dysfunction, and eating disorders.

Of course, these two cultural explanations are designed to explain women's psychopathology. They do not explain why women experience greater positive emotion than men.

26.3.4 A Psychographic Explanation

Changes in women's lifestyles may also account for increases in stress and anxiety. For example, when women get divorced and become a single parent household, such lifestyle transition is very stressful. Taking care of the family financially and in every other way can induce a great deal of stress on women (Smyke, 1993). This stress leads to ill-being.

This explanation does not stand on its own. Implicit in this explanation is that women who experience lifestyle changes tend to experience greater stress than men because these lifestyle changes (e.g., divorce, death of husband) tend to produce financial hardships, and the financial hardship may account for the fact that women tend to experience higher levels of negative emotions than men. Again, this explanation applies to the incidence of negative emotion among women. It does not say much about the incidence of positive emotions.

26.3.5 A Healthcare Explanation

Women report high levels of psychopathology perhaps because they are more socially inclined to use the healthcare system, much more so than men (Kane, 1991). The social norm is that it is socially acceptable for women seek healthcare, but less so for men. Therefore, if women feel distressed, they seek assistance from their physician in the form of tranquilizers, anti-depressants, and other forms of psychiatric drugs. Men are less likely to do so. When men feel distressed, they may vent out their anger in the form of aggression rather than seek help from healthcare professionals. This explanation focuses on negative emotions only (i.e., it does not address positive emotions).

26.3.6 A Socio-economic Explanation

Women may experience a high level of psychopathology than men because they are more social disadvantaged than men (Lee, 1998). Much evidence points to the fact that socio-economic status is a strong predictor of health, especially mental health. Women tend to have less economic resources than men. Whatever resources they may have are controlled by men, especially in the less-developed countries. As such, their lower socio-economic status may be a cause of stress and anxiety that ultimately translates into ill-being. The focus of this explanation is on negative emotions; it does not address positive emotions.

26.3.7 A Social Role Explanation

Alexander and Wood (2000) have argued that men and women tend to assume different roles in society. One of the most important roles that women assume is the caretaker role (e.g., nurses, teachers, social workers). Within the home, women are more likely to be involved with childcare. Similarly, women tend to assume the caretaking role with the elderly. The caretaking role socializes women to experience a high degree of positive emotions. Positive emotions are necessary in establishing and maintaining relationships with others. Therefore, sensitivity to others' emotional states and reacting with positive emotions of one's own are skills inherent in the caretaking role. Positive emotions (e.g., happiness) serve to facilitate relationship formation and maintenance by making the caretaker attractive to the caretaker recipient. Positive emotions serve to enhance intimacy and trust, which are essential in maintaining social relationships.

Another social-role explanation of why women experience more positive emotions than men is the notion that women adapt in society by catering to high status individuals. Because women have less economic resources than men, they are likely

to have low status. Men, in contrast, tend to have more resources, and therefore more status. For low status women to adapt in a society of high-status men, they must ingratiate high status men by expressing positive emotions. Such manifestation of positive emotions makes them more likeable to high-status men, facilitating the acquisition of resources (Alexander & Wood, 2000).

Note that the social-role explanation, in contrast to the earlier explanation, focuses on the role of positive emotions only. That is, this explanation does not say much about why women experience more negative emotions than men.

26.4 What Are the Important Factors That Influence Women's Subjective Aspects of Quality of Life?

Much of the literature reviewed on the factors affecting women's subjective aspects of quality of life (i.e., happiness, subjective wellbeing, and positive mental health) can be categorized in terms of six groups: (1) family and cultural factors, (2) economic factors, (3) residential factors, (4) sexual factors, (5) health factors, and (6) feminist factors.

26.4.1 Family and Cultural Factors

Family-related factors involve marital status, motherhood issues as well as issues related to physical and sexual abuse.

With respect to *marital status*, there is evidence from East Asia that men who are married report higher levels of subjective wellbeing compared to women, but both men and women report higher levels of subjective wellbeing compared to nonmarried individuals (Hori & Kamo, 2018).

Much research has been conducted focusing on the impact of having a baby on negative affect (i.e., coping, depression). See Hoffenaar, van Balen, and Hermanns (2010) for a literature review. Let us examine some of the evidence.

Does subjective wellbeing fluctuate through *pregnancy and postpartum*? Wilkinson (1999) addressed this question by studying the impact of having a baby on both positive and negative affect through pregnancy and the immediate postpartum period. The study revealed that both positive and negative affect peaked in the immediate postpartum period for first-time mothers.

How about the *transition to parenthood*? Fave and Massimini (2004) using the experience sampling method to gather data from five couples during their transition to parenthood. The study revealed that couples generally enjoyed childcare-related activities and leisure the most and work the least. Hoffenaar et al. (2010) collected data from a sample of 19 first-time mothers before and after baby delivery using a host of cognitive and affective measures of wellbeing. The results show that no

differences in wellbeing were noted between pre- and post-natal reports of wellbeing. These results indicate that having a baby does not make much a difference in mothers' state of wellbeing. However, the study also documented increases in positive affect when mothers engage in leisure activities and a decrease in negative affect when they engage in activities with relatives.

How about *being a parent versus being childless*? Using a large-scale survey (the Norwegian Life Course, Ageing and Generation Survey), Hansen, Slagsvold, and Moum (2009) conducted a study exploring the association between parental status (childless persons, parents with residential children, and empty nest parents) and a host of psychological wellbeing measures of people in midlife and old age. These measures included cognitive wellbeing outcomes such as life satisfaction and self-esteem and affective outcomes such as positive/negative affect, depression, and loneliness. The study findings indicated that childless women reported the lowest cognitive wellbeing outcomes. The relationship between parental status and psychological wellbeing was nonsignificant.

How does *abuse* affect the subjective wellbeing of women? Alsaker, Moen, and Kristoffersen (2008) conducted a longitudinal study examining the effects of partner separation on health-related quality of life among abused women. Health-related quality of life was measured using the SF-36 Health Survey and the WHOQOL-BREF. One year later, the women who left their abusive husbands (partners) recorded better vitality, mental health, and social wellbeing. However, the wellbeing scores of women who suffered a high level of abuse did not change much underscoring the traumatic long-term effects of abuse (cf. Alsaker, Moen, & Kristoffen, 2007).

Another family-related factor that seems to play an important role in women's overall sense of wellbeing is *mastery in multiple roles* (perceived competence and control) such as simultaneously providing care to an impaired parent, children living at home, wives, and employees. A study by Christensen, Stephens, and Townsend (1998) examined this relationship and found that women who have mastered multiple roles tend to score higher on life satisfaction measures (and conversely lower on depression measures). Thus, this study underscored the principle that women's life satisfaction is related to an accumulation of mastery across roles.

Let us turn to socio-cultural factors directly related to the family. There is much evidence from East Asia that *social support* contributes much to subjective wellbeing for both sexes, but more prominently for women than men (Hori & Kamo, 2018).

Do cultural factors play a role in women's subjective wellbeing? One cultural factor identified to make a difference is *communalism* (i.e., cultural orientation emphasizing interdependence). Abdou et al. (2010) examined the effect of communalism on maternal prenatal emotional health and physiology. The study surveyed African American and European-American women early in pregnancy. These study participants were followed through 32 weeks gestation. The results indicated that African American women and women of lower socioeconomic status report higher levels of negative affect, stress, and blood pressure. But this effect was not observed among women higher in communalism. Communalism was a more robust predictor

of prenatal emotional health than ethnicity, childhood socio-economic status, and adult socio-economic status. Communalism also was found to moderate the negative effects of socio-economic status by lowering blood pressure during pregnancy for African American women and women of low socio-economic status. In sum, the study suggests that a communal cultural orientation benefits maternal prenatal emotional health and physiology.

26.4.2 *Economic and Work-related Factors*

With respect to *fulltime employment*, there is evidence from East Asia that men who are employed fulltime report higher levels of subjective wellbeing compared to women, especially in China. In contrast, women report lower levels of subjective wellbeing compared to men in Japan (Hori & Kamo, 2018).

There is evidence suggesting that women experience equal to or more *satisfaction at work* than men—this is known as the “paradox of the contended female worker” (e.g., Clark, 1997; Crosby, 1982; Phelan, 1994). It is a paradox because much data show that women are discriminated against at work, and as such one would assume that this discrimination should lead to dissatisfaction, not satisfaction. One explanation of the paradox involves *occupational sex segregation*. Most women tend to work in women-type occupations that make them evaluate their work conditions in relation to other women, not men. Doing so reduces perceptions of gender inequity and discrimination (e.g., Wharton & Baron, 1991). Conversely, women who have occupations dominated by men are prompted to compare themselves with men, thus making them feel dissatisfied with their jobs (e.g., Hakim, 1996).

Does *income* play a role in women's subjective wellbeing? A longitudinal study conducted by Mammen, Bauer, and Lass (2009) on rural low-income mothers revealed that income adequacy plays a crucial factor in their quality of life, particularly the risk of depression. In other words, women who struggle financially tend to experience higher levels of depression compared to women who do not have to struggle.

Financial resources do matter. Reinforcing this notion, Tesch-Romer, Motel-Klingebiel, and Tomasik (2008) conducted a study using data from the World Values Survey to examine the relationship between gender equity and subjective wellbeing among women across countries. No relationship was found. However, individual resources (education, income) reduced the size of the relationship between gender equity and subjective wellbeing suggesting that resources seem to be the underlying cause of gender inequity and its negative effect on women's subjective wellbeing.

How about *career momentum*? Does it play a role in women's subjective wellbeing? Roberts and Friend (1998) surveyed women in their early 50s to examine the effect of career momentum on psychological wellbeing. Women with high career momentum were observed to be in higher status positions. These women perceived their work as more central to their identity than women who were maintaining or

decreasing their career momentum. The high career momentum women also scored higher on measures of psychological wellbeing (self-acceptance, independence, and effective functioning) than the other groups. This study underscored the positive role of women's career momentum in psychological wellbeing. The construct of career momentum reflects a women's perception of movement or mobility in her career. Work plays an important role in constructing a woman's identity, and a woman's career momentum is a defining feature of her identity. As such, career momentum is related to the importance of work to women's identity. Women with high career momentum consider work as a more central defining role than women with maintaining or decreasing patterns of career momentum. Adding work to one's array of activities increases the number of areas of stimulation in a woman's life. Having more contexts in which to express and achieve a woman's goals is related to higher levels of satisfaction and self-esteem. Work also provides opportunities to achieve goals, which in turn lead to increases in self-worth. Women with high career momentum have greater opportunity to achieve life goals and experience a greater sense of self-confidence, independence, and self-esteem. Women who are less well adjusted seem to take on fewer roles than well-adjusted women.

Another issue that is particular to women is *sexual behavior at work* such as sexual jokes and propositions. Two studies were reported by Berdahl and Aquino (2009). The first study surveyed manufacturing and social service workers about their psychological wellbeing, work withdrawal, and exposure to sexual behavior at work. The study found 58 percent of employees were exposed to sexual behavior in the past two years. The second study surveyed university staff about their psychological wellbeing, drug use, feelings of being valued at work, and exposure to sexual behavior at work. The study indicated that 40 percent of employees were exposed to sexual behavior in the past year. In both studies, some women and many men reported enjoying sexual behavior at work. However, both studies found that exposure to sexual behavior at work is associated with negative employee work and psychological wellbeing; even for employees who said they enjoyed the experience.

26.4.3 Residential Factors

Ryff and Essex (1992) studied how aging women interpret their life experiences to ensure positive self-evaluation. Specifically, they focused on women who had experienced *community relocation*. How does relocation affect elderly women's psychological wellbeing? The authors measured women's reasons for moving (push factors), reasons for selecting the new setting, (pull factors), and they have interpreted their relocation experience (i.e., how they compared with others in their new setting, how they were viewed by significant others following the move, how their behaviors changed following relocation, and whether the above evaluations occurred in life domains central to their sense of self). The data showed that push-pull factors and interpretive mechanisms accounted for substantial variance in

Table 26.1 Measuring Push-Pull Discrepancy in Relocation Decisions

Sample **push factors** include physical health problems, death of husband, loss of friends and neighbours nearby, lack of access to activities, and excessive costs of home maintenance. Examples of **pull factors** include provision of on-site healthcare services, closer proximity to family, availability of friends in the new home, opportunities to engage in new activities, etc. Respondents rate the push and pull factors on a 4-point importance scale varying from 1=not at all important to 4=extremely important).

Then, a *discrepancy score* is computed between the push and pull factors. More specifically, within each life domain, pull scores were subtracted from push scores and a constant of 10 is added to avoid negative scores. Discrepancy scores are then summed across life domains to provide an overall index of push-pull discrepancy.

Source: Adapted from Ryff and Essex (1992)

multiple aspects of psychological wellbeing, particularly environmental mastery, purpose in life, and positive relations with others. Specifically, the authors hypothesized that the lack of fit between push and pull factors (see Table 26.1 for how the authors measured push-pull discrepancies). In other words, the greater the discrepancy between push and pull factors in relocation decisions the lower the psychological wellbeing (lower scores on purpose in life, personal growth, self-acceptance, and environmental mastery). This hypothesis received some support from the data. But how do push-pull discrepancies affect psychological wellbeing? The authors argued that the mediating process is essentially an interpretative mechanism (social comparisons, reflected appraisals, and behavioral self-perceptions) and moderated by psychological centrality (see Rosenberg's (1979) self-concept theory in Chapter 14 of this book). In other words, women who experienced a lack of fit between push and pull factors were more likely to interpret their relocation experience more negatively (negative social comparisons, negative reflected appraisals, and negative behavioural self-perceptions). Conversely, a good fit between push and pull factors contributed to positive interpretations (positive social comparisons, positive reflected appraisals, and positive behavioral self-perceptions). The impact of these interpretations on psychological wellbeing are magnified if the self-related beliefs involved in these interpretations are more psychologically central than distal (i.e., more important to the self than less important).

How about the experience of *crime in the community*? Does it affect women's wellbeing? A recent study conducted in Malawi (Davies & Hinks, 2010) examining the link between crime and happiness found that crime does indeed have a negative effect on personal happiness. The same study findings indicate that males and females respond differently to crime—males are negatively affected by the actual crime, whereas females are negatively affected by subjective feelings of insecurity arising from crime.

26.4.4 *Sexual and Relationship Factors*

Has women's *sexual satisfaction* changed over time? We have some evidence from at least one country, Finland. A study involving two comparative surveys (1971 and 1992) showed an increase in sexual satisfaction among women (Haavio-Mannila & Kontula, 1997).

How about differences in sexual wellbeing among women of various *ethnic groups*? One study found that in the U.S. white wives are more likely to link sexual enjoyment with affirmation of marriage. In contrast, black wives seem to place more weight on enjoying the sexual experience, in its own right (Oggins, Leber, & Veroff, 1993). An earlier study focusing on college women also found that black women, compared to white women, are more interested in their own sexual satisfaction than that of their partner (Houston, 1981). A more recent study involving a national representative sample of U.S. women (ages 20-65) compared sexual wellbeing of white and black women and found a similar pattern: Black women seem to evaluate their own sexuality more positively than white women (Bancroft, Long, & McCabe, 2011). The same study also found that the reason for this difference may lie in the fact that black women rate themselves significantly more sexually attractive than do white women.

Another issue related to sexual wellbeing for women is *abortion*. How do women who have an abortion emotionally adjust after abortion? A study by Major, Richards, Cooper, Cozzarelli, and Zubek (1998) examined this issue closely and found that cognitive appraisals (stress appraisals and self-efficacy appraisals) and coping are strong predictors of women's wellbeing after abortion. Furthermore, the study found that women's resilience (high self-esteem, high sense of control, and optimism) are associated with cognitive appraisals and coping (appraise their abortion as less stressful and had higher self-efficacy for coping with abortion) than women with less resilient personalities.

Does *pregnancy and childbirth* affect marital and parental happiness? Research has shown that yes indeed marital and parental wellbeing declines after childbirth because of the stresses and strains placed on the mother in caring for the child (e.g., Twenge, Campbell, & Foster, 2003). However, other studies have found a short period following childbirth in which the mother experiences a "baby honeymoon effect," which then diminishes over time. A meta-analysis that examined marital satisfaction over a longer period showed a further decline in marital relationship following the transition to parenthood (Mitnick, Heyman, & Slep, 2009). However, this decline in marital satisfaction may apply to all married couple irrespective of children (Doss, Rhoades, Stanley, & Markham, 2009). If we focus on the *effects of childbearing* on mother's life satisfaction, research shows a positive association. That is, childbearing has a persistent positive effect on mother's overall happiness, particularly with the first-born child. Additional children may reduce mothers' overall level of happiness (Kohler, Behrman, & Skytthe, 2005).

Does a *happy romantic relationship* influence a happy life for women? This question was addressed in a recent study by Dyrdal, Roysamb, Nes, and Vitterso

(2011) in a large-scale longitudinal study using the Norwegian Mother and Child Cohort Study. A large sample of mothers participated in the survey and data were collected twice during pregnancy and 6 and 36 months postpartum. The study revealed that relationship satisfaction increased during pregnancy, decreasing right after delivery. Life satisfaction correlated strongly over time with relationship satisfaction. The authors concluded that “having a satisfying relationship is important for retaining and increasing future life satisfaction” (p. 947).

26.4.5 *Health-related Factors*

Eating disorders seem to be an important factor in young women's quality of life. A large-scale longitudinal study in Australia conducted by Wade, Wilksch, and Lee (2012) involved four waves of self-report data over a 9-years period. The study investigated the effect of eating disorders on wellbeing and the moderating role of social support and depression. The study findings indicate that 23 percent of the women exhibited some level of disordered eating. These women scored significantly lower on both the physical and the mental component scores of the SF-36 in the context of every survey. *Social support* and *depressive symptoms* were found to significantly moderate the effect of eating disorder on these women's wellbeing. That is, women with both disordered eating and low social support, or disordered eating and depression, had the worst initial scores; although they improved the most over time, they still had the lowest scores at the last stage of the study. Higher social support made women disordered eating indistinguishable from women without disordered eating who had low social support. Lower levels of depression resulted in women with disordered eating report higher levels of wellbeing than women with high levels of depression, irrespective of eating disorder.

26.4.6 *Factors Related to the Feminist Movement*

Feminist writers have pointed out to the fact that *feminist attitudes* seem to be a factor in women's increased sense of wellbeing (e.g., Newton, 2000). *Gender-role orientation* seems to play another important role in subjective wellbeing among women. Saunders and Kashubeck-West (2006) examined the interrelationships among gender-role orientation (i.e., androgyny, masculinity, femininity, and neutrality), *feminist self-identification* (see Table 26.2 for more information about the measure of this construct), *feminist identity development*, and psychological wellbeing among women. Feminist identity development refers to various stages in which women develop their identity as a feminist. The stages of feminist identity development are passive acceptance, embeddedness-emanation, revelation, synthesis, and active commitment (Downing & Roush, 1985; Fischer et al., 2000). The study findings show that women's higher stages on feminist identity development

Table 26.2 A Measure for Feminist Self-Identification

Feminist self-identification
1. I do not consider myself a feminist at all, and I believe that feminists are harmful to family life and undermine relationships between men and women.
2. I do not consider myself a feminist.
3. I agree with some of the objectives of the feminist movement but do not call myself a feminist.
4. I privately consider myself a feminist but do not call myself a feminist around others.
5. I call myself a feminist around others.
6. I call myself a feminist around others and am currently active in the women’s movement.
<i>Instructions:</i> Respondents are asked to choose the statement that best describes their attitude.

Source: Adapted from Myaskovsky and Wittig (1997)

were associated with higher scores on measures of psychological wellbeing. Furthermore, the results indicated that feminist identity development and gender-role orientation played a key role in explaining a women’s sense of wellbeing above and beyond other measure of psychological wellbeing. Also, women with androgynous gender-role orientation reported an overall higher sense of wellbeing than women with traditionally feminine gender-role orientations.

This study results were reinforced by a recent study that grouped women into three categories: women with traditional values, women with moderate values, and women with feminist values (Yakushko, 2007). The study results showed that women who held feminist and moderate values scored significantly higher on measures of psychological wellbeing.

26.5 Conclusion

Women have experienced profound changes in their gender roles over the past several decades worldwide, especially in the developed countries (Okulicz-Kozaryn & da Rocha Valente, 2018). Women’s roles have changed significantly.Examples include the fact that most: women are marrying later in life and at lower rates; they are having fewer children; and most prominently, they are working more outside of the house more than ever. They are pursuing careers; and conversely, being a housewife seems to have gone out of fashion.

This chapter describes research related to the psychology of quality of life of women. The chapter began by reviewing the literature on unique views and measures that focus on women’s subjective wellbeing. The literature suggests that women’s wellbeing is viewed using the same constructs and measures as men’s wellbeing. Perhaps this is due to the fact that much emphasis is placed on examining gender differences, and as the need to maintain the same conceptualization and measures of quality of life to allow direct comparison between men and women. The literature also suggests that although there is no significant difference in life satisfaction between men and women, women do experience greater positive and negative affect. The literature also provides several explanations to account for this

observation. These explanations are based on factors that are biological, psychological, cultural, psychographic, healthcare, socio-economic, and specific to social roles. These explanations have significant policy implications. If we buy into the biological explanation that women are more biologically sensitive to stress signals and positive stimuli (which may account for variation in positive and negative emotions), then should decision makers in various sectors of society take this into account in making policy decisions. For example, guided by this explanation, should psychotherapists make every attempt possible to help their women clients to better navigate the daily landscape by avoiding stressful situations and approaching situations involving positive stimuli? Something to consider!

The psychological explanation involves rumination. That is, when confronted with a negative, women tend to ruminate about the negative event, but men tend to distract themselves by doing things when they are not in a good mood. Again, if we buy into this explanation, perhaps psychotherapists, working with women clients, could help women refrain from rumination when confronted with negative events. Perhaps learning how to use distraction techniques may help maintain their wellbeing.

The cultural explanation states that women may experience higher levels of psychopathology mostly because of oppression due to sexism and sexual objectification. The policy implications of this explanation are profound because they infiltrate every sector of society. For example, policies and programs must be instituted in the workplace to prevent sexual harassment and sex discrimination. In the marketplace, policies must be in place to prevent the use of women as decorative symbols in the advertising and promotion of consumer goods and services. In education, course curricula and course materials must be revised to reduce or eliminate sexism in schools. And so on!

The psychographic explanation states that women may experience higher levels of stress and anxiety when they make lifestyle changes such as the death of a spouse or divorce. This may be due to the financial hardships they experience with lifestyle transitions. This explanation necessitates policies to ensure financial security for women in transition. Also, policies that ensure financial equity should help women in transition.

The healthcare explanation points to women's tendency to seek medical treatment from healthcare providers, much more so than men. As such, they are likely to be identified with stress and anxiety symptoms much more than men. Perhaps the policy implication here is to encourage men to seek assistance from healthcare providers in the same way that women do. Conversely, women could be prompted to deal with stress and anxiety on their own—in a manner that may require assistance from the medical community.

The socio-economic explanation also has profound policy implications. This explanation states that women may experience a high level of psychopathology than men because they are disadvantaged in socio-economic terms. Women are encouraged to be housewives, mothers, but not bread winners. As such, they end up with less financial resources compared to men, especially when they become widowed or divorced. Policies can be developed to encourage women's participation

in the labor force to achieve equity with men. Doing so should make them more financially secure.

The social role explanation involves caretaking. The idea that women express more positive emotions through social interactions with others through caretaking. If so, policies can be further developed to encourage women to engage in caretaking roles as long as these roles provide adequate and equitable resources.

Then the chapter shifted to examine the various factors affecting women's subjective wellbeing —family and cultural factors, economic and work-related factors, residential factors, sexual and relationships factors, health-related factors, and factors related to the feminist movement. With respect to family and cultural factors, the literature suggests that women experience peaks of positive and negative affect during pregnancy and the immediate period postpartum. Transition to parenthood can also enhance subjective wellbeing, if the parents focus on childcare and leisure activities (such as play) and not work. The science also suggests that being a parent is better than being childless. As such, policies should be developed to encourage adults to assume parenting roles.

Sexual and physical abuse does take a toll on the quality of life of women. As such, the public policy implication is obvious, namely to further develop, reinforce, and enforce policies related to sexual and physical abuse. And women who master multiple roles are happier than those who fail to juggle the many tasks related to childcare, home, and work. Educational and training programs could be developed to help women master multiple roles. Finally, women tend to benefit significantly from communalism. As such, communal programs could be further developed to enhance women's wellbeing.

The literature suggests that women tend to experience higher levels of job satisfaction than men. This has come to be known as the "paradox of the contended female worker." One explanation of this paradox involves occupational sex segregation. The research also suggests that income plays a significant role in women's subjective wellbeing. In other words, financial resources do matter, and gender inequity issues can wreak havoc in women's lives. As such, policies related to gender pay equity should be instituted in all organizations. As in men, establishing career momentum plays an important role in women's quality of life. Educational and training programs should be developed and reinforced to help women with career development. And sexual behavior at work undermines women's sense of wellbeing. Thus, organizational policies should be developed and reinforced to minimize romance and sexual harassment in the workplace.

Regarding residential factors, the literature suggests that relocation decision among elderly women can be an emotionally trying experience. Making the right decision to locate in a home that meets the needs of the individual and attractive enough is a step in the right direction. The literature also suggests that crime in the community can severely undermine women's wellbeing. The obvious policy recommendation here is crime prevention. Policies have to be developed and enforced to minimize incidence of crime at the local level.

Concerning sexual and relationship factors, we find that sexual satisfaction among women has increased over time. In the U.S., black women tend to experience

greater sexual wellbeing than white women. Abortion can be a traumatic experience but significantly less so for resilient women. Policies should be in place to provide social support to women undergoing this medical procedure. Furthermore, policies should be developed to help women explore alternative to abortion. Pregnancy and childbirth do adversely affect sex life for women, but relationship satisfaction remains high. Additional children (after the first born) may undermine women's marital satisfaction and overall sense of wellbeing. Perhaps policies should be developed to discourage large families, especially when women have little choice in the matter. And having a romantic satisfying relationship with the spouse does contribute significantly to women's overall happiness. Programs could be developed to minimize marital problems and enhance communication between couples. Such programs can play an important role in enhancing women's wellbeing.

Eating disorders are common among women and such disorders create havoc in women's lives. However, the effects of eating disorders on women's wellbeing can be mitigated by social support. As such, social support programs related to eating disorders should be encouraged.

Furthermore, women who have feminist attitudes tend to experience higher levels of psychological wellbeing, compare to women who are traditionalists. Also, women who are androgynous tend to experience higher levels of wellbeing than highly feminine women. If so, educational programs about feminism, women's rights, and gender parity should be encouraged.¹

I like to conclude by echoing the research that demonstrate policies promoting gender equality do promote quality of life for both men and women, not just women (Audette, Lam, O'Connor, & Radcliff, 2019). That is, men also benefit when the sexes are treated as equals. As such, public policy promoting equality should be top priority.

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¹A final note to the reader. There are significant methodological problems inherent in gender research and the subjective aspects of quality of life. For those who are specifically interested in doing gender and wellbeing research, I urge you to read the article by Ferguson and Gunnell (2016). It should sensitize you to the method-related problems, particularly the issue of measurement invariance.

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Chapter 27

The Wellbeing of Geographic Population Segments



“Dear Pan and all you gods of this place, grant me that I may become beautiful within; and that what is in my possession outside of me may be in friendly accord with what is inside. And may I count the wise man as rich; and may my pile of gold be of a size that no one but a man of moderate desires could bear or carry it.”

Rowe’s translation of Socrates’ prayer to Pan (<https://www.goodreads.com/quotes/tag/wellbeing>).

27.1 Introduction

There is a growing trend in wellbeing research in the development of country-specific measures of wellbeing including subjective indicators of quality of life—see the edited volume by Diener and Suh (2000), the *Annual Review of Psychology* article by Diener, Oishi, and Lucas (2003), the special issue of the *Journal of Happiness Studies* (Suh & Oishi, 2004), as well the recent article by Suh and Choi (2018). Evidence of this growing research trend is captured by the global surveys conducted by the Gallup organization in conjunction with other global surveys (e.g., World Values Survey).

Wellbeing researchers have long posed the question of whether subjective indicators of wellbeing of life correlate strongly with objective indicators of a given country. Putting it differently, whether increases/decreases of objective indicators of country wellbeing (e.g., GDP or GDP per capita, educational attainment, life expectancy) correspond to increases/decreases of subjective indicators of wellbeing (e.g., life satisfaction, positive emotions, psychological wellbeing). The cumulative research dealing with this question is affirmative. That is, results from major national surveys provide some evidence that both objective and subjective indicators of quality of life are strongly correlated. For example, the Gallup World Poll show that subjective wellbeing are highest in Western European countries (especially Scandinavia), North America, Australia, and New Zealand—countries rated highly on objective conditions of living (e.g., Helliwell, Layard, & Sachs, 2016). However, the evidence also suggests that there are nuances in these correlations that must be

Table 27.1 Four Fundamental Cultural Differences in Conceptions of Wellbeing

	Hedonic vs Eudaimonic	Self-enhancement vs self-transcendence	Autonomy vs harmony	Importance of context
Individualistic cultures	Wellbeing is conceptualized in terms of hedonia.	Wellbeing is conceptualized in terms of self-enhancement.	Wellbeing is conceptualized in terms of autonomy and mastery.	Wellbeing is conceptualized in terms of dispositional and stable and personal traits.
Collectivistic cultures	Wellbeing is conceptualized in terms of eudaimonia.	Wellbeing is conceptualized in terms of self-transcendence.	Wellbeing is conceptualized in terms of interpersonal harmony.	Wellbeing is conceptualized in terms of situational and environmental determinants.

Source: Adapted from Joshanloo, Van de Vliert, and Jose ([in press](#))

closely examined. That is, some type of objective measures correlate with some types of subjective measures but not with others. For example, some evidence is converging pointing to a strong correlation between economic indicators and life satisfaction, not positive emotions (see discussion of this research in Suh & Choi, [2018](#)).

These issues point to the need of close examination of how we conduct national surveys and how survey questions designed to capture wellbeing may be biased by cultural issues. This chapter is designed to address these concerns. Specifically, the chapter will describe research related to cultural distinctions of measures of wellbeing, comparative analyses of wellbeing across countries and cultures, and the development of country-specific measures of wellbeing. We will begin by describing conceptual distinctions, moving on to reports comparing wellbeing of citizens of various countries, and then we will shift gears to addressing wellbeing data from specific countries.

27.2 Conceptual Distinctions

Culture shapes how human groups pursue wellbeing. Joshanloo, Van de Vliert, and Jose ([in press](#)) have identified four fundamental differences in the conceptualizations of mental well-being across cultures. These are: (1) hedonic versus eudaimonic experience, (2) self-enhancement versus self-transcendence, (3) autonomy (mastery) versus interpersonal harmony, and (4) the importance of context. See [Table 27.1](#).

27.2.1 Hedonic Versus Eudaimonic Experience

Research has shown that a hedonic conception of wellbeing is dominant more in individualistic than collectivistic cultures (also see Joshanloo, 2014). In collectivistic cultures, other values besides happiness such as interpersonal harmony is considered more important compared to hedonic wellbeing (i.e., finding a balance between happiness and unhappiness is more important than pursuing happiness for happiness sake). In collectivistic cultures, the pursuit of happiness is suspect. Achieving spiritual virtues is more instrumental than the pursuit of happiness in achieving wellbeing. The authors argue that non-Western conceptualizations of wellbeing are more consistent with a eudaimonic conception of wellbeing, not a hedonic conception. This centrality argument has significant implications for how wellbeing is measured and ranked across countries.

27.2.2 Self-Enhancement Versus Self-Transcendence

In many collectivistic cultures, people tend to refrain from striving to self-enhance (i.e., increase positive feelings towards the self). In contrast, self-transcendence is promoted (also see Joshanloo, 2014). The Buddhist doctrine asserts that the pursuit of happiness can lead only to fleeting moments of positive states (e.g., ecstasy, joy, and elation) as well as negative ones (e.g., hostility, jealousy, anger, and hatred). In contrast, a conceptualization of wellbeing based on selflessness should lead to prolonged feelings of compassion, empathy, care, and respect—values that signify personal maturity. As such, psychological models of mental wellbeing in collectivistic cultures should incorporate measures of self-transcendence (i.e., self-improvement) in addition to self-enhancement.

27.2.3 Autonomy (Mastery) Versus Interpersonal Harmony

Autonomy, agency, mastery, self-sufficiency, self-directedness, and self-determination are cultural values that are essentially hallmarks of Western conceptualizations of wellbeing. People in individualistic cultures associate wellbeing with attempts to change, master, and control one's life, relationships, and nature. In contrast, people in collectivistic cultures associate wellbeing with achieving harmony with others and the environment at large. Thus, what is valued in collectivistic cultures is the avoidance of interpersonal conflict, embracing interpersonal harmony, and relying on collective over personal agency. In individualistic cultures, autonomy is the conduit to higher levels of wellbeing. In contrast, interpersonal harmony is the key to natural and social harmony—fitting well with the environment (also see Yamaguchi & Sawaumi, 2019). Current measures of wellbeing have been developed

based on the autonomy/mastery model, ignoring the significance of harmony and adjustment in collectivistic contexts.

27.2.4 The Importance of Context

The Western conception of wellbeing is based on the notion that wellbeing is personal and private, involving internal feelings, personal control, and personal accountability. In contrast, the Oriental conception of wellbeing emphasizes the contextual aspects that determines wellbeing. Scientific models of wellbeing originating from collectivistic cultures are based on a holistic stance noting the importance of a broader set of contextual determinants. In sum, individualistic cultures emphasize an internal locus of control and personality-related explanations for wellbeing. In collectivistic cultures emphasize the importance of contextual factors, external forces, and interplay between internal and external determinants of wellbeing.

27.3 Methodological Problems

My colleagues and I (Lee, Yu, & Sirgy, 2017) have argued that theory and evidence suggest that cultural factors tend to bias the measurement of life satisfaction in large-scale national and international surveys. As such, the authors developed a set of theoretical propositions to explain the bias and offered a set of methodological remedies. Specifically, we identified six cultural dimensions that have a direct bearing on the measurement of life satisfaction. These are (1) identity (individualism vs. collectivism culture), (2) authority (high- vs. low-power distance culture), (3) competition (femininity vs. masculinity), (4) risk (high- vs. low-uncertainty avoidance), (5) time span (long-term orientation vs. short-term orientation), and (6) status (achievement vs. ascription). See Table 27.2.

27.3.1 Identity: Individualistic versus Collectivistic Cultures

People identify themselves independently of others (individualistic cultures; e.g., Anglo cultures such as the UK, Australia, and the USA) and in many cases in light of their family or other groups that they belong to and feel that these groups are important to their personal identity (collectivistic cultures; e.g., China, Korea, Japan). The authors identified several behavioral phenomena influenced directly by individualism versus collectivism that have a direct bearing on the measurement of life satisfaction across countries. These are (1) positivity bias, (2) the reference

Table 27.2 Cultural Bias in the Measurement of Life Satisfaction across Countries

Cultural dimension	Source of cultural bias	Methodological remedies
Identity: Individualistic vs. collectivistic cultures	Positivity bias	Use z-scores; prime negative and positive events in a balance way
	Reference group effect	Use appropriate standards of comparison (self-based vs. group based)
	Lack of consistency in self-concept	Partial out environmental effects; use a long-term time frame
	Extreme response tendency	Use even number scales; use scales with less-extreme anchoring points; clearly label response categories of the scale
Authority: High- vs. low-power distance cultures	Locus of control	Use the locus of control construct as covariate
	Upward social comparison	Provide a neutral comparison standard
Competition: Feminine vs. masculine cultures	Cooperativeness vs. competitiveness	Use the competitiveness as a covariate
Risk: High- vs. low-uncertainty avoidance cultures	Ambiguity intolerance	Use the tolerance of ambiguity construct as a covariate; use the risk avoidance construct as a covariate
Time span: Long-term vs. short-term orientation cultures	Short-termism	Use the short-termism construct as a covariate
Status: Achievement vs. ascription cultures	Personal strivings vs. non-personal strivings	Use the personal strivings construct as a covariate

Source: Adapted from Lee et al. (2017)

group effect, (3) consistency of the self-concept over time, and (4) extreme response tendency.

27.3.1.1 Positivity Bias

Evidence suggests that individuals in individualistic cultures tend to view themselves in a positive light. In contrast, the self-enhancing view of the self is not as common in collectivistic cultures. As such we advanced a testable theoretical

proposition stating that people in a collectivist culture are likely to report lower life satisfaction than people in an individualistic culture, and this effect may be due to the positivity bias. That is, survey respondents in a collectivistic culture tend to express less positive affect compared to respondents from an individualistic culture.

To mitigate the effects of this cultural bias, we suggested several remedies. First, instead of using the average life satisfaction score of a country (to compare it with other countries), we recommended the use of standardized scores. That is, converting all respondent scores within each country to z-scores (i.e., standardized scores) and averaging the z-scores. And second, wellbeing researchers can ask respondents to list an equal number of positive versus negative events in their life before answering the measures of overall life satisfaction. Doing so enhances the likelihood that respondents would evaluate their life satisfaction with these positive and negative events in mind.

27.3.1.2 Reference Group Effect

Based on the evidence, we argued that people in a collectivist culture are likely to report lower life satisfaction than people in an individualistic culture, and this effect may be due to reference group effect. That is, survey respondents from a collectivistic culture are likely to evaluate their lives more meaningfully by comparing their lives to their reference group rather than their ideal self or past achievements. To mitigate the effects of this cultural bias, we suggested several remedies. First, the life satisfaction measures for people in an individualistic culture could be modified with appropriate comparison standards to make the measures more ecologically valid.

In contrast, the measure of life satisfaction in a collectivistic culture should have a standard of comparison directly relevant to the culture—what is the good life as accepted by members of the respondent's immediate social network.

27.3.1.3 Lack of Consistency of Self-concept over Time

We also proposed, based on the available evidence. That people in a collectivist culture are more likely to report lower life satisfaction than people in an individualistic culture, and this effect may be due to the bias that survey respondents from a collectivistic culture lack a consistent self-concept over time compared to respondents from an individualistic culture.

We suggested two remedies to mitigate the effects of this cultural bias. First, control environmental circumstances and partial out their covariate effects in surveys involving collectivistic countries. Second, in administering a longitudinal survey in a collectivistic culture, life satisfaction should be measured repeatedly over an extended period. As such, the researcher can capture life satisfaction by averaging scores over multiple measurement occasions over time.

27.3.1.4 Extreme Response Tendency

People in a collectivistic culture are likely to report lower life satisfaction than people in an individualistic culture, and this effect may be due to the bias reflecting the tendency of survey respondents in a collectivist culture to respond more moderately compared to survey respondents from an individualistic culture.

The question arises on how to minimize the extreme response bias in the measurement of life satisfaction? In the context of collectivistic cultures, we recommended the use of even-number response scales to reduce their preference to midpoints. We also recommended using scales with less-extreme anchoring points in surveys in individualistic cultures (e.g., a 6-point scale instead of a 9-point scale). Furthermore, we suggested that each category of the response scale be clearly labeled to signify a very specific and clear response.

27.3.2 Authority: High vs. Low Power Distance Cultures

A power distance norm is the degree to which power disparity in a culture is expected and accepted. That is, in some “egalitarian societies” (e.g., the Scandinavian countries) the power distance norm is everyone should be treated equally regardless of their position or status in society. In contrast, the power-distance norm is “hierarchical societies” is that people should be acknowledged and treated based on their position and status in society (e.g., Japan). Two behavioral phenomena were identified in which power distance is likely to create bias in the measurement of life satisfaction in national surveys, namely locus of control and upward social comparison.

27.3.2.1 Locus of Control

Based on the available evidence, we hypothesized that survey respondents in a high-power distance culture are likely to report lower life satisfaction than people in a low-power distance culture. This may be due to locus of control. That is, in a high-power distance culture, survey respondents are likely to score highly on external locus of control, whereas respondents from a low power distance culture are likely to score highly on internal locus of control.

As such, we recommended the use the construct of locus of control as a covariate when comparing the degree of life satisfaction across countries. Partialing out the covariate effect of locus of control construct should reduce this cultural bias.

27.3.2.2 Upward Social Comparison

Again, based on study findings we argued that people in high-power distance cultures are likely to report lower life satisfaction than people in low-power distance cultures. This effect may be due to the possibility that survey respondents in high-power distance cultures are more likely to compare themselves with people of high social status. If so, they are more likely to rate their life satisfaction lower than those who engage in downward social comparisons.

Thus, in measuring life satisfaction in a high-power distance culture, we suggested that wellbeing researchers provide a “neutral” comparison standard such as one’s immediate social circle (e.g., compared to your colleagues, friends, and classmates, how satisfied are you with your life?) or the average person in their class. Doing so should reduce the upward social comparison bias in high-power distance cultures.

27.3.3 *Competition: Feminine vs. Masculine Cultures*

This cultural dimension refers to the degree to which a society minimizes gender role differences. There is evidence suggesting that individuals in the feminine cultures (e.g., Nordic countries) have higher levels of life satisfaction than those in masculine cultures (e.g., USA, Japan). Feminine cultures emphasize the virtues of cooperation, relationships, modesty, and caring for the weak; whereas masculine cultures emphasize the virtues of competition, assertiveness, achievement, and material success. People in masculine cultures are likely to report lower life satisfaction than people in feminine cultures, and this effect may be due to the bias that survey respondents in masculine cultures are likely to score highly on competitiveness, whereas respondents from feminine cultures are likely to score highly on cooperativeness.

To minimize the influence of this cultural bias in surveys of life satisfaction, we recommended the use the construct of competitiveness (versus cooperativeness) as a covariate when comparing the degree of life satisfaction across countries. Partialing out the covariate effects of the competitiveness construct, statistically speaking, should help minimize this cultural bias in life satisfaction surveys.

27.3.4 *Risk: High- vs. Low-Uncertainty Avoidance Cultures*

Uncertainty avoidance refers to two distinct aspects: risk avoidance (i.e., the degree to which individuals feel uncomfortable with taking risks) and intolerance of ambiguity (i.e., the degree to which individuals feel uncomfortable when confronted with ambiguity). People in a high-uncertainty avoidance culture (e.g., Germany) feel a greater need for rules and regulations, and they are intolerant of behaviors that do

not comply with rules and regulations. In contrast, people in a low-uncertainty avoidance culture are tolerant of ambiguities and less concerned about rules and regulations (e.g., USA). Evidence suggests that people in a high-uncertainty avoidance culture are likely to report lower life satisfaction than people in low-uncertainty avoidance cultures. This tendency may be due to the bias that survey respondents in a high-uncertainty avoidance culture are likely to score highly on ambiguity intolerance and low on openness to new experiences, whereas respondents from a low-uncertainty avoidance culture are likely to score low on ambiguity tolerance and high on openness to new experiences. As such, in measuring life satisfaction scores across high- versus low-uncertainty avoidance cultures, we suggested the inclusion of a measure of tolerance of ambiguity in the same survey and treating this construct as a covariate in the data analysis.

27.3.5 Time Span: Long-Term vs. Short-Term Orientation

Short-termism refers to the tendency of seeking to maximize short-term satisfaction at the expense of long-term gains. Based on available evidence, we suggested that individuals with short-term orientation are likely to report lower levels of life satisfaction than individuals with long-term orientation. Thus, people in a short-term orientation culture are likely to report lower life satisfaction than people in a long-term orientation culture, and this effect may be due to short-termism. Respondents from a long-term orientation culture are likely to score low on short-termism.

To minimize the cultural bias of short-termism in national surveys of life satisfaction, we recommended that the survey would include a measure of short-termism to be treated as a statistical covariate in data analysis. Alternatively, the survey questionnaire could prompt respondents to evaluate their overall life satisfaction with a short-term span in mind.

27.3.6 Status: Achievement vs. Ascription Cultures

In an achievement (doing) culture, people evaluate their worth through achievements. That is, their station in life is a direct reflection of their achievements. Typical achievement cultures include USA, Canada, Australia, and Scandinavian countries. In contrast, people in an ascription culture derive status from birth, age, gender, or wealth. Here, status is not based on achievements but on who that person is ascribed to by birth and entitlements. Typical ascription cultures include France, Italy, and Japan. Evidence suggests that people from an achievement/doing culture are likely to report higher life satisfaction than people of an ascription/being culture. Survey respondents in an achievement/doing culture are likely to attribute their success in life to their own personal strivings, whereas respondents from an ascription/being

culture attribute their success to external circumstances that may have little to do with merit.

To mitigate this cultural bias in national surveys of life satisfaction, we recommended that researchers could include a measure of personal strivings in the survey and treat this construct as a covariate in the statistical analysis. Furthermore, researchers should account for the fact that life satisfaction of people in an achievement culture is likely to change over time because of changes in personal strivings. In contrast, life satisfaction of people in an ascription culture is less likely to change over time.

27.4 Comparative Analysis

In this section we will explore the research dealing with comparative analysis among countries and other geographic units.

27.4.1 *Comparative Analysis among Countries*

Self-report questions about happiness or life satisfaction are now routinely included in global surveys such as the World Values Survey, the Eurobarometer, the Asia Barometer Survey, the World Gallup Poll, the United States General Social Survey, the German Socio-Economic Panel, the European Community Household Panel, the European Values Study Group, the South African General Household Survey, among others.¹ Table 27.3 shows subjective wellbeing rankings of 82 countries based on combined happiness and life satisfaction measures from the World Values Survey.

Much evidence of subjective wellbeing in various countries point to marked differences among countries. For example, the Scandinavian countries seem to be the happiest, followed by Britain, the USA, Canada, and Australia (evidence summarized in Argyle, 1996; Blanchflower & Oswald, 2004; Diener & Suh, 1999; Donovan & Halpern, 2002; and Inglehart & Klingemann, 2000). The least happy countries seem to be mostly Asian countries (see Table 27.4).²

The evidence also points to the fact that subjective wellbeing has remained stable over the years with some exceptions such as Russia, Hungary, and Belgium, which have suffered significant reductions in subjective wellbeing.

¹Veenhoven (2018) discussed the increasingly popular database of the World Database of Happiness.

²It should be noted that comparative analysis of country-level wellbeing is besieged with methodological problems. To begin to understand the complexity of the methodological issues involved in this type research, the reader is encouraged to read Oishi (2018).

Table 27.3 Subjective Wellbeing Rankings of Countries (Happiness + Life Satisfaction) from the *World Values Survey*

High	Medium high	Medium low	Low
Puerto Rico (4.67)	Saudi Arabia (3.01)	S. Africa (1.86)	Estonia (0.24)
Mexico (4.32)	Singapore (3.00)	Croatia (1.55)	Serbia (0.21)
Denmark (4.24)	Britain (2.92)	Greece (1.45)	Tanzania (0.13)
Ireland (4.16)	W. Germany (2.67)	Peru (1.32)	Azerbaijan (0.13)
Iceland (4.15)	France (2.61) Argentina (2.61)	S. Korea (1.12)	Montenegro (0.06)
Switzerland (4.00)	Vietnam (2.59)	Iran (0.93)	India (0.03)
N. Ireland (3.97)	Chile (2.53)	Poland (0.84)	Lithuania (−0.07)
Columbia (3.94)	Philippines (2.32)	Turkey (0.84)	Macedonia (−0.14)
Netherlands (3.86)	Taiwan (2.25)	Bosnia (0.82)	Pakistan (−0.30)
Canada (3.76)	Dom. Republic (2.25)	Morocco (0.74)	Latvia (−0.70)
Austria (3.96)	Brazil (2.23)	Uganda (0.67)	Albania (−0.86)
El Salvador (3.67)	Spain (2.13)	Algeria (0.57)	Bulgaria (−0.87)
Venezuela (3.58)	Israel (2.08)	Bangladesh (0.54)	Belarus (−0.92)
Luxembourg (3.52)	Italy (2.06)	Egypt (0.52)	Georgia (−1.11)
U.S. (3.47)	E. Germany (2.02)	Hungary (0.41)	Romania (−1.30)
Australia (3.46)	Slovenia (2.02)	Slovakia (0.40)	Moldavia (−1.63)
New Zealand (3.39)	Uruguay (2.02)	Jordan (0.39)	Russia (−1.75)
Sweden (3.36)	Portugal (1.99)		Armenia (−1.80)
Nigeria (3.32)	Japan (1.96)		Ukraine (−1.81)
Norway (3.25)	Czech rep. (1.94)		Zimbabwe (−1.88)
Belgium (3.23)			Indonesia (−2.40)
Finland (3.23)			

Source: Adapted from Selim (2008, p. 535)

Biswas-Diener, Vitterso, and Diener (2010) compared subjective wellbeing scores of two “rich” countries: the U.S. and Denmark. Denmark was found to score higher on life satisfaction on the average than the U.S. The authors attributed this difference to the fact that the Danes do not experience income inequality in the same magnitude that the Americans do. Americans who have low income tend to report lower life satisfaction scores, which in turn serve to drag down the overall average for the U.S. segment at large. Cognitive measures of happiness such as life satisfaction tend to be more sensitive to the effect of income on subjective wellbeing compared to other more affect-type measures (positive/negative affect). By the same token, the study also revealed that Americans scored more highly on both positive and negative affect, hinting at the possibility that Americans seem to be more “emotional” than the Danes in reporting their wellbeing experiences.

The *World Values Survey* is a global survey conducted by a network of social scientists at leading universities around the globe and is considered to cover a wide range of socio-economic and political issues, including happiness and life satisfaction. Happiness is captured by the following survey item: “Taking all things together, would you say you are 4=very happy, 3=quite happy, 2=not very happy, or 1=not happy at all.” Life satisfaction is measured using the following

Table 27.4 Comparative
Survey of Life Satisfaction

Country	Life evaluation
1. Denmark	8.02
2. Finland	7.67
3. Switzerland	7.47
4. Netherlands	7.46
5. Norway	7.42
6. Sweden	7.38
7. Australia	7.36
8. Canada	7.33
9. New Zealand	7.31
10. Belgium	7.26
11. ****	
12. ****	
13. ****	
14. ****	
15. United States	7.11

Source: Raksha Arora, “A Well-Being Report Card for President Sarkozy” (January 17, 2008), p. 2, <http://www.gallup.com/poll/10379/WellBeing-Report-Card-President-Sarkozy.aspx>

item: “All things considered, how satisfied are you with your life as a whole these days?” The scale used to capture responses to the life satisfaction question involves a 10-point rating scale varying from 1 = very dissatisfied to 10 = very satisfied.

Using data from the *World Values Survey*, Bonini (2008) was able to document significant variation (19%) in life satisfaction across countries. Regional differences, national wealth (measured by the Gross Domestic Product per capita), human development (measured by the *Human Development Index*), and environmental sustainability (measured by the *Environmental Sustainability Index*) did account for some variation in life satisfaction. However, a 1/3 of variation in life satisfaction remained unaccounted for.

27.4.2 Explaining Geographic Variations

Why do some countries score higher on wellbeing measures than others? What are the mechanisms that can explain this variation? Do the same mechanisms apply to other geographic variations? Rentfrow (2018) made an attempt to answer these questions based on a helpful review of the research literature. Here is a synopsis of this discussion. There seems to be at least three mechanisms that can account for geographic differences in wellbeing, namely selective migration, social influence, and ecological influence. *Selective migration* theory posits that people seek out geographic places that meet their needs. This means that people selectively migrate to places that satisfy these needs. For example, if people feel that they need Research on the links between personality and migration decisions indicates that many people

in the U.S. migrate to southern states (e.g., Florida, Texas, and California) because of the weather and knowing that these states have retirement communities that cater to the needs of the retirees.

The second mechanism is *social influence*. The idea here is that people's thoughts, feelings, and behaviors are influenced by others, especially significant others. For example, research has shown that positive affect spreads through social relationships. That is, wellbeing is spread through social contagion. As such, wellbeing in a specific geographic region spreads socially just like how a pandemic spreads physically.

The third mechanism involves *ecological influence*. This theory posits that aspects of the physical environment of the geographic locale may influence wellbeing in a collective manner. Examples of these aspects include temperature, rainfall, green space, crowding, and pathogens. These aspects may influence human behavior of the people in the geographic locales, which over time, can influence their sense of wellbeing. An example may be the prevalence of particular infectious disease may lead people to become more closed off, skeptical, and exclusive, which in turn may decrease their overall wellbeing.

27.5 Wellbeing of Specific World Regions

The Halloran Philanthropies commissioned a research project to document the trends of wellbeing for different world regions, including subjective wellbeing. This project resulted in a massive volume, *The Pursuit of Human Well-Being: The Untold Global History* and edited by Richard Estes and me (Estes & Sirgy, 2017).

27.5.1 Sub-Saharan Africa

Moller and Roberts (2017) provided an overview of subjective wellbeing trends in Sub-Saharan Africa. Here are some highlights:

- With respect to *life satisfaction*,³ relatively few countries in the sub-Saharan region have mean scores above the life satisfaction scale midpoint (5.0). The exceptions are Malawi, South Africa, Nigeria, Djibouti, Chad, and Namibia (these countries average scores are above the midpoint). For reference, Costa Rica registered the highest score on the life satisfaction scale (8.5). The overall average level of satisfaction for all the countries in sub-Saharan Africa was documented as 4.4 (on a 10-point scale), which is below that of North Africa (5.6) and the world average (5.9).

³These results are based on data extracted from the World Database of Happiness.

- With respect to *contentment with life*,⁴ there is substantial variation in contentment in the region, ranging from 2.9 (10-point scale) in Togo to a high of 5.6 in Angola. Only Angola, Mauritius, and Nigeria registered a mean score above the midpoint (5). Dividing the sub-Saharan region into four geographic regions, we note that the lowest contentment score is in western Africa (4.08), followed by central Africa (4.30), eastern Africa (4.41), and southern Africa (4.92).
- With respect to *positive and negative affect*,⁵ the data show on average, most people in the region experience more positive than negative affect—the mean for the region is 42.1 (on a 100-point scale) compared to 31.9 in South Asia, 33.6 in the Middle East and North Africa, and 35.1 in Europe and central Asia.

27.5.2 Latin America

Rojas and de Garcia Vega (2017) provided an overview of subjective wellbeing trends in Latin America. Here are some highlights:

- Ten of the 11 most positive countries in the world are in Latin America, according to results survey findings from the World Gallup Poll (Clifton, 2012). This finding is based on *positive affect*.
- Latin Americans report high *life satisfaction* levels that are at least as high as those of the European and the Anglo-Saxon worlds.⁶ Interestingly, the average life satisfaction scores in the four most populous countries in Latin America (Brazil, Mexico, Columbia, and Argentina) are higher than those in countries such as the United States, Germany, Australia, and Spain.
- Latin Americans are highly satisfied with their lives in general, most notably in Costa Rica, Panama, Columbia, Venezuela, Honduras, Mexico, and Guatemala. Furthermore, the trend from 2001 to 2011 has been mostly positive except for El Salvador, Venezuela, Honduras, and Chile.⁷

27.5.3 North America

Estes, Land, Michalos, Phillips, and Sirgy (2017) reported on survey data related to happiness and well-being of Canadians and Americans. Here is a synopsis of this report.

⁴These results are based on data extracted from the Gallup World Poll.

⁵These results are based on data extracted from the Gallup World Poll.

⁶These results are based on Wave 6 of the 2014 World Value Survey.

⁷These results are based on data extracted from the Latino barometer.

- The World Happiness Report 2012 and 2013 ranked Canada #6 in the world on *life satisfaction*, whereas the United States was #17.
- The General Social Survey (GSS) has the following *life satisfaction* question: “Taken altogether, how would you say things are these days—would you say that you are very happy, pretty happy, or not too happy?” Analyzing the trend from 1978 to 2010, it seems that the average happiness of Americans, measured on a three-point scale corresponding to the three possible responses to the GSS happiness question (not too happy = 1, pretty happy = 2, and very happy = 3) has fluctuated from about 2.1 to 2.26—in other words, just above pretty happy but not very happy. A similar trend holds for Canadians; however, the average happiness levels among Canadians were higher than those in the United States.
- Survey data over the last 30 years or so from the World Values Survey indicate that both countries seem to have a strong sense of well-being. Most Americans and Canadians seem to be *happy with life overall* with remarkable stability—that is, the averages do not fluctuate from one year to the next. The life satisfaction survey item is as follows: “All things considered, how satisfied are you with your life as a whole these days? Using this card on which 1 means you are “completely dissatisfied” and 10 means you are “completely satisfied” where would you put your satisfaction with your life as a whole?” On the average, the mean life satisfaction scores for people in Canada seem to hover around 7.8, whereas the average score in the United States is slightly lower (around 7.5).
- The OECD Better Life Index also seem to validate the notion that life satisfaction has been remarkably stable over time in North America.

27.5.4 East Asia

Inoguchi and Estes et al. (2017) reported on subjective wellbeing in Asia Pacific. Survey results based on Inoguchi and Fujii (2011) reported self-assessment of personal happiness in China, Japan, South Korea, and Taiwan. The results show that 62.2% of adults in China report being “extremely happy” or “rather happy” compared to 62.0% in Japan, 53.7% in South Korea, and 50.2% in Taiwan.

27.5.5 South Asia

Shrotryia and Mzaumdar (2017) reported on survey data related to happiness and well-being of people in South Asia. Here are some highlights.

- In 2011, Sri Lanka had the highest (36.2 years) level of average happy life years. Pakistan (32.5 years) had the lowest. There is not much variation in average happy life years in South Asia. In 1990, India had 36.44 happy life years. Of the 48 nations surveyed, only six had lower happy life years’ scores than India, and

Iceland had the highest value at 62.4. These statistics are attributable to the high life expectancy rate in Sri Lanka, given the lack of variation in life satisfaction among the people in South Asia.⁸

- Looking at trends between 1990 and 2014, the authors reported decreasing life satisfaction in India and Bangladesh but increasing scores in Pakistan.⁹

27.5.6 *Southeast Asia*

Mangahas and De Jesus (2017) reported on survey data related to happiness and well-being of people in Southeast Asia. Here is a synopsis of this report.

- At least 90% of the survey respondents say they are either “Very Happy” or “Quite Happy”; these combined responses are stable over time. The percentage of people registered as “Very Happy” varies more widely—57% in Malaysia (2012), 50% in the Philippines (2012), 40% in Thailand (2007), 38% in Singapore (2012), 26% in Indonesia (2006), and 23% in Vietnam (2006).¹⁰
- Using the 10-point scale of life satisfaction (2010–2012), survey results show Singapore scoring the highest (6.5), followed by Thailand (6.4), Malaysia (5.8), Vietnam (5.5), Indonesia (5.3), Philippines (5.0), Lao PDR (4.8), Myanmar (4.4), and Cambodia (4.1). As a region, Southeast Asia is average—considerably below North America but well above South Asia and sub-Saharan Africa.¹¹

27.5.7 *Europe*

Glatzer and Kohl (2017) reported on survey data related to happiness and well-being of people in Europe. Here are some highlights.

- Survey conducted in 2013 using an 11-point life satisfaction scale show that Europeans experience life satisfaction on the same level on the same level to Americans (USA).¹² The largest group of countries with highly satisfied people are in northern and central Europe: Denmark, Finland, Sweden, Austria, Netherlands, Belgium, Luxembourg, and Ireland. Values range from 7.4 to 8.0 (on a 0–10 scale). In contrast, 12 countries in southern and Eastern Europe fall below the European average (Estonia, Latvia, Lithuania, Greece, Portugal, Spain, Bulgaria, Czech Republic, Croatia, Hungary, Italy, and Cyprus. The life average

⁸Happy life years is the product of the measures of life expectancy and of life satisfaction.

⁹Survey data are based on the World Values Survey.

¹⁰Data from the World Values Survey.

¹¹Data from the Gallup World Poll.

¹²Data from Eurostat.

satisfaction in these countries range between 6.9 and 8.0. The remaining countries fall in the middle range (7.0–7.3). These countries are France, Germany, Great Britain, Poland, Malta, Romania, Slovenia, and Slovakia.

- The non-European Union members inside the territorial boundaries of the European Union are classified as countries on top of the life satisfaction ladder. These countries include Norway, Switzerland,¹³

27.5.8 *Oceania*

Cummins and Capic (2017) reported on survey data related to happiness and well-being of people in Oceania. Here are some highlights.

- The average level of life satisfaction score for Australia has been consistently in the top cluster of the developed countries.¹⁴
- In contrast, subjective wellbeing is significantly lower in New Zealand. The mean score lies below average of most European countries.¹⁵
- Although no survey data exist for Papua New Guinea, the authors have made a case that average life satisfaction is most likely to be significantly lower than Australia, New Zealand, and significantly below the world average.

27.5.9 *Successor States of the Former Soviet Union*

Graham and Werman (2017) reported on survey data related to happiness and well-being of people in successor States of the former Soviet Union. Here are some highlights.

- Subjective wellbeing trends in this diverse set of countries reflect the dramatic nature of social, political, and economic changes in these countries. In general, life satisfaction has been high before the transition, falling dramatically during transition, and has been climbing back up post transition, albeit not fully recovering to their pre-transition levels in most countries.
- Life satisfaction in the transition economies of the nation-states of the former Easter Bloc has been significantly lower than life satisfaction in the European Union countries.
- The lowest life satisfaction score was registered in 2007, but it has been climbing consistently from 2007 to 2012.

¹³Data from Eurostat.

¹⁴Results are based on the Victorian Quality of Life Panel survey; the Household, Income, and Labour Dynamics; and the Australian Unity Well-being Index.

¹⁵Results as based on the Sovereign Wellbeing Index.

27.5.10 Middle East and North Africa (MENA)

Tiliouine and Meziane (2017) reported on survey data related to happiness and well-being of people in the MENA region. Here are some highlights.

- In 2011, the average life satisfaction score (11-point scale) in the MENA region was 5.8, the highest scores belonged to the UAE (7.3), followed by Israel (7.0). All scores were much lower than the highest score worldwide (8.5) at that time.¹⁶
- In 2012, rankings of 85 countries on a happiness measure indicated that people in the MENA region generally experienced low levels of happiness.¹⁷ Exceptions are: Israel (ranked 11th), UAE (ranked 14th), Oman (ranked 23rd), Qatar (ranked 27th), Kuwait (ranked 32nd), and Saudi Arabia (ranked 33rd).
- With respect to happy life years, 2000–2009 data show a similar pattern across 149 countries. Yemen, Iraq, and Lebanon were at the low end, the UAE, Israel, and Qatar were at the high end.¹⁸

27.6 Country-Specific Wellbeing

In this section we will describe wellbeing research that has focused on specific countries. These include China, Japan, South Korea, Taiwan, Hong Kong, and Singapore.

27.6.1 South Africa

Moller (2016) reported on the trend in life satisfaction in South Africa from 1994 onward. The year of 1994 is noteworthy in the history of South Africa because in 1994 South African citizens voted for the first time in their lives. Nelson Mandela became president. In the month following the 1994 elections, life satisfaction peaked. Four out of five South Africans, black and white, stated that they were satisfied with life and happy. However, the euphoria did not last long. Since that time, life satisfaction dropped significantly between 1995 and 2012—with no more than 55% of the population stating they are satisfied on average.

¹⁶Data are from the Gallup World Poll.

¹⁷Survey results were based on the World Happiness Report.

¹⁸Data are based on the Veenhoven Happy Life Years measure.

27.6.2 *China*

One of the most popular subjective quality-of-life measures developed and used in China is the Asia Barometer (Shu & Zhu, 2009). Global assessments of life involve survey questions capturing the degree to which Chinese respondents experience happiness, enjoyment, and achievement. Specifically, to capture happiness respondents are asked: “All things considered, would you say that you are happy these days?” Responses are captured using a 5-point scale: 1 = very unhappy, 2 = not too unhappy, 3 = neither happy nor unhappy, 4 = quite happy, and 5 = very happy. The results of a large scale survey administered in 2006 revealed that 43% of Chinese respondents indicated that they are “very happy and quite happy,” 27% indicated “neither happy nor unhappy,” and 30% indicated “very unhappy and not too happy.”

To capture enjoyment respondents are asked: “How often do you feel you are really enjoying life these days?” The response scale involves a 4-point rating scale with never = 1, rarely = 2, sometimes = 3, and often = 4. The survey results show 74% of the respondents indicated “often and sometimes” and 28% “rarely and never.”

Achievement is captured using the following item: “How much do you feel you are accomplishing what you want out of your life?” Responses are captured on a 4-point rating scale: None = 1, very little = 2, some = 3, and a great deal = 4. The survey results indicated that 62% reported “a great deal and some” and 38% reporting “very little and none.”

The Asia Barometer also is designed to capture domain satisfaction. The survey asks respondents to rate 16 life domains on a 5-point satisfaction rating scales (varying from 1 = very dissatisfied to 5 = very satisfied). These life domains are grouped in terms of five major dimensions. See domains and dimensions and satisfaction ratings in Table 27.5 and the satisfaction ratings.

27.6.3 *Japan*

Using the *Asia Barometer*, Inoguchi and Fujii (2009) report on the subjective quality of life of the Japanese. As described in the previous section on China, global assessments of life involve survey questions capturing the degree to which Japanese respondents experience happiness, enjoyment, and achievement. Happiness was captured by the following item: “All things considered, would you say that you are happy these days?” Responses are captured using a 5-point scale: 1 = very unhappy, 2 = not too unhappy, 3 = neither happy nor unhappy, 4 = quite happy, and 5 = very happy. The results of a nationally representative survey administered in 2006 revealed that 15.4% of Japanese respondents indicated that they are “very happy,” 44.3% “quite happy,” 34.6% “neither happy nor unhappy,” 4.8% “not too happy,” and 0.9% “very unhappy.”

Table 27.5 Domain Satisfaction Ratings: China

Domain	% Satisfied	% Dissatisfied
Personal life sphere		
• health	56.50%	9.39%
• education	32.47	21.11
• job	30.74	26.46
Interpersonal life sphere		
• marriage	73.15	3.39
• friendship	60.45	2.47
• family life	51.71	7.9
• neighbours	48.69	5.97
Material life sphere		
• housing	48.8	16.25
• standard of living	32.06	12.61
• household income	25.82	21.55
Nonmaterial life sphere		
• spiritual life	39.35	14.93
• leisure	30.29	20.44
Public life sphere		
• the condition of the environment	31.3	21.57
• public safety	25.28	29.46
• the democratic system	18.07	29.52
• social welfare system	13.6	48.78

Source: Adapted from Shu and Zhu (2009, p. 212)

With respect to enjoyment respondents are asked: “How often do you feel you are really enjoying life these days?” The response scale involves a 4-point rating scale with never = 1, rarely = 2, sometimes = 3, and often = 4. The survey results show 19.6% of the respondents indicated “often,” 59.5% “sometimes,” 19.2% “rarely,” and 1.2% “never.”

In regard to achievement, the following item was used: “How much do you feel you are accomplishing what you want out of your life?” Responses are captured on a 4-point rating scale: None = 1, very little = 2, some = 3, and a great deal = 4. The survey results indicated that 6.3% reported “a great deal,” 59.3% “some,” 29.3% “very little,” and 3.2% “none.”

Domain satisfaction ratings were also captured in the survey. The survey asked respondents to rate 16 life domains on a 5-point satisfaction rating scales (varying from 1 = very dissatisfied to 5 = very satisfied). See domains and dimensions and satisfaction ratings in Table 27.6 and the satisfaction ratings.

Table 27.6 Domain Satisfaction Ratings: Japan

Domain	% Satisfied	% Dissatisfied
Personal life sphere		
• health	71.30%	11.70%
• education	53.2	8.5
• job	50.9	12.7
Interpersonal life sphere		
• marriage	81.8	2.7
• friendship	81.3	2.9
• family life	76.4	3.4
• neighbours	55.8	5.9
Material life sphere		
• housing	69.4	15
• standard of living	58	14.2
• household income	45	25.2
Nonmaterial life sphere		
• spiritual life	60.3	9.1
• leisure	64.2	14.2
Public life sphere		
• the condition of the environment	65.7	11
• public safety	54.2	16.4
• the democratic system	31.2	17.9
• social welfare system	27	26.9

Source: Adapted from Inoguchi and Fujii (2009, p. 252)

27.6.4 South Korea

Again, using the *Asia Barometer*, Park (2009) reports on the subjective quality of life of the South Koreans. The results related to the happiness construct (“All things considered, would you say that you are happy these days?” Responses are captured using a 5-point scale: 1 = very unhappy, 2 = not too unhappy, 3 = neither happy nor unhappy, 4 = quite happy, and 5 = very happy) are as follows: 12.0% of South Korean respondents indicated that they are “very happy,” 44.3% “quite happy,” 29.9% “neither happy nor unhappy,” 12.7% “not too happy,” and 1.1% “very unhappy.”

With respect to the enjoyment construct (“How often do you feel you are really enjoying life these days?” The response scale involve a 4-point rating scale with never = 1, rarely = 2, sometimes = 3, and often = 4), the results are as follows: 17.0% of the respondents indicated “often,” 52.0 “sometimes,” 28.8% “rarely,” and 3.0% “never.”

In regard to achievement (“How much do you feel you are accomplishing what you want out of your life?” Responses are captured on a 4-point rating scale: None = 1, very little = 2, some = 3, and a great deal = 4), the results are as follows: 3.6% reported “a great deal,” 46.6% “some,” 45.3% “very little,” and 4.4% “none.”

Table 27.7 Domain Satisfaction Ratings: South Korea

Domain	% Satisfied	% Dissatisfied
Personal life sphere		
• health	57.20%	14.80%
• education	35.9	17.2
• job	35.9	22.6
Interpersonal life sphere		
• marriage	62.6	6.2
• friendship	69	5.2
• family life	62.8	7.2
• neighbours	56.5	5.3
Material life sphere		
• housing	52.4	14.5
• standard of living	32.3	18.8
• household income	28.2	25.4
Nonmaterial life sphere		
• spiritual life	33.7	13.1
• leisure	32.9	24.5
Public life sphere		
• the condition of the environment	42.4	15.1
• public safety	54.2	16.4
• the democratic system	28.7	24.3
• social welfare system	17.8	35.6

Source: Adapted from Park (2009, p. 283)

With respect to domain satisfaction ratings (the survey asked respondents to rate 16 life domains on a 5-point satisfaction rating scales (varying from 1 = very dissatisfied to 5 = very satisfied), the results are shown in Table 27.7.

27.6.5 Hong Kong

Sing (2009) reports on the subjective quality of life of people in Hong Kong. As with the previous reports on China, Japan, and South Korea, these results are based on the Asia Barometer Survey. The results related to the happiness construct (“All things considered, would you say that you are happy these days?” Responses are captured using a 5-point scale: 1 = very unhappy, 2 = not too unhappy, 3 = neither happy nor unhappy, 4 = quite happy, and 5 = very happy), 51.0% of Hong Kong respondents indicated that they are “very happy and quite happy.”

With respect to the enjoyment construct (“How often do you feel you are really enjoying life these days?” The response scale involves a 4-point rating scale with never = 1, rarely = 2, sometimes = 3, and often = 4), 62.0% of the respondents indicated “often and sometimes.”

Table 27.8 Domain Satisfaction Ratings: Hong Kong

Domain	% Satisfied	% Dissatisfied
Personal life sphere		
• health	60.00%	7.00%
• education	37	12
• job	42	9
Interpersonal life sphere		
• marriage	72	2
• friendship	73	2
• family life	58	3
• neighbours	35	8
Material life sphere		
• housing	55	11
• standard of living	38	9
• household income	28.2	25.4
Nonmaterial life sphere		
• spiritual life	43	6
• leisure	49	7
Public life sphere		
• the condition of the environment	42	7
• public safety	53	7
• the democratic system	37	11
• social welfare system	30	13

Source: Adapted from Sing (2009, p. 319)

Regarding achievement (“How much do you feel you are accomplishing what you want out of your life?” Responses are captured on a 4-point rating scale: None = 1, very little = 2, some = 3, and a great deal = 4), 56.0% reported “a great deal and some.”

With respect to domain satisfaction ratings (the survey asked respondents to rate 16 life domains on a 5-point satisfaction rating scales (varying from 1 = very dissatisfied to 5 = very satisfied), the results are shown in Table 27.8.

27.6.6 Singapore

Based on data from the *Asia Barometer Survey*, Tambyah, Tan, and Kau (2009) reports on the subjective quality of life of people in Singapore. The results related to the happiness construct (“All things considered, would you say that you are happy these days?” Responses are captured using a 5-point scale: 1 = very unhappy, 2 = not too unhappy, 3 = neither happy nor unhappy, 4 = quite happy, and 5 = very happy) are as follows: 27.5% of Singapore respondents indicated that

Table 27.9 Domain Satisfaction Ratings: Singapore

Domain	% Satisfied	% Dissatisfied
Personal life sphere		
• health	83.70%	5.40%
• education	72.9	8.9
• job	70.9	9.9
Interpersonal life sphere		
• marriage	94.7	1.3
• friendship	89.7	1.6
• family life	92.5	1.4
• neighbours	81	4
Material life sphere		
• housing	87.2	3.6
• standard of living	76	7.2
• household income	64.8	14.3
Nonmaterial life sphere		
• spiritual life	83.7	1.9
• leisure	84.1	3.5
Public life sphere		
• the condition of the environment	85.2	3.4
• public safety	87	3.1
• the democratic system	66.4	8.4
• social welfare system	61.5	10.4

Source: Adapted from Tambyah et al. (2009, p. 363)

they are “very happy,” 51.1% “quite happy,” 15.4% “neither happy nor unhappy,” 5.2% “not too happy,” and 0.9% “very unhappy.”

With respect to the enjoyment construct (“How often do you feel you are really enjoying life these days?” The response scale involve a 4-point rating scale with never = 1, rarely = 2, sometimes = 3, and often = 4), the results are as follows: 34.3% of the respondents indicated “often,” 54.2 “sometimes,” 10.0% “rarely,” and 1.5% “never.”

In regard to achievement (“How much do you feel you are accomplishing what you want out of your life?” Responses are captured on a 4-point rating scale: None = 1, very little = 2, some = 3, and a great deal = 4), the results are as follows: 16.9% reported “a great deal,” “59.1% “some,” 20.7% “very little,” and 3.2% “none.”

With respect to domain satisfaction ratings (the survey asked respondents to rate 16 life domains on a 5-point satisfaction rating scales (varying from 1 = very dissatisfied to 5 = very satisfied), the results are shown in Table 27.9.

27.6.7 *Taiwan*

Again as with the subjective profiles drawn for China, Japan, South Korea, Hong Kong, and Singapore (based on data from the Asia Barometer Survey), Yao, Cheng, and Cheng (2009) reports on the profile of people in Taiwan. The results related to the happiness construct (“All things considered, would you say that you are happy these days?” Responses are captured using a 5-point scale: 1 = very unhappy, 2 = not too unhappy, 3 = neither happy nor unhappy, 4 = quite happy, and 5 = very happy) show a mean of 3.6.

With respect to the enjoyment construct (“How often do you feel you are really enjoying life these days?” The response scale involves a 4-point rating scale with never = 1, rarely = 2, sometimes = 3, and often = 4), the mean was reported as 2.7.

Regarding achievement (“How much do you feel you are accomplishing what you want out of your life?” Responses are captured on a 4-point rating scale: None = 1, very little = 2, some = 3, and a great deal = 4), the data produced a mean of 2.5.

With respect to domain satisfaction ratings (the survey asked respondents to rate 16 life domains on a 5-point satisfaction rating scales (varying from 1 = very dissatisfied to 5 = very satisfied), the results are shown in Table 27.10.

Table 27.10 Domain Satisfaction Ratings: Taiwan

Domain	% Satisfied	% Dissatisfied
Personal life sphere		
• health	59.00%	9.00%
• education	42	12
• job	34	16
Interpersonal life sphere		
• marriage	51	2
• friendship	73.2	2
• family life	66	3
• neighbours	59	4
Material life sphere		
• housing	58	8
• standard of living	45	7
• household income	38	14
Nonmaterial life sphere		
• spiritual life	53	7
• leisure	52	8
Public life sphere		
• the condition of the environment	36	17
• public safety	17	52
• the democratic system	33	20
• social welfare system	20	36

Source: Adapted from Yao et al. (2009, p. 393)

27.7 Conclusion

Distinctions were made among conceptions of wellbeing as originating from diverse cultures and countries in this chapter. Specifically, quality-of-life research has identified four fundamental differences in the conceptualizations of mental wellbeing across cultures: hedonic versus eudaimonic experience, self-enhancement versus self-transcendence, autonomy versus interpersonal harmony, and the importance of context.

Research suggest that cultural factors tend to bias the measurement of life satisfaction in large-scale national and international surveys. As such, six cultural dimensions were discussed that have a direct bearing on the measurement of life satisfaction: identity (individualism vs. collectivism culture), authority (high- vs. low-power distance culture), competition (femininity vs. masculinity), risk (high- vs. low-uncertainty avoidance), time span (long-term orientation vs. short-term orientation), and status (achievement vs. ascription). Based on this discussion suggestions were offered to mitigate this cultural bias in national surveys involving life satisfaction.

We then focused on the development of country-specific measures of wellbeing. Reports comparing wellbeing of citizens of various countries were described. We then shifted to addressing wellbeing data from specific countries.

Self-report questions about happiness or life satisfaction are now routinely included in global surveys (e.g., the World Values Survey, the Eurobarometer, the Asia Barometer Survey). Much evidence of subjective wellbeing in various countries point to marked differences among countries. The Scandinavian countries seem to be the happiest, followed by Britain, the USA, Canada, and Australia. The least happy countries are mostly Asian countries. Much space and attention were devoted to describing quality of life of selected Asian countries (China, Japan, South Korea, Taiwan, Hong Kong, and Singapore).

It seems proper to conclude that much of the research on culture and wellbeing has taught us that personal wellbeing can be influenced by culture and country context. More specifically, personal well-being is likely to be optimal when one's own personal values matches the culture (i.e., the values of the collective—the values of the people the individual is exposed to and interacts with routinely and frequently). This notion is coined as the *culture-person matching* hypothesis in the wellbeing research literature. That is, an individual is likely to experience higher levels of wellbeing if the individual's personal characteristics (values, belief system, personality, etc.) matches the cultural characteristics (values, belief system, rituals and norms, etc.) of the residing country (see discussion of this research in Suh & Choi, 2018).

What may be the policy implications related to our understanding of characteristics of happy countries? Sim and Diener (2018) discussed the research related to characteristics of countries rated highly on subjective well-being. Here is a synopsis of what they had to say about this research. Countries high in subjective wellbeing tend to have the following characteristics:

- Are more economically developed,
- Have lower corruption,
- Have better (more efficient and effective) public administration,
- Have strong record on protecting human rights,
- Have a progressive tax structure,
- Have income and employment security programs protecting the less privileged,
- Are healthier and have better healthcare coverage, and
- Are greener.

The authors identified Denmark as fitting this profile. Here is a profile of Denmark.

- Danes are among the happiest people in the world;
- They enjoy a high standard of living;
- They are ranked very favorably in the Human Development Index (GDP per capita, educational attainment, and life expectancy),
- They are ranked very high on the Democracy Index;
- They score highly on measures of social mobility;
- They have a high level of income equality;
- They have very low levels of perceived corruption;
- They are subject to high personal income tax rates;
- They rank highest in the world for workers' rights and strong employment security programs;
- They have a universal healthcare system; and
- They are very environmentally conscious and rank very high in the Environmental Performance Index.

I wonder whether Denmark can serve as a model of a happy country that other countries can emulate.

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Chapter 28

The Wellbeing of Specialty Population Segments



Our job is to bring about a worldwide demographic transition and flatten out that exponential curve—by eliminating grinding poverty, making safe and effective birth control methods widely available, and extending real political power (executive, legislative, judicial, military, and in institutions influencing public opinion) to women. If we fail, some other process, less under our control, will do it for us.

—Carl Sagan, Astrophysicist and Science Communicator (1934–1996) (<https://populationmatters.org/quotes>)

28.1 Introduction

Although much of the earlier wellbeing research has concentrated on population segments that have a history of disadvantage (e.g., the elderly, children, women, minorities, and the like), the more recent research has attempted to fill in the gaps by addressing issues of wellbeing among the less popular and less disadvantaged group. These include the mentally ill, the disabled, drug addicts, sexual minorities, sex workers, emergency personnel, immigrants, teachers, caregivers, tourists, and residents of tourist communities. We will examine the research related to these population segments.

28.2 The Wellbeing of the Mentally Ill

Many wellbeing researchers have long viewed mental illness as opposite to wellbeing and positive mental health. However, more recently, there is growing research on how the mentally ill (individuals diagnosed with major depressive disorder, bipolar disorder, social anxiety disorder, schizophrenia, and trauma-related disorders) can and do experience positive emotions, meaning and purpose in life, and social relationships of. Goodman, Doorley, and Kashdan (2018) provide us with an excellent expose to this research. Here is a synopsis of their article. The discussion is

broken down by specific dimensions of wellbeing, namely positive emotions and meaning and purpose in life.

28.2.1 Positive Emotions

Recent research challenges the assumption that being *clinically depressed* leads to greater negativity in response to stressful events and less reward responsiveness to positive events. Research has demonstrated that depressed individuals respond to negative events with less distress than their mentally healthy counterparts. Depressed individuals also are less emotionally reactive to positive events. In other words, they are insensitive to both positive and negative events. They are less likely to dwell in positive mood states, such as savoring an experience by replaying the highlights. They react to positively appraised real-life events by downplaying them.

Those who have bipolar disorders tend to experience intense euphoria during manic episodes. They are also impulsive in the way they make decisions and take action (e.g., spending sprees, commit relationship infidelities, excessive drug use, and risk sexual encounters). Nevertheless, they tend to experience pronounced positive emotions in a broader range of circumstances, much more so than their mentally healthy counterparts. They recall more positive memories during manic episodes. During mania, they exhibit more positive emotions in response to, in anticipation of, and following rewarding stimuli; they are also highly creative.

How about people with *social anxiety disorder*? They experience persistent low positive affect. Specific positivity deficits include dismissing or rejecting positive feedback, having difficulty recalling positive events, feeling fearful in social non-threatening situations, and experiencing an impoverished quality of life.

28.2.2 Meaning and Purpose in Life

A symptom of *depression* as recognized by clinical psychologists is lack of meaning and purpose in life. By the same token, clinical psychologists also recognize that a strong sense of meaning and purpose can play a buffering role in the onset and maintenance of depression. In other words, injecting meaning and purpose in life can be highly therapeutic for depressed individuals. Meaning and purpose can decrease depressive symptoms by motivating the depressed to be involved in creating positive life events. As such, enhancing meaning and purpose should be effective in preventing and treating depression.

With respect to *bipolar disorder*, research has uncovered the possibility that some patients derive a sense of meaning from their illness. While bipolar disorder creates a challenging existence for those affected, some discover meaning and purpose from the chaos. In some cases, spirituality and/or religion helps. Research has shown that that people with bipolar disorder who have strong religious beliefs and practices may

be in a better position to control, monitor, and regulate their emotions in the context of disorganized goal pursuit. Spirituality also serves to boost well-being by inducing a sense of connectedness with a higher power. As such, spirituality and/or religion can be highly therapeutic for people with bipolar disorders.

With respect to *social anxiety disorder*, research suggests that a coherent sense of purpose and commitment to that purpose may act as a powerful antidote. Strong effort toward one's purpose seems therapeutic for those with social anxiety disorder.

People with *schizophrenia* have distorted perceptions and beliefs about the world around them. This distortion causes a great deal of impairment in daily functioning and wellbeing. However, some people with schizophrenia do experience profound meaning in life. They construct meaning from their delusions and hallucinations; they manage to integrate these experiences into a coherent view of the world and how they fit in it. Doing so allows them to better understand and accept their aberrant experiences. As such, a greater sense of meaning and purpose can be therapeutic. Those who find meaning and purpose tend to adhere to their medical regimen and are less likely to be depressed.

Further, meaning and purpose play an important role in *trauma-related disorders* such as PTSD. Survivors of trauma often search for meaning in their trauma. For some, this search for meaning compels a re-evaluation of one's life allowing them to identify new opportunities for growth. For example, an individual with a recently deceased parent may strive to strengthen their relationships with others as they become more fully appreciating meaningful connections with others.

28.2.3 Life Satisfaction

Recently, Meule and Voderholzer (2020) reported the results of a large-scale survey of psychiatric inpatients using the very popular and widely accepted Satisfaction With Life Scale. The study compared inpatients of seven diagnostic categories, namely depressive episode, recurrent depressive disorder, phobic disorders, obsessive-compulsive disorder, trauma-related disorders, somatoform disorders, and eating disorders. The results show that patients with trauma-related disorders report the lowest levels of life satisfaction. The study also demonstrated that life satisfaction can be significantly increased after psychiatric treatment across all groups. Increases in life satisfaction seem to be based on decreases in depressive symptoms. Although psychiatric treatment is deemed successful for most patients, the study clearly shows that at discharge most patients still register significantly lower levels of life satisfaction compared to non-clinical samples.

28.3 The Wellbeing of the Disabled

There is a seminal study conducted by Brickman, Coates, and Janoff-Bulman (1978) examining the subjective wellbeing of people who are disabled with a spinal cord injury. Data from this study show that although there is a first drop in happiness following the injury, the disabled recover and their happiness bounces back to pre-injury levels. In other words, the disabled adapt to their disability and return to their pre-disability state of subjective wellbeing. This seminal study was replicated in different segments of the disabled population and the findings reinforced the notion that people adapt to their disability, and that the disability does not significantly affect their subjective wellbeing (e.g., Patterson et al., 1993; Tyc, 1992). This early evidence has been based mostly on small samples.

More recently, Lucas (2007), using large-scale samples from the *German Socio-Economic Panel* and the *British Household Panel Survey*, found evidence against the adaptation effect. That is, the study findings show that there is a strong and statistically significant relationship between subjective wellbeing and disability. That the reduced subjective wellbeing effect arising from disability does not necessarily diminish over time. However, Oswald and Powdthavee (2008) using the *British Household Panel Survey* were able to show that subjective wellbeing of the disabled does indeed return to pre-disability levels after two years. When the sample is decomposed into disabled with severe handicaps, the adaptation effect disappears. In other words, the adaptation effect may apply to those who are less-severely disabled (cf. Pagan-Rodriguez, 2010; Powdthavee, 2009).

28.4 The Wellbeing of Drug Addicts

How do quality-of-life researchers construe and measure subjective wellbeing of drug addicts? Here are several examples. Garcia-Rea and LePage (2010) employed the World Health Organization Quality-of-Life Brief Version (WHOQOL-BREF) measure to measure the quality of life of *homeless substance dependent veteran* population. They were able to demonstrate reliability of the measure through internal consistency for all items related to particular life domains (physical, psychological, social, and environmental). Validity was also demonstrated through correlations with measures of psychological, social, and physical difficulties.

In a related study, De Maeyer et al. (2009) conducted several focus groups in various drug treatment facilities in Belgium to identify important dimensions of quality of life. The study findings revealed three key domains: personal relationships (the importance of supportive personal network including family, children, friends, partners and also care givers), social inclusion (integration into mainstream society), and self-determination (importance to have prospects and to have life goals). De Maeyer and colleagues modified Schalock's (1996) quality-of-life measure (primarily used for the disabled) to capture the quality of life of drug addicts. Specific

indicators of these dimensions are shown in Table 28.1 as applied to drug addicts and substance abuse.

It may be obvious to state that the quality of life of drug addicts is low, compared to non-drug addicts. Here is some evidence. Morgen, Astone-Twerell, Hernitche, Gunneson, and Santangelo (2007) studied a population of substance abusers in long-term residential community treatment in New York and compared this population with a general non-institutionalized adult sample from New York. The two samples completed a health-related quality-of-life measure (the Center for Disease Control's Behavioral Risk Factor Surveillance System). The study underscored the fact that the in-treatment substance abusers experienced more physically and mentally unhealthy days over the past 30 days and more inactive days over the past 30 days due to illness.

28.5 The Wellbeing of Sexual Minorities

Sexual minorities include gays, lesbians, bisexuals, and transgender individuals. Much research has shown that sexual minorities tend to experience a higher prevalence of mental disorders and distress compared to heterosexuals (e.g., Gilman et al., 2001; Meyer, 2003; Sandfort, de Graaf, Bijl, & Schnabel, 2001). Additionally, research suggests that sexual minority youth report greater negative affect in reference to romantic relationships compared to their heterosexual peers (e.g., Diamon & Lucas, 2004).

The question that has been posed by wellbeing researchers is: Given the finding of a marriage benefit for heterosexual couples, is equally important for sexual minority couples? The problem is that legal recognition of "marriage" or commitment among homosexual couples is not uniform in many states and countries.

Evidence suggests that committed lesbian, gay, and bisexual (those in committed or legally recognized relationships) tend to experience higher well-being and less psychological distress as compared to single participants (Riggle, Rostosky, & Horne, 2010). As such, we can point to a possible marriage benefit for nonheterosexual couples as well.

28.6 The Wellbeing of Sex Workers

With respect to *sex workers*, a study conducted by Monk-Turner and Turner (2010) in China (Yunnan province) and Thailand found that Chinese women prostitutes who reported higher levels of happiness were also younger in age. In contrast, Thai women prostitutes who reported higher levels of happiness also reported higher levels of education and financial satisfaction. With respect to men prostitutes, men who reported not being infected by HIV also report higher levels of happiness than those infected.

Table 28.1 Schalock's (1996) quality-of-life domains applied to drug addicts

Personal relationships
• Persons: family, friends, children, partner, professionals • Functions: support, tells one's story, recognition, acceptance, understanding, affection, respect, redeem one's trust, recreation • Key barriers: leaving the drug scene, isolation, loneliness, negative self-image, stigma
Social inclusion
• Social participation • Safe environment • Structure • Hobbies • Work • Key barriers: social pressure, limited possibilities, boredom, stigma, not having a clean record
Personal development
• Discovering abilities • Skills • Education
Self-determination
• Goals and challenges • Making own choice • Independence • Structure • External control
Rights
• Concrete rights: Housing, medical assistance, food • Abstract rights: second chance, new start, privacy, freedom of speech, right to say no • Deprived rights • Duties
Emotional wellbeing
• Inner rest • Identity • Find balance and set boundaries • Time to change • Coping • Self-esteem
Material wellbeing
• Housing • Work • Transport • Financial security • Paperwork
Physical wellbeing
• Health care • Sleep

(continued)

Table 28.1 (continued)

•	Balanced diet
•	Sports
•	Appearance and hygiene
•	Self-care
•	Drug-related problems
•	Needle exchange
•	Vaccinations, individualized care, consumption norms

Source: Adapted from De Maeyer et al. (2009, p. 114)

This is an intriguing finding that can only be explained in a historical and cultural context. In contemporary Thailand sex work is not illegal (i.e., sex workers are not subject to criminal prosecution). In China, prostitution is illegal, but the sex trade has flourished significantly over the past several decades. In Thailand, sex work is dispended in indirect establishments (e.g., bars, nightclubs, cafes, and massage parlors), not brothels. This shift may be attributed to the high rate of HIV infection in direct sex establishments (i.e., brothels). Prostitution in Thailand has blurred the fine line between sex-for-money and normal relationships. Many “bar girls” use the sex trade business as a conduit to normal long-term relationship. In contrast, the majority of women who are in the sex trade in cities come from rural areas and they enter this business mostly due to lack of job opportunities. The authors conclude as follows:

Cultural differences between China and Thailand may shape differences in [subjective wellbeing] among women who exchange sex for money. In Yunnan, a relatively economically disadvantaged province in China, women appear to be concerned about how growing older will shape work opportunities while [subjective wellbeing] among Thai sex workers rests on educational differences and how women feel about their relative earnings. (Monk-Turner & Turner, 2010, p. 21)

28.7 The Wellbeing of Emergency Personnel and Healthcare Service Providers

There is widely held belief (or perhaps misbelief) that *emergency workers* suffer a great of distress due to repeated and daily exposure to traumatic events in their line of work. There is also suggestive evidence that many emergency workers suffer from post-traumatic stress disorder, compassion fatigue, and emotional exhaustion (Figley, 1999; Marmar et al., 1999; Wagner, Heinrichs, & Eklert, 1998; Weiss, Marmar, Metzler, & Ronfeldt, 1995). However, there is also evidence that emergency workers do benefit (emotionally-speaking) from this line of work. Stamm (2002, 2005) argued that personnel working with traumatized victims tend to experience positive feelings about helping others, a sense of efficacy in the way one performs the job professionally and with competence, and a sense of altruism in contributing significantly to society. These positive feelings are referred to as

‘compassion satisfaction.’ As such, the wellbeing of emergency personnel is captured using the Professional Quality of Life Scale in which compassion satisfaction and fatigue are captured. Respondents are asked to specify how often, during the last month, they had experienced a series of emotions. Responses are captured on a 5-point rating scale ranging from “1 = never” to “5 = very often.”

A study was conducted by Cicognani, Pietrantonio, Palestini, & Prati (2009) tried to capture both the positive and negative quality-of-life aspects of emergency work. Using a large-scale survey the authors investigated the quality of work life of emergency personnel (in terms of compassion fatigue, burnout, and compassion satisfaction) and relationships with coping strategies and other psychosocial factors (sense of community, collective efficacy, and self-efficacy). The study findings show that compassion satisfaction is positively associated with efficacy beliefs, sense of community, and the use of active coping strategies. In contrast, burnout and compassion fatigue were found to be associated with the use of dysfunctional coping strategies (e.g., distraction and self-criticism). Another finding from this study was the fact that volunteers reported higher levels of quality of work life than full-time personnel.

With respect to healthcare service providers (physicians, nurses, psychologists, social workers, etc.), the research literature is replete with studies related to wellbeing interventions. For example, I and a colleague (Sirgy & Jackson, 2015) proposed a set of mindfulness interventions to enhance the wellbeing of healthcare service providers and their patients. There are many situations in which healthcare service providers interact with their patients that influence the wellbeing of both the service provider and their patients. These situations include patient diagnostics/prognostics, patient treatment and progression, and two possible outcome situations (one involving the patient recovering and the other resulting in a more negative outcome. We suggested that the wellbeing effectiveness (for both the service provider and the patient) of a given meditation technique is dependent on the situation within the clinician-patient interface. Specifically, situations involving patient diagnostics/prognostics may require meditation to relinquish negative thoughts and/or replacing negative thoughts with positive ones. In contrast, situations involving disease or disorder progression may also call for compassion and kindness meditation techniques. Situations involving patients overcoming the disease or arresting the disorder progression may call for gratitude meditation. Finally, situations involving patients succumbing to the disease or dealing with a life-long disorder may call for meditation techniques involving insight and pain.

28.8 The Wellbeing of Immigrants and Refugees

There is a long-held belief that most people who immigrate to wealthy countries do so because of economic reasons (i.e., they are trying to elevate their economic lot). The big question is do immigrants experience greater happiness once they settle in? The answer to this question seems complex. First, let’s divide immigrants into two

groups: internal immigrants (people who move from one part of the country to another) and external immigrants (people who move from one country to another).

Based on the evidence, there seems to be a pattern of unhappiness. For example, research on migrants within Thailand has shown that they less satisfied with life after migration than non-migrants (e.g., De Jong, Chamrathirong, & Tran, 2002). And this finding seems consistent through other studies (see Michalos, 1996, for an overview of this research related to internal migration).

With respect to external immigrants, evidence points to the fact that they become happier after an adjustment period. Consider the following study by Scott and Scott (1989) showing that most immigrants to Australia reported being happier and more satisfied with life relative to five years past (a time span that may reflect their situation before immigration). Also, immigrants were found to be as happy compared to native Australians. Using data from the World Values Survey, Bartram (2011) finds that the relationship between income and happiness is stronger for immigrants in the United States than for natives. This means that immigrants who make more money in their new countries are likely to experience greater happiness. This pattern is consistent with Bartram (2011) who has shown that immigrants in general tend to be successful in raising their household income in their newly settled countries, and this increase in income does bring about more happiness.

However, there are other psychological and social processes that may work against immigrants' overall sense of wellbeing such as adaptation and social comparisons. Consider the other study by Verkuyten (2008) as an example of what Bartram is referring to. Much research has shown that immigrants and ethnic minorities tend to earn less income than the mainstream majority (Verkuyten, 2008). They tend to be less educated and in poorer health. They also report lower levels of life satisfaction. This pattern seems clear in relation to Turks in the Netherlands. However, the data also show that Turks who report higher ethnic group identification they report lesser dissatisfaction with life. In other words, strong ethnic identification seems to play a buffering role against the adverse effects of prejudice and discrimination on quality of life.

Safi (2009) conducted a study that provided evidence suggesting that immigrants in some wealthy countries report lower levels of life satisfaction than natives. For example, Amit and Litwin (2010) conducted a study on immigration to Israel and found that older immigrants (50+) characterized as better integrated in society reported higher levels of perceived quality of life (i.e., life satisfaction). Furthermore, immigrants who came into Israel with social and financial capital fared better than those who did not. However, recent arrivals from the former Soviet Union reported low levels of subjective wellbeing. The authors attributed this finding to their lack of language proficiency, which is considered to be an important means for integration in Israeli society (cf. Amit, 2010).

Furthermore, Polgreen and Simpson (2011) reported results from the World Values Survey with three migration datasets (emigration rates from the Organization for Economic Cooperation and Development, immigration rates from the U.S. Census, and net migration rates from the United Nations) as reported by). The results of the study show a U-shaped relationship between happiness and

emigration rates: emigration rates are high in countries with unhappy people and very happy people but not as high in countries with moderately happy people. The authors advance several explanations of this U-shaped relationship between emigration and happiness. One explanation is that unhappy people emigrate to improve their lives by seeking opportunities (economic and educational opportunities) in other countries. However, emigration from happiest countries is prompted by optimism. Happy people are optimistic about life in general and about opportunities and challenges outside of their country.

A recent systematic review of the research literature on migrants in developed countries coming from developing countries (Paloma, Escobar-Ballesta, Galván-Vega, Diaz-Bautista, & Benitez, 2021) indicates that life satisfaction can be enhanced by creating policies and programs to

- improve structural integration (through greater access to community resources, improving housing and work conditions, and bestowing legal status),
- facilitate social and cultural inclusion (by enhancing culture adaptation, increasing community engagement, reducing perceived discrimination, and establishing social support networks),¹ and
- nurturing individual strengths (by fostering financial security, health, linguistic, competence, and roots).

28.9 The Wellbeing of Teachers

There are many factors that influence teachers' wellbeing. These can be grouped in three categories: factors related to the person, to the profession and the workplace, and to society (Huberman & Vandenberghe, 1999). These factors are highly inter-related in the sense that teacher's wellbeing is influenced by the interaction between these factors.

In relation to factors related to the person, we know that teacher's wellbeing is very much influenced by the way the teacher interprets a possible situation that can lead the teacher to experience positive or negative emotions (Holmes, 2005). In other words, stress or joy is an individual subjective construction. Consider the Milfont, Denny, Amertunga, Robinson, and Merry (2008) study. The study demonstrated that teacher burnout is negatively related with their wellbeing. Teacher burnout was assessed using the Copenhagen Burnout Inventory (Kristensen, Borritz, Villadsen, & Christensen, 2005): a 19-item questionnaire capturing personal burnout (degree of physical and psychological fatigue and exhaustion related to non-work), work-related burnout (degree of physical and psychological fatigue and exhaustion related to work), and client-related burnout (degree of physical and psychological fatigue and exhaustion related to clients). Teacher wellbeing was measured using the WHO

¹See Adedjei, Silva, and Bullinger (2019) for additional evidence on the relationship between social capital and quality of life for migrants.

(five) Wellbeing Index (WHOQOL, 1998). This measure has five statements concerning wellbeing during the last two weeks (e.g., “I have felt cheerful and in good spirits,” “I woke up feeling fresh and rested”).

A recent study by Tang (2020) was able to demonstrate that teachers’ professional identity plays an important role in their job satisfaction. That is, those who embrace the notion that they are professional teachers as salient to their personal identity experience higher levels of job satisfaction relative to those who do not see themselves as “professional.”

Another recent study by Hofman, Grob, and Kohlmann (2020) has demonstrated that teachers who engage in *mental health activities* are likely to experience higher levels of positive mental health. Mental health activities involves three dimensions, namely *positive orientation* (e.g., “I remain involved in purposeful activities for at least a small part of the day”), *physical engagement* (e.g., “I am physically active or engaged in exercise”), and *emotion regulation* (e.g., “I have a trusted friend or relative with whom I get out and do some activities”). Positive mental health was measured using the Positive Mental Health Scale (Lukat, Margraf, Lutz, van der Veld, & Becker, 2016). This measure involves a mix of items related to both hedonic and eudaimonic wellbeing. Example items include “I am calm, balanced human being”; and “I manage well to fulfil my needs.”

With respect to factors related to the profession and the workplace, numerous studies (see Huberman & Vandenberghe, 1999; Smylie, 1999; Hallinger, 2003) have tallied many workplace-related factors that play a significant role in job satisfaction and wellbeing (e.g., job features; role conflict and ambiguity; pressure to balance work and family; physical and material working conditions; management style of the school administrators; school climate; and interpersonal relationships among teachers, administrators, and students).

Societal factors also play a key role in teacher’s wellbeing. Studies have documented the effects of factors such as teachers’ perception of lack of appreciation from the public (i.e., parents and other community stakeholders), the status of the profession, the climate of distrust created by the media, increasing demand to meet goals of standardized testing, compensation and benefits (e.g., Slegers, 1999; Smylie, 1999).

28.10 The Wellbeing of Caregivers

The healthcare system has increasingly recognized the importance of the caregivers. The service quality of the caregivers affects the health and wellbeing of the care recipient in many ways (Brown, Potter, & Foster, 1990). Therefore, it is imperative to ensure that the caregiver provides high quality care. To do this, the healthcare system must ensure that the service provided by the caregivers is least stressful and beneficial to their wellbeing. Much evidence indicates that the stress of caregiving has detrimental effects on the health-related quality of life of the caregivers (e.g., Carter, 2008), morbidity and mortality (e.g., Jacobi et al., 2003), social and

economic outcomes (e.g., Scott, 2000), and preventative health behavior (Burton, Newsom, Schultz, Hirsch, & German, 1997). But positive wellbeing outcomes are reported too (e.g., Boerner, Schultz, & Horowitz, 2004; Rabkin, Wagner, & Del Bene, 2000; Tarlow et al., 2004). However, the negative wellbeing outcomes outweigh the positive outcomes. Consider the following study as an example.

Neugaard, Andresen, McKune, and Jamoom (2008) examined the quality of life of *caregivers*. Using a cross-sectional nationally representative survey administered by the Center for Disease Control in the US (*Behavioral Risk Factor Surveillance System*), the study results showed caregivers to experience large deficits in both mental and physical health-related quality-of-life measures, and particularly the younger caregivers. The health-related quality-of-life measures involved the following:

- perceived health (respondents rated themselves on a scale involving the following categories: poor health, fair health, good health, very good health, and excellent health)
- the Healthy Days Index (the number of recent days in which both the respondent's physical and mental health are perceived to be good), and
- physical and mental health (number of days during the past 30 days when physical or mental health was not good).

Other recent studies have validated the the negative relationship between caregiving and quality of life (e.g., Al-Farsi et al., 2020; Chen, Lou, Cheng, Lum, & Tang, 2020; Willert & Minnotte, 2020). For example, Chen et al. (2020) examined family caregivers of stroke survivors in Hong Kong. Psychological well-being was measured by capturing caregivers' self-reports of positive role appraisals and depressive symptoms. The study found that feelings of ambivalence (a mix of both positive and negative feelings toward the stroke survivors) were associated with depressive symptoms. Another study by Al-Farsi et al. (2020) have demonstrated that family caregivers of children with autism spectrum disorder in Oman suffer low levels of quality of life (as captured by the widely popular WHO QOL-BREF measure) compared to family caregivers of normal children.

28.11 The Wellbeing of Tourists

Research in tourism research included the interplay of such constructs as benefits obtained from engaging in tourism activities, satisfaction induced by tourism experiences, and subjective wellbeing (Campon-Cerro, Hernandez-Mogollon, & Folgado-Fernandez, 2019; Uysal, Perdue, & Sirgy, 2012). Consider the following studies. Gilbert and Abdullah (2004) compared levels of reported happiness of two groups: *holiday-taking* group and *non-holiday-taking* group. The results show that the holiday-taking group had an increased sense of wellbeing prior to and after their trip experience compared to the non-holiday-taking group. Similarly, Nawijn, Marchand, Veenhoven, and Vingerhoets (2010) compared *vacationers'* and

non-vacationers' overall life satisfaction. Consistent with the findings of Gilbert and Abdullah (2004), they also found that vacationers had a higher degree of pre-trip happiness compared to non-vacationers.

How does a tourist trip contribute to subjective wellbeing? Researchers have employed a major theoretical perspective to explain the effect of tourism-related variables on tourists' subjective wellbeing, namely bottom-up spillover theory of life satisfaction (e.g., Kruger, 2012). Bottom-up spillover theory (Diener, 1984; Diener, Suh, Lucas, & Smith, 1999; Sirgy, 2002, 2012) posits that overall life satisfaction is affected by satisfaction with all life domains and sub-domains in the context of a satisfaction hierarchy. Life satisfaction is at the top of a satisfaction hierarchy. For instance, overall life satisfaction is influenced by satisfaction with family, social life, leisure and recreation, health, work, finances, and travel. Satisfaction with a life domain is influenced by lower levels of life concerns within that domain. Satisfaction with a hospital stay or a wellness spa destination, for example, affects satisfaction with health life and community life, which in turn contributes to life satisfaction. Guided by bottom-up spillover theory, Neal, Sirgy, and Uysal (1999) were able to demonstrate that the effect of travel/tourism experience on life satisfaction occurs through a series of mediation effects. Specifically, they were able to show the following mediations effects:

- satisfaction with pre-trip services, enroute services, destination services, and return services influence satisfaction with travel/tourism services in general;
- satisfaction with travel/tourism services in general (in addition to trip reflections related to perceived freedom, involvement, arousal, mastery, and spontaneity) influences satisfaction with travel/tourism experiences in general;
- satisfaction with travel/tourism experiences in general (in addition to satisfaction with leisure experiences at home) influences satisfaction with leisure life in general; and
- satisfaction with leisure life in general (in addition to satisfaction in non-leisure life domains such as family, job, health, etc.) influences satisfaction with life in general.

Furthermore, Sirgy, Kruger, Lee, and Yu (2011) were able to demonstrate that tourists' positive and negative memories generated from the most recent trip influence satisfaction in 13 life domains (e.g., social life, leisure life, family life, cultural life, health and safety, love life, work life, spiritual life, travel life, arts and culture, culinary life, and financial life), which in turn influence their overall life satisfaction.

Another explanation of how leisure travel to tourist destinations contribute to subjective wellbeing is the goal valence principle (Sirgy, 2010). This principle states that life satisfaction of tourists is high when their travel goals are related more to (1) intrinsic than extrinsic motives, (2) abstract than concrete desired states, (3) growth than basic needs, (4) approach of desired states than avoidance of undesired states, (5) deprived than nondeprived needs, and (6) flow than nonflow activities. Kruger, Sirgy, Lee, and Yu (2015) tested this principle in two studies: leisure travel to a national wildlife park (Study 1) and leisure travel experienced recently (Study 2). The results from both studies indicated that tourist's life

satisfaction can be increased when they have intrinsic goals, growth-based goals, and goals related to flow activities (cf. Lee, Kruger, Whang, & Uysal, 2014). There are other theories used to explain the link between satisfaction with aspects of leisure travel and life satisfaction such as self-congruity theory, self-expressiveness theory, leisure benefits theory, need hierarchy theory, and broaden-and-build theory. See Sirgy (2019) for a discussion of these theories in the context of tourism.

A recent literature review (Uysal, Sirgy, Woo, & Kim, 2015) indicated the contribution of vacations to life satisfaction has recently attracted substantial research. The authors identified 35 studies that examined the effects of personal, situational, and cultural characteristics on tourists' subjective wellbeing. Based on the reviewed studies, the authors offered the following observations. First, tourism experiences and activities affect tourists' overall life satisfaction. In general, vacation experience has the potential to lead to hedonic and enduring consumption experiences influencing tourists' wellbeing. Hedonic consumption may have a short-term effect on tourists' subjective wellbeing, while enduring life changing consumption experiences could have long-term effects on subjective wellbeing. Second, the impact of vacation experience on subjective wellbeing may depend on life stage and other background variables that may influence the degree of importance of travel. Tourist trips contribute to positive affect in various life domains such as leisure life, social life, family life, work life, spiritual life, culinary life, marital life, cultural life, to name a few. Such tourist experiences contributing to satisfaction in various life domains also contribute to overall life satisfaction. There is the finding that subjective wellbeing is significantly increased in planning and anticipating the trip, perhaps equally so to the actual experiences during the trip. Extended stays accentuate subjective wellbeing than short stays.

A recent special issue in the journal of *The Services Industries Journal* on tourism and well-being has more publications on this topic. See Uysal, Sirgy, and Kim (2020) for an introduction to the special issue. Furthermore, a recent book edited by Campon-Cerro et al. (2019) provides a compilation of chapters dealing with quality-of-life issues related to both tourists. See Kim, Uysal, and Sirgy (2019) for a literature review of the research related to seniors and quality of life. Further, the reader may be interested in Sirgy and Uysal (2016). My colleague and I discussed the research in tourism related to eudaimonic wellbeing.

28.12 The Wellbeing of Residents of Tourism Communities

The quality of life of residents of communities that are tourist destinations is influenced by tourism activities and development (see Kim, Uysal, & Sirgy, 2013 for a literature review). Specifically, tourism impact studies have documented the positive and negative effects of tourism on economic wellbeing of community residents, their social wellbeing, and environmental wellbeing. However, much of this research has focused on objective indicators of community well-being such as poverty, per capita income, crime rates, and pollution.

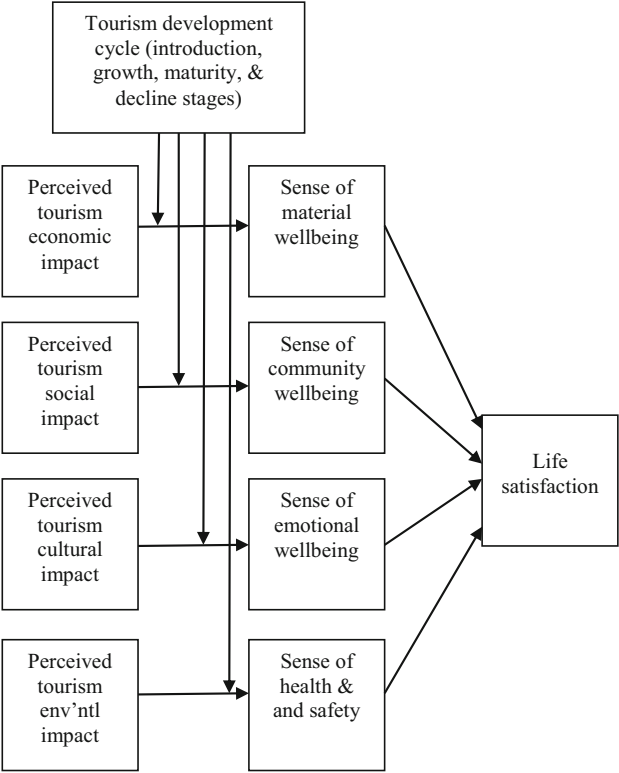


Fig. 28.1 The Kim/Uysal/Sirgy model of perceived tourism impact on life satisfaction. (Source: Adapted from Kim et al. (2013))

What about the impact of tourism development of subjective indicators of quality of life, indicators such as life satisfaction and other types of subjective measures of wellbeing (e.g., satisfaction with material life, community life, emotional life, and health and safety)? Kim et al. (2013) tested a theoretical model linking community residents’ perceptions of tourism impact (economic, social, cultural, and environmental) with residents’ satisfaction with particular life domains (material wellbeing, community wellbeing, emotional wellbeing, and health and safety wellbeing) and overall life satisfaction (see Fig. 28.1). The authors also hypothesized that the strength of these relationships is moderated by the stage of tourism development in the community. Specifically, the moderation effect of stage of tourism development was hypothesized as follows:

- The relationship between perceived economic impact of tourism and the sense of material wellbeing is strongest in the growth stage of the tourism development cycle and weakest in the decline stage.

- The relationship between perceived social of tourism and the sense of community wellbeing is strongest in the maturity stage of the tourism development cycle and weakest in the introduction stage.
- The relationship between perceived cultural impact of tourism and the sense of emotional wellbeing is strongest in the maturity stage of the tourism development cycle and weakest in the introduction stage.
- The relationship between perceived environmental impact of tourism and the sense of health and safety is strongest in the decline stage of the tourism development cycle and weakest in the introduction stage

The model was tested using a survey of 321 respondents from communities varying in their level of tourism development. The results were mostly supportive of the overall model.

This model was further validated by testing the hypothesis that, compared with community residents who are not affiliated with the tourism industry, residents affiliated with tourism are likely to perceive tourism impact more positively, and the more positive their perceptions of tourism development, the more likely they feel satisfied with their lives (Woo, Uysal, & Sirgy, 2018, 2019). The study surveyed residents of four tourist destinations in the USA. A total of 407 responses were used for data analysis. The results provided supported the hypothesis (cf. Uysal & Sirgy, 2019; Uysal, Sirgy, Woo, & Kim, 2015).

As previously mentioned, there is a recent special issue published in the *The Service Industries Journal* on well-being research in the service industries. The special issue has more publications on the topic of well-being of residents of tourism communities. See Uysal et al. (2020) for an introduction to the special issue. Furthermore, a recent book edited by Campon-Cerro et al. (2019) provides a compilation of chapters dealing with quality-of-life issues related to both tourists and residents of tourist communities.

28.13 Conclusion

This chapter covers selective research concerning the psychology of wellbeing of other population segments such as the mentally ill, the disabled, drug addicts, sexual minorities, sex workers, emergency personnel, immigrants, teachers, caregivers, tourists, and residents of tourist communities. With respect to the disabled, early research has shown that subjective wellbeing of the disabled returns to previous levels prior to the disability. In other words, the disabled tend to adjust well to their disability, and hence their disability does not become an impediment to their overall wellbeing. However, more recent research has shown that, in some cases (especially those experiencing a severe disability), they never regain their sense of wellbeing.

Research on drug addicts has revealed key elements of their subjective wellbeing. These include personal relationships (the importance of personal network including family, children, friends, partners and also care givers), social inclusion (integration

into mainstream society), and self-determination (importance to have prospects and to have life goals). Concerning drug addicts' overall sense of wellbeing, the research shows significant deficits in mental and physical wellbeing.

We also discussed sexual minorities. It seems that much of the research shows that gays, lesbians, and bisexuals can benefit from marriage or legally recognized committed relationships, the same way that heterosexuals do.

Regarding the sex worker population, the evidence indicates that the wellbeing of certain workers may be significantly lower than non-sex worker population. It depends of the cultural and historical context. For example, in certain impoverished regions in China, sex workers' wellbeing is significantly lower than others, particularly among sex workers who are aging. In contrast, the wellbeing of sex workers in Thailand is not adversely affected because the sex trade is much more accepted. Many women prostitutes use the sex trade as a steppingstone to better income, education, and long-term romantic relationships.

Concerning emergency personnel, much of the early research has focused on the ill-being aspects of this occupation. However, more recent research has focused on wellbeing. One important construct that emerged is compassion satisfaction—a sense of wellbeing for doing good for the community and society at large. We also discussed wellbeing intervention techniques involving a variety of meditation specifically designed for healthcare service providers.

The wellbeing story of immigrants seems complex. There is conflicting evidence pointing to the fact that immigrants' wellbeing is lower and higher than non-immigrants. However, based on the evidence one can argue that economic migrants tend to feel better about their increased income that in turn spills over to their life satisfaction. On the other hand, immigrants who do not integrate well in their newly settled countries suffer psychologically and emotionally.

There are many factors influencing the wellbeing of teachers: factors related to the person (teacher's appraisal of stress), to the profession and the workplace (e.g., job features; role conflict and ambiguity; pressure to balance work and family; physical and material working conditions; management style of the school administrators; school climate; and interpersonal relationships among teachers, administrators, and students), and to society (e.g., teachers' perception of lack of appreciation from the public, the status of the profession, the climate of distrust created by the media, increasing demand to meet goals of standardized testing, compensation and benefits).

We then discussed the research on caregivers. The wellbeing literature shows that caregivers experience both wellbeing and ill-being as a direct result of the work situation. In other words, caregivers experience wellbeing by feeling that their caregiving makes a difference in people's lives. However, they tend to feel a great deal of burnout too that adversely affect their wellbeing, and the wellbeing of the care recipient.

We then shifted focus to discuss research on tourists. Evidence exists to substantiate the relationship between tourist experiences and subjective wellbeing. This relationship is commonly explained using the bottom-up spillover theory of life satisfaction. Specifically, tourists' positive and negative memories generated from

the most recent trip may influence satisfaction various life domains (e.g., social life, leisure life, family life, cultural life, health and safety, love life, work life, spiritual life, travel life, arts and culture, culinary life, and financial life), which in turn influence their overall life satisfaction.

We then tackled wellbeing issues related to community residents living in tourist destinations. In that vein, we discussed a theoretical model linking community residents' perceptions of tourism impact (economic, social, cultural, and environmental) with residents' satisfaction with particular life domains (material wellbeing, community wellbeing, emotional wellbeing, and health and safety wellbeing) and overall life satisfaction as well as the moderation effect of stage of tourism development.

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Part VI

Epilogue

This part of the book reflects ideas that characterize the attempt of many wellbeing scholars to unify concepts of subjective aspects of wellbeing and advance integrative theories. The final chapter is essentially a conclusion to the book. In that chapter I address how public policy issues can be shaped by wellbeing research. I also argue that happiness should be a major goal among other goals. In other words, we should find ways to integrate happiness research with other societal goals such as fostering human rights, upholding environmental preservation, protecting animal rights, preserving the human species, ensuring the economic well-being of future generations, eradicating political extremism, resolving political conflicts, dismantling the nuclear arsenal, and so on. That is, I try to make the case that we should broaden our perspective from individual level research on wellbeing to societal-level research. Happiness maximization is not enough. We should realize that happiness is a cultural value that is more embraced in Western than Eastern cultures. We also should broaden our perspective of wellbeing to incorporate objective constructs and indicators of wellbeing with subjective counterparts.

Chapter 29

Integrative Models of Wellbeing



The quality of life is more important than life itself

—Alexis Carrel (https://www.brainyquote.com/quotes/alexis_carrel_382391?src=t_quality_of_life)

29.1 Introduction

Delle Fave, Brdar, Freire, Vella-Brodrick, and Wissing (2011) have investigated the philosophical traditions of hedonia and eudaimonia were consistent with what lay people refer to when they make reference to quality of life, subjective wellbeing, and happiness. They used a demographically diverse sample from seven different countries (Australia, Croatia, Germany, Italy, Portugal, Spain, and South Africa). Participants were asked open-ended questions, prompting them to define what happiness meant. They were then asked to rate these concepts in relation to the degree of happiness associated with 11 different life domains (i.e., work, family, standard of living, interpersonal relationships, health, personal growth, spirituality/religion, societal issues, community issues, leisure, and life in general). Participants also completed a well-established measure of life satisfaction. The study revealed some interesting findings. Happiness seems to be defined in terms of both context and content. With respect to *context*, happiness was mostly identified in relational aspects (with family and social relations) accounting for over half the responses. Health was also especially important. That is, contextually speaking, happiness stems from social bonds, mainly intimate relationships with a spouse or life partner and children in particular. Social bonds with friends and significant others outside the family are also important. Thus, wellbeing seems to be mostly based on social connectedness.

With respect to *content*, respondents made reference to aspects of hedonia and eudaimonia, with eudaimonic references being more prominent. Harmony and balance were frequently cited capturing content of happiness. Harmony and balance reflect a variety of concepts such as inner peace, self-acceptance, serenity, and a feeling of balance and evenness. Other eudaimonic references included meaning, engagement, fulfilment, awareness, autonomy, achievement, and optimism. Hedonic references were also made such as positive emotions and life satisfaction.

Delle Fave et al.’s (2011) research suggests that wellbeing is a multifaceted concept, and as such, they argued for models of wellbeing that can capture the richness of concepts related to quality of life, wellbeing, and positive mental health.

In this chapter, I will review several models that attempt to capture the richness of these concepts. These include livability theory; capability theory; stocks and flows; the joyless economy; quality of the person + environment; homeostatically-protected mood, quality of life = happiness + life satisfaction + absence of ill-being; the bi-directional spillover model; the bi-directional spillover model, the psychology of personal projects and social ecology of flourishing; the psychology of quality of life; and positive balance.

29.2 Livability Theory

Ruut Veenhoven (1996), the author of livability theory, described a theory of life satisfaction captured in Fig. 29.1. He argues that life satisfaction is heavily influenced by flow of life experiences, positive and negative experiences. That is, life satisfaction is the net result of the pleasures and pains of life events. Life offers many chances to become happy (*life chances*). These chances are afforded through societal resources, personal resources, and individual abilities.

Societal resources are conditions afforded to individuals by society at large, things such as economic welfare, social equality, political freedom, cultural lush,

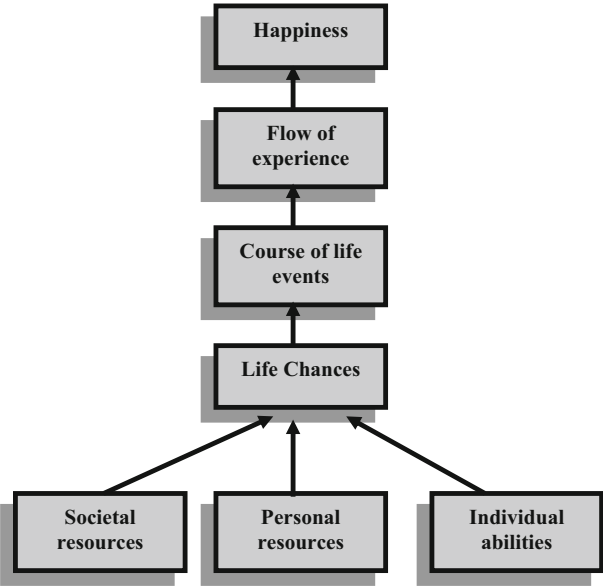


Fig. 29.1 Veenhoven’s flow of life-experience model

and moral order. Veenhoven compares countries in terms of societal resources or what he refers to as “quality of society.” For example, he demonstrates that life satisfaction is typically higher in economically developed countries than in the developing countries. This is because, he argues, the developed countries afford people with more societal resources than the developing countries.

Person resources are those things the individual has more influence and control, things such as social position, material possessions, political influence, social status and prestige, and family ties. For example, Veenhoven shows that life satisfaction in many developed countries can be attributed to social position, in that professionals and managers tend to be more satisfied with life than those who hold occupations with low status and prestige.

Individual abilities include physical fitness, psychic fortitude, and social skills. Evidence suggests those who are more physically fit tend to express higher levels of happiness than those who are not fit. Those who score highly on measures of mental health and psychological resilience tend to express more satisfaction with life than those who score low on the same measures. Happy people tend to score highly on social assertiveness, extroversion, openness to experience, internal locus of control, ability to control one’s environment, and empathy than unhappy people.

Course-of-life events are essentially the kind of events that people experience over time. Some people tend to run into trouble a lot, while others find themselves to stay out of trouble. Some people experience accidents, some do not. Some are laid off from their jobs; some run into wonderful opportunities that make them promoted real fast. Some stay healthy, while others become sick. Some run into nice people and create wonderful friendships, while others end up with the wrong crowd. The course-of-life events shape people’s lives and affect their overall happiness. Veenhoven cites evidence that suggests that the course-of-life events affect satisfaction with life. Specifically, the evidence points to the notion that the balance of favorable and unfavorable events in one year predicts reported life satisfaction of the following year.

Flow of experience is the experience of hedonic affect related to life events. Certain life events tend to elicit intense positive affect while others intense negative affect. These emotional experiences affect our judgment of our lives. We make inferences about our lives based on the positive and negative emotional reactions we experience from the course of life events. We sum our pleasures and pains and provide an overall assessment of our feelings with life in general.

The flow of experience described by Veenhoven’s model can be captured using diaries that capture a person’s life history. For example, Parker (1997) conducted a quality of life using life history methods. This is a qualitative method focusing on life history narratives to identify major factors influencing subjective well being. In Parker’s study, she used the life history method to analyze the lives of 40 men and five women from Cambodia, Laos, and Vietnam who have re-settled in the Minneapolis/St. Paul region.

29.3 Capability Theory

Amartya Sen (1993) views quality of life in terms of environmental conditions that allow people to become capable of helping themselves and enriching their own lives. In other words, if a country institutes policies and programs designed to help people exploit their capabilities to function, that country is viewed to have a high level of quality of life. For example, education is viewed as a capability to function because if people are educated, they use this education to help themselves achieve the desired level of quality of life. Examples of other capabilities include the capability to vote and to live in a peaceful society. Thus, the objective of public policy should be the enhancement of the capability of people to undertake valuable and valued “doings and beings.”

The United Nations Development Programme (UNDP), the agency that is responsible for the Human Development Index (HDI) that is widely used to compare the quality of life of different countries, is based on capability theory. Over the last two decades, the UNDP has commissioned and released 20 global reports based on the HDI. Researchers in nearly 150 countries have produced similar reports focusing on particular countries that have guided public policy for decades. One such report is the *Measure of America: 2010–2011* (Lewis & Burd-Sharps, 2010), essentially a report based on the HDI in applied to the USA.

Simply put, capabilities determine what people can do to achieve their potential (i.e., to function at their best). People who are rich in capabilities have the resources for making their vision of a “good life” a reality. Conversely, those with few capabilities have fewer options and fewer opportunities. In other words, our own capabilities are constrained by our own efforts, by our family’s circumstances, and by society’s institutions and conditions. Three major dimensions of capabilities are:

- A long and healthy life,
- Access to knowledge, and
- A decent standard of living.

These capabilities are captured through a health index, education index, and an income index, respectively, which in turn makes up the entire HDI Index. The health index is captured mostly through life expectancy at birth. The education index is captured through two major indicators: educational degree attainment and school enrolment. Finally, the income index employs household median earnings as a key indicator.

Lewis and Burd-Sharps (2010) also developed a dashboard of risk indicators associated with the three major dimensions of health, knowledge, and income. Risks indicators to a long and healthy life include:

- The percentage of newborn babies with low birth weight (less than 5.5 pounds),
- Diabetes rates, and
- Trauma-related death rate.

Risks indicators to access to knowledge include:

- The percentage of 3- and 4-year-olds not enrolled in preschool,
- Percentage of fourth graders not demonstrating reading proficiency, and
- Students who do not graduate from high school on time.

Risks indicators to a decent standard of living include:

- Children under 6 living in households with incomes below the poverty line,
- Marginally attached workers,
- Renters with severe housing-cost burdens, and
- Elderly poverty.

Sen's capability theory has spawned much empirical research in attempt to measure functioning on both micro and macro levels (see Kuklys, 2005 for a recent survey of the research literature). The central tenet here is that people achieve valuable functionings by converting resources they command (e.g., income). Examples of functionings include "being in good health," "being nourished," "moving about freely," "being happy," "being educated," "being well-sheltered," and "having satisfying social relations."

Gilroy (2006) applied capabilities theory to evaluate the state of quality of life of the elderly. Using this approach, she focused on issues related to health, income, mobility, safe neighbourhoods, comfortable and secure home, and social relationships and support.

29.4 Stocks and Flows

Another theory that seems to have been embraced by many wellbeing researchers is Headey's (1993) concept of stocks and flows. In financial terms, stocks constitute capital account whereas flows make up the current account. Translating the financial concept into psychological concepts, Headey argues stocks reflect the strength of one's personality (high on extraversion and low on neuroticism), health (positive versus negative health status), social networks (partnered, availability of intimate attachments and friendships), leisure skills and equipment, work skills and equipment, education and general knowledge, and socio-economic status. Flows are satisfaction or dissatisfaction experienced in relation to daily activities in the context of various life domains such as finances, leisure, family, job, friendships, and health. Thus, a person characterized as having a high quality of life is likely to possess good stocks and experiences good flows. This concept was used to guide large-scale indicator projects such as the Victorian Quality of Life Panel Study (Headey, Holmstrom, & Wearing, 1984, 1985).

29.5 The Joyless Economy

Tibor Scitovsky developed a theory of quality of life based on the distinction of comfort and pleasure (Scitovsky, 1992). He maintained that pleasure is based on primary reward system in the brain that is highly distinct from the aversion system responsible for feelings of comfort (secondary reward system). The secondary reward system responsible for feelings of comfort is based on homeostasis. Living organisms have needs (e.g., food, safety, shelter, and physical stimulation). When the organism detects deviation from the adaptation level of a certain need, the organism becomes motivated to take action to restore homeostasis and reducing the drive. Doing so brings about feelings of comfort or freedom from pain. However, doing so also brings about pleasure. Eating food does not only reduce hunger but also reinforces the drive to eat. Eating behavior becomes pleasurable inducing the living organism to eat more to the point of satiation and beyond. Thus, pleasure is essentially the experience of positive affect felt during drive reduction. We eat to appease hunger, but we must be hungry to enjoy eating. The two emotional states are not opposite polar extremes on one dimension. They are two independent dimensions of positive and negative affect.

Living organisms experience conflict between comfort and pleasure. Pursuing pleasure in relation to one need comes at a cost of not being able to satisfy other needs and therefore experiencing comfort. In face of this conflict, the organism reconciles this conflict by reaching a compromise in the form of intermittent complete satisfaction spaced over time. For example, eating to the point of complete satisfaction three times a day may be a compromise, instead of four, five, six or more times a day.

Scitovsky argues that traditional economics subscribes to the notion of rational consumer behavior based on the notion of comfort, not pleasure. Man has needs and has limited amount of energy and resources to satisfy all his needs. So, he works hard to satisfy some needs, leaving other needs unsatisfied temporarily. Thus, consumers spend their money rationally in attempt to satisfy their needs systematically and gradually. Consumers with a limited budget cut their food consumption short of full satiation to attend to other pressing needs. However, the psychological reality of consumption is that consumers do not stop short of satiation to attend to other pressing needs. They continue spending and consuming beyond the point of satiation because such behavior is pleasurable. But as previously stated, consumers attempt to find a compromise by spacing the occasions or restricting the areas of full satiation. But then the question becomes, does an increase in income lead to less spacing and restriction? According to Scitovsky, the evidence suggests that the rise in our standard of living assumes the form of more occasions and larger areas of satiation. Doing so increases consumers' comfort, but not pleasure. This is because pleasure comes from the act of drive reduction. The greater the drive (as a result of higher levels of homeostatic imbalance) the greater the pleasure. Thus, if consumers do not allow themselves to experience the intensity of pain that comes from homeostatic imbalance, then they are likely to experience less pleasure. For example, compare

the pleasure felt eating once, twice, three, four, or five times a day. A person who eats four or five times a day is not likely to experience pleasure in eating compared to a person eating once or twice a day.

Scitovsky notes a societal trend in experiencing more comfort but less pleasure. We eat four or five times a day compared to two or three times in the past. We trade in our cars for new ones every two or three years, compared to every 10 or 12 years. We go to three or more vacations every year compared to one vacation a year. We have sex four or five times a week compared to once a week or once every two or three weeks. The more we gain in comfort the more we lose in pleasure. This is the “law of hedonic contrast”.

Scitovsky maintains that we, as a society, are increasingly spending money on defensive products (those that are comfort-related) than creative products (those that are pleasure-related). That consumption of defensive products tends to generate more byproducts hazardous to the environment than consumption of creative products. Defensive products are increasingly construed as necessity products. Therefore, the market demand of these are becoming increasingly inelastic. In contrast, creative products are luxury products, and the market demand for these are elastic. What many economists have considered as luxury products are becoming necessity products used to achieve and/or maintain comfort rather than pleasure. Thus, increases in income do not produce proportional increases in happiness. This is because the additional money gained is spent on defensive rather than creative products, products that generate comfort than pleasure, and products that are increasingly considered necessity goods and service than luxury ones.

29.6 Quality of the Person + Environment

On that note, it is appropriate to conclude this chapter by making reference to Robert Lane (1991, 1996) multidimensional view of quality of life (QOL) as capturing the flavor of this entire chapter. He defines QOL as the relation between a person’s subjective and objective sets of circumstances. The *subjective* set of a person reflecting a high QOL involves nine elements:

- (1) Capacity for enjoying life;
- (2) Cognitive complexity;
- (3) A sense of autonomy and effectiveness;
- (4) Self-knowledge;
- (5) Self-esteem;
- (6) Ease of interpersonal relations;
- (7) An ethical orientation;
- (8) Personality integration; and
- (9) A productivity orientation.

Lane believes that these nine elements describing the psychological makeup of a person are the hallmark of mental health and functioning. These elements combined

are responsible for a sense of subjective well being and personal development. This subjective set makes up what Lane calls the “quality of the person” (or QP).

The objective set reflects the quality of the environmental conditions (QC) representing opportunities for the person to use to achieve QP. Lane specified nine opportunities and assets comprising a high quality of condition. These are:

- (1) Adequate material support;
- (2) Physical safety and security;
- (3) Available friends and social support;
- (4) Opportunities for the expression and receipt of love;
- (5) Opportunities for intrinsically challenging work;
- (6) Leisure opportunities that have elements of skill, creativity, and relaxation;
- (7) Available set of moral values that can give meaning to life;
- (8) Opportunities for self-development; and
- (9) Justice system that is managed by disinterested and competent parties.

$$\text{Therefore, } \text{QOL} = f(\text{QP}, \text{QC})$$

29.7 Homeostatically-Protected Mood

The idea that people have both a set-point of happiness and significant deviations from that set point can be explained by *homeostatically-protect mood* theory. Robert Cummins and his colleagues (e.g., Cummins, 2010, 2016; Cummins & Nistico, 2002; Tomy & Cummins, 2011) is the major proponent of a homeostasis explanation of happiness. This theory is based on much survey evidence collected over 8–9 years from the *Australian Unity Wellbeing Index* project (an annual large-scale survey conducted in Australia) involving 2,000 respondents per annum. The evidence clearly shows that most people are “normally” moderately happy (i.e., satisfied with their life)—usually score 75 on a 100-point scale. Furthermore, the same data (2001–2009) clearly show that life satisfaction ratings are very stable over time—ratings fluctuate within a range of 3.1 percentage points (73.2–76.3). In other words, subjective wellbeing tends to be stable over time—or differently put, the system maintains homeostatic balance by reacting to events that threatens to significantly decrease the homeostatic level of subjective wellbeing in attempt to restore homeostasis (little or no deviation between the actual state of affairs and the individual’s set point). This also applies to very positive life events too. That is, events that induce a higher level of subjective wellbeing above the homeostatic level would induce the person to take corrective action to restore homeostasis (cf. Chen & Davey, 2008; Lee & Wu, 2008).

Cummins also argues that the mechanism of homeostasis comprises two sets of buffers: external and internal. External buffers are essentially wealth and relationships. Wealth is used as a resource to assist the individual to maintain a homeostatic

level of subjective wellbeing. For example, when a person's subjective wellbeing level dips significantly below the adaptation level, she or he becomes motivated to use money to buy goods or services and engage in certain actions to restore homeostasis. Poor people do not have much an external buffer in terms of money to guard them against significant negative dips in their subjective wellbeing. Thus, they tend to be at the mercy of the environment, and as such they may experience more frequent dips in their subjective wellbeing than their rich counterparts. Relationships function the same way as wealth. In other words, people who have positive relationships with others experience less dips in their subjective wellbeing. And if they do, they turn to others for moral support. Thus, they can easily restore their system to homeostatic balance than those who do not have good relationships with others.

Internal buffers are in the form of adaptation and habituation. People adapt to life strains and stresses and they do so to maintain a homeostatic level of life satisfaction. People use cognitive buffers to re-appraise, rationalize and undermine the negative effects of certain stresses (e.g., "God is testing me; I must be strong"; "it is not my fault").

But then how people become clinically depressed? According to Cummins, depression is the outcome of chronic and strong life events that in which the internal and external buffers are not adequate to restore homeostasis. In other words, the homeostatic system has only a limited capacity to propel the individual to normal states; if this capacity is chronically undermined, recovery fails and the individual experiences clinical depression. Thus, depression, according to Cummins, is the loss of positive mood, a significant and prolonged dip in subjective wellbeing.

29.8 Quality of Life = Happiness, Life Satisfaction, And Absence of Ill-Being

Argyle (1996) has argued that subjective well being is determined by three factors: (1) happiness, (2) life satisfaction, and (3) absence of ill being. Happiness is viewed as involving two constructs: short-term and long-term. Short-term happiness is momentary emotional wellbeing comprising positive and negative affect. Overtime, short-term happiness accrues and is viewed as long-term happiness. Long-term happiness, in turn, contributes to the quality of life of the individual. Argyle also argued that the quality of life of an individual is strongly influenced by their life satisfaction. This is essentially the cognitive component of quality of life. That is, happiness is the affective component, while life satisfaction is cognitive. Furthermore, subjective wellbeing could not be experienced when people experience ill being in the form of depression or anxiety. Hence, Argyle added the concept of absence of ill being to the concept of subjective wellbeing. Hence, the formative concept of subjective well being made up of happiness, life satisfaction, and absence of ill-being is captured in Fig. 29.2.

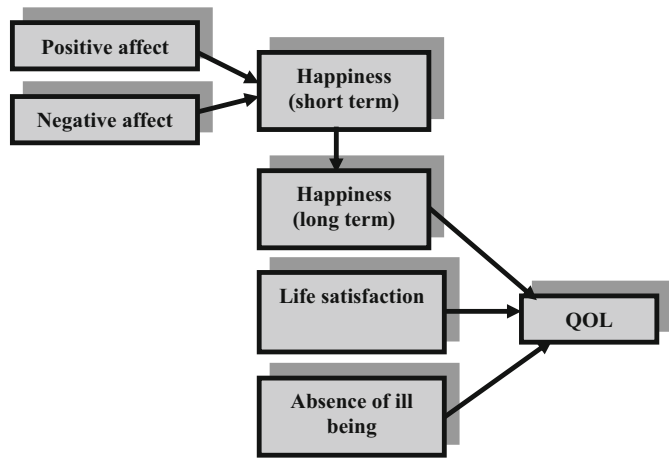


Fig. 29.2 Quality of Life (QOL) = Happiness + Life *satisfaction* + Absence of Ill-BEING

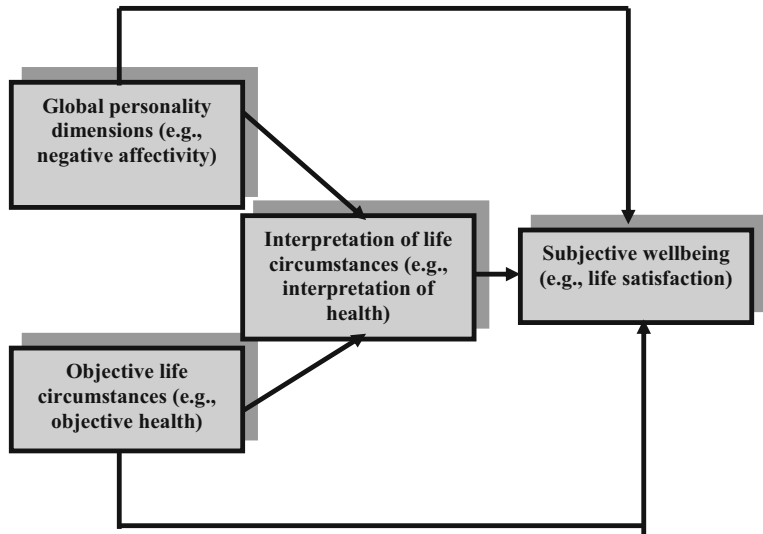


Fig. 29.3 Integrating bottom-up and top-down spillover effects. (Source: Adapted from Brief et al., 1993, p. 648)

29.9 The Bi-Directional Spillover Model

An alternative model is the bi-directional influence advocated by wellbeing researchers such as Brief, Butcher, George, and Link (1993), Headey, Veenhoven, and Wearing (1991), Lance, Lautenschlager, Sloan, and Varca (1989), Lance, Mallard, and Michalos (1995), Mallard, Lance, and Michalos (1995), and Sloan (1990). See Fig. 29.3. These investigators produced evidence suggesting that the

bi-directional model is more predictive than both top-down and bottom-up models. Mallard et al. (1995) tested the top-down versus bottom-up influence on student samples from 10 countries. The bi-directional model is an integrative model that combines top-down influence and bottom-up. It echoes Diener’s (1984) assessment of the evidence up to the early 1980s. He stated “Thus, the reliabilities point to some portion of happiness due to personality, but also accentuate the importance of life circumstance” (p. 551; cf. Diener, Suh, Lucas, & Smith, 1999).

29.10 The Psychology of Personal Projects and the Social Ecology of Flourishing

The psychology of personal projects and the social ecology of flourishing is an integrative model of wellbeing based on much research and theorizing by Brian R. Little and his colleagues (see Little, 2016 for a review of this literature). Here is a synopsis of this model (also see Fig. 29.4).

According to the author, personal projects involve personally salient activities in context ranging from the most mundane to the most life dramatic. Each project can promote hedonic wellbeing (fun projects) or eudaimonic well-being (a project that

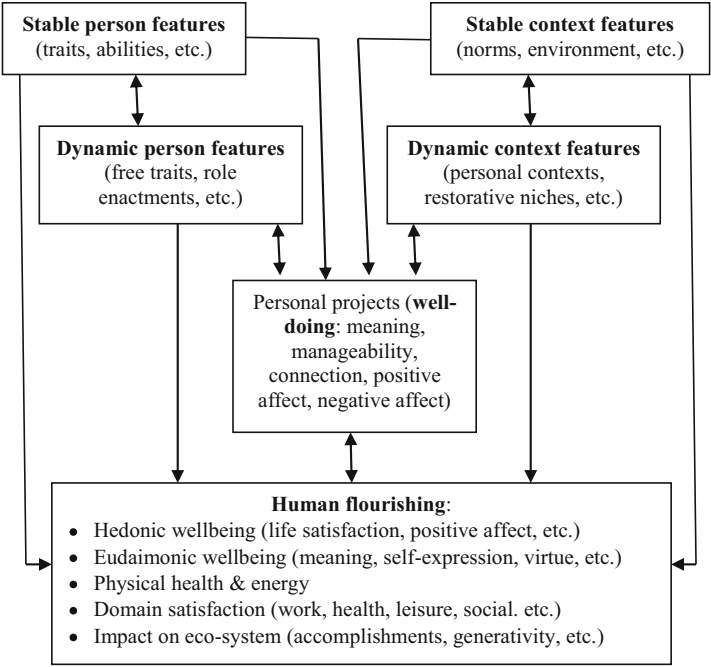


Fig. 29.4 The psychology of personal projects and the social ecology of flourishing. (Source: Adapted from Little, 2016, p. 298)

reflect identity and self-expression). Human flourishing can be viewed as all-encompassing wellbeing construct that include hedonic well-being, eudaimonic wellbeing, physical health and energy, domain satisfaction (satisfaction with work life, family life, social life, etc.), and impact on the eco-system (though outcomes related to accomplishments and generativity). Human flourishing is influenced by five factors: (1) stable person features (personality traits, abilities, etc.), (2) stable context features (norms, environment, etc.), (3) dynamic personal features (free traits, role enactments, etc.), (4) dynamic context features (personal contexts, restorative niches, etc.), and (5) personal projects.

The contribution of each personal project to human flourishing depends on the extent to which the project has meaning (i.e., reflects something important about the self or aspects of the pertinent world), is manageable (i.e., is well structured and efficacious), generates connection (i.e., is supported and recognized by others), induces positive affect (i.e., has reward value in terms of positive emotions), and does not generate negative affect (i.e., not stressful).

29.11 The Psychology of Quality of Life

My book, *The Psychology of Quality of Life* (Sirgy, 2002) and a paper published in an edited book by Reviki and Lenderking from the International Society for Quality-of-Life Research (Sirgy, 2005) presented an attempt to unify disparate concepts under a theoretical umbrella that I call *Psychology of Quality of Life*. I define subjective quality of life (or subjective wellbeing) as *satisfaction of developmental needs through participation in salient life domains and reflected in a value-laden belief about the totality of one's life*. This definition of subjective wellbeing necessitates the further definition of four key concepts, namely value-laden belief about the totality of one's life, satisfaction of developmental needs, life domains, and domain salience.

So, let us start by focusing on the concept of *value-laden belief about the totality of one's life*. This is essentially what we call perceived quality of life, life satisfaction, and happiness. It is value-laden belief reflecting an evaluation of one's whole life (good or bad). In the first chapter of this book I described many reflective measures of this concept. A popular measure of life satisfaction is Andrews and Withey's (1976) D-T measure. It involves a straightforward question: "How do you feel about your life as a whole?" Responses are coded on a scale: delighted, pleased, mostly satisfied, about equally satisfied and dissatisfied, mostly dissatisfied, unhappy, and terrible.

Now let us focus on *satisfaction of developmental needs*. The basic tenet here is that people have a variety of needs they seek to fulfill, and the more they satisfy these needs the more they feel good about their lives. To reiterate, *the assumption is that those who are more successful in satisfying their developmental needs are likely to experience greater happiness and life satisfaction than those who are less successful*. Those who are more successful, they do so because they are effective in

organizing their lives in manageable domains and participate actively in these domains. Doing so generates satisfaction in the life domains in the here and now as well as into the future. Examples of life domains include work, family, leisure, health, community, social, cultural, and so on.

Table 29.1 helps us understand how people organize their lives to fulfill developmental needs. Let us focus on biological needs as an example. To satisfy their biological needs, people engage in a variety of activities such as eating right, exercising regularly, having regular medical check-ups, having regular sex, and so on. The events related to those activities and their outcomes generate a certain amount of satisfaction and dissatisfaction. These affective experiences are organized and stored in memory in certain life domains such as health, love, residential, and family. So when a person is asked how he feels about his health life, it is very likely that he will reflect on his affective experiences in relation to health-related activities such as eating right, exercising regularly, having regular check-ups, and so on. When the same person is asked about his sex life, he reflects about his affective experiences related to having sex regularly. When asked about his residential life, he reflects on those experiences related to the use of his residence, his neighborhood, and community. And so on.

Note that although most life domains are organized and structured around one focal set of needs (biological, safety, social, etc.); they reflect affective experiences related to satisfaction of other needs. For example, many think that leisure life involves a set of activities dealing with one's social needs. Those activities serve not only to satisfy one's social needs but also a variety of other needs such as the need for aesthetics and creativity (see Table 29.1).

The point here is that people are driven to satisfy their developmental needs. The more they are able to satisfy their developmental needs the happier they are in life. The way they satisfy their developmental needs is by engaging in various activities. These activities result in positive and/or negative affect encoded in memory related to particular life domains. Cognition related to these affective responses is organized in memory in terms of life domains (health life, leisure life, family life, work life, spiritual life, etc.). In addition to the positive and negative affect generated directly from those domain-specific actions and activities, people evaluate their current state of affairs within their life domains. These cognitive evaluations reflect their feelings of satisfaction or dissatisfaction in those domains (e.g., sense of wellbeing in work life, social life, family life, leisure life, community life, and so on).

Now let us focus on the concept of *life domains*. Subjective quality of life involves a belief system that reflects a hierarchy of psychological concepts. Life satisfaction is essentially at the top of the hierarchy; domain satisfaction (e.g., work satisfaction, family satisfaction, and leisure satisfaction) is situated in the middle of the hierarchy, whereas satisfaction with particular events within specific life domains is at the bottom of the hierarchy. To further understand how satisfaction in a given life domain such as work contributes to overall life satisfaction, one needs to understand the concept of *life domains* and how these domains are cognitively structured. Affective experiences are segmented in life spheres or what we call in wellbeing research as life domains. Thus, a person may have affective experiences

Table 29.1 Developmental needs satisfied through activities organized in terms of life domains

	Health life	Love life	Residential life	Family life	Social life	Leisure life	Work life	Educational life	Spiritual life
Biological needs	Most	Most	Most	Most	Some	Some	Most	Least	Least
Safety needs	Most	Most	Most	Some	Some	Some	Some	Least	Some
Social needs	Some	Most	Some	Some	Most	Most	Some	Some	Some
Esteem needs	Least	Some	Some	Least	Some	Some	Most	Some	Some
Self-actualisation needs	Least	Some	Least	Least	Least	Some	Some	Most	Most
Knowledge needs	Least	Least	Least	Least	Least	Some	Some	Most	Most
Aesthetics needs	Least	Least	Least	Least	Some	Most	Some	Most	Most

Notes: Developmental needs (biological, safety, social, etc.) are satisfied through activities engaged in certain life domains. The life domains shown in the table are for illustrative purposes only. They are not meant to capture all life domains. It should be noted that different people segment their affective experiences differently. For example, a person actively engaged in political activities may have a “political life”, which may be absent for many others. “Most”, “some”, and “least” indicate the extent to which those activities in a specific life domain are successful in satisfying a specific developmental need. For example, the table shows that safety needs can be “most” satisfied through the health, love, and residential life domains and “least” satisfied in the educational life domain

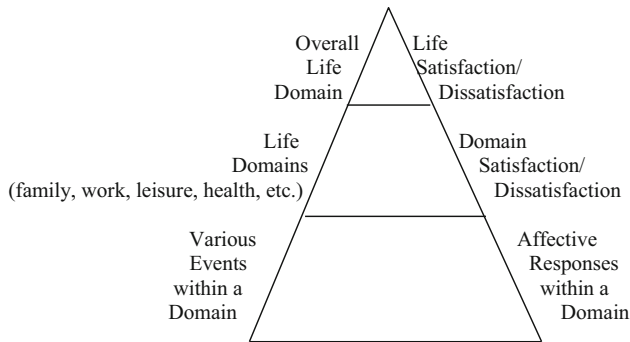
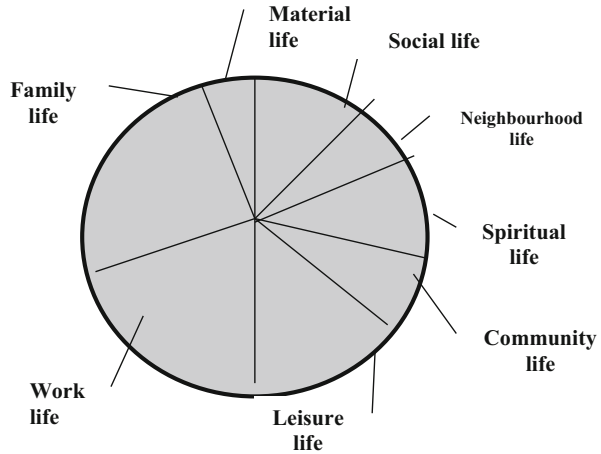


Fig. 29.5 The domain hierarchy

segmented in relation to education, family, health, job, friends, and romantic relationships, among others. Memory (conscious, subconscious, and unconscious) is likely to be divided into life domains, and within each life domain the person has deep-seated cognitions reflecting affective experiences in life domains. These domains are organized in memory in terms of an overall hierarchy. The hierarchy is shown in Fig. 29.5. Feelings about life overall or happiness are at the top of the hierarchy. Underneath this life sphere reflecting feelings about life at large, there are subordinate domains, such as work, family, leisure, health, community, social, etc. Each of these life domains houses affective experiences concerning that domain. Thus, one may have overall good feelings about their work but bad feelings concerning their family, social life, and leisure. Also, each life domain is subdivided in terms of major life events within the domain, and again people segment affective experiences regarding these life events within each domain. To reiterate, life experiences tend to be organized in memory in terms of life domains involving a hierarchical structure in which the superordinate domain is life overall. The subordinate level in that hierarchy involves major life domains such as family, work, community, health, leisure, etc. Within each life domain, affective experiences (emotional responses to domain outcome—positive emotions such as joy, affection, and pride, and negative emotions such as sadness, anger, fear, shame, and guilt) are further segmented into life events. Each life domain houses affective experiences reflecting one's overall feelings about one's positive and negative outcomes in that domain.

Besides the cognitions related to positive and negative affect, other cognitions related to domain evaluations are housed within their respective domains. An example of a cognitive evaluation of a particular life domain such as family life is the person asking the question, "how is my family life?" The answer generated to this question (e.g., "I feel pretty good about my family life.") represents a cognitive evaluation of that life domain and is stored in memory. Note that cognitive evaluations of a life domain are different from the cognitions that capture positive and negative affect (joy, affection, pride, anger, fear, shame, guilt, etc.) generated from outcomes related to domain activities. Both sets of cognitions related to positive/

Fig. 29.6 A graphic representation of domain salience



negative affect and evaluations play an important role determining one's overall level of satisfaction/dissatisfaction of a life domain. Domain satisfaction/dissatisfaction, in turn, plays an important role in determining satisfaction/dissatisfaction with life overall.

Now let us turn to *domain salience*. It is important to understand that the domain hierarchy reflects a salience hierarchy of sorts. That is, domains in which a person has invested considerable effort to attain positive affect (or eliminate negative affect) are likely to be more hierarchically elevated than those in which there is less emotional investment are. We can explain the concept of domain salience in another way. People have value-laden beliefs directly related to particular life domains, such as material, health, job, family, friends, community, and among others. All life domains vary in *salience*. That is, some life domains may be more important than others may (see Fig. 29.6).

Consider an example of a materialistic person. He considers the world of material goods and possessions to be very important relative to other things in life. He considers the material life domain to be more important than other domains such as family, leisure, social, community, and so on. This is reflected in his enduring involvement in that domain—a condition that reflects greater cognitive effort and heightened emotional reactions in relation to material stimuli. He is more involved (cognitively and emotionally) in the material life domain. He regards wealth as an important life goal. He feels that activities related to the accumulation of wealth are very important. He judges people's life accomplishments based on material possessions, and so on.

Do people *optimize* or maximize their satisfaction with life? The immediate and most instantaneous response I get from students when I ask them is, "Maximize, of course!" I respond, "Optimize, not maximize!" The motivation is to *increase positive affect but not to exceed an upper threshold and prevent negative affect from sliding below an intolerable lower threshold*. This assertion begs two questions: why do people seek to increase positive affect only up to some upper

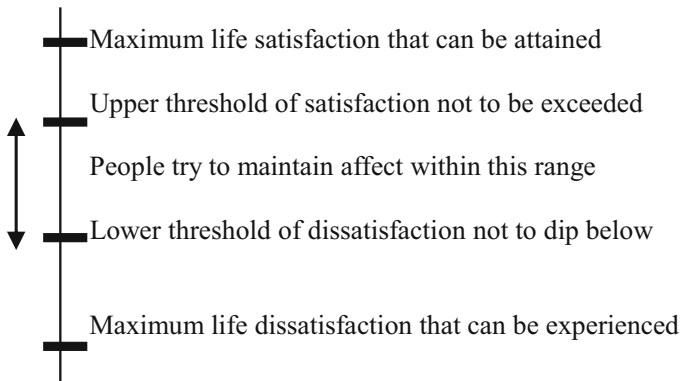


Fig. 29.7 The motivational tendency to optimize subjective wellbeing

threshold? And why do people seek to prevent negative affect from sliding below an intolerable threshold? See an illustration of this motivational tendency in Fig. 29.7.

We know from multitudes of studies in wellbeing that life satisfaction ratings reflect a narrow range of the scores suggesting that life satisfaction is held under homeostatic control. A homeostatic model of life satisfaction implies two motivational tendencies: a tendency to increase positive affect not to exceed an upper threshold, and a tendency to prevent negative affect from sliding below an intolerable threshold.

There is an inherent *motivational tendency to increase positive affect* in everyday life. People are motivated to feel good about themselves and their lives. We are genetically wired to do what we can to experience positive feelings and avoid negative ones. We are genetically motivated (i.e., by nature) to pursue and experience happiness. Human beings, as well as other social animals, are born with an *effectance motive*. Effectance motivation refers to the tendency to control one's environment. Thus, we do things to control our lives, the people around us, and our destiny in life. Experiencing the fruits of our labor gives us pleasure, which serves an adaptive function for the human species at large. We are also genetically wired to *nurture* others. Nurturance such as feeding children, fondling infants, and taking care of others is inherently satisfying for humans, as well as other social animals. Nature dictates nurturance. The goal is to preserve the species.

In contrast to all other living organisms, including other social animals, humans have the ability to form, maintain, and change *self-conceptions*. The ability to see oneself in certain ways allows people to make judgements about themselves and experience positive self-evaluations. Positive self-evaluations are a major source of subjective well being. For example, we compare our actual self with our image of ourselves from the past and realize that we made much progress over time. This type of judgment enhances subjective well being. Other living species do not have self-concepts and therefore lack in the ability to make judgments about themselves that can enhance their subjective well being. Also, particular to the human species are distinct abilities of *anticipating* the future and experience events *vicariously*. These

two human abilities allow humans to experience joy and happiness—abilities lacking in other species. By anticipating the future, people set goals and experience positive affect in planning and anticipating goal attainment. They plan action guided by the vicarious feelings of goal consumption. Imagining how it would feel attaining a particular goal does make a contribution to subjective well being in its own right.

Another ability that is unique to the human species is the ability to experience *aesthetic pleasures*. People can take delight from the small as well as big things in life. Imagine hiking in the woods and observing the beauty of the trees, the flowers, the shrubbery, the rolling hills, the meadows, the sunset, the little animals that roam the forest. And so on. Seeing beauty in ordinary things is ability relegated to the human species only. Experiencing beauty contributes to one's subjective well being.

How about the *tendency to enhance subjective wellbeing but not to exceed an upper threshold*? In other words, human beings have a tendency to increase positive affect but up to some *ceiling*. Much research on the intensity versus frequency of positive affect provides support for this notion of a ceiling effect. Intense and frequent positive experiences are related to subjective well being because they are easily evoked from memory when a person is asked to evaluate his life. However, frequent positive experiences are more related to long-term well being than intense ones. Frequent positive experiences tend to play a more important role in subjective wellbeing than intense positive experiences because they are recalled more readily and accurately. Intense positive experiences, although they occur, may be experienced more rarely than occurrences inducing low-to-moderate positive affect. People avoid intense positive experiences because they come at a cost: intense negative affect and lower positive affect of future positive experiences. Intense positive experiences are usually followed by increased negative affect and decreased positive affect of other good experiences. This logic is based on *opponent-process* theory, which predicts that intense emotional peaks often come at the cost of negative affect. That is, those who experience intense positive feelings are likely to experience intense negative feelings too. Therefore, those who experience intense positive experiences typically do not report higher levels of subjective well being. This may be due to the fact that the positive affect generated from intense positive experiences is offset by the negative affect generated from intense negative experiences. Also, the experience of an intense positive event is likely to dampen positive affect of future related events. Intense positive affect is generated when an event is judged to be significantly above the adaptation level (satisfaction reference from past events). Thus, an intense positive experience raises the adaptation level (referent) by which future related positive events are judged. The higher the adaptation level the more likely that future positive events will be judged as less satisfying. The logic of this argument is based *range-frequency* theory. Thus, there may be a homeostatic mechanism to control life satisfaction that it generally remains positive but not to exceed an upper threshold. The maintenance of positive affect is highly adaptive to the human species. Such a positive outlook on life is adaptive for food acquisition, predator avoidance, and mating.

Then there is the *tendency to prevent subjective wellbeing from sliding below an intolerable threshold*. Based on many quality-of-life studies examining life

satisfaction in different countries, we know that there is a floor effect (i.e., on a 10-point scale of life satisfactions where 1 is very low satisfaction and 10 being very high satisfaction; most people do not fall below the point 6 range). One interpretation of this finding is that there may be a tendency to prevent negative affect from sliding below an intolerable threshold. When people become too dissatisfied with life they slide into depression. Severe and chronic depression usually leads to suicide, the ultimate act of self-destruction. In other words, subjective wellbeing involves (a) frequency and degree of positive affect or joy, (b) satisfaction with life over a sustained period and (c) the absence of negative feelings such as depression and anxiety. It is this third element that is of particular interest here. Much research in subjective wellbeing has shown a strong relationship between satisfaction with life and depression. People who are clinically depressed have a pervasive sense of dissatisfaction with life. But the reader should note that life satisfaction is related to depression, but it is not reducible to depression. When people become dissatisfied with their lives, they become depressed. Dissatisfaction with life precedes the onset of depression. And because there is an inherent need for survival and self-preservation, people are motivated to prevent themselves from sliding into depression. The bottom threshold of life dissatisfaction is the point of no return, and people try to avoid that point of no return by attempts at reducing dissatisfaction with life.

Now having understood the basic notion that people tend to optimize (not maximize) their subjective wellbeing, let us now turn to the psychological strategies they use to optimize. These strategies involve manipulating affect across life domain (interdomain strategies) and within domains (intradomain strategies). The interdomain strategies include bottom-up spillover, top-down spillover, horizontal spillover, and compensation. The intradomain strategies include re-evaluation based on personal history, re-evaluation based on self-concept, re-evaluation based on social comparison, goal selection, goal implementation and attainment, re-appraisal. Finally, there is a strategy that combines both inter-domain and intra-domain dynamics. This is the balance strategy.

Let us discuss the *interdomain strategies* first followed by the intradomain strategies. *Bottom-up spillover* refers to the influence of affect in subordinate domains (e.g., family life) on superordinate domains (e.g., overall life). That is affect travels up the hierarchy of life domains. An example of bottom-up spillover is a person who is happy with family life, his social life, his sex life, his marital life, his leisure life, but is dissatisfied with his work life. The affect contained in these life domains travels upward in the domain hierarchy to affect the most superordinate domain of overall life. This is done in a compensatory manner, in that the negative affect in the work life domain is offset by the positive affect invested in the other life domains.

Top-down spillover refers to the influence of affect of superordinate domains (e.g., overall life) on subordinate domains (e.g., family, work, leisure, social, and health). It is used as a strategy to enhance subjective well being given that the most superordinate life domain (i.e., overall life) contains more positive than negative affect. The positive affect is allowed to spillover down the domain hierarchy to increase the positive valence of the subordinate life domains, which in turn feeds

back to overall life. For example, a person who feels good about her life in general but feels bad about her work life allows the good feelings about life at large to spill over into the work domain. Doing so reduces the negativity associated with work life.

Horizontal spillover refers to the influence of affect in a life domain on another life domain that is neither subordinate nor superordinate to it (e.g., influence of work satisfaction on family satisfaction). Horizontal spillover can be used as a strategy to enhance subjective wellbeing by focusing on a positive life domain and allowing the positive affect associated with that domain to reduce the negative valence of another domain. For example, a person may feel fulfilled in the religious domain but feels dissatisfied with family. He allows his good feelings about religion to influence his feelings about family.

With respect to *compensation*, this strategy involves making life domains in which the person feels good more important and other domains in which she feels bad less important. For example, a person feels bad about her work life but feels very good about her religious life. To increase her subjective well being, she begins to view her religious life as the most important thing in her life. Doing so multiplies her good feelings invested in that domain; and these feelings are allowed to spill over to the most superordinate domain—overall life. By the same token, making her religious life domain as most important decreases the salience of her work life. This in turn serves to decrease the negative spillover from that domain to overall life.

Now turning to the *intradomain strategies*, we have re-evaluation based on personal history, re-evaluation based on the self-concept, re-evaluation based on social comparisons, goal selection, goal implementation and attainment, re-appraisals, and balance. With respect to *re-evaluation based on personal history*, this strategy to enhance subjective well being refers to the manipulation of expectancies (based on one's personal history) used in judging one's well being in a given domain. For example, a person is dissatisfied with work life, perhaps because he thinks he does not make enough money to make ends meet. He may re-evaluate this domain by noting that he has made progress over the past several years. He was able to achieve significant raises and promotions over the past years and should feel proud of his achievements.

With respect to *re-evaluation based on self-concept*, this strategy to enhance subjective well being refers to the manipulation of expectancies in making judgments about well being in a given domain. These expectancies may be based on one's self-concept such as the ideal self, the social self, the deserved self, the aspired self, the competent self, etc. For example, a person is dissatisfied with his standard of living because he compares himself with his friends and associates who make considerably more money than him. In this case, he may re-evaluate this domain by comparing his actual self with his deserved self. His deserved self is the image of himself attaining a standard of living that he thinks he deserves. Perhaps he thinks that he has not worked as hard as others have. Therefore, he does not deserve to attain the same level of standard of living. Such a comparison is likely to make his evaluation of his current standard of living less negative, thus maintaining satisfaction in that domain.

With respect to *re-evaluation based on social comparison*, this strategy to enhance subjective well being refers to the manipulation of the standard of comparison (based on significant others) used in judging one's well being in a given domain. For example, a person is dissatisfied with his family life because of minor communication problems encountered with his children. He may compare his family life to those who are less fortunate (i.e., those who have children with significant problems such as drug abuse. Doing so may help him feel better about his family life, thus increasing subjective well being).

With respect to *goal selection*, this strategy to enhance subjective wellbeing refers to the selection of personal goals that should be capable of generating a great deal of positive affect. For example, a person is dissatisfied with his leisure life. He visits his relatives on vacations and ends up arguing with his children and wife during the vacation. It usually turns out to be an "ordeal" not a vacation. He reassesses his situation by selecting a different leisure goal. He decides to take the family on a cruise for vacation, instead of visiting relatives. This goal is capable of generating a great deal of positive affect. A successful visit can only reduce dissatisfaction; however, an unsuccessful visit can heighten dissatisfaction.

Another strategy is *goal implementation and attainment*. The focus of this strategy is direct action designed to complete a set of the tasks that would allow him to attain the goal. The catch here is to select those tasks in ways to increase the likelihood of goal attainment. Consider the same person who decided on a cruise for the family vacation. Suppose he does not have the budget to do the cruise. In this case, his leisure wellbeing is likely to plummet. Thus, he attempts to budget to ensure that the selected goal can be implemented with the limited resources.

Re-appraisal is yet another strategy to enhance subjective wellbeing. One can re-appraise a negative event in ways to shed new meaning on that event, and therefore extract positive feelings from the re-appraisal. For example, a person loses his job because of organizational re-structuring. Instead of interpreting this event as negative causing him to feel bad about his work life, he realizes that this situation presents a new opportunity for him to start a new chapter in his life. He looks forward to it with optimism and enthusiasm. This re-appraisal has served to enhance his subjective wellbeing.

Balance is yet another strategy. By balance I mean engaging in events to generate both positive and negative affect within a given life domain and compensating across life domains. Positive affect in a domain serves to enhance subjective wellbeing in the here and now. Negative affect serves to motivate the individual to plan ahead to correct past mistakes and to take advantage of new opportunities. Negative affect is the basis of motivation to strive to attain future goals. People look forward to future joy. Thus, people tend to seek to "balance" positive and negative experiences in life.

29.12 Positive Balance: A Hierarchical Perspective

Recently, I put forth a new theory of wellbeing, referred to as “positive balance” (Sirgy, 2019, 2020). The theory of positive balance be summarized as follows. Individuals with high levels of positive mental health are characterized to experience: (1) a preponderance of neurochemicals related to rewards (dopamine, serotonin, etc.) relative to neurochemicals related to stress emotions (cortisol), at a physiological level; (2) a preponderance of positive affect (happiness, joy, etc.) relative to negative affect (anger, sadness, etc.), at an emotional level; (3) a preponderance of domain satisfaction (satisfaction in salient and multiple life domains such as family life, work life, etc.) relative to dissatisfaction in other life domains, at a cognitive level; (4) a preponderance of positive evaluations about one’s life using certain standards of comparison (satisfaction with one’s life compared to one’s past life, the life of family members, etc.) relative to negative evaluations about one’s life using similar or other standards of comparison, at a meta-cognitive level; (5) a preponderance of positive psychological traits (personal growth, environmental mastery, etc.) relative to negative psychological traits (pessimism, hopelessness, etc.), at a development level; and (6) a preponderance of perceived social resources (social acceptance, social actualization, etc.) relative to perceived social constraints (social exclusion, ostracism, etc.), at a social-ecological level. Furthermore, wellbeing at each hierarchical level contributes to a higher-order construct of wellbeing from the physiological level all the way up to the social-ecological level (see Fig. 29.8 and Table 29.2)

29.13 Conclusion

This chapter covered several integrative models of quality of life, wellbeing, and positive mental health. These models include livability theory; capability theory; stocks and flows; the joyless economy; quality of the person + environment; homeostasis; $QOL = happiness + life\ satisfaction + absence\ of\ ill-being$; the bidirectional spillover model; dynamic wellbeing; ontological wellbeing and the 3Ps model; the psychology of quality of life, and positive balance.

Livability theory posits that life satisfaction is the net result of the pleasures and pains of life events. Life offers many chances to become happy (life chances). These chances are afforded through societal resources, personal resources, and individual abilities. Taking those chances are reflected in course-of-life events of which balance of favorable and unfavorable events over times influences life satisfaction. This occurs through the flow of experience or hedonic affect related to life events, which in turn translates into happiness.

Capability theory posits a person has certain capabilities that can lead him or her to function better in life. Capabilities determine what people can do to function at their best. Three major dimensions of capabilities are health, knowledge, and



Fig. 29.8 A hierarchical perspective of wellbeing. (Source: Adapted from Sirgy, 2020)

income. People achieve valuable functionings by converting capabilities (e.g., health, knowledge and income) into functionings such “being in good health,” “being nourished,” “moving about freely,” “being happy,” “being educated,” “being well-sheltered,” and “having satisfying social relations.”

The concept of stocks and flows views quality of life as strongly influenced by a person’s stocks (i.e., the strength of one’s personality, health, social networks, leisure skills and equipment, work skills and equipment, education and general knowledge, and socio-economic status) and flows (satisfaction or dissatisfaction experienced in relation to daily activities in the context of various life domains such as finances, leisure, family, job, friendships, and health). Thus, a person characterized as having a high quality of life is likely to possess good stocks and experiences good flows.

The joyless economy is a theory of quality of life based on the distinction of comfort and pleasure. We experience conflict between comfort and pleasure. We

Table 29.2 Positive mental health defined at various hierarchical levels as positive balance with emergence

Level of analysis	Positive balance as positive mental health	Programs of research	Emergence
Positive mental health defined at a physiological level = positive and negative neurotransmitters	Individuals experiencing a preponderance of neurochemicals related to positive emotions (dopamine, serotonin, oxytocin) relative to neurochemicals related to negative emotions (cortisol)	Stress response system); neurobiology of happiness)	
Positive mental health defined at an emotional level = positive/negative affect or hedonic wellbeing (positive/negative neurotransmitters + cognitive appraisals)	Individuals experiencing a preponderance of positive emotions (happiness, joy, serenity, contentment, etc.) relative to negative emotions (anger, sadness, jealousy, envy, depression, etc.)	Positive versus negative affect; broaden and build theory; flow	Positive neurochemicals (dopamine, serotonin, and oxytocin) at the physiological level mediated by a process of cognitive appraisal (positive frame) result into positive affect (happiness, joy, contentment, etc.) at the emotional level; and conversely, negative neurochemicals (cortisol) mediated by a process of cognitive appraisal (negative frame) result into negative affect (anger, sadness, jealousy, envy, depression, etc.)
Positive mental health defined at a cognitive level = domain satisfaction (positive/negative affect + domain segmentation)	Individuals experiencing a preponderance of domain satisfaction (satisfaction in salient and multiple life domains such as family life, work life, social life, etc.) relative to	Principle of satisfaction limits; principle of the full spectrum of human developmental needs; principle of diminishing satisfaction	Positive affect (happiness, joy, contentment, etc.) at the emotional level mediated by a process of domain segmentation result into domain satisfaction (satisfied with

(continued)

Table 29.2 (continued)

Level of analysis	Positive balance as positive mental health	Programs of research	Emergence
	dissatisfaction in other life domains		work life, social life, family life, etc.); and conversely, negative affect (anger, sadness, jealousy, envy, depression, etc.) mediated by a process of domain segmentation result into domain dissatisfaction (dissatisfied with work life, social life, family life, etc.)
Positive mental health defined at a meta-cognitive level = life satisfaction (domain satisfaction + bottom-up process)	Individuals experiencing a preponderance of positive evaluations about one's life using certain standards of comparison (satisfaction with one's life compared to one's past life, the life of family members, the life of associates at work, the life of others in the same social circles, etc.) relative to negative evaluations about one's life using similar or other standards of comparison	Multiple discrepancies theory; congruity life satisfaction; temporal life satisfaction; social comparison; frequency of positive affect; homeostatically protected mood	Domain satisfaction (satisfied with work life, social life, family life, etc.) at the cognitive level mediated by a bottom-up process at the meta-cognitive level result in life satisfaction; and conversely, domain dissatisfaction (dissatisfied with work life, social life, family life, etc.) mediated by a bottom-up process result in life dissatisfaction
Positive mental health defined at a developmental level = eudaimonia (life satisfaction + personal growth)	Individuals experiencing a preponderance of positive psychological traits (self-acceptance, personal growth, purpose in life, environmental mastery,	Hedonic versus eudaimonic happiness; virtue ethics and character strengths; self-determination theory; personal expressiveness; psychological wellbeing;	Life satisfaction at the meta-cognitive level mediated by a process involving high personal growth result in high levels of eudaimonia at the developmental

(continued)

Table 29.2 (continued)

Level of analysis	Positive balance as positive mental health	Programs of research	Emergence
	autonomy, positive relations with others, etc.) relative to negative psychological traits (pessimism, hopelessness, depressive disorder, neuroticism, impulsiveness, etc.)	purpose and meaning in life; flourishing; orientations to happiness; resilience; and satisfaction of the full spectrum of human needs	level; and conversely, life dissatisfaction mediated by a process involving low personal growth result into low levels of eudaimonia.
Positive mental health defined at a social-ecological level = socio-eudaimonia (eudaimonia + social & moral development)	Individuals experiencing a preponderance of social resources (social acceptance, social actualization, social contribution, social integration, social harmony, social belongingness, social attachment, familial attachment, etc.) relative to social constraints (social alienation, social discord, social exclusion, ostracism, etc.)	Social wellbeing, social harmony need to belong, attachment theory; social exclusion and ostracism	High levels of eudaimonia at the developmental level mediated by a process involving high social and moral development result into high levels of socio-eudaimonia at the social-ecological level; and conversely, low levels of eudaimonia mediated by a process involving low social and moral development result into low levels of socio-eudaimonia.

Source: Adapted from Sirgy (2020)

reconcile this conflict by reaching a compromise in the form of intermittent complete satisfaction spaced over time. The rise in the standard of living increases consumers’ comfort, but not pleasure. Thus, our economy is increasingly becoming an economy of convenience, not pleasure. Please is paramount to quality of life, and therefore the economy is becoming increasingly joyless.

Quality of life = quality of the person + environment. This means that quality of life reflects the relation between a person’s subjective and objective sets of circumstances. The *subjective* set of a person reflecting a high quality of life involves capacity for enjoying life, cognitive complexity, a sense of autonomy and effectiveness, self-knowledge, self-esteem, ease of interpersonal relations, an ethical

orientation, personality integration, and a productivity orientation. These elements are the hallmark of mental health and functioning. These elements combined capture the quality of the person. The quality of the environment involves adequate material support; physical safety and security; available friends and social support; opportunities for the expression and receipt of love; opportunities for intrinsically challenging work; leisure opportunities that have elements of skill, creativity, and relaxation; available set of moral values that can give meaning to life; opportunities for self-development; and justice system that is managed by disinterested and competent parties.

Homeostatically-protected mood theory argues that people have a set-point for happiness. Most people are normally moderately happy and that life satisfaction judgments are very stable over time. In other words, the system maintains homeostatic balance by reacting to events that threatens to significantly decrease the homeostatic level of subjective wellbeing in attempt to restore homeostasis. The mechanism of homeostasis comprises two sets of buffers: external and internal. External buffers are essentially wealth and relationships. Wealth is used as a resource to assist the individual to maintain a homeostatic level of subjective wellbeing. Relationships function the same way as wealth. People can restore their system to homeostatic balance than those who do not have good relationships with others. Internal buffers are in the form of adaptation and habituation.

Then we have the notion that $\text{quality of life} = \text{happiness} + \text{life satisfaction} + \text{absence of ill-being}$. Happiness is viewed as emotional wellbeing involving short-term experiences of positive and negative affect. Also, quality of life involves cognitive wellbeing in the form of life satisfaction. The latter (life satisfaction) is influenced by the former (emotional wellbeing). Finally, we have absence of ill-being an important component of quality of life. Subjective wellbeing could not be experienced when people experience ill-being in the form of depression or anxiety.

The bi-directional spillover model combines two mini theories of happiness: top-down spillover theory and bottom-up spillover theory. In other words, happiness is strongly influenced by both personality factors and life circumstances.

I also described the psychology of personal projects and the social ecology of flourishing. Central to the model is the concept of personal projects. Each project can promote human flourishing to the extent that the project has meaning, is well-managed, is supported by others, induces positive emotions, and is not stressful.

With respect to the psychology of quality of life, subjective quality of life is defined as satisfaction of developmental needs through participation in salient life domains and reflected in a value-laden belief about the totality of one's life. There is an inherent motivational tendency to increase positive affect in everyday life. We are genetically wired to do what we can to experience positive feelings and avoid negative ones. We also have a tendency to enhance subjective wellbeing but not to exceed an upper threshold. Then there is the tendency to prevent subjective wellbeing from sliding below an intolerable threshold. We use psychological strategies to optimize our happiness. These strategies involve manipulating affect across life domain (interdomain strategies) and within domains (intradomain strategies).

The interdomain strategies include bottom-up spillover, top-down spillover, horizontal spillover, and compensation. The intradomain strategies include re-evaluation based on personal history, re-evaluation based on self-concept, re-evaluation based on social comparison, goal selection, goal implementation and attainment, re-appraisal. Finally, there is a strategy that combines both inter-domain and intra-domain dynamics. This is the balance strategy.

Positive balance theory posits that individuals with high levels of positive mental health are characterized to experience the following:

- a preponderance of neurochemicals related to rewards relative to neurochemicals related to stress emotions at a physiological level;
- a preponderance of positive affect relative to negative affect at an emotional level;
- a preponderance of domain satisfaction relative to dissatisfaction in other life domains at a cognitive level;
- a preponderance of positive evaluations about one's life using certain standards of comparison relative to negative evaluations about one's life using similar or other standards of comparison at a meta-cognitive level;
- a preponderance of positive psychological traits relative to negative psychological traits at a development level; and
- a preponderance of perceived social resources relative to perceived social constraints at a social-ecological level.

Furthermore, the theory asserts that wellbeing at each hierarchical level contributes to a higher-order construct of wellbeing from the physiological level all the way up to the social-ecological level.

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Chapter 30

Philosophy and Public Policy Issues Related to Wellbeing



Society does not consist of individuals but express the sum of interrelations, the relations within which these individuals stand.

—Karl Marx (<https://www.askideas.com/62-best-quotes-and-sayings-about-society/>)

30.1 Introduction

Should indicators of happiness, subjective wellbeing, and positive mental health be incorporated into national accounts that guide national and international policies? The answer is a resounding YES. This is imperative if governments and other institutions were to make considerable progress in enhancing human wellbeing. Yes, wellbeing and positive mental health metrics should be incorporated into national accounts to complement existing economic and social indicators. The inclusion of wellbeing and positive mental health metrics into national accounts should broaden the information repertoire that guide decision making by policy makers, thus enabling them to design more effective policies that improve the lives of their constituents.

In this chapter I will discuss how public policy issues can be shaped by quality-of-life research. I will also address the issue of whether we should broaden our perspective from individual level research on wellbeing and quality of life to societal-level research. And if so, how it should be done?

30.2 Public Policy Issues

The pursuit of quality of life is well-recognized as an important end-goal. Government institutions develop public policy and design intervention programs to enhance the quality of life of citizens. Quality-of-life researchers have long advocated the use

of wellbeing concepts and indicators as performance measures (e.g., Sirgy, Samli, & Meadow, 1982).

Sim and Diener (2018) made the argument that subjective wellbeing measures should be included in national accounts. They discussed several reasons for this proposed action: (1) scholars and lay people believe subjective wellbeing is very important, (2) current indicators are incomplete and insufficient, (3) subjective wellbeing is beneficial, and (4) indicators of subjective wellbeing are easy and inexpensive to implement. Let us discuss these reasons in some detail.

30.2.1 Scholars and Lay People Believe Subjective Wellbeing Is Very Important

Sim and Diener (2018) assert that happiness has long been recognized throughout history as an end goal to life pursuits. They refer the reader to the writings of Aristotle on eudaimonia and the doctrine of utilitarianism by John Stuart Mill and Jeremy Bentham. They also refer to research related to lay people's beliefs about the relative importance of concepts such as happiness, life satisfaction, and the good life. These concepts permeate our values in every country. That is, these are universal values.

Derek Bok (2010), in his book *The Politics of Happiness*, asked the question: *should policy makers use happiness research?* He proceeded to answer this question by asserting that it should be for the following reasons. First, happiness as a human value is considered to be among the most important goals of living. Second, the importance of happiness as a societal goal has been affirmed by influential scholars of ancient and modern time. Bok cited Immanuel Kant's assertion of the good life: What are the ends which are the same time duties? They are these: one's own perfection and the happiness of others. Third, happiness has positive consequences for society (e.g., civic engagement, kindness, and other altruistic behaviors). People who are happy also live longer and work harder.

30.2.2 Current Indicators Are Incomplete and Insufficient

Ed Diener and Martin Seligman (Diener & Seligman, 2004; Diener 2009) have also advocated the development of a system of indicators to capture subjective wellbeing at the national level (cf. Sim & Diener, 2018). They argue that the national economic indicators are "out of sync" with national wellbeing, especially in developed countries. Economic wealth has risen significantly but subjective wellbeing has not. Identifying the problem areas in subjective wellbeing necessitates the development of a broader system of national indicators capturing subjective wellbeing and its many aspects and dimensions. Instead of making decisions based on guesses and

assumptions, policy makers should use indicators of subjective wellbeing to assess the effectiveness of their policies.

The authors provided specific examples of how economic indicators lead policy makers of the economics persuasion to think and frame important social issues differently from policy makers of the wellbeing persuasion. For example, at a societal level, policy makers grounded in economics focus on questions such as “How can government stimulate economic growth?” In contrast, policy makers grounded in subjective wellbeing would ask: “How does economic growth influence subjective wellbeing?” With respect to income, policy makers of the economic persuasion typically ask: “How does income inequality impact economic growth?” Policy makers of the quality-of-life persuasion would ask: “Does income inequality influence wellbeing? If so, how?” In relation to work policy makers of the economics persuasion would ask: “How does pay influence productivity?” In relation to physical health, policy makers of the economics persuasion would ask: “How much is productivity reduced by illness?” In contrast, policy makers of the quality-of-life persuasion would ask: “What illnesses most interfere with happiness?” Regarding mental health, policy makers of the economics persuasion would ask: “How do mental disorders interfere with productivity?” Policy makers of the quality-of-life persuasion would ask: “What mental disorder influence subjective wellbeing and how?” With respect to social relationships, policy makers of the economics tradition would ask: “How do couple jointly determine their participation in the labor force?” Policy makers of the quality-of-life tradition would ask: “Are married people on average happier than the unmarried?” In other words, policy makers in every public and private sector are likely to pose very different questions if they replace their “economics lens” with a “quality-of-life lens.”

Every field of study has its own performance metrics. For example, in marketing, the performance metrics range from brand awareness to customer satisfaction and loyalty. These metrics are biased from an economics perspective—the ultimate goal is organizational profitability. A quality-of-life perspective in marketing compels marketers to gauge marketing performance in terms of consumer wellbeing (Sirgy, 2001). Similarly, the management performance metrics are typically biased in favor of job performance, employee productivity, and employee turnover rates. A quality-of-life perspective in management would be job satisfaction, life satisfaction, quality of work life, and employee wellbeing.

Paradoxically, inherent in most economic models is the assumption that people make decisions to maximize utilities (i.e., enhance their own wellbeing). The problem with this is the fact that people do indeed make decisions to enhance their own wellbeing, but these decisions are made by guesses and misconceptions of their true state of wellbeing. If people were to actually be educated about what truly affects their wellbeing, their decisions would be better grounded, and indeed the same decisions can truly lead the enhancement of their wellbeing. In other words, Ed Diener and Martin Seligman do not call for abandoning the economic model of decision making. They encourage economists to improve their economic modelling by injecting the science of wellbeing into the science of decision-making.

Diener (2009) state:

We propose that a national index should employ the global questions now in use, but supplement them with questions targeted at specific aspects of wellbeing, such as engagement at work, stress due to commuting, levels of depression (among adolescents), and trust in neighbours. In addition, we propose that the indicator system include both a panel component (assessing the same group of individuals repeatedly over time) and an intensive experience-sampling component (assessing individuals on a daily basis for a week or 2; . . .). Thus, we are proposing a national system that is much broader and deeper than the current surveys, which base their findings on just a few global items. (p. 208)

To reiterate, Sim and Diener (2018) conclude that governments of economically developed countries do monitor the health of society using both economic and social indicators. Social indicators have been used commonly to monitor a host of social conditions ranging from health outcomes (e.g., obesity rates) to environmental outcomes (e.g., carbon dioxide emissions). However, measures of subjective wellbeing are not commonly used. A case can be made that the use of subjective wellbeing indicators can be viewed as a parsimonious measure of the good life in society.

30.2.3 *Subjective Wellbeing Is Beneficial*

Much research has documented the beneficial effects of subjective wellbeing. People rated high on subjective wellbeing are often healthier, more successful, and have better relationships, compared to those who are rate low on subjective wellbeing (see Chap. 3 in this book about the positive outcomes associated with subjective wellbeing).

Diener, Lucas, Schimmack, and Helliwell (2009) in a very well-written and persuasive book (*Wellbeing for Public Policy*) have urged public policy officials to measure the wellbeing of nations and groups using subjective and objective indicators because of the beneficial results arising from the use of such measures. They made reference to the famous Heisenberg Principle that is well known in physics in an attempt to make the point that the measurement of wellbeing is likely to be a good thing for society, because the measurement process itself is likely to make public policy officials try harder to develop, implement, and monitor the effectiveness of policies designed to enhance wellbeing and the quality of life. Here is what they said:

Some have pointed to a psychological Heisenberg principle, the idea that measuring something often changes what is measured. If a society begins measuring wellbeing, it might or might not increase wellbeing. However, it is very likely that published measures of wellbeing would lead to more attempts to increase it, and of course, better information on whether these attempts are successful. If societies have national accounts of wellbeing, more attention and weight will be granted to it. (Diener et al., 2009, p. 66)

30.2.4 Indicators of Subjective Wellbeing Are Easy and Inexpensive to Implement

Again, the same authors (Sim & Diener, 2018) have identified certain costs related to data collection of census bureaus: \$13 billion in the U.S. (2010) and \$440 million in Australia (2011). Compare these costs to the World Gallup Survey of \$10 million (2012). As such, collective survey data on subjective wellbeing is indeed a miniscule compared to other census-taking costs.

Diener (2009) have made the case that a system of national indicators of subjective wellbeing should have the following characteristics:

- It should include questions that are directly relevant to national policies and programs,
- It should capture the entire population and its various subgroups (especially vulnerable populations such as children, the elderly, minorities, single mothers, etc.),
- It should capture subjective wellbeing broadly based on the different theories of subjective wellbeing,
- It should include measures of wellbeing in various life domains such as work, leisure, family, social, spiritual, financial, etc.
- It should be conducted periodically to help establish trends,
- It should provide in-depth information about both macro and micro issues of wellbeing.

The proposed system of national indicators of subjective wellbeing is easy and inexpensive to implement.

30.2.5 Progress on National Accounts of Wellbeing and Positive Mental Health

Sim and Diener (2018) discussed the progress associated with the use of wellbeing and positive mental health metrics in national accounts and public policy. Here is a synopsis of this discussion.

We first need to recognize that Ed Diener, the dean of the subjective wellbeing research movement, is the primary champion to advocate the inclusion of wellbeing metrics in national accounts (see numerous references to this work in Sim & Diener, 2018). Many international organizations (e.g., World Bank, the United Nations Development Programme, the UN General Assembly, the Organization for the Economic Cooperation and Development, the National Academy of Sciences in the USA) have adopted variations of wellbeing metrics in their indicators' programs.

In addition to the increasing popularity of wellbeing metrics among international agencies, several governments have already adopted wellbeing metrics in their national accounts systems. For example, in 2010, the government of the United

Kingdom began measuring subjective wellbeing to assist policy decisions. In addition, the government of Bhutan created and implemented the so-called Gross National Happiness Index (GNH), which has gained significant popularity in the international community. As of 2018, more than 40 governments have conducted national-level surveys involving metrics of wellbeing and positive mental health (e.g., Australia, Germany, Switzerland, UAE, and UK). The United Arab Emirates (UAE) has established a ministry of state that focuses on happiness. The goal of this government agency is to institute programs that enhance the well-being of people living in the UAE. Similarly, Ecuador now has a Minister of Good Living. Furthermore, we now have international organizations like Gallup that surveys well-being through its Gallup World Poll and the Gallup-Healthways Index of Well-being.

In sum, significant progress has been made toward the infusion of wellbeing metrics in national accounts across the globe. Our hope is that in time many of public policy decisions (as well as other policy decisions in the private sector) can be guided by wellbeing metrics administered as part of governments' national accounts systems as well as for specific populations, especially those that have a history of disadvantage and disenfranchisement.

30.3 The Need to Broaden Our View

The study of happiness is indeed worthwhile. It allows us to focus on the full range of emotions, both positive and negative. It leads to the development of strategies that improve the human condition, no doubt (cf. Norrish & Vella-Brodrick, 2008). But the question is: Should we broaden our perspective? Let us examine this question closely and entertain some ideas.

30.3.1 *Happiness Maximization Is Not Enough*

In a book titled *Happiness, Ethics and Economics*, Johannes Hirata has effectively argued that happiness maximization is not enough (Hirata, 2011). He argued against happiness maximization based on two ethical objections: teleological and deontological. The *teleological argument* states that happiness is not a sufficient criterion for a good life. For example, some cultures give prominence to happiness as a cultural value (e.g., Western countries) more than others (Oriental countries). Also, some people may be indoctrinated to feel happy despite their poverty-stricken circumstances. Should we accept their happiness as given and not make any attempt to improve their living conditions (cf. Duncan, 2010)?

The *deontological argument* states that happiness alone does not help us deal with conflicts of interest in ways that one's happiness may not trample on the happiness of others. For example, if torturing criminals may result in a marginal increase of sum-total happiness of all (i.e., society), should we torture? Do human

beings, by the virtue of their humanity, have rights (i.e., human rights)? The deontological argument forces us to think of other considerations such as justice, human rights, duties, virtues, law and order, democracy, etc. Hirata concluded as follows:

It will be more appropriate, therefore, to consider the happiness perspective as complementary to deontological perspectives and, indeed, to other teleological aspects. After all, it does not capture a number of (teleological) objectives people might reasonably have, including such apparent ones as a long life—it does not make much sense to say that one will be more happy alive than dead. The happiness perspective alone cannot give conclusive answers to the problem of good development. It depends on additional perspectives and principles in order to make a positive contribution to good development. Once it is embedded into a comprehensive conception of good development, however, it can make a real difference. (Hirata, 2011, p. 151)

Bok (2010) warned us that happiness could not be the only goal of public policy. People living in miserable conditions may appear satisfied because of their use of survival strategies. Bok cited Amartya Sen, a philosopher and an economist who is highly regarded in public policy circles.

A person who has had a life of misfortune, with very little opportunities and rather little hope, may be more easily reconciled to deprivations than others reared in more fortunate and affluent conditions The hopeless beggar, the precarious landless labourer, the dominated housewife, the hardened unemployed or the over-exhausted coolie may all take pleasures in small mercies, and manage to suppress intense suffering for the necessity of continuing survival, but it would be ethically deeply mistaken to attach a correspondingly small value to the loss of their wellbeing because of this survival strategy. (Sen, 1987, pp. 45–46)

Thin (2016) makes the case that social planning should be guided conjointly by research on both hedonic wellbeing and eudaimonic wellbeing. We need to be reminded that hedonia can sometimes be “unreal, unsustainable, undignified, unkind, meaningless, harmful, antisocial, selfish, deluded, inauthentic, or complacent” (p. 557).

30.3.2 The Shortfall of Happiness Research at the Country Level

Richard Eckersley made a startling and noteworthy observation (Eckersley, 2009): *Population measures of subjective wellbeing are not very useful*. Eckersley argues that while subjective wellbeing measures have helped to broaden the focus of measuring the progress of nations beyond the traditional indicators of economic development, the measures present an overly positive view of modern western societies. Consider the following comparison of China with the U.S based on research from the *Pew Research Center* (Pew, 2007):

- People classified to be satisfied with life: US 65%, China 34%
- People classified to be satisfied with the state of the nation: US 25%, China 83%

- People classified to be satisfied with national government: US 51%, China 89%
- People classified to be optimistic about the future: US 31%, China 86%

Eckersley attributed national differences in subjective wellbeing to cultural differences: difference in individualism versus collectivism, differences in the level of economic development, differences in terms of egalitarianism versus hierarchical society, differences among countries in terms of tolerance for contradictions, differences in holistic versus analytical thinking, and differences in relation to the valuation of personal happiness versus social functioning.

The author argues that measures of subjective wellbeing ignore a host of social problems such as:

- Family conflict and breakdown,
- Poverty and unemployment,
- Job stresses and insecurity,
- Education pressures,
- Excessive materialism and individualism,
- Violence,
- Consumerism,
- Loss of community and social cohesion,
- Increase vicarious experiences,
- Pessimism about the global conditions and the future of the planet,
- Decline of religion and morality,
- Adverse changes in diet and food consumption,
- Increased incidence of chronic disease,
- Increased comorbidity, especially between drug use and mental illness, and
- Environmental degradation and its adverse health effects.

He concluded by saying

... SWB [subjective wellbeing] is not a valid absolute measure of wellbeing because the picture it presents is partial, at best, and differs markedly from that painted by other measures, notably those of mental health, social perceptions, and “genuine progress.” ... The standard human development model may be useful in evaluating earlier stages of human development, but it is less relevant in assessing so-called highly developed societies. Across all stages, but especially in the latter cases, it needs to be supplemented by the psychosocial-dynamics model of human development. ... If there is a “holy grail” of a single indicator that accurately measures how all nations and people are faring, SWB [subjective wellbeing] is not; the search must continue. In the meantime, we will have to use a wide variety of measures—objective and subjective, social, cultural, economic, and environmental—to guide our choices and decisions in seeking to make the most of being human and human wellbeing. (Eckersley, 2009, pp. 9–10)

30.3.3 *The Need to Conjoin Subjective Aspects of Quality of Life with Objective Conditions*

Cummins (1997) has long contended that subjective and objective approaches to quality of life are both essential, but in many instances, they may not be related to each other. Table 30.1 shows the interface between subjective wellbeing and objective living conditions (Rapley, 2003).

True high level of wellbeing is the condition in which the individual experiences a high level of subjective wellbeing and good living conditions (actual, not perceived). Conversely, a true low level of wellbeing is the condition in which the individual experiences low subjective wellbeing and bad living conditions. The two other situations are tricky. The happy poor is the individual who experiences high subjective wellbeing but his or her living conditions are bad. And the unhappy rich is a person who experiences low subjective wellbeing but his or her living conditions are good. The two latter situations in which objective and subjective aspects of wellbeing are not aligned call for corrective action, in the same way that low levels of subjective plus objective aspects of wellbeing call for corrective action.

We need wellbeing models that take into account both subjective and objective aspects of wellbeing. An example of such models is Veenhoven’s (1996) concept of *happy life expectancy*. Wellbeing, according to Veenhoven, is the degree to which an individual live long (objective wellbeing) and happily (subjective wellbeing). He developed a measure of quality of life that combines estimates of life expectancy in years with a measure of subjective wellbeing (a scale ranging from 0 to 1). The two scores are then multiplied with each other to produce a happy life expectancy (HLE) resultant score. Based on Veenhoven’s studies, HLE is highest in countries of north-western Europe—average HLE is 60 years (the equivalent of a life expectancy of 80 years and a subjective wellbeing score of 0.75). In contrast, the lowest HLE scores are in Africa where the HLE is only 35 years.

Another model that is successful in conjoining both subjective and objective aspects of wellbeing is Raphael’s and his colleagues (1996) concept of *being, belonging, and becoming*. That is, a person who experiences a high level of wellbeing is one who rates highly on being, belonging, and becoming. The being dimension reflects who the person is in terms of physical being (physical health, exercise, etc.), psychological being (mental health, adjustment, feelings, cognitions, etc.), and spiritual being (personal values, standard of conduct, etc.). The belonging dimension essentially reflects the person’s fit with the environment in terms of physical fit (home, workplace, neighbourhood, school, community, etc.), social fit

Table 30.1 Subjective wellbeing and objective living conditions

Objective living conditions	Subjective wellbeing	
	Good	Bad
Good	the happy rich	the unhappy rich
Bad	the happy poor	the unhappy poor

Source: Adapted from Rapley (2003, p. 31)

(family, friends, neighbours, associates, etc.), and community fit (income, employment, social services, education, etc.). The becoming dimension reflects purposeful activities to express one's identity and achieve personal life goals. This can be captured more specifically in terms of practical activities (day-to-day activities such as paid work, school, etc.), leisure activities (socializing, recreating, travelling, lodging, and experiencing entertainment), and growth activities (learning, mastering certain skills, volunteering, leading, etc.).

30.3.4 Conjoining Personal Happiness with Objective/ Macro-level Indicators of Societal Wellbeing

Veenhoven (2009) posed a very interesting question in a very thought-provoking article ("Wellbeing *in* Nations and Wellbeing *of* Nations: Is There a Conflict between Individual and Society?") In other words, do societies prosper at the cost of its members; and conversely, can people prosper at the cost of society? The answer to this question is that the data demonstrate no inherent conflict between personal happiness and societal quality of life. He used his *Happy Life Years* (HLY) data to demonstrate this point. The results indicate that countries scoring high on the HLY index also score highly on other societal quality-of-life measures related to the position of the nation in the world system (i.e., biological capacity, economic competitiveness, military power, and integration in the world system), the functioning of public institutions in the nation (i.e., government effectiveness, regulatory quality, control of corruption, and voice/accountability), the productivity of the nation at large (i.e., ecological footprint, energy consumption, and technological achievement), and the stability of the system (i.e., political stability, ethnic fragmentation, an civil war). He provided two plausible explanations for these results: modern society fits human nature, and happy citizens make a better modern society.

The New Economics Foundation recently launched the Happy Planet Index (Marks et al., 2006; available at <http://www.happyplanetindex.org>) that is another example of developing a more integrated measure of quality of life at the societal level. The measure reflects a ratio of the average happy life years (or essentially Veenhoven's HLY) and per capita ecological footprint of the country in question. Ng (2008) further improved this formulation by developing the Environmentally Responsible Happy Nation Index.

30.3.5 Wellbeing and Pluralism in Science and Philosophy

Philosophers of science, Polly Mitchell and Anna Alexandrova, wrote a thought provocative article on the need to accept pluralism in both the science and philosophy of wellbeing (Mitchell & Alexandrova, 2020). Pluralism in both science and

philosophy of wellbeing is a conceptual notion that accommodating and nurturing the richness and diversity of wellbeing theories and research methods. In other words, wellbeing philosophers and scientists should reject monism—the drive to discover the unifying wellbeing construct and the best research measure and/or method to capture wellbeing and its relationships with other constructs.

30.3.6 Integrating Philosophical and Psychological Perspectives

Both philosophers and psychologists have had a long history of research on happiness and wellbeing. Of course, philosophers have addressed the concept of happiness since ancient times, psychologists more recently (last 50 years or so). Although philosophers and psychologists speak different languages, there is the possibility of integrating theoretical notions from the two disciplines. Intelisano, Krasko, and Luhmann (2020) tried to make this case in a recent publication. They identified many philosophical and psychological concepts of wellbeing along two dimensions, namely degree of *stability* (from transient to stable) and *psychological progress* (from affective to cognitive). In terms of the stability dimension, concepts of wellbeing can be identified as state-like (i.e., transient concepts in the hedonic tradition such as sensory pleasure or balance of pleasant and unpleasant states) or trait-like (i.e., stable concepts in the Eudaimonia tradition such as flourishing, capabilities, and self-determination). In terms of the psychological progress dimension, wellbeing concepts can be distinguished in terms of the affective versus cognitive focus. Happiness construed as the average sum of good and bad monetary affective states is an example of an affective wellbeing concept. In contrast, eudaimonic accounts of wellbeing are cognitive in the sense that they emphasize cognitive processes. The authors find that philosophical accounts of wellbeing tend to be more stable and cognitive, while psychological accounts of wellbeing tend to be transient and affective. As such, philosophers are advised to make their conceptualizations of wellbeing more transient and affective, and to do so they have to collaborate with psychologists who are good with measurement and methods. Conversely, psychologists are advised to make their conceptualization more stable and cognitive, and doing so requires close collaboration with philosophers.

30.4 Final Thoughts¹

There has been a plethora of scholarly authored and edited books written on quality of life, wellbeing, and positive mental health in the 2–3 decades. I have been building my own library, and it is becoming increasingly impressive. It seems that I can't keep up with the readings; the faster I read the more I become aware of new books that hit the market (which prompts me to add to my library collection). I dare say that I am trying hard to keep up with this rapid influx of new books, and frankly I am delighted to see how our specialty research topic—quality-of-life and wellbeing studies—has blossomed tremendously over the last decade or so.

Being a management psychologist, my own research focused on quality of life of the individual in various settings such as community, work, and the marketplace. From a measurement point-of-view, I have given much advice about wellbeing measurement, not only in relation to capturing quality of life for particular geographic communities, but also for states and countries. Much of my advice to wellbeing researchers working at the state/national levels can be captured by the following: *Measure quality of life at the lowest possible level (individual or household level); then aggregate data to increasingly larger geographic units such as neighborhoods, towns, counties, cities, provinces, states, countries, world regions, etc.* Now it dawned on me that this is not good advice.

You see, capturing quality of life at the individual level is good when our public policy focus is the individual (i.e., interventions of social change targeting individuals and households). However, societal quality of life, as a systemic and emergent concept, is greater than the sum of its parts (i.e., sum of the individuals making up the designated geographic unit). Allow me to explain. I participated in a macromarketing conference several years ago. One of the sessions I attended involved the interface of materialism and quality of life. A lively discussion ensued. A well-respected macromarketing scholar, Professor Sanford Grossbart, made a statement that took me by surprise. He asserted that happiness research is “dangerous” because it detracts us (as scientists) from placing emphasis on the true macro issues of our time such as, protecting the environment for future generations, protecting the planet for all living things, making hard economic decisions to balance the budget to assure economic security of our next generation, etc. These macro issues cannot be addressed sufficiently and rigorously by strictly focusing on individual-level happiness research.

My first reaction to my colleague's bashing of happiness research was somewhat defensive. I started to counter argue by pointing out the multitude of studies showing the healthful effects of happiness; however, the more I thought about it, the more I realized that we have invested so much in individual-level wellbeing research at the expense of the macro issues directly related to wellbeing (i.e., societal quality of life). The vast majority of the recent books are mostly based on individual-level

¹This section is heavily borrowed from a book review article that was published in *Applied Research in Quality of Life* (Sirgy, 2011).

wellbeing research. Most of the authors make inferences about macro issues based on individual-level research. Please understand that I am not critical of happiness research addressing macro issues; I am critical of the lack of wellbeing research that is based on units of analysis larger than the individual and household.

A book by one of our old-time social indicators research gurus, Abbott Ferriss, made this point clearly (Ferriss, 2010). The title of the book is: *Approaches to Improving the Quality of Life: How to Enhance the Quality of Life*. Ferriss has edited *Social Indicators Network News* for many years, and his life-time achievements and rich contributions to quality-of-life research have been recognized by the International Society for Quality-of-Life Studies. The first chapter of the book addresses a very macro issue: *survival of the species*. He points to species' survival in terms of population factors such as the high fertility rate of people who are less endowed (e.g., those who are poor, disease-stricken) and countries that are mired in political turmoil, afflicted with corrupt institutions, and paralyzed by a host of social ills. Conversely, more-endowed people and countries are experiencing low fertility rates. How about factors leading to exhaustion of the human species such as suicide, diseases, natural disasters, wars, genocide, religious conflict, and tribal extinction? Note that the focus here is not happiness of individual citizens, but the survival of the human species. Much of the research on these macro issues have been conducted by scientists who are not involved in quality-of-life research. It is time for wellbeing researchers to start addressing the most important issue: the survival of the species. Ferriss' first proposition is right on target:

The QOL [quality of life] may be enhanced by reducing negative survival features, such as suicide, homicides, wars, and terrorist intrusions, and by achieving a fertility rate greater than replacement, usually considered to be 2.1 lifetime births per woman. (Ferriss, 2010, p. 1)

Ferriss' last chapter addresses the most macro issue ever: the good life in a good society. He proposed:

The social structure and social psychology of the good society may be found by identifying situations where good QOL [quality of life] of the people predominates. The good society will involve norms and values, social quality, structural relationships, and other qualities of societies. (Ferriss, 2010, p. 107)

In other words, although happiness of individuals is important to societal quality of life, wellbeing researchers should also embrace other emergent concepts related to "norms and values, social quality, structural relationships, and other qualities of societies." These are emergent concepts that are unique to a societal level of analysis, not the individual level. Wellbeing researchers should identify the values or the normative basis of good society. For example, values related to sustainability and social cohesion are important to the social fabric of a good society. Other values may include institutional integration and regulation by government, positive family and intergenerational relations, charity and welfare to the poor and the disenfranchised; and freedom, equality, and solidarity. Again, these are *emergent concepts* that should be investigated by wellbeing researchers at the societal level. They may be

related to happiness, but they are very different concepts that are emergent from the individual.

How about *social quality* as an emergent concept? Ferriss discusses this concept in terms of socio-economic security (i.e., institutions responsible for welfare provisions), social inclusion (i.e., supportive infrastructures and labor conditions that minimize exclusion of certain segments of society from reaping the benefits of provisioning), social cohesion (i.e., infrastructure and processes that create and maintain social networks), and empowerment (i.e., institutions designed to help people realize their competencies to fully participate in the social, economic, political, and cultural milieu).

Other emergent concepts include institutions that promote peace and security, institutions that eradicate plagues and pandemics, institutions that encourage religious membership as well as religious tolerance, institutions that regulate population growth, and finally institutions designed to ameliorate health, the socialization of children, community and neighborhood, and leisure time.

An exemplary measure of quality of life that incorporates many societal dimensions that I long admired is Richard Estes Index of Social Progress (Estes, 1984, 1988, 1993, 1998, 2010). This is indeed a societal quality-of-life measure *par excellence* (see Table 30.2 for its dimensions and indicators).

Again and again, although these concepts (and indicators) are related to individual-level happiness, they are emergent concepts that have to be studied with equal rigor—the same level of rigor directed to studying individual-level happiness.

There many other societal quality-of-life concepts that we have not paid much attention to. Perhaps we should. Here are additional examples:

- Berger-Schmitt and Noll (2000) conceptualized societal quality of life in terms of three overarching goals: (a) improvement of living conditions and quality of life (e.g., employment, education, standard of living, health, social protection and security, public safety and crime, transportation, and the environment), (b) strengthening of economic and social cohesion (e.g., reduction of economic and social disparities, reducing backwardness of less-developed regions, equal opportunities for women and the disabled, combating social exclusion), and (c) sustainability (e.g., promoting efficient use of natural resources, developing green technologies, increasing renewable energy sources).
- Veenhoven (2000) made the distinction between quality in societies and quality of societies. Quality in societies refers to the quality of life of individuals (micro), whereas quality of societies is a macro concept focusing on the society at large. Quality of societies can be characterized in terms of stability, productivity, expression of ideals, and liveability.
- Bernard (1999) discussed societal wellbeing in terms of the democratic dialectic (inclusive, pluralist, and participatory democracy), which comprises of three pillars: liberty (opposite can lead to polarization and dislocation), equality (opposite can lead to coercion and uniformity), and solidarity (opposite can lead to press-ganging and domination).

Table 30.2 The dimensions and indicators of the *Index of Social Progress*

• Education Subindex
– Public expenditure on education as percentage of GDP
– Primary school completion rate
– Secondary school net enrolment rate
– Adult literacy rate
• Health Status Subindex
– Life expectancy at birth
– Under five child mortality rate
– Physicians per 100,000 population
– Percent of population undernourished
– Public expenditure on health as percentage of GDP
• Women Status Index
– Female adult literacy as percentage of male literacy
– Contraceptive prevalence among married women
– Maternal mortality ratio
– Female secondary enrolment as percentage of male enrolment
– Seats in parliament held by women as percentage of total
• Defense Effort Index
– Military expenditure as percentage of GDP
• Economic Subindex
– Per capita gross national income (as measured by PPP)
– Percent6 growth in GDP
– Unemployment rate
– Total external debt as percentage of GDP
– GINI index score
• Demography Subindex
– Average annual rate of population growth
– Percent of population aged <15 years
– Percent of population aged >64 years
• Environmental Subindex
– Percentage of nationally protected area
– Average annual number of disaster-related deaths
– Per capita metric tons of carbon dioxide emissions
• Social Chaos Subindex
– Strength of political rights
– Strength of civil liberties
– Number of internally displaced persons per 100,000 population
– Number of externally displaced persons per 100,000 population
– Estimated number of deaths from armed conflicts
– Perceived corruption index
• Cultural Diversity Subindex
– Largest percentage of population sharing the same or similar racial/ethnic origins
– Largest percentage of population sharing the same or similar religious beliefs

(continued)

Table 30.2 (continued)

– Largest share of population sharing the same mother tongue
• Welfare Effort Subindex
– Age first national law—old age, invalidity and death
– Age first national law—sickness and maternity
– Age first national law—work injury
– Age first national law—unemployment
– Age first national law—family allowance

Source: Adapted from Estes (2010, pp. 366–367)

- Beck, van der Maesen, and Walker (1997) conceptualized societal quality of life in terms of social quality, which has four conditional factors: socio-economic security (e.g., financial resources, housing and environment, health care, work, and education), social inclusion (e.g., citizenship rights, labor markets, public and private services, and social networks), social cohesion (e.g., trust, other integrative norms and values, social networks, and identity), and social empowerment (e.g., knowledge base, labor market, supportiveness of institutions, public space, and personal relations).
- Rioux and Hay (1993) construed wellbeing in terms of self-determination, mutual recognition, interdependence, and equality. Wellbeing is made possible through other factors such as security, citizenship, and democratization.
- Dasgupta and Weale (1992) also made the distinction between societal wellbeing and its determinants. Wellbeing is conceptualized in terms of health, welfare, freedom of choice, and basic liberties. Determinants of societal quality of life include food, clothing, shelter, clean water, legal aid, educational facilities, healthcare, resources for national security, and income in general.

In sum, *the whole is greater than the sum of its parts*. Paraphrasing, the good society is more than the sum of happiness of its citizens. The good society is societal quality of life, an emergent concept that wellbeing researchers should invest much more time and attention to investigate.

30.5 Conclusion

In this chapter, I addressed how public policy issues can be shaped by wellbeing research. The consensus among wellbeing scientists seems to be that, yes indeed; happiness research should play an important role in public policy. However, the same scientists also warn that happiness should not be the only goal of public policy. Happiness should be a major goal among other goals such as fostering human rights, upholding environmental preservation, protecting animal rights, preserving the human species, ensuring the economic wellbeing of future generations, eradicating political extremism, resolving political conflicts, dismantling the nuclear arsenal, and so on. For an insightful discussion of related issues see Duncan (2010) Mulgan

(2013), and Ott (2013). Furthermore, the book by Diener et al. (2009) on *Well-Being for Public Policy* is equally educational. I strongly recommend these additional readings.

Happiness research is likely to shift the agenda. Instead of addressing questions such as “How can government stimulate economic growth?” Public policy officials should ask: “How does economic growth influence subjective wellbeing?” Instead of asking: “How does income inequality impact economic growth?” We should ask “Does income inequality influence wellbeing? If so, how?” Instead of asking “How does pay influence productivity?” and “How much is productivity reduced by illness?” We should ask “What illnesses most interfere with happiness?” Instead of asking “How do mental disorders interfere with productivity?” We should ask “What mental disorder influence subjective wellbeing and how?” Instead of asking “How do couple jointly determine their participation in the labor force?” We should ask “Are married people on average happier than the unmarried?” In other words, policy makers who embrace happiness research are likely to pose very different questions guiding their public policy decision-making.

Happiness research is likely to change performance metrics in a wide range of disciplines (marketing, management, economics, accounting, public administration, educational administration, travel and tourism, urban planning, architecture, political science, etc.). For example, in marketing the performance metric would change from customer retention and loyalty to customer life satisfaction. In human resource management, the performance metric would change from organizational commitment, job performance, and job satisfaction to employee wellbeing. In travel and tourism, a shift to wellbeing should lead industry officials to adopt performance metrics of tourists’ wellbeing and residential wellbeing of tourist communities. Etc.

Also, I discussed the issue of whether we should broaden our perspective from individual level research on wellbeing to societal-level research. And if so, how it should be done? I made the case that happiness maximization is not enough. We need to broaden our happiness research from the individual level and do more research at the societal level. We should take into account that happiness is a cultural value that is more embraced in Western than Eastern cultures. We should broaden our perspective of wellbeing to deal with both subjective as well as objective aspects of wellbeing.

Finally, happiness research should connect directly with the policies suggested by the United Nations’ Human Development Reports (Lengfelder, 2016). These are broadly categorized in 14 groups. These are:

1. Growth and equity,
2. Environmental protection,
3. Water and sanitation,
4. Managing migration,
5. Social policies,
6. Gender equality,
7. Peace and security,
8. Food security,

9. Participatory development, employment,
10. Cultural liberty,
11. Human rights,
12. Building new global compact, and
13. Private sector development, and technology.

On that note, I would like to conclude by addressing the United Nations Sustainable Development Goals (SDG). We now have SDG3 on health and wellbeing. The wellbeing research community should take heed to Elizabeth Eckermann's call for action. Dr. Eckermann was a renowned wellbeing scholar and former president of the International Society for Quality-of-Life Studies (she passed away last year). In her call to action (Eckermann, 2018), Dr. Eckermann has noted that we need to capture the inertia built in the wellbeing research community to set specific goals related to health and wellbeing, and propose specific global policies that can help achieve these goals. Much is needed to heed her call to action. Please join us to capitalize on the research momentum to transform much of this research into policies and program to accelerate positive social change.

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Appendix: Wellbeing Measurement Issues

This appendix has two major sections. The first section covers additional examples of life satisfaction measures typically used in large-scale national surveys. The second section discusses measurement caveats raised by quality-of-life researchers. Doing so should further help the reader build an appreciation for the measurement complexities involving subjective wellbeing. Furthermore, I will describe the debate concerning the appropriate use or misuse of global reports of subjective wellbeing. For other issues related to the measurement of wellbeing, the reader is advised to consult Brule and Maggino (2017).

Examples of Life Satisfaction Measures Employed in Large-Scale National Surveys

In this section I will briefly describe a variety of life satisfaction measures employed in large-scale nationally representative surveys.

The Eurobarometer

The *Eurobarometer* is a good example of a subjective indicator used to assess subjective well at the country level (Saris & Kasse, 1997). The *Eurobarometer* is mostly due to the work of Ronald Inglehart (Inglehart, 1977, 1990, 1997; Okulicz-Kozaryn, 2011; Reif & Inglehart, 1991). Inglehart was able to influence the content of a regular survey financed by the Commission of the European Communities in Brussels since its inception in the early 1970s. The *Eurobarometer* survey has been conducted twice a year since 1973 in all members of the European Union (EU). A large number of adults (sampled from the in the various EU countries) are surveyed.

Part of the survey is the question concerning life satisfaction. The exact question is as follows: “On the whole, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied with the life you lead? Would you say: very satisfied, fairly satisfied, not very satisfied, or not at all satisfied.”

American Changing Lives

A large-scale survey referred to as the *American’s Changing Lives* (US multistage stratified area probability sample) employs several items capturing life satisfaction (described in Dolan, Peasgood, & White, 2008). Examples include:

- “Now thinking about your life as a whole, how satisfied are you with it? Are you _____. The scale used for this item is a 4-point scale: Completely satisfied, Very satisfied, Somewhat satisfied, Not at all satisfied.”
- “My life could be happier than it is right now. A 4-point Likert type scale is used to capture responses: Strongly agree, Agree, Disagree, Strongly disagree.”
- “Taking all things together, how would you say things are these days? Would you say you were _____. The response scale is Very happy, Pretty happy, Not too happy.”

The British Household Panel Survey

The *British Household Panel Survey* is another major survey, began in 1991 and is a multipurpose study following a panel of respondents (N = 5500 households and 10,300 individuals) from Wales, Scotland, and Northern Ireland (described in Dolan et al., 2008). The survey uses the following two items: (1) “How satisfied are you with your life? The response scale is a 7-point rating scale varying from Not satisfied at all to Completely satisfied.” (2) “Would you say that you are more satisfied with life, less satisfied, or feel about the same as you did a year ago? More satisfied, Less satisfied, About the same.”

The Canadian General Social Survey

The *Canadian General Social Survey* is survey was established in 1985, involves telephone interviews from a probability sample of 10,000 (to 25,000 more recently) stratified across the 10 provinces. It uses the following two items: (1) “Presently, would you describe yourself as ____ Very happy? Somewhat happy? Somewhat unhappy? Very unhappy? (2) “I am going to ask you to rate certain areas of your life. Please rate your feelings about them (including) ‘Your life as a whole right now.’

The response scale is a 4-point satisfaction rating scale: Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied” (described in Dolan et al., 2008).

The European Social Values Survey

The *European Social Values Survey* is nationally representative across 20 European countries. It employs the following item: “All things considered, how satisfied are you with your life as a whole?” The response scale is 10-points ranging from Dissatisfied to Satisfied” (described in Dolan et al., 2008).

The German Socio-Economic Panel Survey

The *German Socio-Economic Panel* survey focuses on households selected using multistage random sampling (N = 24,000). All members of the household are asked to participate. Data are collected through face-to-face interviews. This survey employs the following two items: (1) “How satisfied are you with your life as a whole? The response scale is a 10-point rating scale ranging from Completely dissatisfied to Completely satisfied.” (2) “How happy are you at present with your life as a whole? The response scale is also a 10-point scale ranging from Completely unhappy to Completely happy” (described in Dolan et al., 2008).

The Household Income and Labour Dynamics in Australia Survey

The *Household Income and Labour Dynamics in Australia* survey is based on a national probability interview sample. Wave 1 (2001) had 7682 households with 13,969 successful interviews, and Wave 2 with 13,401 households. The survey employs the following items: “All things considered, how satisfied are you with your life? The more satisfied you are, the higher the number you should pick. The less satisfied you are, the lower the number.” At this point, a 10-point rating scale is provided (described in Dolan et al., 2008).

The Hungarian Household Panel Survey

The *Hungarian Household Panel Survey* (1991–1997) is based on a nation-wide sample of 2600 households surveyed on an annual basis. The survey employs the

following item: “Please tell me to what extent you are satisfied with each of the following parts of your life. (Including) the way your life has worked out.” The response scale is a 10-point rating scale varying from Not at all satisfied to Fully satisfied (described in Dolan et al., 2008).

The International Social Survey Programme

The *International Social Survey Programme* is an annual project involving 41 member countries. The survey includes the following item: “If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole?” The response scale involves the following categories: Very happy, Fairly happy, Not very happy, and Not at all happy (described in Dolan et al., 2008).

The Latino Barometer

The *Latino Barometer* involves 17 Spanish-speaking countries (1997–2000). 1000 interviews were conducted per country. The survey employed the following item: “How satisfied are you with your life?” The response scale involved a 4-point scale having the following semantic categories: Not at all, Somewhat, Satisfied, and Very (described in Dolan et al., 2008).

The Midlife in the US Survey

The *Midlife in the US Survey* is based on a US national probability sample using the random digit dialing telephone interviews focusing on 65–74 respondents. This survey employed the following item: “Please rate your life overall these days on a scale from 0 to 10 where 0 is the worst possible life overall and 10 is the best possible life overall” (described in Dolan et al., 2008).

The National Child Development Survey

The *National Child Development Survey* is based on a cohort of people born in Britain, from 3/3/58 to 9/3/58. Most recent data collected in 2000 when respondents were 42 years old. The original sample was 17,414 and the follow-up sample in 2000 was 11,419. The survey employed the following items: (1) “How satisfied are you with your life so far?” (2) “How satisfied were you with your life 5 years ago?” (3) “How satisfied do you expect to be with your life in 5 years from now?” An

11-point scale was provided to capture responses: from 0 = Completely dissatisfied to 10 = Completely satisfied (described in Dolan et al., 2008).

The National Survey of Families and Households in the US

The *National Survey of Families and Household in the US* is based on a representative sample living in English/Spanish speaking homes. First wave was between 1987 and 1988, while the second wave was between 1992 and 1994. The size of the panel was 10,000. The following item was used: “Taking things all together, how would you say things are these days?” The response scale was a 7-point rating scale varying from 1 (Very unhappy) to 7 (Very happy) (described in Dolan et al., 2008).

The Social Capital Community Benchmark Survey in the US

The *Social Capital Community Benchmark in the US* is a survey based on a national sample of 26,200 respondents, representative of 40 communities nationwide. The following item was employed: “All things considered, would you say you are _____. At this point a 4-point rating scale was provided with the following semantic categories: “Very happy, Happy, Not very happy, Not happy at all” (described in Dolan et al., 2008).

The Russian Longitudinal Monitoring Survey

The *Russian Longitudinal Monitoring Survey* is based on a probability sample of households in 20 regions in Russia (1995–1998). Wave 1 contained 6334 households and 17,154 individuals. The survey employed the following item: “To what extent are you satisfied with your life in general at the present time? A 5-point rating scale was provided to the respondents with the following semantic categories: Fully satisfied, Rather satisfied, Both yes and no, Less than satisfied, and Not at all satisfied (described in Dolan et al., 2008).

The Swedish Level of Living Survey

The *Swedish Level of Living Survey* was conducted several times between 1968 and 1991. The 1991 wave involved 6773 respondents. The survey employed the following item: “We have now been through a lot of questions about your living conditions in different areas. How do you yourself view your own conditions? By and large, do

you think that your situation is _____? Very good, Rather good, Neither good nor bad, Rather bad, Very Bad” (described in Dolan et al., 2008).

The Swiss Household Panel Survey

The *Swiss Household Panel Survey* was conducted in waves between 1999 and 2004 involving a sample of 4000 households and 7000 respondents per year. The survey included the following item: “In general How satisfied are you with your life? The response scale involved a 10-point rating with anchors of “Not at all satisfied” to “Completely satisfied” (described in Dolan et al., 2008).

The US General Social Survey

The *US General Social Survey* is based on a sample of 30,000 respondents interviewed between 1972 and 1994. The following item was used: “Taken all together how would you say things are these days? Would you say you are _____? The response scale involved three possible response options: “Very happy,” “Pretty happy,” and “Not too happy” (described in Dolan et al., 2008).

The World Values Survey

The *World Values Survey* involves a nationally representative UK sample of approximately 1000 respondents. Data were collected between 1998 and 1999. The following item was used: “All things considered, how satisfied are you with your life as a whole these days?” The response scale involved a 10-point rating scale with anchors “Dissatisfied” and “Satisfied” (described in Dolan et al., 2008).

The Chinese General Social Survey

The *Chinese General Social Survey* is a large-scale survey using a sample representative of the majority of provinces, districts, and communities in China. The life satisfaction question in the survey is phrased as follows: “Overall, how do you feel about your life?” Possible answers are: “(1) very unhappy, (2) unhappy, (3) generally happy, (4) happy, and (5) very happy” (Wang & VanderWeele, 2011).

Measurement Caveats

Many of the measures described in Chap. 1 are based on several assumptions. The first assumption is that people have the ability to add their day-to-day affective experiences into a composite reflective of global feelings about life or a particular domain of life. A second assumption is that these global feelings are relatively stable over time. Yet another assumption is that people can describe these feelings accurately and honestly (Campbell, 1981, p. 23). These assumptions have been challenged by a number of quality-of-life researchers. Below are selected examples of criticisms. For comprehensive review of methodological issues of subjective well being measures, see Andrews and Robinson (1992), Diener, Suh, Lucas, and Smith (1999), Larsen, Diener, and Emmons (1985), and Schwarz and Strack (1999). Highlights of these caveats are memory biases, biases related to situational influences, biases related to interview or questionnaire format, biases related to standard of comparison, biases related to scaling effects, biases related to mood, temporal stability problems, and biases related to social desirability.

Memory Biases

Schwarz, Strack, and colleagues (e.g., Schwarz & Strack, 1991; Strack, Martin, & Schwarz, 1988; Strack, Schwarz, & Gschneidinger, 1985) have demonstrated that responses to global measures of subjective well being are strongly influenced by information accessibility from memory, which in turn is strongly influenced by frequency and recency of the information. In other words, affective experiences in certain life domains that have occurred recently and with greater frequency are more likely to be retrieved from memory and used in responding to the well being question than less-recent and less-frequent affective experiences in other life domains. Kahneman (1999) also has strongly criticised measures of global happiness, life satisfaction, and subjective well being. He argued that these global measures are subject to many confounds. One such confound is retrospective evaluations of life tend to be biased because they mostly reflect peak and recent affective experiences. Alternatively, Kahneman suggested that satisfaction should be measured using a dense record of experience at each “point-instant utility” (i.e., during or right after the experience of an affective episode). Thus, “objective happiness” can be derived by an average of utility over a period of time.

Parducci (1995) also argued that happiness can be determined by a theoretical summation over separate momentary pleasures and pains as coded in memory. The period may be a moment, a day, or a longer period in one’s life. Therefore, domain satisfaction of any period is a conceptual summation of these separate hedonic values, positive and negative, divided by the duration of that period. Also Csikszentmihalyi (1997) has long advocated the use of the *experience sampling method* (ESM) to measure concepts such as happiness, flow, contentment, joy, etc.

The ESM entails the use of a pager or programmable watch to signal people to fill out two pages in a booklet they carry with them. Signals are programmed to go off at random times within two-hour intervals throughout the day. The subject responds by writing down the activity he or she is engaging in, the situation, and his or feelings at that time (e.g., how happy, degree of concentration, level of motivation, level of self-esteem, and so on).

Biases Related to Situational Influences

Ross, Eyman, and Kishchuck (1986) studied how subjects arrived at a judgement of subjective well being. They found that 41–53 percent of the reason subjects used to explain their judgements of subjective well being reflect references to one's momentary affective state, followed by future expectations (22–40 percent), past events (5–20 percent), and social comparisons (5–13 percent). Schwarz et al. (1987, Exp. 2) found support for the hypothesis that a situational cue may affect the respondent's mood, which in turn may influence that person's report of global well being. By the same token, the same situational cue may serve as a standard of comparison to judge the person's condition in a specific domain, thus affecting his report of satisfaction in that domain. For example, subjects were tested in two conditions: (a) a small, dirty laboratory that was overheated, noisy, with flickering lights, and a foul odour, and (b) a friendly office. Subjects reported lower levels of subjective well being in the unpleasant environment than the pleasant one. However, when asked to report how satisfied they were with their housing conditions, subjects in the unpleasant environment reported higher levels of housing satisfaction than those in the pleasant environment. The authors explained that the same stimulus acted as a standard of reference for the subjects in judging their housing conditions. Thus, the same stimulus influencing global well being reports may serve to influence reports of domain satisfaction in the opposite direction.

Biases Related to Interview or Questionnaire Format

Schuman and Presser (1981) have shown that the measures are quite sensitive to influences from preceding questions in a questionnaire or in an interview (cf. Smith, 1979). For example, Strack, Martin, and Schwarz (1987); Strack et al. (1988) have demonstrated that highly accessible information is not likely to be used in responding to well being questions if the information is perceived by the respondent to have been already provided in an earlier part of the questionnaire (or interview). For example, if the interviewer asks a subject "How is your wife?" in one part of the interview, then follows up this question by "How is your family?" in another part of the interview, the subject is not likely to provide information about the wife's well being by responding to the latter question. This is because the subject may feel that

he already provided that information by responding to the former question (Schwarz & Strack, 1991).

Schimmack and Oishi (2005) conducted a meta-analysis of studies that manipulated the order of life satisfaction and domain satisfaction measures. They were able to demonstrate the order effect is, on average, quite small.

Biases Related to Standard of Comparison

Strack et al. (1985) were able to demonstrate that events recalled from the past may lead to different social judgements of subjective well being. Specifically, a subject, thinking about a negative past event, may report higher levels of subjective well being than a person thinking about a positive event may. This is because the subject uses the negative past event as a standard of reference to compare his present situation. Using a negative standard of reference enhances the likelihood that the person will judge his present circumstance to be better than the past, thus generating feelings of well being. This finding can be further illustrated by results showing that senior US citizens who lived through the depression years (past negative event) report higher levels of subjective well being than those who did not live through the depression years (Elder, 1974). The reverse may be true. In other words, those who are asked to think of a positive past event report lower levels of subjective well being (than those who think of a negative past event). This is because the standard of reference is high and the chances are not good that the present circumstance is better than the past, thus generating lower levels of subjective well being (Schwarz & Strack, 1991).

Biases Related to Scaling Effects

Schwarz and colleagues (e.g., Schwarz, 1988; Schwarz & Hippler, 1987; Schwarz & Strack, 1991) have shown that respondents assume that the mid-point of the scale of a subjective well being measure reflect “an average,” i.e., the level where most people are. Thus, they compare themselves against the average to indicate their own level of subjective well being—relative to the average. The problem, of course, is that the mid-point is not necessarily the average.

Biases Related to Mood

In answering questions related to subjective well being, respondents are influenced by their mood at the time of their response. Positive mood tends to bias responses toward reporting higher levels of subjective well being, and vice versa. Much

evidence has been amassed by Schwarz, Strack, and colleagues demonstrating the effect of mood on responses to subjective well being questions (e.g., Munkel, Strack, & Schwarz, 1987; Schwarz, 1983; Schwarz et al., 1987; Schwarz & Clore, 1983). Based on a more recent review of the literature, Diener (2009) concluded that “Taken together, the data . . . suggest that both current mood and long-term affect are reflected in SWB measures” (p. 22).

Temporal Stability Problems

Measures of subjective well being have been shown to have low test-retest reliability, between .40 and .60 within an hour interval. That is, the same question is asked in different places in the same questionnaire or within a 1-hour interview (Glatzer, 1984). In contrast, Diener (1984) reported more satisfactory reliability results. Specifically, he reported that most studies with long-term reliabilities show values ranging from .55 to .70.

Revisiting this topic and assessing the most recent evidence, Diener (2009) concludes as follows:

Thus, the reliabilities point to some portion of happiness due to personality, but also accentuate the importance of life circumstances. The best measure in terms of time covered and stability will depend on the particular theoretical questions that the investigator wishes to study. (p. 23)

Schimmack and Oishi (2005) conducted a meta-analysis examining the stability of life satisfaction measures. The study revealed that stability decreased with increasing intervals. For instance, the predicted 2-, 5-, and 10-year stabilities were approximately 0.60, 0.50, and 0.35, respectively.

Fujita and Diener (2005) and Lucas and Donnellan (2007) used data from large-scale panel studies to examine the stability of a single-item life satisfaction measure. The findings demonstrated stability of approximately 0.25—more specifically, stability coefficients asymptote around 0.35.

Moreover, Michalos and Kahlke (2010a, 2010b) conducted a major study to test the stability and sensitivity of perceived quality-of-life measures (measures of happiness, satisfaction with life as a whole, perceived quality of one’s own life, satisfaction with life domains, positive and negative affect, measures of life satisfaction based on perceived gaps between what one has in relation to a several standards such as what one wants, what the neighbour has, and so on). It was hypothesized that perceived quality-of-life measures are sensitive to changes in one’s life. The study involved a survey of 462 residents of British Columbia at three points in time (2005, 2006, and 2007). The results demonstrated that changes in the perceived quality-of-life measures were corresponded to self-reported changes in one’s life circumstances. These results provide support to the notion that the perceived quality-of-life measures are sensitive to variations in one’s life circumstances as well as the temporal stability (i.e., reliability) of the measures.

Biases Related to Social Desirability

Much evidence suggests that higher subjective well being ratings are reported in a face-to-face interview than through a mail questionnaire (Smith, 1979). The effect reflects social desirability confounds prevalent in social science research (Schwarz & Strack, 1991). That is, subjects interviewed face-to-face tend to report inflated satisfaction ratings--inflated relative to their "true" feelings. They do this because they do not want to look "bad" in the "eyes" of the interviewer. The severity of this problem is significantly diminished using mail questionnaires in which respondents complete the questionnaires privately.

Diener (2009) argues that social desirability confounds in subjective well-being measures is not a significant problem. He makes reference to studies showing low correlations with lie and social desirability scales (about .20). In addition, the subjective well-being measures tend to correlate highly with unobtrusive measures (e.g., smiling and laughing) and non-self-report measures (e.g., informant-based measures).

Biases Related to Focal Construct and Stage of Processing

Dolan and White (2006) have effectively argued that there is a wide proliferation of happiness concepts and measures, and there is a desperate need to develop conceptual schemas to help us integrate the disparate concepts and measures. The authors argue that the reason for the proliferation of concepts and measures is perhaps different concepts and measures are developed focusing at different stages of processing. There are six stages: (1) the anticipation stage, (2) the planning stage, (3) the behavior stage, (4) the outcome stage, (5) the experience stage, and (6) the evaluation stage. In the *anticipation* stage, people may consider how they might be happy given a certain course of action (e.g., "how would it feel if you ..."). The wellbeing indicator in this stage is essentially anticipated positive or negative affect or satisfaction. In the *planning* stage, people do not simply anticipate how they may feel given a specific course of action but also take into account the likelihood that the action may result in a valenced outcome (e.g., "why do you want and how are you going to get it?"). In essence, happiness in this stage is inherently related to goals (approach and avoidance goals). In the *behavior* stage, people implement their goals and react to environmental circumstances in relation to goal-directed behaviour (e.g., "what do you do?"). In other words, happiness in this stage is related to choices, one choice can lead to greater happiness than another choice. The *outcome* stage involves changes in resources—gain in resources or loss of resources (e.g., "what did you get?"). In that context, increases or decreases in resources (e.g., income, health, education, marital status, employment, etc.) can be used as indicators of wellbeing. The *experience* stage reflects the immediate physiological and psychological reaction related to the change in resources (e.g., "how does it feel?").

Measuring happiness in this stage is micro, focusing on physiological and psychological reactions that are very concrete and situation specific. Finally, the *evaluation* stage involves an assessment of wellbeing in a much more macro sense (e.g., “all things considered, how you feel about your life?”). The focus here is how pleasurable and meaningful their life has become given the circumstance. Many of the conceptualizations of wellbeing reside in this stage of processing. The authors conclude as follows:

In conclusion, to ask which of the indicators should be used for policy purposes is to miss the point if they are inextricably linked and this is why we believe that the way forward is to understand more about how they are linked to one another. This can only be achieved if we first of all identify clearly what type of indicator we are dealing with—and where it fits in the dynamic process of wellbeing. (pp. 327–328)

In Defense of Self-Reports and Global Measures of Life Satisfaction

Veenhoven (1991) has argued that such criticisms are not wholly justified. Self-reports of happiness tend to be prompt, non-response is low, and temporal stability is high. Furthermore, there is little evidence to indicate that self-reports of happiness are confounded by stereotypical responses (evidence reviewed in Veenhoven, 1984, pp. 40–42). The criticism of overstatement (that people overstate their state of happiness) is also unjustified (evidence reviewed in Veenhoven, 1984, pp. 44–51). Andrews and Withey (1976, p. 216) estimated that error accounts for half the variance in life satisfaction (cf. Kammann, 1982). Veenhoven (1991) explains the causes for the error. He asserted:

Several reasons for this vulnerability seem to be involved. Firstly, some people may not have a definite opinion in mind and engage in an instant (re)assessment which is then influenced by situational characteristics. . . . Secondly, those who do have a definite opinion will mostly hold a rather global idea of how happy they are and will not think in terms of a ten-point scale. Hence, their precise score may vary. Thirdly, the process of retrieval involves some uncertainty as well. (p. 12)

Kammann (1983) and Kammann, Christie, Irwin, and Dixon (1979) presented evidence that counters the criticism that subjective wellbeing measures are influenced by the questions immediately preceding their administration. Diener (1984), based on a literature review, has asserted that none of the measures reviewed shows high social desirability effects. Most of the measures correlate as expected with personality measures and show high convergent validity. Furthermore, the measures correlate as expected with non-self-report data involving demographic variables. Diener concluded:

Thus, the SWB measures seem to contain substantial amounts of valid variance. However, this does not imply that some distortions do not occur. The topic of distortion, bias, and encoding of SWB is a valuable direction for future research. Thus, although there is certainly sufficient validity in the measures to build theories of SWB, one part of these theories should

be how these subjective reports are formed (including various forms of distortion). Theories of encoding one's affect should be integrated with the bottom-up versus top-down approaches to happiness. (p. 551)

Diener and Suh (1999) have defended the use of subjective well being surveys in measuring concepts such as life satisfaction, hedonic balance, and positive and negative affect by arguing that most of these measures show a good deal of convergent validity. For example, global subjective well being measures based on self-reports were found to covary with ratings made by family and friends, with interviewer ratings, with amount of smiling in an interview, and with the number of positive versus negative memories people recall. The validity of the global subjective well being measures based on self-report has also been demonstrated by significant correlations with other measures as predicted by theory and past research. For example, the subjective well being measures were found to correlate with measures of self-esteem, optimism, self-efficacy, and depression, as predicted by theory and past research. Furthermore, there is good evidence of temporal reliability of the global subjective well being measures based on self-reports. Finally, the authors made a strong case for the fact that the global subjective well being measures (based on self-reports) are not significantly influenced by methodological artefacts such as subject's mood, habitual use of numbers in responding to scales, propensity to be humble, and tendency to avoid extremes on the scale. Thus, they concluded as follows:

Our broad conclusion about the assessment of SWB is that although the SWB measures have a degree of validity and are often not as contaminated as popular lore might suggest, they can be influenced by measurement artefacts and momentary situational factors. Thus, strong conclusions can be gained only when measurement artefacts are assessed and controlled, and when several types of measurement methods are employed and lead to the same conclusion. (p. 438)

More recently, Lucas and Diener (2009) made the following assessment:

In summary, evidence to date suggests that self-report measures of SWB [subjective well-being] are reliable and valid, sensitive to external circumstances, and responsive to change. They correlate with additional self-report measures and criteria. Finally, they prospectively predict theoretically relevant behaviours and outcomes, which show that they can be useful both in research and in practice. It is true that there may be times when contextual factors influence these judgments, but we are aware of no research that suggests that such contextual effects have a large impact on the validity of the measures. Thus, researchers can be confident that SWB [subjective well-being] can be assessed well with standard self-report measures. That being said, we also believe that self-report does not provide a gold standard, and thus alternative techniques . . . or other self-report procedures that do not require memory for, and aggregation across, numerous events can help. In addition, non-self-report measures, including informant reports, psychophysiological measures, textual analysis, and other novel techniques, can provide important information about the extent to which a person's life is going well. (p. 83)

To cap it off, Diener (2009) stated the following:

One can be encouraged by the state of measurement of subjective well-being. Most measures correlate moderately with each other and have adequate temporal reliability and internal consistency. In addition, well-being scales show interesting theoretical relationships with

other variables. The global concept of happiness . . . is being replaced by researchers with more specific and well-defined concepts, and measuring instruments are being developed concurrently with the theoretical advances. (p. 24)

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