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M. Joseph Sirgy

The Psychology of Quality of Life

Hedonic Well-Being, Life Satisfaction,
and Eudaimonia

Second Edition



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

Preface

In 2002, I wrote *The Psychology of Quality of Life* that was published by Kluwer Academic Publishers. The current book is an attempt to update the first edition that was published in 2002. The amount of research in quality of life (QOL) over the last decade has been enormous. Therefore, this second edition of the book is essentially a major overhaul of the book. I tried to incorporate much of the recent research in this area in this new edition. The references section at the end of the book is “huge,” a testimony of the amount of the research on subjective well-being that was published during the last decade.

The second edition is divided into six major parts. Part I is essentially the introduction. This part has three chapters. Chapter 1 lays the philosophical foundation of much of the research in the subjective aspects of QOL 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 QOL 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* (QOL researchers refer to this concept as the cognitive component of subjective well-being), and *eudaimonia* (QOL 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 QOL*, *subjective well-being*, or *happiness* as a “catch-all” concept. In other words, in the absence of specificity, I made reference to subjective well-being or the subjective aspects of QOL. In Chap. 2, I covered much of the research that deals with major distinctions among subjective well-being constructs. In Chap. 3, I made a case for the importance of the research in the psychology of QOL. I discuss much of the research showing the beneficial effects of happy people at work, to health, and to society at large.

Part II of the book focuses on research dealing with objective reality. That is, I described research showing how sociocultural 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) affect

subjective well-being. These conditions essentially reflect the actual internal and the external physical environment that an individual finds oneself in. This objective reality impinges on his subjective well-being.

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). We discussed not only how the individual processes information from the objective environment but also how he or she manipulates this information that ultimately puts a dent into his or her subjective well-being.

Part IV focuses on the psychology of well-being that is specific to life domains. In this context, I began this part of the book with a chapter dealing with domain dynamics (Chap. 16). This chapter covered much of the theories explaining how domain satisfaction plays a role in subjective well-being. Then I described 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 reviewed much of the research on special populations. Specifically, Chap. 24 focuses on the psychology of QOL 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, 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 subjective well-being that attempt to integrate and unify disparate concepts and programs of research in subjective well-being. In the final chapter (Chap. 30), I offered my concluding thoughts by addressing the importance of the psychology of QOL in the context of public policy. That is, I echoed the overall sentiment by the vast majority of QOL researchers that public policy should be, at least in part, guided by happiness research. But also I warned the reader that happiness research is not enough. The call to action is to broaden our approach in happiness research to incorporate other aspects of QOL research at higher levels of analysis (i.e., the group level, the community level, the societal level).

This book contains much rich information about the psychology of QOL (hedonic well-being, life satisfaction, and eudaimonia). I hope that readers of this book will find this book helpful to their own understanding of QOL issues and most importantly in guiding their own research agenda in subjective well-being.

Happy reading,
Joe Sirgy

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Part I

Introduction

This part of the book comprises three chapters. The first chapter introduces the reader to the concepts of subjective aspects of quality of life (QOL). There is a plethora of concepts directly related to subjective well-being: life satisfaction, domain satisfaction, positive/negative affect, emotional well-being, hedonic well-being, subjective well-being, perceived QOL, happiness, psychological well-being, eudaimonia, authentic happiness, flourishing, positive mental health, psychological happiness, prudential happiness, perfectionist happiness, the good life, among others. The reader is exposed to what the philosophers of happiness have to say about the proliferation of these concepts and their meaning. In essence, philosophers seem to agree that these concepts of subjective aspects of QOL 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 the majority of these subjective concepts. *Psychological happiness* seems to capture affective-related concepts of well-being such as hedonic well-being, emotional well-being, and positive/negative affect. *Prudential happiness* is a more macrolevel concept. It incorporates a variety of well-being concepts such as life satisfaction, perceived QOL, domain satisfaction, and subjective well-being. Finally, *perfectionist happiness* is a more macrolevel concept that seems to capture concepts such as eudaimonia, flourishing, positive mental health, psychological well-being, and personal development. It seems to me that these three major concepts of subjective aspects of well-being 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 QOL, I will expose the reader to examples of measures that have gained a certain level of popularity in the QOL research literature.

Chapter 2 addresses many distinctions made differentiating concepts of subjective aspects of QOL. Many of these distinctions have been made by QOL scholars and supported by empirical evidence. The chapter begins by addressing the distinction between subjective and objective indicators of QOL. 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 QOL in relation to a particular population segment. Another distinction is between inputs and outcomes of well-being. Empirical research shows that these are interrelated in a hierarchical fashion. That is, input indicators of well-being can be construed as lower-level goals in a goal hierarchy, whereas outcome indicators as higher-level goals. Furthermore, inner versus outer indicators of well-being are distinguished from one another. Inner goals are within the individual, whereas 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 seems to be more affective, whereas 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 well-being and show the reader how it has been treated as an umbrella concept to cover both cognitive and affective dimensions of well-being. In that vein, I make an attempt to help the reader develop an appreciation of the concept of subjective well-being by showing how it can serve as an integrative framework involving three major dimensions: (1) cognitive versus affective concepts of well-being, (2) concepts of well-being that focus on positive versus negative aspects of well-being, and (3) short-term versus long-term concepts of well-being. I then conclude the chapter by discussing the emergent concepts of eudaimonia and psychological well-being—they are emergent from the concept of subjective well-being. In other words, I argue based on the research literature that eudaimonia and psychological well-being go above and beyond our traditional and early notion of subjective well-being. The eudaimonia concepts of well-being reflect a long-term perspective of well-being that focuses not only on subjective well-being (in the traditional sense) but also on personal and moral development.

Chapter 3 focuses on reviewing the QOL research literature on the effects of QOL concepts such as hedonic well-being, 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 very important because this discussion is designed to help the reader understand the growing importance of the psychology of QOL. The consequences of QOL are far reaching; they impact not only people's lives but also society at large. The main argument is that the understanding of the psychology of QOL should help public policy officials and 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 QOL is far more important than initially recognized. Embracing the science of QOL should help policy makers make better decisions in many areas of endeavor across many basic science disciplines (economics, psychology, sociology, biology, etc.) and the applied sciences (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 this 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 well-being compared to people who are moderately happy and least happy? The reason why this question is being addressed 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 most happy. If so, interventions and programs should be designed to enhance happiness but up to an optimal point. Read the chapter.

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Chapter 1

Philosophical Foundations, Definitions, and Measures

In this chapter, I will make an attempt to sensitize the reader to the study of subjective aspects of quality of life (QOL) by addressing the philosophical foundations of QOL concepts such as happiness, positive and negative affect, emotional well-being, life satisfaction, subjective well-being, perceived QOL, psychological well-being, and eudaimonia. In doing so, definitions will be offered. I hope that these definitions will come to life when I describe example measures of these concepts.

1 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 many philosophers have addressed the issue of happiness. Happiness to most philosophers is not simply a psychological matter; it is an evaluative matter. 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).

2 Happiness as a Strong and Universal Motive

Philosophers have long addressed this question. The consensus seems to be 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 why 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 relative to other motives. Consider the following studies by Ed Diener (the founder of the subjective well-being 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, indicating that happiness is extremely important as a life goal. Another study by Diener and Oishi (2004) found that “being happy” is considered to be more important than having a 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.

3 Bentham Versus Aristotle

QOL researchers have long argued that QOL can be construed *a la* Bentham or *a la* Aristotle (e.g., Graham, 2011). QOL in the Benthamite tradition is essentially *contentment*, whereas QOL 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, well-being, 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 QOL in the Aristotelian sense for those with agency in that policies would encourage the pursuit of meaning and fulfillment in life. There are countless examples of public policies (e.g., reducing unsustainable fiscal deficits, reforming the health-care 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.

4 Three Philosophical Views of Happiness

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

4.1 Psychological Happiness (Hedonic or Emotional Well-Being)

Martin Seligman, the father of positive psychology, has written 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).

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 to 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.

4.1.1 Psychological Happiness as Positive and Negative Affect

Many QOL researchers have captured the concept of subjective well-being by measuring two types of affect, positive and negative, and then summing up the scores to derive an index of subjective well-being (e.g., Bradburn, 1969; Chamberlain, 1988; Diener & Emmons, 1984; Diener, Sandvik, Seidlitz, & Diener, 1993; Diener, Smith, & Fujita, 1995; 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 well-being 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 identified four different 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

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

Positive feelings (SPANE-P): 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)

Negative feelings (SPANE-N): 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)

Affect balance (SPANE-B): The negative feelings score is subtracted from the positive feelings score, and the resultant difference score can vary from -24 (unhappiest possible) to 24 (happiest possible)

Source: Adapted from Diener et al. (2010)

4.1.2 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 particular moment, the term is frequently 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.

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 min after waking the next morning, noon, and at 3 pm

Day reconstruction method:

A diary is completed online at the end of each 24 h 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 h 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)

Daniel Kahneman, a Nobel Laureate and a leading scholar in the psychology of QOL research, 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 employs an *experiential sampling method*. Subjects are contacted at set time intervals during the day and are asked to report their positive and negative feelings that 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 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 in 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).

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

At a much more microlevel, one can argue that happiness has to be viewed at a molecular level in terms of neuronal activity related to the release of dopamine

Table 1.3 An emotional well-being scale

<i>Positive emotional well-being</i>
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
<i>Negative emotional well-being</i>
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
<i>Response scale: 5-point Likert scale varying from "1 = strongly disagree" to "5 = strongly agree"</i>

Source: Adapted from Simsek (2009, p. 425)

(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.

4.1.4 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).

4.1.5 Psychological Happiness as Emotional Well-Being

The concepts of positive and negative affect capture what some QOL researchers call *emotional well-being* at a macrolevel. 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 make reference 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.

4.1.6 Philosophical Objections to Happiness as Sensory Hedonism

Feldman (2010) argues that some philosophers view happiness as a sensory hedonism *a la* Bentham, Mill, and Sedgwick traditions. Feldman rejects this view of happiness by asserting that to be happy in life is not the same as 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).

Hayborn (2008) argues 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] (Hayborn, 2001, p. 506).

Hayborn (2001) also argues against this view of happiness because it does not take into account the person's disposition toward happiness. In other words, for a person to be happy, he or she has to 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 (Hayborn, 2001, pp. 511–512).

Ruut Veenhoven (2003), one of the key founders of the happiness studies 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 well-being. But then, what is the trade-off with physical well-being? Veenhoven offers a solution: assess the effect of hedonistic living on the number of years lived happily.

4.2 *Prudential Happiness (Life Satisfaction or the Cognitive Component of Subjective Well-Being)*

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).

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 necessitates engagement in life to realize one's potentiality. It is what people do in life to achieve personal fulfillment. 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), Tatarkiewicz (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).

4.2.1 Prudential Happiness as Life Satisfaction

A great majority of QOL researchers view life satisfaction as self-avowals of happiness (see Diener, 1984; Veenhoven, 1984a, 1984b; Veenhoven & Coworkers, 1994 for literature reviews). Life satisfaction is viewed as a "cognitive" conceptualization of happiness or subjective well-being. It may involve judgments of fulfillment of one's needs, goals, and wishes. This view is essentially based by 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. (Diener, Emmons, Larsen & Griffin 1985; Diener, Horwitz & Emmons 1985) 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 QOL therapist and coach who has written an excellent book on *Quality of Life Therapy* (Frisch, 2006), equates QOL with life satisfaction and defines life satisfaction also in cognitive terms. He assumes that the affective correlates of subjective well-being are determined by cognitively based life satisfaction judgments. Also, Bernard Van Praag and Ada Ferrer-i-Carbonell (2004), well-known 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 many philosophers. For example, Wladyslaw Tatarkiewicz (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 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 some 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 repeated¹ 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 well-being at the societal level. The study employed a number of samples totaling around 5,000 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 QOL is an overall sense of well-being reflecting affective responses to various life domains.² 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 7 and 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 QOL research: the *Satisfaction with Life Scale* or SWLS. Diener et al. (Diener, Emmons, et al., 1985; Diener, Horwitz, et al., 1985) developed this measure that involves five questions, rated on a 7-point Likert scale. The items are

¹Repeated in the sense that the item appears in different part of the questionnaire to allow the testing of internal consistency type of reliability.

²Examples of life domains include leisure life, work life, family life, social life, and community life, among others.

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

Response scale: Responses are captured on 7-point Likert-type scales varying from 1 = strongly disagree to 7 = strongly agree

Source: Adapted from Diener et al. (Diener, Emmons, et al., 1985; Diener, Horwitz, et al., 1985)

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).

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 following life satisfaction measures used in large-scale national surveys. These are shown in the Appendix section at the end of this book.

4.2.2 Prudential Happiness as Domain Satisfaction

Much research in the psychology of QOL has focused on conceptualizing and measuring QOL in terms of domain satisfaction. That is, high QOL is essentially defined as satisfaction in salient life domains. Let us examine some of the 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

Table 1.5 The personal well-being 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?

Response scale: Responses are recorded on a 11-point scale varying from 0 (extremely dissatisfied) to 10 (extremely satisfied)

Source: Adapted from Yiengprugsawan et al. (2010)

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 QOL 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). QOL 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 well-being in each domain is accomplished through a composite satisfaction score of that domain weighted by the perceived importance of that domain. Thus, a total 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 Well-Being Index* (PWI) developed by Cummins and his colleagues (Cummins, Eckersley, Pallant, van Vugt, & Misajon, 2003; Nielsen, Paritski, & Smyth, 2010; Nielsen, Smyth, & Zhai, 2010; Renn et al., 2009; Smyth, Nielsen, & Zhai, 2010; Tiliouine, Cummins, & Davern, 2006). See Table 1.5 for the survey items of the PWI.

4.2.3 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 well-being 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 have to be *personally expressive*—reflect the person's sense of identity.

4.2.4 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.

4.2.5 Prudential Happiness as Attitudinal Pleasure

Feldman (2010) has made a case that happiness is essentially 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 is essentially a reflection of attitudinal pleasure or happiness about Joe's sense of community well-being.

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.

4.3 *Perfectionist Happiness (Eudaimonia or Psychological Well-Being)*

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).

4.3.1 **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 toward themselves or others when they choose wisely.

An example of a theory of QOL based on this notion of perfectionist happiness is Lane (2001). 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 social responsibility. These elements combined are responsible for a sense of subjective well-being and societal development. This subjective set makes up what Lane calls the “quality of the person” (QP). I will discuss Lane’s theory in more detail in Chap. 28.

In recent years, a number of 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 essentially 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. In essence, 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 well-being. 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; 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 important areas such as relationships, self-esteem, purpose, and optimism. Table 1.7 shows the measure.

4.3.2 Perfectionist Happiness as Purpose and Meaning in Life

QOL researchers have shown that the concept of purpose and meaning in life plays a very important role in subjective well-being. They make reference to ideas developed by Victor Frankl (1963, 1967) and the panoply of subsequent 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 well-being.

Examples of QOL 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 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.”

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;

Table 1.6 Ryff's psychological well-being 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)

Response scale: 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)

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 well-being 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)

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).

4.3.3 Perfectionist Happiness as Positive Mental Health or Flourishing

Corey Keyes, a social psychologist from a sociology tradition, has made quite an impact in QOL research by advocating a mental health concept of QOL. Specifically, he views happiness in terms of positive mental health or flourishing. Positive mental health and 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
13. Having purpose in life

Table 1.8 A need satisfaction hierarchy measure of well-being

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. (1995)

A 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 (Joshi & Nostrabadi, 2009), a pattern of findings consistent with much of the research on personality and subjective well-being (cf. Keyes, 2006a, 2006b).

4.3.4 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 1.9 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)

5 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). In essence, this is Seligman’s view of the concept he calls “authentic happiness.” Thus, one can view that 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 well-being, life satisfaction, and eudaimonia.

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Chapter 2

Further Distinctions Among Major Subjective QOL Concepts

This chapter describes a plethora of studies that have closely examined distinctions among subjective quality-of-life (QOL) concepts, such as those that were spelled out in the previous chapter. I will start out with the distinction between subjective and objective QOL; then I will move to the distinction between input and outcome indicators of QOL, followed by the distinction between inner and outer aspects of QOL. Then I will shift gears and describe studies that have focused on making a clear distinction between happiness and life satisfaction. Following this discussion, I will describe the concept of subjective well-being as an umbrella concept incorporating both affective and cognitive dimensions of QOL. Finally, I will describe studies that have distinguished between subjective well-being and eudaimonia and its variants.

1 Subjective Versus Objective QOL

The QOL research community is divided in its treatment of well-being. Some researchers use *objective indicators of well-being* (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 well-being). Sumner (1996) articulated this distinction by asserting that objective indicators of well-being require a point of view that is independent from the individual whose QOL is being evaluated. Subjective indicators of well-being tap the concept of well-being 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 well-being from a psychological perspective because it is a book about the *psychology* of QOL. That is not to say that I dismiss the importance of objective indicators of well-being. They are equally important. As a matter of fact, I argue strenuously in the last chapter (Chap. 29) that public policy should rely on both subjective and objective indicators of QOL. For example, in conducting community indicators projects, it is now the accepted norm that community QOL should be conceptualized and measured using both subjective and objective indicators of QOL. Objective indicators should capture objective dimensions of economic well-being (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 well-being (e.g., crime in the community, number of people incarcerated, illiteracy, educational attainment, student dropouts, teenage pregnancy, suicide, resources allotted to law enforcement), health well-being (incidence of cardiovascular disease, incidence of diabetes, incidence of cancer, number of people in psychiatric facilities, physicians per capita, immunization), and environmental well-being (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 sufficient to understand and capture the true nature of community well-being. One needs to also capture residents' perceptions and evaluations of community conditions and services (Liao, 2009). These perceptions and evaluations (subjective indicators of community QOL) 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 QOL in the community.

The same can be said about objective and subjective indicators of QOL 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).

Veenhoven (1996, 2000, 2005a, 2005b, 2009) has long advocated the use of a clever measure to capture societal QOL 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 \times .6 happiness).

Michalos (2008) has effectively argued that both objective and subjective indicators have to be combined to attain an accurate assessment of QOL, especially at the national level. Based on the distinction of objective and subjective indicators of QOL, 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 QOL in ways that may guide public policy to improve the human condition, both objectively and subjectively.

2 Inputs Versus Outcomes of QOL

Lane (1994, 1996) 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 well-being. One can think of inputs as opportunities for a good life whereas outputs as the good life itself. For example, at the individual level, QOL researchers commonly make reference to concepts and measures of life satisfaction, happiness, and perceived QOL. These are essentially *outcome conceptualizations and measures of well-being*. In contrast, *input conceptualizations and measures of well-being* take on the form of opportunities or determinants of life satisfaction, happiness, and other global facets of well-being. 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 health care 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 QOL researchers tend to develop a whole host of well-being indices as formative indicators by aggregating many indicators of well-being, 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.” Well-being indices, thus, have to be specific in terms of their goal: Is the intention to capture well-being outcomes or well-being determinants? As such, separate input and outcome well-being indices have to be developed.

3 Inner Versus Outer Aspects of QOL

Veenhoven (2000) made the distinction between inner and outer QOL. Focusing on the preceding distinction between inputs versus outcomes, Veenhoven asserts that *inner well-being* 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 well-being in the context of input conditions of well-being can be characterized in terms of the livability of the environment. That is, the focus is on the quality of the environment in the way the environment promotes personal well-being (or life satisfaction, happiness, perceived life quality, or overall well-being). Examples of outer well-being 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 or herself in, the quality of his or her family, the quality of economy that is thrust upon him, the quality of public transportation in the community, the quality of government at the local and national levels, etc. In contrast, inner well-being 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 transform 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), and socioeconomic 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 well-being, one can conceptualize the input conditions as behaviors that people engage in to contribute to society. Veenhoven

Table 2.1 Inner versus outer aspects of well-being

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

Source: Adapted from Veenhoven (2000)

calls this condition of well-being 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, and amount of work devoted to the disabled, among others.

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

4 Happiness Versus Life Satisfaction

Consider the following example that helps illustrate the distinction between happiness and life satisfaction. A Catholic priest dedicates his or her life to the service of God and the Catholic Church. His or her life is characterized by many bodily and material sacrifices. He does not feel happy because he has deprived himself or herself from the pleasures of life; yet he evaluates his or her 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 or her life. Yet he may not experience the simple pleasures of life as other people do—therefore, his or her “unhappiness” (cf. Rehberg, 2000).

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% 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) overlaps 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 QOL researchers have viewed life satisfaction as the cognitive element of subjective well-being, whereas 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 an important 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 seems to contradict 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 well-being 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 well-being (i.e., life satisfaction).

5 Subjective Well-Being as an Umbrella Concept

In a review of the literature on subjective well-being, Diener, Suh, Lucas, and Smith (1999) defined subjective well-being 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 substantially, suggesting the need for a higher-order construct (cf. Busseri, Sadava, & Decourville, 2007).

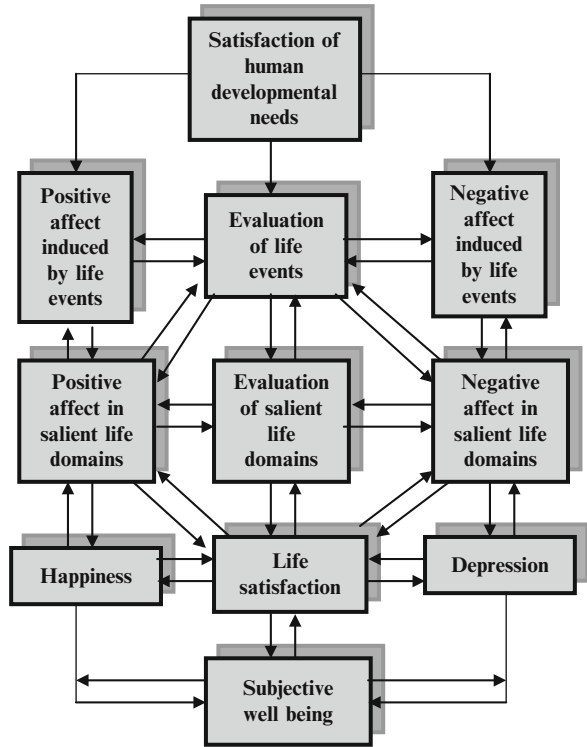
Kozma and Stones (1992) have theorized that happiness is a direct function of two psychological states, one short term and the other long term. The short-term state is an affective state that involves positive and negative affect mostly influenced by environmental factors. The long-term state is also 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 QOL researchers working in the area of subjective well-being.

The concept of subjective well-being used throughout this book is essentially 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

Fig. 2.1 Subjective well-being: its elements



(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 well-being. 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.

Table 2.2 The underlying constructs of the various components of subjective well-being

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

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 well-being, (2) the distinction between positive and negative affect of subjective well-being, and (3) the distinction between short-term and long-term affective states of subjective well-being. 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 influences and guides people’s cognitive evaluation of life events.

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

5.1 Cognitive Versus Affective

To reiterate, the distinction between cognitive and affective is important in QOL research. High-profile QOL researchers such as Parducci (1995) and Kahneman (1999) have argued strongly that subjective well-being can be captured directly and objectively,¹ rather than subjectively. Thus, subjective well-being of any period of time 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 well-being. 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 well-being. 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 QOL researchers who have made the distinction between cognitive and affective aspects of subjective well-being (e.g., Andrews & McKennell, 1980; Brief & Roberson, 1989; Campbell, 1976; Crooker & Near,

¹ An 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 well-being during the last few hours or so.

1995; McKennell, 1978; McKennell & Andrews, 1980; Organ & Near, 1985). These researchers have all argued that happiness and life satisfaction are two different constructs. That happiness is an affective construct, whereas 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 the way they do.

Consider the following recent 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 well-being. In contrast, unemployment and regional differences between East and West Germany are stronger predictors of cognitive than affective well-being.

5.2 *Positive Versus Negative*

Dating back to the early 1960s, QOL scholars noted that subjective well-being 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 different factors. Many QOL researchers have measured subjective well-being by a composite index made up of positive and negative affect (e.g., Bradburn, 1969; Diener & Emmons, 1984; Diener, Sandvik, Seidlitz, & Diener, 1993; Diener et al., 1995; Headey, Kelley, & Wearing, 1993; Lucas et al., 1996; Watson, Clark, & Tellegen, 1988). The impetus for this distinction is the realization that the factors that cause positive affect are not the same as 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 the area of income and standard of living, a person who evaluates that domain positively may experience little dissatisfaction. 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 well-being versus ill-being made the following assessment:

- Personality drivers of well-being (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 well-being in different ways than ill-being.
- Socioeconomic factors (e.g., income, education, and socioeconomic status) are differentially correlated with well-being versus ill-being.
- Psychographic factors (e.g., interests and activities) are also differentially correlated with well-being versus ill-being.

5.3 *Short Term Versus Long Term*

Note that the model shows that the three components of subjective well-being are not momentary, transient, and ephemeral affective states. They are enduring and relatively 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 well-being 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 well-being has to be based on global evaluations of life (long-term construct) (cf. Veenhoven 2000).

6 Subjective Well-Being Versus Eudaimonia

Kesebir and Diener (2009) have questioned whether the eudaimonic notion of well-being can be truly lumped with other concepts of subjective well-being 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 well-being* and *eudaimonic well-being*. They argue that the cybernetic principles underlying hedonic well-being are different from eudaimonic well-being. Goal attainment in hedonic

well-being 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 well-being. Specifically, several studies were conducted in which the authors were able to demonstrate that the experience of hedonic versus eudaimonic well-being is dependent of the extent to which the task at hand is easy or difficult. The individual is most likely to experience hedonic well-being when the task is easy but eudaimonic well-being when the task is difficult.

Sanjuan (2011) has conducted a study to test the hypothesis that *psychological well-being* (another term for eudaimonic well-being or perfectionist happiness) may influence subjective well-being (another term for prudential happiness or life satisfaction) through the mediating effect of *affect balance* (hedonic well-being 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 well-being tends to induce positive affect, which in turn plays a major role in life evaluations.

7 Subjective Well-Being Versus Psychological Well-Being

Huppert (2009) asserts that *psychological well-being* is about lives going well. This means that it combines subjective well-being with *effective functioning*. Subjective well-being may focus too much on positive emotions. According to Huppert, psychological well-being focuses on sustainable well-being in the sense that negative emotions can play a significant and positive role in long-term well-being. People have to learn to manage negative emotions to enhance long-term positive emotions. Of course, psychological well-being is undermined when negative emotions are experienced frequently without the benefit of learning and long-term positive emotions. Researchers working with psychological well-being 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.

8 Summary

As mentioned in the beginning part of this chapter, there are important distinctions that QOL scholars have made concerning major QOL concepts. I described these distinctions in terms of subjective versus objective QOL, and I have argued that both

conceptualizations are complementary, not conflicting. I highlighted the distinction between input and outcome indicators of QOL and argued that this distinction is important because a comprehensive understanding of QOL 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 QOL, and I suggested that inner/outcome concepts such as happiness, life satisfaction, and eudaimonia should be viewed as the major dependent variables in QOL 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 QOL concepts in terms of three major dimensions: cognitive versus affective, positive versus negative, and short term versus long term. These distinctions seem sufficient to capture the various nuances related to subjective well-being. However, as demonstrated in the literature, recent research has clearly distinguished between subjective well-being and the emergent, higher-order, constructs of eudaimonia and psychological well-being. The latter concepts of QOL are built on subjective well-being, but they go beyond subjective well-being to capture personal development and moral strengths.

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Chapter 3

Consequences of Hedonic Well-Being, Life Satisfaction, and Eudaimonia

1 QOL Effects on Health

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; Lyubomirsky, Sheldon, & Schakade, 2005). This chapter summarizes much of this evidence and addresses the adaptive significance of happiness using evolutionary psychology.

Argyle (1996a) cites much evidence suggesting that subjective well-being has beneficial health effects to the individual, both physical and mental. Specifically, high levels of subjective well-being 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 well-being 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).

Vazquez, Hernangomez, and Hervas (2004) found that the well-being 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 well-being 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 well-being and *longevity* (Veenhoven, 2008). For example, a study found that patients with renal failure were more likely to survive for 4 years if they were happy than if they were unhappy (Devins, Mann, Mandin, & Leonard, 1990).

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 1,558 initially non-frail older Mexican-Americans for 7 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.

Koopmans, Geleijnse, Zitman, and Giltay (2010) conducted a study to assess 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 nonsignificant when other variables were introduced in the equation: physical activity and prevalent morbidity. The authors conclude that happiness predicts lower mortality as mediated by *lower physical activity* and *lower morbidity*.

How about *recovery* from significant health problem? Does subjective well-being help with recovery? Kopp et al. (2003) found that preoperative well-being predicted better recovery from surgery. Similarly, subjective well-being 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 2 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 6 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.

Does subjective well-being influence the *perception of pain*? There is evidence suggesting that people low on subjective well-being 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).

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, Frasure-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).

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 major role in CVD. The second possibility is that optimists have genes that may ward off CVD. The third possibility is 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 have less depression.

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 well-being 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).

Conversely, happy people act in healthier ways than the unhappy. Happy people report more *physical exercise*, and they engage in more physical activities than their unhappy counterparts (Audrain, Schwartz, Herrera, Golman, & Bush, 2001; Lox, Burns, Treasure, & Wasley, 1999).

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 well-being, 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).

2 QOL Effects on Achievement and Work

Is a happy worker a good worker? That is an important question. In other words, does QOL 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 were 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 (Jaffaldano & Muchinsky, 1985; Vroom, 1964). However, the more recent research in this area is more promising.

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).

Evidence also suggests that high levels of subjective well-being may facilitate *creative thinking, problem-solving, wisdom, and professional achievement*. Experimental evidence is available to suggest that participants who report higher levels of subjective well-being 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).

Judge, Thoreson, Bono, & Patton, 2000 conducted a literature review of the relationship between job satisfaction and *job performance* and estimated that 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 well-being 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.

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* at a later time.

Using causal modeling, Judge (1991) found that job satisfaction predicted *lower rates of absenteeism and tardiness*. 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* and scored higher on *productivity and profitability* measures.

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) conclude 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 important. 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.

There is also some evidence suggesting that employee well-being 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. After reviewing much of the evidence related to the effects of subjective well-being on work-related outcomes, Diener and Seligman (2009) conclude by stating:

In sum, it is likely that the positive effects of well-being at work on performance go beyond the effects of personality. The well-being of workers results in positive organizational citizenship, customer satisfaction, and perhaps even greater productivity. Because specific workplace variables are known to enhance well-being to enhance well-being at work, organizational policies can raise workers' well-being and thereby enhance organizational citizenship and possibly profitability (Diener & Seligman, 2009, p. 223).

However, recently, 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.

3 QOL Effects on Social Relationships, Prosocial Behavior, Trust, and Future Happiness

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 this 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* is 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, et al., 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 prosocial 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 well-being (e.g., Helliwell, 2003; Helliwell & Putnam, 2005; Putnam, 2001a, 2001b).

Tov and Diener (2009) explained the effect of subjective well-being 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 out 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 well-being also score highly on generalized trust, volunteerism, and democratic attitudes. Inglehart and Klingemann (2000) suggested that well-being is a necessary condition for

democracies or democratic governance. 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.

4 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 well-being. 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 would motivate people to do better, thereby achieve 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 testing 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 that 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 conclude:

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).

5 Happiness Is Adaptive

Kesebir and Diener (2009) pose 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, marshaling 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 her 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 well-being and concluded that much of the evidence indicates that most people are happy most of the time. Putting it differently, 80% of survey respondents (large-scale surveys across many countries and cultures) indicate 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 makeup. People have to experience positive emotions to allow them to explore their environment, to solve problems, and to approach new goals (cf. Fredrickson, 1998; Lyubomirsky et al., 2005).

Diener and Oishi (2011) also provided much evidence that indicates 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-analyses studies: Diener and Chan (2011), Howell, Kern, and Lyubomirsky (2007), Lyubomirsky et al. (2005), and Pressman and Cohen (2005).

If so, the same authors (Diener and Oishi) pose 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 answer this question by arguing that moderate levels of happiness seem to be 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) reviews evidence that shows 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) argues 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 is positively associated with survival, prosperity, and procreation. Happy people are optimistic, and optimism has a strong survival value.

6 Summary

Diener and Seligman (2009) have argued that subjective well-being is an important goal for any nation. They summarized much of the literature on the positive effects of well-being in terms of society, income, work, physical health, mental disorders, and social relationships. Specifically, the advantage of subjective well-being for society is the fact that nations with their citizens enjoying high levels of subjective well-being are likely to have good systems of governance. With respect to income, subjective well-being can lead to higher levels of employee productivity. With respect to work, subjective well-being can lead to higher levels of organizational citizenship, employee productivity, customer satisfaction, and ultimately organizational profitability. With respect to physical health, subjective well-being can lead to longevity and stronger immune systems. With respect to mental disorders, subjective well-being can lead to lower levels and rates of psychopathology. And finally, with respect to social relationships, subjective well-being 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 procreation. How can one say no to happiness with all these positive individual and societal effects?

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Part II

Objective Reality and Its Effects on Subjective QOL

This part of the book describes the effects of objective conditions of reality and their effects on subjective aspects of QOL.

As briefly mentioned in Chap. 2 of this book, Michalos (2008) made the distinction between objective and subjective indicators of QOL 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's living conditions are good, but they inaccurately perceive their living conditions as bad.

Cummins (1997) made a similar case and argued that objective and subjective approaches to QOL are essential but may be poorly related to each other. He asserts that one cannot enhance QOL 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."

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 conditions may be the cause of the moderate-to-low correlations between objective and subjective indicators of QOL (see Campbell, Converse, & Rodgers, 1976; Dale, 1980; Diener, Sandvik, Seidlitz, & Diener, 1993; Knox & MacLaran, 1977; Kuz, 1978).

One explanation for the discrepancy between objective and subjective effects on subjective aspects of QOL may be in the fact that people subjected to adversities adapt to these conditions to maintain an 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). In regard to 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 QOL. There are other explanations. An example may be the fact that the measures do not capture similar life domains (Hayo & Seifert, 2003).

This part of the book focuses on the effects of objective conditions on subjective aspects of QOL. 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 socioeconomic, political, and cultural circumstances (e.g., social change, income inequality, unemployment, economic fluctuations, inflation, welfare, democracy, and cultural acculturation and efficacy).

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Chapter 4

Effects of Socioeconomic, Political, Cultural, and Other Macro Factors on QOL

I begin Part II of the book by a chapter that addresses the effects of objective reality on subjective aspects of QOL at the most macrolevel addressing the effects of socioeconomic, political, cultural, and other macrofactors. Country-level economic effects on subjective aspects of QOL 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 macrofactors and subjective aspects of QOL.

1 A Theoretical Model Linking Socioeconomic, Political, and Cultural Factors with QOL

MacFadyen, MacFadyen, and Prince (1996) developed a model that helps explain how the socioeconomic factors affect subjective well-being. 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).

Table 4.1 A socioeconomic model of QOL

→	→	→	→	→	→	→	→	→
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)	Individual economic environment (e.g., unemployment)	Economic environment (e.g., job loss)	Physiological (e.g., genetic, constitutional, and health factors)	Benefit (e.g., positive personal and social work adjustment, self-esteem, coping, and health)	Benefit (e.g., positive personal and social work adjustment; no behavioral or health problems)	Benefit (e.g., increase in population reports of well-being—subjective)		
General social environment (e.g., social disintegration, good community network)	Individual social environment (e.g., divorced, married)	Social environment (e.g., quality of social support is poor)	Psychological (e.g., personality, emotions, knowledge, perceptions, values, attitudes, beliefs, attributions, cognitive style, anticipations, evaluations)	Cost (e.g., negative self-report of life adjustment, self-esteem, psychopathology, and health)	Cost (e.g., maladaptive behavior, referral for behavior, psychiatric, or health problems)	Cost (e.g., increase in mortality due to alcohol consumption—objective)		
General demographic/geographic environment (e.g., immigration)	Individual demographic/geographic environment (e.g., several moves)	Demographic or geographic environment (e.g., new neighborhood is crowded)	Coping skills Competency Previous experience (e.g., failure)	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)	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)	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)

The stress experienced by the individual may cause loss 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).

2 Macro Effects on QOL

In this section, our attention narrows to examine specific macrofactors on the subjective aspects of QOL: economic factors, political factors, and sociocultural factors.

2.1 Economic Effects on QOL

There are many QOL studies that have examined economics effects on subjective aspects of QOL such as economic fluctuations, market openness, income inequality, unemployment, inflation, welfare system and public health insurance, and labor unions.

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

Tsai (2009) conducted a study to examine the impact of *market openness* on subjective well-being among nations. Using data from the World Database of Happiness (Veenhoven, 2006), the author captured subjective well-being using happiness and life satisfaction indicators. The author used Wacziarg and Welch (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.

How about the QOL effects of *income inequality*? There is some evidence that suggests that income inequality is associated with both well-being and ill-being. 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 well-being (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 well-being 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 well-being, 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 (2005a, 2005b) found that variations among countries in income inequality have no significant effect on average levels of well-being. 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 shows that the impact of income inequality on subjective well-being 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 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).

How about the QOL effects of *unemployment*? The effect of unemployment on subjective well-being is profound. Many studies have documented the devastating effects of unemployment on various measures of subjective well-being 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 suggests that high rates of unemployment do contribute to the ill-being of nations (e.g., Frey & Stutzer, 2002). For example, Lucas and colleagues (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 United States and Europe is mixed. The relationship between unemployment and subjective well-being 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 well-being of people with a *left-wing political orientation* more so than inflation. Conversely, inflation negatively affects subjective well-being of those with a *right-wing political orientation* more so than unemployment. Helliwell (2003a) found that the negative effect of unemployment on subjective well-being 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 well-being 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 well-being 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 well-being 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 well-being. Instead, their subjective well-being 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 the following:

- *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
- 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 well-being* (e.g., flourishing). Similarly, Bockerman and Ilmakunnas (2006) explored the link between unemployment and subjective well-being using data from the World Values Survey focusing on four cross-sectional surveys in Finland. Subjective well-being 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 well-being of the unemployed at a country-level analysis. The expectation was that the unemployed should experience a higher level of well-being 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. Well-being was measured in terms of 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 well-being of the unemployed.

How about the QOL 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 well-being in Europe, in Latin America, and in the United States (e.g., Di Tella, MacCulloch, & Oswald, 2001).

How about the QOL 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 well-being by investigating the well-being responses of citizens from 18 industrial democracies from 1981 to 2000. The welfare enhances well-being by enhancing people's sense of economic security. This sense of security in turn affects the sense of well-being in a variety of life domains, 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 straightforward; 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 serves 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 skepticism) 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, points to a possible relationship but not a strong one.

Do *labor unions* improve the QOL 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 QOL. 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).

2.2 *Political Effects on QOL*

Do citizens of a country perceive their overall QOL 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 well-being. Effective and trustworthy governance also correlate positively with the well-being of nations, even when the level of democratic institutions is controlled for (Helliwell, 2003a, 2003b; Helliwell & Haug, 2008; Ott, 2010). That is, people report high levels of subjective well-being in countries with low levels of corruption and high levels of law and order.

The empirical evidence also suggests that *economic and political freedoms* are positively related with the level of well-being of nations (Inglehart & Klingemann, 2000). As a qualifier, economic freedom was found to be highly correlated with the well-being of nations that are poor, more so than those that are rich. Conversely, political freedom is correlated with the well-being of nations that are rich, more so than those that are poor (Veenhoven, 2000). In another study, Inglehart and

colleagues (2008) also found that the well-being 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 tends to play an important role in the well-being 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 well-being 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).

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. Dorn, Fischer, Kirchgassner, and Sousa-Poza (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.

Ott (2005, 2011) has 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, 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 corruption (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) reexamined the relationship between quality of governance (in particular the role of technical quality vis-à-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.

2.3 Sociocultural Effects on QOL

Recent QOL research has underscored the importance of *social quality* on QOL. 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 well-being (Beck, van der Maesen, Thomese, & Walker, 2001; Beck, van der Maesen, & Walker, 1997; 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: socioeconomic security, social inclusion, social cohesion, and social empowerment. *Socioeconomic security* refers to the extent to which people have sufficient resources over time to carry out their daily functioning. A minimum level of socioeconomic 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 measures capturing two dimensions of social quality is provided by Monnickendam and Berman (2008) in Table 4.2.

Do *cultural values* play a role in the subjective aspects of QOL? 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).

Table 4.2 A societal measure of social quality*Socioeconomic security*

This construct is captured using a composite of the following:

- 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 functioning 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)

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, and Singelis (1997) examined the role of both *self-esteem* and *social harmony* in life satisfaction judgments among survey respondents in Hong Kong and the United States. The study found that self-esteem was the only predictor of life satisfaction in the US sample, whereas 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 US 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) were able to demonstrate that people in independent cultures (e.g., United States) 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).

Table 4.3 What is cultural efficacy?*Positive group membership evaluation*

e.g., “I love the fact I am [Maori]”

Sociopolitical 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)

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 well-being by enhancing the sense of individualism in society. Increases in economic development lead 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 well-being 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 well-being among Chinese students in Australia. The study results indicated that Chinese students who were more *integrated* had significantly higher levels of subjective well-being than others who were assimilated, separated, or marginalized.

What about *cultural efficacy*? Cultural efficacy refers to the extent to which indigenous people become enculturated to the extent that they develop a positive cultural identity that buffers negative life events, thus promoting social, health, and economic well-being (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 that social statistics show that compared to the nonindigenous people of New Zealand, the Maori have higher levels of unemployment, lower life expectancy, lower income, and increased rates of incarceration. The authors attempted 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 well-being (satisfaction with personal aspects of one's life and circumstances) and national well-being (satisfaction with the state of the nation and society in general).

Does *social change* at the societal level affect the QOL 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 QOL through the individual's experience with social change. This experience may adversely shape societal QOL and quality of work life, which in turn decreases personal QOL. However, once a person attains a high level of QOL, social change is not likely to influence personal QOL. By the same token, those with a lower personal QOL tend to be adversely affected by social change. In other words, the adverse impact of social change is buffered by the person's prior QOL. Based on adaptation theory, the authors argue that the QOL 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 QOL 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 QOL 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 QOL was captured through respondents' perceptions about QOL of the society in terms of leisure well-being, economic well-being, and work well-being (during the past 6 months preceding the survey).

How about the effect of *pace of life* on QOL? 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 well-being. This finding is shown through an individual level and a cross-cultural level. The author explains this finding using modernization theory. QOL 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.

3 Summary

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

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

Culturally speaking, cultural values of the country seem to play an important role in the subjective aspects of QOL. 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 western country people report higher levels of happiness than people in eastern countries. Economic development at the country level seems to boost a sense of individualism, which in turn translates into higher levels of happiness. Cultural acculturation also plays a role in QOL. Immigrants who are better acculturated tend to experience higher levels of QOL than those who are less acculturated. And indigenous people who maintain a high level of cultural efficacy tend to do much better than those who fail at cultural efficacy.

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Chapter 5

Effects of Income and Wealth on Subjective QOL

In the last 30–40 years, we have seen burgeoning research on the predictive effects of income and wealth on subjective aspects of QOL. Because of the largess of this research literature, I am treating this topic as a separate chapter. Chapter 6 will continue by examining the effects of other demographic variables on subjective QOL.

The relationship between income and subjective aspects of QOL can be better understood by disentangling QOL 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 QOL studies: (1) the relationship between wealth and subjective aspects of QOL at the individual level and at any point in time (i.e., cross-sectional study), (2) the relationship between wealth and subjective aspects of QOL at the individual level over time (i.e., longitudinal study), (3) the relationship between wealth and subjective aspects of QOL at the national level at any point in time (i.e., cross-sectional study), and (4) the relationship between wealth and subjective aspects of QOL at the national level over time (i.e., longitudinal study) (see Table 5.1).

1 Effect of Wealth on Subjective QOL: 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. In 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.

Table 5.1 Classifying studies of income/QOL relationship

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

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; Pinqart & 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 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

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 a proper state of repair
The house is located in a good neighborhood
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 theater 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: Christoph (2010, pp. 495–496)

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, and 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 QOL scholars explain the relationship between income and subjective aspects of QOL at the individual level (in the context of cross-sectional studies)? There are several explanations offered. There is the asset 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 QOL. 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 QOL at the individual level seems to be moderated by many factors. Perhaps the *type of QOL measure* moderates this relationship. Another prominent scientist who spent considerable time and energy investigating the relationship between income and happiness is Ed Diener, emeritus professor 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 and colleagues (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.

2 Effect of Wealth on Subjective QOL: Individual Level and Long Term

There is much data suggesting that over time, rising income does not cause rise in happiness. In other words, the relationship between income and subjective well-being over time is nil. This phenomenon is well known in the QOL research as the *Easterlin paradox*. Easterlin (2011) explains this phenomenon using *rising material aspirations*. In other words, as income rises, people adjust their material aspirations upward, 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 fulfill 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).

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.

Ahuvia and Friedman (1998) also offered a *buffering effect* explanation. They theorize 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).

3 Effect of Wealth on Subjective QOL: National Level and Short Term

Dolan et al. (2008) noted that the evidence points to the fact that positive correlations between average subjective well-being and national income were found in international cross-sectional data, particularly in lower income countries. For example, Morawetz (1977) has provided evidence suggesting that a community with less equal income was less happy than a community with more equal income. At the national level, Frey and Stutzer (2002) demonstrated that although increases in income contribute to happiness, especially at low levels of development, beyond a certain threshold, the effect produces no further increases in happiness (also see literature review by Diener & Seligman, 2004). More recently, Lawless and Lucas

(2011) conducted a study using large-scale surveys in which a measure of life satisfaction was correlated with income across all counties in the United States. The study found clear evidence of a positive association between aggregate county income and aggregate county life satisfaction. Also, the effect between aggregate poverty and aggregate life satisfaction was negative and empirically evident. Veenhoven (1991) found that the correlations between income and subjective well-being were stronger in poorer than rich countries (cf. Schyns, 1998). Yet another study conducted by Stanca (2010) found that the effect of income on subjective well-being is larger in countries with lower than higher GDP per capita. 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.

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). QOL 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).

4 Effect of Wealth on Subjective QOL: National Level and Long Term

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 seem to be no corresponding increases in human happiness—the *Easterlin paradox* (Easterlin, 2011). Easterlin found empirical evidence of this paradox in countries throughout the world—both rich and poor.

Cummins (2011) made an attempt to explain the Easterlin paradox using his theory of *homeostasis*. He argues that because subjective well-being is very much determined by a set point (a positive homeostatic mood), changes in subjective well-being at the national level occur 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 well-being 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.

However, more recently, there seems to be accumulating evidence suggesting that increases in the country's wealth over time are 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 over time, variations of household income in the USA covary with happiness.

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 (2011b, Chapter 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 (cf. Graham, 2011a). 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/postmaterialist values.

The theory of *postmaterialist 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-à-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 (postmaterialism). The rallying cry of postmaterialists 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

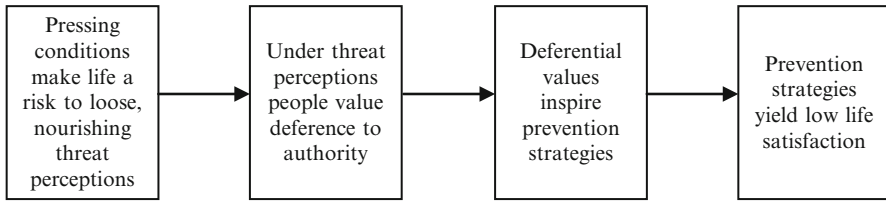
rational values and (b) survival values versus well-being values (self-expression). In other words, postmodern society becomes more secular and well-being-oriented. However, it should be noted that societies cannot achieve the fruits of postmodernism without a certain degree of affluence. Economic development brings society to a threshold where its citizens can afford to focus on the fulfillment 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 drives up the salience of well-being. That is, the value placed on income is less important for personal QOL in economically developed countries than in the developing countries.

More recently, 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 *a 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 actions (promotion-focused) tend to deliver high levels of life satisfaction. See Fig. 5.1 for a graphic display of the full model.

5 Conclusion

I made an attempt in this chapter to shed light on the proliferating research linking income and subjective aspects of QOL. Much of the evidence we reviewed in this 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/QOL effect, and research also suggests many moderator effects.

The Human Stagnation Path



The Human Development Path

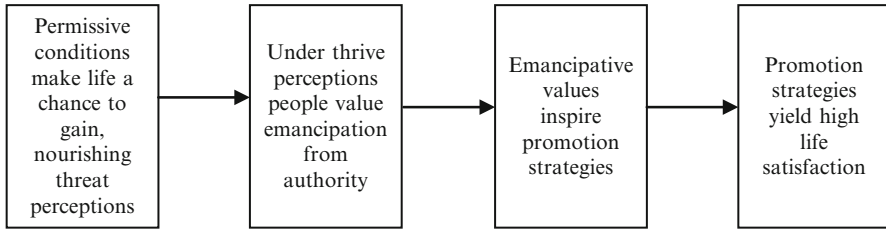


Fig. 5.1 A human development model (Source: Adapted from Welzel & Inglehart, 2010)

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 QOL 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 QOL of individuals and nations. But this effect depends on a host of other variables.

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Chapter 6

Effects of Other Demographic Factors on Subjective QOL

Andrews and Withey (1976), in what is regarded as a seminal study in the psychology of QOL, 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; Campbell, Converse, & Rodgers, 1976), an individual's satisfaction with life is strongly influenced by the objective conditions of his/her life. Bottom-up theory asserts that when a person evaluates their life overall, they review the objective conditions of his/her 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-à-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, on the subjective aspects of QOL. In this chapter, we will shift our attention to other demographic factors such as age, gender, education, and marital status, among others.

1 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 well-being 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 midlife 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.

QOL 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 aspects. 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 well-being 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 et al. (1987) study provides evidence suggesting that subjective well-being 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 well-being 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, 2004, 2008).

Interestingly, the relationship between age and subjective aspects of QOL differs as a function of the *QOL measure*. For example, Agrawal and colleagues (2011) conducted a large-scale survey in India using *positive/negative affect* as a QOL measure and found that people across various age categories do not differ in relation to positive affect; however, there seems to be an age effect in relation to negative affect. Specifically, older Indians reported less negative affect than younger Indians. A meta-analysis on age differences 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, whereas 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 USA 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.

2 Effects of Gender

With respect to ill-being (compared to well-being), women have substantially higher rates of mental disorders (e.g., anxiety and depression) than men (see literature review by Huppert, 2009). In contrast to ill-being, many studies on well-being (e.g., happiness) report females are happier than males (e.g., Di Tella, MacCulloch, & Oswald, 2001 for European Community countries; Frey & Stutzer, 2000a, 2000b for Switzerland; and Blanchflower & Oswald, 2000 for Great Britain and the USA). 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.

Dolan et al. (2008), in a literature review, asserted that although there is some evidence suggesting that females do experience higher levels of subjective well-being, the evidence at large is conflicting—some evidence points to a relationship, while other evidence points to no gender differences. Dolan and colleagues concluded that gender interacts with many other factors in relation to subjective well-being (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 well-being 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 fulfillment in these two domains later in life. This may account for the finding that men tend to report higher levels of happiness in later stages of the family life cycle than women, while the reverse is true for women.

Another moderator is *country*. Focusing on country effects, Graham (2009, 2011a, 2011b) analyzed the effects of gender across many countries that employed large-scale surveys, and her analysis revealed that women are happier in the USA, 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 USA. Interestingly, no gender differences were found in Latin American countries. Women seem happier in China than men (Wang & VanderWeele, 2011).

How do developmental psychologists explain the effect of age on subjective well-being? 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, 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 increases 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.

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

Much evidence exists concerning the QOL predictive effects of marital status. For example, those who are institutionalized in mental hospitals are likely to be unmarried (i.e., divorced, separated, or widowed) than married (Bloom, White, & Asher, 1979). In sum, 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. The QOL benefits of marriage have been explained using concepts such as social support, stress-buffering effects, feelings of belonging, and purpose. However, the QOL 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 well-being. 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) reanalyzed 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.

With respect to *widowhood*, Lucas and colleagues (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).

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 well-being, autonomy, is higher among divorced and separated women, relative to other women who are married (or never being married) (Lindfors, Berntsson, & Lundberg, 2006).

How about *having children*? There is evidence that having children living in the household is not good for women’s well-being (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 well-being measures of people in midlife and old age. These measures included cognitive well-being 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 well-being outcomes. The relationship between parental status and psychological well-being was nonsignificant.

Parental divorce seems to be associated with a host of negative adult outcomes including low subjective well-being, 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 & Sobolewski, 2001; McNeal & Amato, 1998). Using a large-scale survey, Zullig, Valois, Huebner, and Drane (2005) were able to demonstrate that adolescents who lived with other relatives, nonrelatives, 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.

Apparently, the effect of marital status on subjective aspects of QOL is not straightforward. There are many moderator effects. One important moderator is *country or culture*. The effect of culture on the relationship between marriage and happiness is evident (Graham, 2009, 2011a, 2011b). For example, based on large-scale surveys, Graham found marriage is positively correlated with happiness in the USA, Latin America, and Europe, but not in Russia.

Another moderator may be the conjoint effects of *positive versus negative affect and culture*. Agrawal and colleagues (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 interpret 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 QOL for men and women differently. Specifically, entering a partnership (e.g., marriage) and retirement had the strongest effect on perceptions of QOL.

4 Effects of Education

Based on a literature review, Dolan et al. (2008) point to the conflicting findings regarding the relationship between education and subjective well-being. There are studies that point to a positive linear relationship, a positive nonlinear relationship

(in which those who report the highest levels of subjective well-being 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 QOL scholar suggested that education can contribute to subjective well-being and at the same time be a detriment to subjective well-being. Positively, education may be a resource to help accomplish life goals, therefore helping people attain a high level of subjective well-being. 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). That is, education can be a double-edge sword in relation to QOL.

The predictive influence of education on the subjective aspects of QOL seems moderated by a host of other variables. For example, Agrawal and colleagues (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 USA. 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 well-being, 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 well-being 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 well-being 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, 2011b). 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 that when income is entered into the regression equation, it washes out the education effect.

Oshio and colleagues (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*.

5 Effects of Work-Related Demographics

Dolan et al. (2008) reviewed the literature on the effects of *type of work* on subjective well-being 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 and colleagues (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, 2011b) analysis reveals that the self-employed are happier in the USA and Russia, but less so in Latin America. She believes that this difference may be due to the fact that self-employment in the USA 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 well-being, the evidence is more ambiguous. Some

studies found a positive relationship (the longer hours worked, the greater the subjective well-being), other studies suggest a negative relationship, while still others suggest an inverse U-shaped curve (subjective well-being 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).

6 Effects of Community-Related Demographics

Does the *size of the community* make a difference on the subjective aspects of QOL? Dale (1980) found indicators of objective well-being are especially high in urban areas, whereas subjective well-being 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 in a 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).

7 Effects of Ethnicity and Minority Status

In the context of the USA, much research has shown that African-Americans 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 US military.

Based on a literature review, Dolan et al. (2008) pointed to evidence suggesting that in the USA, whites report higher levels of subjective well-being than *African-Americans*. With respect to other ethnic minorities in the USA, 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, 2011a, 2011b) analyzed the effects of *minority status* across many countries that employed large-scale surveys, and her analysis revealed that minorities (e.g., blacks) in the USA and Latin America report lower levels of happiness than nonminorities. 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 postcommunist Russia and many native Russians experienced significant losses in income and status.

8 Effects of Religious Affiliation

In a literature review of the effect of religion on happiness, Ferriss (2002) found no happiness differences in the USA among respondents reporting their religious affiliation as Jewish, Catholic, or Protestant (also see Cohen, 2002; Haller & Hadler, 2006).

Agrawal and colleagues (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 religiousness and happiness in three countries (the 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 US sample (not the Netherlands and Denmark samples).

9 Summary

This chapter described much evidence related to the effects of demographics on subjective aspects of QOL. The preceding chapter concluded that income does indeed play an important role on subjective well-being (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 points to the fact that main effects of demographic factors (other than wealth and income) on subjective aspects of QOL are very weak, if not absent. These effects tend to interact with many other variables in predicting subjective well-being. Therefore, QOL researchers should refrain from making generalizations about the effects of demographics on subjective QOL with major qualifications.

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Chapter 7

Effects of Personal Activities on Subjective QOL

This chapter describes the effects of personal activities on the subjective aspects of QOL. 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 QOL and then proceeds to describe research linking subjective well-being with specific personal activities.

1 QOL Theories Related to Activities

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

1.1 *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

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
Child care	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)

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.

1.2 Activity

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 his review of the literature related to activity theory, concludes that there is a great deal of evidence that suggests that engaging in activities does contribute significantly to subjective well-being; however, there are many moderators that qualify this relationship. For example, when health and socioeconomic status are controlled, the contribution of activity to subjective well-being diminishes significantly. The 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 and colleagues (2004) using the experience sampling method (the method of asking study participants about their feelings at various points in the day).

1.3 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 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).

There are many measures of subjective well-being guided by the theoretical notion of flow. For example, the popular *Reflective Life Satisfaction* (RLS) measure (Wood, Wylie, & Sheafar, 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), flow experience across cultures (e.g., Asakawa, 2004; Bassi & Delle Fave, 2004; Moneta, 2004), and flow and the autotelic personality (e.g., Asakawa).

1.4 Personal Expressiveness

Waterman (1990, 1992, 1993, 2004, 2005), Waterman, Schwartz, and Conti (2008), and Waterman et al. (2003) 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 eudaimonic 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 well-being (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) call 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.).

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”).

2 Effects of Specific Activities on QOL

Lyubomirsky (2007) suggested that happiness is influenced primarily by three sets of factors: (1) major life events such as 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 engages 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 labeled as (1) “social affiliation” (e.g., supporting friends, helping others, and savoring 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 well-being. 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 savoring).

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

2.1 Social Activities

A large number of studies have found positive correlations between objective measures of social activities and subjective well-being (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 6 months 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. also cites studies that have found no relationship between social activities and subjective well-being.

2.2 *Leisure and Recreation Activities*

Arts-related activities are activities such as listening to music, playing music, dancing, watching dance performances, attending plays in theater, 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 ten related activities and indicate the average hours per week they participated in these activities. These activities are:

- Listening to music
- Reading novels, etc.
- 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 sociodemographics, 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 QOL and concluded by saying "...there is little evidence that cultural participation makes a significant positive contribution to individuals QOL" (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 seems to be more evident for older than younger people.

Frey, Benesch, and Stutzer (2007) have argued that *television viewership* is negatively related to subjective well-being 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.

2.3 *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 well-being. *Religious activities* are captured by measures such as whether the respondent reports actual “church” attendance and time spent on religious activities.

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

- Religiosity is indeed associated with higher subjective well-being, 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 well-being is usually high without religiosity.
- Resources (e.g., social support, respect, and purpose or meaning) mediate the relationship between religiosity and subjective well-being.
- In countries where people have resources (social support and respect) without religiosity, they experience high levels of subjective well-being.

Graham (2009, 2011a, 2011b) 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 Well-Being 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 US sample (not the Netherland 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 behavior (helping others) to examine the effects of such behavior on health and well-being. The study findings indicate that altruistic activities are strongly linked with well-being (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 well-being.

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* (nonchurch organizations) and subjective well-being than evidence suggesting otherwise.

With respect to *volunteering*, the overall evidence suggests that there is no relationship between volunteering and subjective well-being 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 well-being 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 colleague Bride (2004) conducted literature review of the evidence related to various treatments that enhance the QOL 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 toward 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 6-month period compared to the control condition participants.

2.4 Economic Activities

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, & Silvea, 2005). However, in the long run, chronic impulse buying is negatively related to subjective well-being (Silvera, Lavack, & Kropp, 2008).

Tatzel (2002) described the relationship between *spending on consumption* and subjective well-being as an inverted U relationship—subjective well-being 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 well-being 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 well-being. When people feel inferior in terms of their

socioeconomic 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 well-being.

3 Conclusion

So what have we learned from this chapter? There are many physical activities that seem to play a positive role in subjective well-being: 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 QOL gains but long-term losses. Some activities such as arts- and culture-related activities should enhance subjective well-being, but the jury is still out on this. QOL 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 QOL. 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 QOL. For example, flow theory is well-suited to explain why challenging and skilful activities contribute to QOL. Personal expressiveness theory helps us understand how subjective well-being 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 QOL, especially for the elderly.

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Chapter 8

Effects of Genetics, Health, Biology, the Environment, and Drugs on Subjective QOL

This chapter describes the effects of personal factors such as genetics, health, biology, the environment, and drugs on the subjective aspects of QOL. Toward the end of the chapter, I will make an attempt put forth unifying ideas toward a neurochemical theory of QOL and another foundation of a theory of brain reward center. I will start this chapter out by discussing the effects of genetics on subjective well-being.

1 Effects of Genetics

Lykken (1999) maintains 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 well-being in a given situation at that time. However, according to Lykken, these additional increases in subjective well-being are not permanent additions to the person’s overall happiness repertoire (the person’s set point of happiness). These increases in subjective well-being 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 well-being. One can add or take away from this bank, but these additions and subtractions are

temporary and reflect how the person feels overall in a given 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 pretty 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 well-being 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 well-being was measured at +20, 2 days after the flirting incident.

Tellegen et al. (1988) studied the issue of heritability of subjective well-being by examining twins who were reared together and those who were reared apart. They estimated the heritability of the well-being 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 well-being 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 QOL findings related to genetics, see Nes (2010) as well as a discussion of the policy implications of this research.

If genetics may have a significant role in subjective well-being, 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 an appropriate 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).

2 Effects of Health Factors

In general, there is some evidence suggesting that subjective well-being 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 important factor in happiness.

The degree of the relationship between subjective well-being and physical health varies as a function of whether physical health is rated by experts (e.g., health-care 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 expert assessment (Diener & Seligman, 2004).

A meta-analysis of studies on self-reported health and subjective well-being reveals a consistent and moderate correlation of 0.32. This relationship seems to be 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., Lyubomirsky, Tkach, & DiMatteo, 2006; Marmot, 2003).

Much evidence points to the effect of physical health on subjective well-being. That is, the relationship is not bidirectional. Certain ailments such as heart disease and cancer do play a significant and negative role in subjective well-being. Furthermore, disability has its toll on subjective well-being 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, Sarna, Padilla, & Brecht, 1996; Van Servellen et al., 1998). Diener (2008), based on his own review of the literature, concludes that self-rated health is a good predictor of subjective well-being.

Furthermore, many studies have shown that indicators of mental health are significantly more correlated with subjective well-being 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 of 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).

Much evidence exists suggesting that all forms of mental disorders are a major factor in low subjective well-being (e.g., Packer, Husted, Cohen, & Tomlinson, 1997). Those who experience depression and anxiety report low levels of subjective well-being (e.g., Koivumaa-Honkanen, Honkanen, Antikainen, & Hintikka, 1999), those with bipolar disorder report low levels of subjective well-being (e.g., Arnold, Witzman, Swank, McElroy, & Keck, 2000), those with schizophrenia report low levels of subjective well-being (e.g., Koivumaa-Honkanen et al.), and those who contemplate suicide also report lower levels of subjective well-being (Pinikahana, Happell, & Keks, 2003).

Because the effect of mental health is substantial, one can argue that the relationship is likely to be reciprocal (i.e., mental health affects subjective well-being and, conversely, subjective well-being affects mental health). Diener (2009), after reviewing much of the evidence, concludes 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 is uncertain, although it is clearly less than subjective health. In order 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).

3 Effects of Biological/Physiological Factors

The literature in QOL is replete with studies that have examined the effect of biological and physical factors on subjective aspects of QOL. Examples of such factors include sleep, physical exercise, obesity and body weight, eating disorders, and diurnal preference.

Hamilton, Nelson, Stevens, and Kitzman (2007) conducted a study examining the link between *sleep* and psychological well-being. Community residents were surveyed about their sleep habit. The survey included a psychological well-being measure, Ryff's measure more specifically. Optimal sleepers (those who have enough sleep) were found to score highly on several dimensions of psychological well-being: 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 well-being. A more recent study by Zadeh and Begum (2011) explored the association between insomnia and QOL among software engineers in India. Again, the study finding shows a relationship between insomnia and low levels of health-related QOL (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 well-being but that distressed people tend to sleep less.

Physical exercise has been related to mood (see review by Diener, 2008). 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 initiated an aerobic exercise program. The dependent variables involved a variety of health-related QOL measures captured before and after the exercise/diet intervention. The study findings indicated that the diet/exercise regimen produced higher levels of physiological and psychological functioning.

What about the effects of *obesity* on well-being? Graham (2008) reports a study in which she explored the effects of obesity on well-being in the United States using data from a large-scale survey. The findings indicate 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.

Body image and *weight concerns* are also issues germane to subjective QOL. 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. Diener, Wolsic, & Fujita, 1995; Umberson & Hughes, 1987). A study conducted by Silva, Pais-Ribeiro, and Cardoso (2008) examining the effects of *nonnormative eating behaviors* (i.e., binge eating disorder, night eating syndrome, sweet/fat food cravings, and continuous nibbling) on health-related QOL among women. The study finding was clear. Compared to women who have normal eating habits, nonnormative eating individuals reported significantly lower health-related QOL levels. Using a nationwide survey in Taiwan, Chang and Nayga (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 demonstrate that fast food/soft drink consumption is positively associated with children obesity and negatively associated with children’s happiness.

Randler (2008) conducted a study that was able to demonstrate that *diurnal preference* (morningness vs. eveningness) is related to life satisfaction. Specifically, the morning types reported higher life satisfaction scores than the evening types. This finding seems to be consistent with previous studies indicating that evening types experience greater psychological and psychosomatic problems than morning types (e.g., depression, bulimic behavior). See Randler 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.

4 Effects of the Physical Environment

There is some 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* and the *natural environment*, the evidence seems to be very limited (Dolan et al., 2008). Even so, Dolan et al. point to the fact that a polluted environment is loosely associated with life dissatisfaction.

Also, there is some evidence indicating that *extreme weather* does reduce life satisfaction. Similarly, there is some evidence indicating that living in communities replete with *crime* is detrimental to life satisfaction (again, see Dolan et al., 2008 for literature review).

5 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 anesthetic 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 much evidence that dopamine and norepinephrine are directly involved with positive affect (i.e., feelings of euphoria). 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 anemia (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-methylenedioxymethamphetamine, 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. By the same token, 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 the process of 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 contains 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 greatly 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).

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 (possibly frowned upon) behaviors become less inhibited (Wenk, 2009).

Barbiturates are also considered antianxiety 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 decrease anxiety and reduce 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 the current level of subjective well-being experienced by an individual is likely to moderate the effects of euphoric drugs and other painkillers. 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 a long period of time; 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, most of psychoactive drugs are addictive. Addicts have to 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 well-being (i.e., short-term positive and negative affect). However, do drugs affect other forms of subjective well-being 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, & 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.

6 Toward an Integration of Neurochemical Concepts Related to Subjective QOL

Now let us try to further understand the neurochemical effects of drugs on hedonic well-being 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 essentially sensations. We perceive the world through sensations (impulses from our sensory organs); ultimately, these sensations travel to the brain and interact with neurons that ultimately interpret these sensations. Internal prompts are essentially 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* (Wenk, 2009).

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). The vast majority of activities that people engage in for pleasure (e.g., eating, drinking, having sex, listening to music) affect 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 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 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. Wenk 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 located 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 that these drugs do increase serotonin in the brain does not prove that serotonin is directly involved in mood regulation but demonstrates the relationship between mood and consciousness. One study (Flory, Manuck, Matthews, & Muldoon, 2004) found that serotonin levels were related to positive mood averaged across 7 days, but not with negative mood.

In regards to *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 a very important role in the experience of pain—both psychological and physiological. Endogenous opiates also are effective in reducing 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 well-being (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.

7 Toward an Integration of Concepts Related to the Brain Reward Center

The presence of brain centers that reflect what neuroscientists refer to as “the reward system” was first discovered in the 1950s 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. Much 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 not the only sites involved in the reward system.

Research has shown that 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 recently 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, & Volkow, 2005; Kalivas et al., 2006; Volkow et al., 2005), one can extrapolate a neuroscience theory of learning and well-being. The theory may be stated as follows:

1. Certain behaviors are rewarding to the individual. These behaviors are learned to lead to positive affect or the reduction of negative affect. This learning occurs through the release of dopamine into the frontal cortical, basal forebrain, and limbic system. In other words, dopamine release is crucial for the initial reward effect.
2. The dopaminergic projections from the ventral tegmental area cause release of dopamine throughout the reward area involving the nucleus accumbens, prefrontal cortex, and amygdala. The projections, over time, facilitate brain changes (at the neuronal level) promoting learned associations with those behaviors perceived to have led to positive affect or the reduction of negative affect. Thus, dopamine serves to initiate the reward experience and promotes learning through brain plasticity.

3. Although dopamine release in the nucleus accumbens is required for the association between the behavior and the reward to be established, repeated behaviors (i.e., habits) causes recruitment of the frontal cortex and its glutaminergic learned efferents to the accumbens. Thus, a switch from dopamine-based reward to glutamate-based learned behaviors reflects the development of habits that cause positive affect (or reduce negative affect).
4. Habits endure as a result of enduring cellular changes in glutamate neurons in the frontal cortex. These glutaminergic projections from the frontal cortex to the nucleus accumbens are involved in motivating the individual to maintain his/her habits.

8 Summary

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 QOL, especially in relation to hedonic well-being. With respect to genetics, there is sufficient 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 well-being, 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 well-being and so does mental health. People with mental disorders and psychopathology tend to experience low levels of subjective well-being.

The research also suggests that many biological and physiological conditions affect subjective well-being. For example, poor sleep is linked to low subjective well-being. Physical exercise tends to enhance subjective well-being. People who are struggling with weight problems, obesity, and eating disorders tend to have low levels of subjective well-being. Finally, diurnal preference (morningness vs. eveningness) seems to be related to subjective well-being too. Specifically, morning people tend to report higher levels of subjective well-being 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 well-being.

Finally, substance abuse is linked with low hedonic well-being. 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 QOL. Based on understanding how drugs affect positive and

negative affect, an attempt was made to develop a unifying neurochemical language of hedonic well-being 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.

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Part III

Subjective Reality and Its Effects on Subjective QOL

This part of the book describes the effects of subjective states and processes and their effects on subjective aspects of QOL. 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 QOL research dealing with the respective topic.

Chapter 9

Effects of Personality on Subjective QOL

This chapter describes the effects of personality factors on subjective well-being. Lucas and Diener (2009), in their article on personality and subjective well-being, made reference to a seminal article written by Warner Wilson (1967) who compiled the first scientific literature review of studies related to subjective well-being (Wilson called subjective well-being “a vowed 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 well-being conducted after 1967 have reinforced Wilson’s original observations. But the research says more, much more. Let us now look at the evidence closely.

1 Which Personality Traits Affect Subjective QOL?

The QOL 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 well-being. Let us review the evidence.

1.1 *Neuroticism and Extraversion*

Costa 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 seems to induce positive affect, and conversely, neuroticism induces negative affect.

There is much research that suggests that *extraversion* is positively correlated with subjective well-being (see Diener, 1984; Diener, Suh, Lucas, & Smith, 1999

for literature reviews). For example, Costa, 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 well-being, 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 well-being, while the relationship between neuroticism and subjective well-being is negative and strong.

Here is an illustration of studies that have explored the interrelationships among neuroticism, extraversion, and subjective well-being. A recent 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 QOL 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 well-being, while extraversion is positively related to well-being (cf. Joshanloo & Afshari, 2011; McCann, 2011). Another 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 well-being effect of extraversion (sociability) and the negative well-being effect of neuroticism (emotionality).

But then there is the argument that neuroticism is a better predictor of subjective well-being than extraversion, and that the effect of extraversion on subjective well-being 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 well-being into two dimensions: affect intensity and affect frequency—that perhaps neuroticism and extraversion may involve different patterns of subjective well-being 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 well-being. This may mean that extraversion influences subjective well-being 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 well-being 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).

1.2 *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 well-being 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 well-being studies related to personality variables, Diener (2009) concludes that high self-esteem is one of the strongest predictors of subjective well-being.

1.3 *Affective Disposition*

Affective disposition is clearly distinguished from affective well-being in the same way that personality traits are distinguished from act frequencies (Diener, Smith, & Fujita, 1995). Therefore, affective disposition is essentially an internal disposition whereas affective well-being is influenced from both affective disposition and situational factors. Affective well-being 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 includes bad, angry, sad, negative, unpleasant, afraid, guilty, and jealous, while positive affective disposition includes 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) were able to demonstrate unequivocally that affective disposition does play a strong role in predicting affective well-being using different methods and measures.

1.4 *Mindfulness*

There is some research in QOL suggesting that mindfulness plays an important role in subjective well-being (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 well-being. Brown and Ryan have documented the effect of mindfulness on psychological well-being. 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 well-being constructs. See the MAAS items in Table 9.1.

Table 9.1 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)

Many measures of subjective well-being 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 well-being 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 well-being 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 1,000 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 as follows: *how does mindfulness influence subjective well-being?* Howell and Buro (2011) tried to address this question by theorizing that mindfulness contributes to subjective well-being through *achievement-related self-regulation*. Mindfulness (being aware and attentive to what is happening around you) promotes subjective well-being in the way it fosters the fullness and richness of experience. Mindfulness also contributes to well-being 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.

1.5 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 well-being. Many studies have examined the relationship between character strengths and measures of subjective well-being (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 well-being. In contrast, “strengths of the mind” (appreciation of beauty, creativity, judgment, and love of learning) are not associated with well-being measures (measures capturing pleasure or hedonistic well-being, engagement or flow, and meaning or eudaimonia).

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.

1.6 Other Personality Traits

What other personality traits may have an effect on subjective QOL? Diener (2009), based on a literature review of personality studies, identified other personality factors that evidenced a link with subjective well-being. For example, he identified *internality* (the tendency to attribute outcomes to one self rather than external causes) as a key personality factor that influences subjective well-being. However, he argued that this effect may be limited to positive outcomes. In other words, it may not be beneficial (from a subjective well-being sense) to attribute negative outcomes to the self. Doing so is likely to decrease rather than enhance subjective well-being. 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 well-being than those who score low on perceived control. 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*, *pollyannism* (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).

There is a multitude of other studies that have examined other personality variables, but the evidence is equivocal at best. Examples include intelligence and androgyny (a trait that implies a person is not highly sex typed as either masculine or feminine). Most important is 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).

2 Theories Explaining How Personality Influences Subjective QOL

There are a number of QOL theories that have been advanced in the literature explaining how personality aspects play a role in subjective well-being. These include instrumental theory, temperament theory, top-down theory, set-point theory, and genotype theory.

2.1 *Instrumental Theory*

Lucas and Diener (2009) have identified two explanations accounting for the personality effects on subjective well-being: instrumental theory and temperament theory. Both theories were originally suggested by McCrae and Costa (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.

2.2 *Temperament Theory*

In contrast, *temperament theory* posits a direct link from the personality trait to subjective well-being. For example, Gray (1991) has argued that the link between extraversion/neuroticism and subjective well-being 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).

2.3 *Top-Down Theory*

Then there is the *top-down theory* (Diener, 1984). Much research in subjective well-being 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 the top-down using the analogy 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 well-being. If you start out with high levels of subjective well-being, 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 well-being 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 well-being. He argues that income does matter for subjective well-being 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 well-being.

- Schyns (2000) injects two explanatory mechanisms to account for the effects of income on subjective well-being: 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.
- The evidence pointing to the positive relationship between marital status and subjective well-being (married people tend to report higher levels of subjective well-being 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.

2.4 *Set-Point Theory*

Stones and Kozma (1991) argued that subjective well-being is a self-correcting process that maintains stability around *set points*, and these set points differ among individuals. In other words, subjective well-being is more dispositional than situational. However, subjective well-being can be predicted, not by personality traits alone, but mostly from past levels of subjective well-being. People who have high levels of subjective well-being 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 well-being 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 well-being is very stable over time. They argued that subjective well-being 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, more recently, 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.

2.5 *Genotype Theory of Happiness*

Another theory highly akin to set-point theory is the *genotype theory of happiness*. Some QOL researchers have long advocated the notion that happiness is *genetically determined*. In other words, some people are genetically predisposed to experience higher levels of subjective well-being more than others (Lykken & Tellegen, 1996). Tellegen et al. (1988) studied the issue of heritability of subjective well-being by examining twins who were reared together and those who were reared apart. They estimated the heritability of the well-being 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 well-being 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 QOL findings related to genetics, see Nes (2010) as well as a discussion of the policy implications of this research.

3 Summary

So what did we learn from all of this? Personality has a strong effect on subjective well-being. More specifically, subjective well-being 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 well-being 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 well-being, whereas the negative traits have the opposite effect. Also, people who are mindful of their surrounding tend to report higher levels of subjective well-being, 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 well-being compared to those who lack these strengths.

I also made an attempt to explain the effect of personality on subjective well-being using several theories that have gained prominence in the literature. These are instrumental theory, temperament theory, top-down theory, set-point theory, and the genotype theory of happiness.

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Chapter 10

Effects of Affect and Cognition on Subjective QOL

This chapter describes the effects of affect and cognition on subjective well-being. Many QOL studies have shown that mood, causal attributions, appraisals, personal meaning, habituation, and cognitive frames play an important role in subjective well-being. Let us review the evidence.

1 Mood

Bower (1981) has long argued and empirically demonstrated that there is an association between mood and memory. That is, a happy mood is directly associated with happy thoughts, and vice versa. Happy people with positive thoughts are also predisposed to interpret life events more positively than unhappy people. The converse is also true for unhappy people. That is, unhappy people tend to have negative thoughts that predispose them to interpret life events negatively.

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 well-being were assessed concurrently and again after 3 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 is associated with increases in life satisfaction. Another study in a work context showed that daily surveys of positive mood are associated with daily life satisfaction and eudaimonic well-being (Culbertson, Mills, & Fullagar, 2010).

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. 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)?” (Andrews & Robinson, 1991). This type of measure of life satisfaction is based on the view that subjective well-being is captured through the recollection of one’s mood experienced in the near past. Similarly, studies focusing on the QOL of the elderly have captured QOL in terms of mood too. For example, the Neugarten, Havighurst, and Tobin (1961) *Life Satisfaction Rating* (LSR), which is used widely with elderly respondents, employs five conceptual dimensions, two of which reflect “zest for life” and “general mood tone.” These are essentially mood dimensions.

2 Causal Attribution

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).

Brown and Dutton (1995) found that happy people interpret defeat differently from unhappy people. Happy people usually explain it away. They attribute defeat to an isolated incident that indicates 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 (cf. Cheng & Furnham, 2001; Panos, 1997). Similarly, Staats, Armstrong-Stassen, and Partillo (1995) have shown that personal setbacks and triumphs are not by themselves good predictors of life satisfaction. What predicts life satisfaction significantly is the perception of causes and consequences of those events.

Correspondingly, *attributional 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 life events do influence subjective well-being. 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 well-being. In other words, if people feel responsible for the good events that happen to them, they may experience higher levels of subjective well-being than if they feel they have little control over these events.

3 Appraisals

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 the 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. 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 (McCrae & Costa, 1986). In other words, happiness may be influenced by the valence of one's thoughts.
- People might increase their subjective well-being 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 well-being.
- Studies have shown that one can heighten subjective well-being by being *optimistic* about one's future (Scheier & Carver, 1993). In other words, thinking about the future in positive or negative terms influence subjective well-being.
- 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 well-being.
- 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 well-being are also more likely to perceive "neutral" events as positive. Thus, people with high subjective well-being may not only experience objectively more positive events, but they also seem to *perceive events more positively* than do people who are low in subjective well-being. 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).

- Brebner (1995) maintains that 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. For example, if a person acts benevolently toward 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 (cf. Scott & McIntosh, 1999).
- 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 Gross (2000) has shown that reappraisals tend to reduce negative emotional experiences with little cost, and that the *reappraisal 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.

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 identifies 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 perceptions 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 extracritical of many events and outcomes. This negativity forms the basis of the negative affect in many life domains, which in turn affects subjective well-being 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.

Niven (2000) recommends the following:

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 (p. 92).

4 Personal Meaning

Westerhof, Thissen, Dittman-Kohli, and Stevens (2006) developed a theory of subjective well-being 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 fulfillment—the presence of negative emotions and absence of positive ones.

Table 10.1 An operationalization of the theory of personal meaning—the SELE instrument

Cognitive component

Specific level

- 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”)

Global level

- 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

Specific level

- 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”)

Global level

- 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

Specific level

- 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”)

Global level

- 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 = strongly disagree to 5 = strongly agree

Source: Adapted from Westerhof et al. (2006)

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. 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 well-being (measured through the *Satisfaction with Life Scale* and the *Positive and Negative Affect Schedule*).

5 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 stimuli or losing something bad (e.g., having one's old and broken-down automobile stolen). People *habituate* to good and bad stimuli, in a way that they evoke diminishing magnitude of feelings. However, when a person experiences a loss of a bad thing that he got used to (e.g., habituated to going to a music concert once a month), he or she is likely to experience more intense negative feelings than if he or she did not habituate (Sandvik & Diener, 1983).

6 Cognitive Frames

One can argue that subjective well-being is essentially an evaluation of an individual of his or her 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, the individual judges his or her life 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.

Alex Michalos advanced a theory of QOL 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 3 years ago
- What one expects to have in 5 years
- What one deserves
- What one needs

Similarly 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 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,

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)

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.

7 Summary

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 subjective well-being. Studies involving mood induction have shown that when people are induced into a positive mood, they report higher levels of subjective well-being, and vice versa. Subjective well-being 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 well-being 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 well-being when they take personal credit of good outcomes.

Personal meaning is also important in subjective well-being. When people ascribe meaning to their personal problems, these problems take a lesser toll on emotional well-being. People *habituate* to good and bad stimuli, in a way that they evoke diminishing magnitude of feelings. Finally, we discussed the effects of

cognitive frames on subjective well-being. When people evaluate their lives, they do so by examining their life accomplishments relative 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.

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Chapter 11

Effects of Beliefs and Values on Subjective QOL

This chapter describes the effects of generalized beliefs and personal values on subjective well-being.

1 Effects of Generalized Beliefs on Subjective QOL

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.

1.1 *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 and positivity 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.

1.2 *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 are 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 (“cannot 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.

1.3 *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* (see McCullough et al., 2000 for lit review) 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 well-being. Furthermore, Otake, Shimai, Tanaka-Matsumi, Otsui, and Fredrickson (2006) was able to demonstrate that *kindness* can increase happiness in Japanese college students.

1.4 *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 et al., 2008).

Carol Graham (2011a, 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 about democracy also scored highly on happiness measures.

1.5 *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 kindness, tolerance, and patience which in turn enhance social cohesion and eventual gratification.

Furthermore, Dolan et al., (2008) found many studies that point to the notion that although religious affiliation (Christians vs. Protestants vs. 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?

1.6 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 & Bond, 2004; Leung et al., 2002). 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 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.

2 Effects of Personal Values on Subjective QOL

A study conducted by Tan, Tambyah, and Kau (2006) in Singapore explored the relationship between value orientations and QOL. The authors hypothesized that happiness is positively associated with *family values* and *societal consciousness* and negatively associated with *materialism* and *status consciousness*. They also

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)

hypothesized that happiness and traditionalism are not related. A nationally representative sample was surveyed. QOL 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.

Table 11.2 Adolescents' values

<i>Personal values</i>
Sensitivity
Good manners
Love of life
Creativity
Work capacity
Perseverance
Character
Kindness
<i>Relationship values</i>
Family
Sympathy
World knowledge
Solidarity
Tolerance
<i>Capacities and knowledge values</i>
Intelligence
Practical skills
Social skills
Computer knowledge
Professional status
<i>Materialistic values</i>
Money
Power
Appearance/image
<i>Spiritual values</i>
Religious faith
Spirituality

Source: Adapted from Casas et al. (2007, p. 282)

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) used several databases (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*.

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.

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. Although *conservation* 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, 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 3 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.

2.1 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 vs. 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

Table 11.3 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)

higher levels of collectivism tend to report high levels of life satisfaction. However, this relationship 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).

2.2 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 11.3. 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 also partly supported (i.e., in countries characterized as high in societal development, the relationship between secularism and life satisfaction was mostly positive).

2.3 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, 2011; Roberts & Clement, 2007). 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; Nickerson, Schwartz, & Diener, 2007; 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 & 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, Diener, Oishi, & Wirtz, 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, Schwartz, Diener, and Kahneman, 2003). Thus, material goals interact with level of income to influence life satisfaction. That is, those whose material goals are satisfied tend to express higher levels of life satisfaction than those whose goals are not met.

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). Furthermore, there is some 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.

Another explanation may have to do with the *devaluation of social life* compared to material life. 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 and 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, the more 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.

3 Summary

So what did we learn from all of this? Research has shown that those who have generalized positive views, high levels of social trust, experience, and express high levels of forgiveness and gratitude also report high levels of life satisfaction. 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; and similarly, ‘left wingers’ who perceive high levels of social inequity may experience low levels of life satisfaction. Pro-market democracy beliefs seem to be positively associated with subjective well-being. 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.

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. 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. Also, the culture may also be a moderator. That is, values such as individualism 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.

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Chapter 12

Effects of Needs and Need Satisfaction on Subjective QOL

This chapter describes the effects of needs and need satisfaction on subjective well-being.

1 Concepts and Theories

There are many conceptualizations of the subjective aspects of QOL based on need 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) the need for self-determination; (5) the need to have a pleasant life, an engaged life, and a meaningful life; (6) the human need to flourish; and (7) the need for a purposeful life. Let us discuss these in some detail.

1.1 Needs for Having, Loving, and Being

Allardt (1973) proposed a theoretical approach to QOL based on meeting certain basic needs. He argued that QOL 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* are 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)
- 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 organizations 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, and making decisions about one's life and the lives of loved ones.

1.2 Needs for Being, Belonging, and Becoming

Raphael, Renwick, Brown, and Rootman (1996) developed a model of individual QOL by focusing on three dimensions of the self: being, belonging, and becoming. With respect to the *being* dimension, a person experiencing high QOL 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 QOL is one whose environment fits with his needs, values, lifestyles, etc. Specifically, high QOL 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.), and 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 QOL 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).

1.3 Physical, Social, and Self-Actualization Needs

Arndt (1981) defined QOL 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

Table 12.1 Arndt’s conceptualization of QOL

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	Neighborhood	Education	
Health	Leisure life	Health	
Planning ability	Societal life	Planning ability	
Social contacts		Social contacts	
Political resources		Political resources	

Source: Adapted from Arndt (1981, p. 288)

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 essentially life domains, role situations, or contexts of action through which the conversion of input resources to output resources takes place. Resources involve personal attributes (e.g., energy, intelligence, health, and planning ability) 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 well-being in developed countries. Perhaps this may be because money affords people to self-actualize through leisure activities and other recreational goods and services. People striving and attaining the goal of self-actualization may be viewed as having attained the highest level of QOL (Kosenko, Sirgy, & Efraty, 1990; Sirgy et al., 1995). Thus, QOL 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.

Table 12.2 A measure of QOL 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. (1995)

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 organizations 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 QOL measure based on satisfaction of human needs is Sirgy et al.’s (1995) measure. The authors developed measure of overall QOL 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 macrolevel, my colleagues and I used the same theoretical perspective to conceptualize national development and technology transfer (Sirgy, 1986; Sirgy & Mangleburg, 1988). We argued that QOL can be better met at the national level by taking into account the level of economic development of a country and the needs of most of the people in that country. Therefore, in economically developed countries, 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 well-being (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).

1.4 *The Need for Self-Determination*

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 well-being research guided by SDT (Ryan & Deci, 2000). SDT posits that subjective well-being 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 in social development and personal well-being.

Cognitive evaluation theory (CET) is a precursor of SDT and also developed by Deci and Ryan (1985). CET is a subtheory 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 effec-tance and freedom from demeaning evaluations can go a long way to enhance intrinsic motivation and subjective well-being. 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 well-being. Intrinsic motivation manifests itself through internalization and integration. This process is clearly delineated in Table 12.3. 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 nonself-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 essentially 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. In essence, 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.

Table 12.3 Self-determination theory (SDT)

Behavior	Nonself-determined		Self-determined	
Motivation	Amotivation	Extrinsic motivation	Intrinsic motivation	Intrinsic motivation
Regulatory styles	Nonregulation	External regulation	Identified regulation	Integrated motivation
Perceived locus of causality	Impersonal	External	Somewhat internal	Internal
Relevant regulatory processes	Nonintentional, nonvaluing, incompetence, lack of control	Compliance, external rewards, and punishments	Self-control, ego-involvement, internal rewards, and punishments	Congruence, awareness, synthesis with self

Source: Adapted from Ryan and Deci (2000, p. 72)

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).

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 has to have support from significant others who are either role models or provide moral support, thus satisfying the need for relatedness. The activity has to generate feelings of effectance, making the individual feel competent in this endeavor, thus satisfying the need for competence. Furthermore, the individual has to 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.

1.5 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 to have 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' online 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 to have 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 to have 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 online 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 online 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.

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 essentially reflective in the sense that the construct is customarily measured using multiple indicators. The new theory of flourishing captures well-being in totality, both objectively and subjectively. Well-being is not operationalized through reflective measures of life satisfaction. Well-being, in this case, is a latent construct captured by its determinants (positive emotions, engagement, meaning, positive relationships,

and accomplishment) through a formative measure. In other words, the concept of well-being comprises five elements, and the measurement of the elements reflects the totality of well-being. 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 well-being is positive relationships. People pursue social connectedness, and this goal is essentially an end goal. People do not connect with others for the sake of attaining 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 well-being (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.

1.6 The Human Need for Flourishing

In recent years, a number of psychological theories of human flourishing have been developed. These theories are essentially 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.

A number of QOL measures were developed guided by the concept of human flourishing. For example, the most popular QOL measure based on human flourishing theory is Ryff’s (1989) measure of *psychological well-being*. This measure is designed

Table 12.4 The need dimensions of psychological well-being

<i>Self-acceptance:</i> The person possesses a positive attitude toward the self; he/she acknowledges and accepts multiple aspects of self including good and bad qualities; he/she feels positive about past life
<i>Positive relations with others:</i> He/she has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; is capable of strong empathy, affection, and intimacy; and understands the give and take of human relationships
<i>Personal growth:</i> He/she has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has a sense of realizing his/her potential, sees improvement in self and behavior over time, and is changing in ways that reflect more self-knowledge and effectiveness
<i>Purpose in life:</i> He/she has goals in life and a sense of direction, feels there is meaning to the present and past life, holds beliefs that give life purpose, and has aims and goals for living
<i>Environmental mastery:</i> He/she has a sense of mastery and competence in managing one's environment, controls complex array of external activities, makes effective use of surrounding opportunities, and is able to choose or create contexts suitable to personal needs and values
<i>Autonomy:</i> He/she is self-determining and independent, is able to resist social pressures to think and act in certain ways, regulates social pressures to think and act in certain ways, regulates behavior from within, and evaluates self by personal standards

Source: Adapted from Ryff and Singer (2008, pp. 25–26)

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 well-being in Table 12.4.

1.7 The Need for a Life Purpose

QOL researchers have shown that the concept of purpose and meaning in life plays a very important role in subjective well-being. They make reference to ideas developed by Victor Frankl (1963, 1967) and the panoply of subsequent 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 well-being.

A good example of a QOL 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.

2 Summary

So what did we learn from all of this? There are many conceptualizations of the subjective aspects of QOL based on need concepts. We discussed conceptualizations of subjective well-being based on needs for having, loving, and being; needs for being, belonging, and becoming; physical, social, and self-actualization needs; the need for self-determination; the need to have a pleasant life, an engaged life, and a meaningful life; the human need to flourish; and the need for a purposeful life.

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Chapter 13

Effects of Goals on Subjective QOL

This chapter describes the effects of goals on subjective well-being. As a foundation to a better understanding the effects of goals on subjective well-being, 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 QOL 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 QOL studies is Diener, Emmons, Larsen, and Griffin (1985) *Satisfaction with Life Scale*. This QOL 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 attaining life goals is a major determinant of low levels of subjective well-being.

Wu (2008a) developed a measure of subjective well-being 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 well-being, 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 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 subjective QOL. So how do we judge the extent to which a goal is likely to contribute significantly to subjective well-being when attained? Research in subjective well-being 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 nonautonomous goals, and goals related to flow.

1.1 *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 well-being, and attaining such goals is likely to generate substantial gains in QOL. 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.

1.2 *Effects of Intrinsic Versus Extrinsic Goals*

Kasser and Ryan (1993, 1996), Kasser, Ryan, & Schmuck, 2001, Kasser (1997), and Kasser, Ryan, Zax, and 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, and maintaining good health, among others. In contrast, examples of extrinsic goals include the desire to make money, the desire to control people, the desire 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 well-being than extrinsic ones (cf. Carver & Baird, 1998). Other QOL researchers such as Cantor and Sanderson (1999) have echoed this notion that attainment of intrinsic goals generates greater positive affect—leading to subjective well-being—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 coworkers and neighbors account for 70% 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).

1.3 *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 practicing 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).

1.4 *Effects of Hygiene Versus Motivational Goals*

There is much evidence in the literature suggesting that subjective well-being 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 & 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).

1.5 *Effects of Approach Versus Avoidance Goals*

Gollwitzer (1993) has demonstrated that *approaching goals* and attaining them produce higher levels of subjective well-being 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, 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.”

1.6 Effects of Goals Related to Deprived Versus Nondeprived Needs

Also, attaining goals related to *deprived needs* are likely to induce higher levels of subjective well-being 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 noneconomic 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).

1.7 Effects of Autonomous Versus Nonautonomous Goals

Subjective well-being has something to do with the extent to which personal goals are selected *autonomously*. Cantor and Sanderson (1999) 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 or herself, are not likely to be important goals.

Thus, the subjective well-being 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.

1.8 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 well-being than goals not related to flow. Argyle (1999) reviewed much of the evidence linking leisure with subjective well-being. 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 well-being 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 skillful than he or she is. It is very likely that he or she will feel quite anxious, but if he or she beats the competitor, he or she 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 or herself and his competitor. In the situation in which the competitor is perceived to be more skillful, the person predicts that he or she will lose. Winning in light of a loss prediction generates intense positive affect.

2 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.

2.1 *Effects of Adaptable Versus Nonadaptable 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 well-being 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 well-being. Even if subjective well-being changes as a function of a change in living condition, the subjective well-being 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 well-being. This concept has gained much popularity in QOL studies 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 well-being 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 well-being 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 well-being 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 well-being returns to premarriage levels.

Another program of research related to income and subjective well-being provides evidence of adaptation effects. Evidence suggests that sudden increases in income do raise subjective well-being, 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 well-being 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 well-being 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* (2011a), 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 well-being 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 well-being effects (Graham, 2011a, 2011b, p. 98).

2.2 *Effects of Goals That Are Congruent Versus Noncongruent 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 QOL 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 well-being 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 well-being 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 us 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 fulfillment 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*.¹

In his literature review article, Diener (1984) examined much of the evidence relating employment to subjective well-being and concluded that employment does indeed have a significant impact on subjective well-being of both men and women in general. That is, those who are unemployed report lower levels of subjective well-being than those who are employed. The exception is the homemakers segment of the population. There is no significant difference between homemakers' subjective well-being and the subjective well-being 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 well-being because 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.

2.3 Effects of Goals That Are Congruent Versus Noncongruent with Personal Motives

Brunstein, Schultheiss, and Grassman (1998) found that subjective well-being 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 well-being. 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.

¹ Some 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, I believe that 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.

2.4 *Effects of Goals That Are Congruent Versus Noncongruent 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 well-being 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 well-being than those who do not match their goals with resources. Diener and Fujita (1995) tested this hypothesis. Indeed, resources predicted subjective well-being 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 well-being. 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 well-being) 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).

2.5 *Effects of Goals That Are Realistic Versus Nonrealistic*

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.

2.6 *Effects of Goal Conflict*

Finally, we also have *goal conflict* as another factor related to goal expectancy and its influence on subjective well-being. 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% 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 nonattainment.

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)

3 Goal Implementation and Attainment

The question that we need to ask here is *to what extent these two new 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 well-being 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.

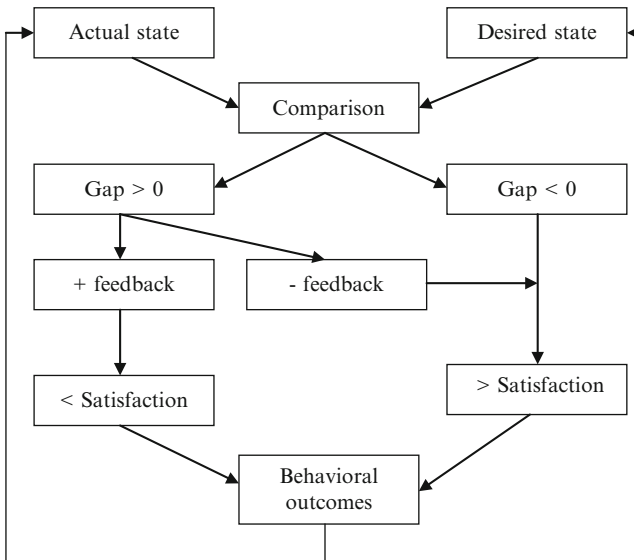


Fig. 13.1 A cybernetic/control model of QOL

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 QOL 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. A control systems involved in 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. 13.1). 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 take action to bring back the system in balance (raise the actual state to meet the desired state). When the gap is close to zero, the system is considered to be in balance, which induces the individual to experience satisfaction, further prompting the individual to maintain the current state of affairs. Negative feedback (when the 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, recognition of goal attainment, goal concreteness, and progress toward goal attainment.

3.1 *Effects of Goal Commitment*

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 has to 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 are 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 well-being 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 well-being. 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 well-being. 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).

3.2 *Effects of Recognition of Goal Attainment*

It should be noted that it is not goal attainment that contributes to subjective well-being 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 well-being.

3.3 *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 toward 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 increase 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.

3.4 *Effects of Perceived Goal Progress*

Scitovsky (1976) 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, and that the pleasure derived from making incremental *progress* toward need fulfillment 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 toward 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 toward achieving their goals compared to students who did not feel they were making progress.

4 Summary

So what did we learn from all of this? We discussed the effects of goals on subjective well-being. 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 well-being.

With respect to goal valence, research in subjective well-being 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 nonautonomous 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.

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Chapter 14

Effects of Self-Concept on Subjective QOL

This chapter describes the effects of self-concept on subjective well-being. 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, and minimum tolerable self, past self, predicted self, competent self, and aspired self. However, before discussing the psychology of QOL 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.

1 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 interpretative mechanisms in Table 14.1.

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 creased (they ranged from .73 to .83).

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)

2 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, and minimum tolerable self, past self, predicted self, competent self, and aspired self. We will examine the evidence related to these various dimensions.

2.1 *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 tends 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.

- 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.

2.2 *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, warmheartedness, 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 & 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 & 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, 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).

2.3 *The Deserved Self*

The *deserved self*, refers to expectations about oneself that reflect one's sense of *equity*. One may feel that he or she deserves to live in comfort and luxury; another may feel he or she 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).

2.4 *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*.

2.5 *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.

2.6 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 toward 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.

2.7 *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 toward 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.

2.8 *Self-Concept Integration*

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? This situation is referred to as *self-concept differentiation* or a fragmentation of the self-concept. 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, Robins, Roberts, and John (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.

3 Summary

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 describe 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, and minimum tolerable self, past self, predicted self, competent self, and aspired self. I reviewed much of the evidence that suggests that discrepancies between the actual self and any of these self-referents would generate dissatisfaction. This dissatisfaction can be implied as a direct function of the psychological centrality of the self-referent, which in turn can play a significant role in subjective well-being. Finally, I addressed the issue of self-concept 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, QOL studies employing these constructs were described as providing evidence to the influence of the self-concept on subjective well-being.

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Chapter 15

Effects of Social Comparisons on Subjective QOL

This chapter describes the effects of social comparisons on subjective well-being. 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 *upward 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 well-being is highly complex. Let us read further.

1 Impact of Social Comparisons

People compare their situation with significant others and, based on this comparison, may feel better or worse about their circumstance, which in turn influences their life satisfaction judgments. Much research in QOL suggests that social comparison plays an important role in subjective well-being (see Diener & Fujita, 1996, for a review of the literature). Consider the following example of social comparison studies:

- Clark (1996) provided evidence suggesting that unemployment is associated more strongly with lower subjective well-being 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 coworkers 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; Georgellis, Tsitsianis, & Yin, 2009; Helliwell & Haung, 2008; Stutzer, 2004).
- Diener (2009) discussed social comparison as a possible mediator between income and subjective well-being. 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.

2 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 well-being is not affected by the self-assessment motive. However, the self-assessment motive conjoins with other motives to influence subjective well-being. These other motives are *self-enhancement*, *self-improvement*, and *self-identification* (cf. Schwarz & Strack, 1999). We will discuss the QOL research in relation to these three motivational states.

2.1 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. Here is suggestive evidence of the effect of downward social comparison on subjective well-being:

- Michalos’ (1985) multiple discrepancies theory identifies the *have-relevant others discrepancy* as a significant predictor of subjective well-being. Have-relevant others discrepancy scores pertaining to income were significantly correlated with overall life satisfaction (Lance et al., 1995). Thus, upward social comparisons were shown to generate feelings of dissatisfaction, whereas downward comparisons generated feelings of satisfaction. This finding is consistent with the self-enhancement explanation.
- 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). 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 were high for women because women compare themselves to other women rather than to men (Crosby, 1982).
- Easterlin (1974) hypothesized that people tend to compare themselves only with the people next door. Therefore, people in poor countries do not compare themselves with people in rich countries. Easterlin was 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. However, other QOL researchers have taken issue with Easterlin's data and his interpretation of the data. For example, Veenhoven (1991) reanalyzed Easterlin's data and was able to show high correlations between national wealth and subjective well-being. Additional evidence supporting the claim that there is a positive relationship between national wealth and subjective well-being 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.

- So why is socioeconomic status related to subjective well-being? One plausible explanation is higher socioeconomic 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 well-being. This hypothesis is consistent with Argyle's (1994) explanation, which states that high socioeconomic people tend to be treated with greater respect, which boosts their self-esteem. People with high socioeconomic status also hold more interesting and challenging jobs, which may be the cause of greater job satisfaction.
- Haring, Okun, and Stock (1984) conducted a meta-analysis of 65 effects from 34 US studies and found a moderate positive correlation between socioeconomic status and subjective well-being.
- Headey and Wearing (1991) conducted a major study in which they found that socioeconomic 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 socioeconomic status. These three factors were equally weighted in the composite index.
- 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.
- People from Afghanistan are happier than the world average despite the adverse economic, social, and political circumstances. However, when respondents were asked to compare their lives to the best possible life that they can imagine, they rate themselves as less happy (Graham & Chattopadhyay, 2009).
- Guatemalans report being more satisfied with their health care than Chilenas, and Kenyans report being more satisfied than Americans (Graham & Lora, 2009).
- 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).

- 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).

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 neighbors 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.

2.2 *Self-Improvement*

A third motive is to set goals in life to improve oneself and ultimately enhance one's self-esteem *in the future*. This motive is referred to as the *self-improvement* motive. 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 the evidence.

- 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 (or what is referred to here as the "self-improvement motive") can best be exemplified by the case of cancer patients who 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). 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).

- Research has shown that people afflicted with a handicap or with a significant illness such as cancer compare themselves with others who are similarly afflicted, and that these social comparisons influence their subjective well-being (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.
- 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! 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 toward the attainment of this goal enhances one's sense of subjective well-being.

2.3 *Self-Identification*

With respect to the *self-identification*, 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.

2.4 *Fictitious Occurrences*

People judge their current life occurrences against fictitious occurrences of “what might have been.” Consider the following scenario. A woman watches a show on television. In that show, one of the main characters contracted breast cancer. That fictitious character’s health began to fail rapidly. She was pronounced terminally ill with 6 months to live. The subject confronted with this information may feel quite sad about her fictitious character. However, in judging her own life, she may feel “blessed.” That is, her subjective well-being is likely to increase as a result of comparing her health with what “might have been” (as in being struck by breast cancer).

Another person who had to change travel arrangements learns that the airline he was originally booked on crashed and all passengers on board were killed. He feels like he had another chance in life. His subjective well-being is likely to increase as a function of comparing his current situation with “what might have been” (killed by that plane crash).

Of course, other fictitious occurrences can result in lower ratings of subjective well-being. Consider the following scenario. A friend just won a \$5 million lottery. Although the person in question may feel good about his friend winning the lottery, he may feel bad about his own life. This is because he may compare his current situation with “what might have been” if he were to win that \$5 million jackpot.

Roese and colleagues (Roese, 1997; Roese & Olson, 1995a, 1995b) have argued and empirically demonstrated that fictitious occurrences can be used as a standard of comparison in judging one’s circumstances, thus affecting subjective well-being.

2.5 *Integration of Social Comparison Judgments*

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 well-being by satisfying the need for self-enhancement. However, doing so may frustrate the need for self-improvement and therefore may decrease subjective well-being. In contrast, making an upward social comparison may decrease subjective well-being because of the frustration experienced in relation to the need for self-enhancement. The same upward comparison may enhance subjective well-being 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 well-being? 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 well-being resulting from failing to satisfy the need for self-enhancement. But at the same time, the person can compensate for any decrement of subjective well-being 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 well-being 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 well-being. In this situation, subjective well-being is maximized by satisfying the three needs (self-enhancement, self-improvement, and self-identification) *conjointly*.

3 Summary

So what did we learn from all of this? Social comparison is another psychological effect that plays a major role in subjective well-being. 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. Finally, we have 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 well-being.

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Part IV

Life Domains

This part of the book explores the concept of subjective well-being from a life domain perspective. In this part, 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 focuses 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

Domain Dynamics

Before we focus on the psychology of specific life domains (e.g., work well-being, leisure well-being, and family well-being), the reader can benefit from understanding the psychological dynamics related to domain satisfaction in general. Thus, the goal of this chapter is to sensitize the reader to the many theoretical concepts involving domain satisfaction. Doing so should help the reader grasp a better appreciation of the discussion in the context of specific life domains.

1 Life Domain Effects on QOL

Andrews and Withey (1976) and Campbell, Converse, and Rodgers (1976) are the main proponents of the life domain approach to the study of QOL. For example, Andrews and Withey used multiple regression to predict subject's 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 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 are 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 nonviolent
- Health services
- The environment (including pollution, access to scenic areas, and the climate)
- Housing (cost and quality of housing)

Table 16.1 Domains of life concerns

Campbell et al. (1976)	Andrews and Withey (1976)
Nonworking activities	Life in the United States today
Family life	National government
Standard of living	Local government
Work	Economic situation
Marriage	Community
Savings and investments	Services and facilities
Friendships	Education
City or county	Jobs
Housing	Neighborhood
Amount of education	Friends and associates
Neighborhood	Home
Life in the United States	Leisure and leisure-time activities
Usefulness of education	Family
Health	Self
Religion	Interpersonal relations
National government	
Organizations	

- Racial harmony
- Educational facilities
- Employment prospects (including wages and commute time)
- Unemployment
- Cost of living
- Shopping, sports, and leisure facilities

Based on a synthesis of the health-related QOL literature, Schallock (1996) was able to identify life domains that seem to play a significant role in subjective well-being. These are:

- Emotional and psychological well-being (i.e., safety, spirituality, happiness, contentment, freedom from stress)
- Interpersonal and social relationships (i.e., family well-being, friendships, intimate relationships, supportive network)
- Material well-being (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 well-being (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)
- 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
- Life in general

Cummins (1996) identified 1,500 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 QOL, 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 well-being
- Health
- Productivity
- Intimacy
- Safety
- Community
- Emotional well-being

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*, Tom Rath and Jim Harter (2010) of the Gallup organization report the five most important life domains that impact well-being the most:

- Career life
- Social life
- Financial life
- Physical/health life
- Community life

These findings are based on “hundreds of questions across countries, languages, and vastly different life situations” (p. 5). Career well-being is about how a person occupies his or her time or simply what that person likes about what they do every day. Social well-being is about strong relationships and love in a person’s life.

Table 16.2 Domain effects for workers versus nonworkers

Domain satisfaction	Workers	Nonworkers
Work well-being	0.112	–
Economic well-being	0.064	0.087
Housing well-being	0.041	0.057
Health well-being	0.102	0.166
Leisure-use well-being	0.109	0.237
Leisure-amount well-being	0.036	–0.025
Marital well-being	0.071	0.068
Social well-being	0.116	0.187

Source: Adapted from Van Praag and Ferrer-i-Carbonell (2008)

Financial well-being is about effectively managing one's economic situation and personal finances. Physical well-being is about having good health and enough energy to get things done on a daily basis. Finally, community well-being 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 well-being (domain satisfaction) in relation to work is equally important to social well-being, which is closely followed by health well-being and leisure-use well-being. For nonworkers (i.e., students, retired people, housewives, and the unemployed), too much leisure may be detrimental to life satisfaction (see Table 16.2).

2 Life Domain Theories

In this section, we will discuss several life domain theories that have played key roles in explaining many QOL study findings. These are bottom-up spillover, horizontal spillover, segmentation, compensation, and balance.

2.1 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 well-being.

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 well-being (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 well-being. 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 well-being. In other words, if people feel responsible for the good events that happen to them, they may experience higher levels of subjective well-being 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, jewelry, 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 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 well-being 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 QOL 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 a number 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,

Table 16.3 Ferrans and powers QOL 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 nonfinancial 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 QOL index is computed by averaging the satisfaction ratings across all life domains

Source: Adapted from Ferrans and Powers (1985)

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, Eckersley, Pallant, van Vugt, and Misajon 2003; Cummins, McCabe, Romeo, & Gullone, 1994). QOL 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 well-being domain is accomplished through a composite satisfaction score of that domain weighted by the perceived importance of that domain. Thus, a total subjective well-being 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.

Domain satisfaction ratings are typically treated as independent variables (predictors), whereas life satisfaction is treated as the dependent variable (criterion). See examples of measures of 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 QOL 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 well-being 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 QOL 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). Diener (1984), in his classic literature review article that has been cited widely, concluded that subjective well-being 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).

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

¹ Tversky and Griffin (1991) have used the concept of “endowment effect” to refer to the positive affect resulting from a social judgment influence subjective well-being—a concept comparable to spillover.

domains is more likely to spill over, contributing more to subjective well-being than affect in less salient domains.²

Now let us go through the compositional logic of this argument. Subjective well-being is likely to be most affected by the spillover of affect in one particular 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 well-being 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 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 well-being increases as people become more materialistic. Obviously, materialistic people place more importance on income than nonmaterialistic 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

² A 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 et al., 2009). The survey covers 20 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% of the freshman indicating that it is either “essential” or “very important” in 2010 compared to 60% indicating the same in 1975. In other words, the importance of material (economic or financial) well-being seems to be rising significantly in the United States. In contrast, the perceived importance of the life goal of “developing a meaningful philosophy of life” (spiritual well-being) took a nose dive from 82% in 1975 to 51% in 2010.

countries. Again, the explanation here is that income and financial security is more important to people in the developing than in the developed countries. By the same token, 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!

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 considered to be more concrete than the other domains. Overall life is considered most abstract, whereas 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 well-being 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 well-being 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 well-being 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 well-being can be minimized by evaluating domains distal to the self.

2.2 *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 QOL 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 considered to be 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).

Here is some suggestive evidence concerning the horizontal spillover effect from QOL studies:

- Shepard (1974) has shown that work satisfaction/dissatisfaction can spill over to the leisure domain affecting involvement and satisfaction in that domain.
- Wilson (1980) 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 nonwork 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, that is, that the effect of dissatisfaction arising from unemployment spills over to other life domains.
- Similarly, positive relationships between work and nonwork were demonstrated by Frone, Yardley, and Markel (1997), 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 United States, Near (1986) has shown that American workers are more likely to segment their work domain from other nonwork 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).

2.3 *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 well-being variables (e.g., work satisfaction, home satisfaction, and life satisfaction). These variables sometime move in different directions over time (cf. Scollon & Diener, 2006).

2.4 *Compensation Theory*

People are motivated to optimize their subjective well-being. 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) in order to dampen one's unpleasant emotions. Philosophical traditions such as stoicism also recommend thinking in a certain manner in order 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 organized 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 well-being, 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.
- Other evidence of the compensation effect comes from evidence showing a negative correlation between involvement in one life domain and involvement in another. For example, in organizational psychology, many studies produced negative correlations between work and nonwork involvement. These include Cotgrove (1965), Clark, Nye, and Gecas (1978), Fogarty, Rapoport, and Rapoport

(1971), Goldstein and Eichhorn (1961), Haavio-Mannila (1971), Haller and Rosenmayr (1971), Rapoport, Rapoport, and Thiessen (1974), Shea, Spitz, and Zeller (1970), Walker and Gauger (1973), and Walker and Woods (1976).

- 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., Harackiewicz, Sansone, & Manderlink, 1985; Lewicki, 1984; Rosenberg, 1979).
- There is 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). That is, those who score highly on materialism measures report lower levels of subjective well-being, and vice versa (Ahuvia & Friedman, 1998, 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.
- 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 QOL.

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 indicates that blacks have slightly higher self-esteem than whites (Jacques & Chason, 1977; Rosenberg & Simmons, 1972; Taylor & Walsh, 1979; Yancey, Rigsby, & McCarthy, 1972). This counterintuitive finding has generated theoretical speculation. Rosenberg and Simmons 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, a number of 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, that is, 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 et al., 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 ifs and buts. 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 humor has returned because of Janice and Maggie. She is still married to Tom, but they hardly interact any more. 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.

2.5 Balance Theory

Balance theory dictates that subjective well-being 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 well-being 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 fulfillment 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 US 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 vs. 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 of 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.

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 well-being. 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 overinvested herself in the family domain. To overcome this problem, Frisch 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, neighborhood, 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 considered to be 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.

Let us now explore *moderators of the balance effect*. To do so, let us classify people in three categories: those who “put all their eggs in one basket,” those who “put most of their eggs in several but few baskets,” and those who “evenly divide all

their eggs in too many baskets.” Those who “put all their eggs in one basket” are those who invest themselves emotionally in one life domain, and, thus, their happiness is dependent on how well they do in that domain and that domain only. Let us call these people “the imbalanced types.” Those who “put most of their eggs in several but few baskets” are those who regard a small number of life domains (e.g., three or four) as highly important, with the remaining life domains as unimportant. We will call these people “the moderately balanced types.” Finally, those who “evenly divide all their eggs into too many baskets” are those who spread themselves too thinly. They are not emotionally involved in life. They choose not to invest themselves in any single domain. They carry on with a certain degree of detachment in all of life’s domains. We will call these people “the very balanced types.”

I theorize that the imbalanced types are likely to have heightened emotional involvement in only one domain (Sirgy & Wu, 2009). Specifically, the imbalanced types are likely to experience events and outcomes intensely. If things are right in that one most important domain, they feel happy. In contrast, if things are not as expected, then they feel very unhappy. This may be due to the fact that the imbalanced types have been socialized in an environment in which self-worth is defined through accomplishments in one domain and that domain only. Thus, they set goals in that domain higher and more value-laden than those who do not invest themselves much in one domain—the moderately balanced types and the very balanced types. The imbalanced types are not likely to experience high levels of subjective well-being even though they may experience high levels of satisfaction in their chosen domain. This is because overall life satisfaction requires the satisfaction of a variety of needs. If one adopts Maslow’s view of human needs (biological, safety, social, esteem, self-actualization, knowledge, and beauty), then one can argue that it is highly unlikely that one can adequately satisfy all of the human needs through participation in one domain alone. Subjective well-being comes from the satisfaction of a variety of human needs, which can only be satisfied effectively from several life domains.

Take for example this person I call Corey. Corey is entirely focused on achieving wealth in life, at the expense of family, leisure, community, friendship, and love. Corey has achieved high levels of satisfaction from his material life, but he remains not happy with his life at large. Why? This is because the satisfaction stemming from the material domain contributes only so much to overall life satisfaction and happiness. In other words, there may be a *quota* of satisfaction that can be allowed to spill over from a given life domain to overall life. In other words, satisfaction with life overall cannot come from only one source or one life domain. There is a cap of amount of satisfaction in any given life domain that can spillover to the most superordinate domain involving life overall. This is because people have different needs (biological, safety, social, esteem, etc.). It is extremely unlikely to satisfy the full range of human developmental needs in an effective manner through experiences in only one domain.

Consider a person who is workaholic. She may love her job and spends a great deal of time and effort at work. She is very successful in her profession. Her needs for self-actualization, esteem, affiliation, and even safety (economically speaking)

may be satisfied from her experiences at work. But what about love, physical intimacy, family, and the need to care for a dependent other like a child? These needs are biologically engrained and cannot be easily met through professional work alone.

This is an important point that brings us back to the notion that subjective well-being is not simply cumulative positive minus negative affect—irrespective of the source. It is the satisfaction of human developmental needs, the full range of needs—not a handful of selected needs. One cannot substitute positive affect related to one need with another need. To illustrate with an arithmetic example, suppose that a person's level of subjective well-being is 50 (on a scale varying from -100 to $+100$). This means that she is relatively happy with life. The source of this moderate degree of happiness comes from five key life domains: work, leisure, family, community, and neighborhood. Now let us focus on the work life domain. She has $+15$ points of satisfaction. The satisfaction quota in the work domain is $+10$. In other words, only 10 out of the 15 could contribute to subjective well-being. She is $+5$ over the limit in her work domain. This does not mean that she does not feel good about her work life. Yes, she does. But only so much of that satisfaction can contribute to her overall life satisfaction. Why? Because satisfaction from work life may reflect the satisfaction of only a subset of human developmental needs, not the full range of these needs.

Evidence of this phenomenon comes from a body of research showing that materialism is negatively correlated with life satisfaction (see Wright & Larsen, 1993, for a meta-analysis of the research findings). Here, materialists can be viewed as imbalanced people in that they regard wealth and material possessions to be most important in life. Materialists who are successful hoarding material wealth may feel successful and happy with their material life. But there is so much happiness that can be extracted from the material domain. Placing undue emphasis on making money is likely to lead them to neglect their family, their place in the community, their social life, and so forth. This neglect is likely to create negative affect in these respective life domains—family, neighborhood, social, leisure, and spiritual life. Negative affect from these other domains in turn adversely affects subjective well-being. The overall result is that materialists are likely to be more unhappy than happy with their lives. 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).

Now, let us contrast the life of the *imbalanced* person (Corey) with that of the very balanced type. Let us call this very balanced person Joey. Joey can be characterized as follows. He manages his life well. He has things under control. He has his job, wife, children, church, friends, neighbors, community, leisure, politics, and sports, among others. His life is highly regimented. He has his work habits, his habits dealing with his wife and kids. He has his church habit, watching sports, fishing, and so on. However, he is not emotionally invested in any one of these life domains. He is invested only some in each. One can say that this person's life is on “automatic pilot.” If things deviate from the set course, his well-established and

engrained habits bring him back on track. For example, his goals in relation to his job are quite modest. His father was a baker and was running his own bakery. Joey's father expected his son to work at the bakery and take over someday. Joey is carrying on in his father's footsteps. It has been a tradition within the family. He knows that he is not very smart to be some top executive in a Fortune 500 company. He knows that he can run the bakery, and he does a good job at that.

So we ask, is Joey a happy person? The answer to this question is yes, but his happiness is not likely to be fulfilling. The question arises: Who is likely to feel greater happiness in life, Joey or Corey? The answer is Joey, of course! This is because Joey has more life domains from which he extracts satisfaction. Even though the satisfaction extracted from each life domain may be small, the aggregate of all the satisfactions from all the domains amounts to a level of overall life satisfaction greater than that of Corey's. Again, we go back to satisfaction of human developmental needs. In Joey's case, he may feel more satisfied with life because he *aggregates* satisfaction from different life domains. This aggregation of positive affect is likely to reflect satisfaction of different human developmental needs—not constrained to a select few.

Now let us focus on the *moderately balanced* person. 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 person who invests in fewer domains that are important is what I call “moderately balanced.” Let us give this person a name, David.

David has four important life domains in which he emotionally invests himself. Let us say those life domains are work, family, leisure, and health. In relation to work, David has a passion for his job. He is a surgeon. He loves what he does and feels mentally challenged. He feels that his work counts for something important. His goals and aspirations in regard to his job are high but realistic, and he feels he is making significant progress toward the realization of these goals. David has a family too—a wife and two children. His relationship with his wife is based on love, respect, and warmth. His wife has her own career, and she feels sufficiently rewarded from her job. Both he and his wife make decent salaries enough to support the material needs of the family. His children, now in their adolescent years, are doing well in school. They have good friends; they are healthy; and they get along great with him and their mother. He loves watching his children learn new things and gets quite excited teaching them about things in life. He loves his kids and cares a great deal about their welfare. In regards to his health, he feels good too. He plays tennis with two of his work colleagues. He feels challenged playing this game and gets a good workout. He tries to eat healthy and takes vitamins on a daily basis. Overall, he feels good about his health. His leisure life is also good. In addition to playing tennis and spending quality leisure time with his wife and children at home, they have exciting

family vacations. Each year the family goes to an exotic place. Most of their vacations are quite exhilarating. Furthermore, he and his wife have three close families that they regularly socialize with. One family lives right next door to them. They visit quite often. They get together with the two other families once or twice a month. They host an evening in which the three couples play a game of cards—bridge. They have much fun doing this. In sum, David is a happy man. He is emotionally involved in work, family, leisure, and health, and he feels sufficiently rewarded in these life domains.

The question that needs to be posed here is why David (the more moderately balanced person) is happier than Joey (the very balanced person). This is because David has focused on several domains that satisfy most of the human needs (biological, safety, social, esteem, self-actualization, knowledge, and beauty). There is a principle of *satisfaction efficiency* that plays an important role here. That is, subjective well-being is better served through satisfaction from a small set of important life domains than a larger set of domains that are equally important. The intensity of satisfaction experienced in a given life domain is inversely proportional to the amount of effort used to generate that satisfaction. The more effort consumed, the less the satisfaction. Investing in life domains that are likely to meet all or most of the human needs is a much more effective strategy than investing oneself in many domains and “spreading one thinly.”

Let us go back to Joey. Joey makes enough money to meet his family’s economic needs. He works at his father’s bakery, and he hopes to own the business after his father retires. He works to earn a living, and he too is looking forward to retirement to devote more time to fishing. As you can guess, his leisure life is centered on fishing. He enjoys fishing but it comes at an expense. He travels around 100 miles to reach the lake. It costs him a lot in gas and wear and tear on his pickup truck. The truck is continuously in need of repairs because of this. He pulls a fishing boat with it. He watches sports on television, but the satisfaction he gets from this seems to be minimal. He goes to church but does this irregularly. He does not have close friends from church, so he gets little satisfaction from attending church. He goes to church mostly because of his wife. This makes him happy, plus he feels that he comes closer to God during the church service. He is close to his children, but sometimes they drive him crazy. He feels that he needs to tell them not to do certain things constantly. And this causes quite a bit of family conflict. Nevertheless, he loves his children and feels that he is better off with them than without them. He loves his wife and he cannot imagine being without her. But then, he sometimes feels the need to be with other women, and he regrets feeling that way. He has been loyal to his wife, and he intends to remain loyal. Lately, it seems that his wife is more demanding of his time and energy. He works hard to make his wife happy, but he feels that he needs to work harder to maintain good marital relations. He has noticed a couple of times during the last few months that his wife was enchanted with his male neighbor. This has created some tension between him and his wife. In relation to his health, he seems to try hard taking care of himself. After work, he goes to the gym and works out for one whole hour. He feels good about staying in shape, but he feels that he works hard at it. His house is in constant need of repairs. He does his

best to fix things around the house. His house is a typical blue-collar home in a blue-collar neighborhood. He feels good about his house, but wishes that he could afford a nicer house in a nicer neighborhood.

Notice that Joey is somewhat satisfied in many or all of his major life domains: job, leisure/entertainment, family, marital, church, children, house and neighborhood, and health. However, this satisfaction extracted from all these life domains comes at an expense, hard work. Now compare Joey's situation with that of David's. Remember that David has three or four important life domains in which he is emotionally invested: work, family, leisure, and health. As a surgeon, David feels passionately about his job. His work does not only satisfy his economic needs but also his social, esteem, actualization, knowledge, and creative needs. He has several physicians he socializes with (including family get-togethers and social outings). He has been recognized as being one of the best surgeons in the region, and he feels very proud of his professional accomplishments. He loves his job and does not feel that it is hard work. He stays in shape by playing tennis with his physician friends at the hospital. He does not feel that he works hard to stay in shape because he really enjoys the game. He is very passionate about his wife and children too. He is very proud of his wife and her accomplishments. She is an attorney. His family gives him the sense of security, the love, the warmth, and being "complete." He does not feel that he has to work hard to keep his marriage going. He is very proud of his children and their accomplishments at school. Again, David does not feel that he has to coach them about things in life to keep them out of trouble. They seem to be doing the right things with very little supervision from the parents. And so on!

The point of contrasting David's life with Joey's is to demonstrate that although Joey is somewhat satisfied with his life, David is much more satisfied. David is happier because he has invested himself in fewer life domains (job, leisure, family, and health), gaining higher levels of satisfaction from these domains, while expending less energy in doing so. Joey, on the other hand, has invested himself in more life domains (job, family, church, house and neighborhood, leisure, children, spouse, and health). He feels that he has to work hard in each domain to gain an acceptable level of satisfaction. Joey is not efficient in generating satisfaction, whereas David is.

Recently, 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 QOL literature is a study conducted by Frey, Benesch, and Stutzer (2007). These authors have argued that television viewership is negatively related to subjective well-being 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 well-being. 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 well-being, whereas detractor 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 well-being, 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 fulfill intrinsic needs.

A variation of detractor theory is the notion that people have a finite amount of time, money, and energy. 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.

3 Summary and Conclusion

This chapter covered much ground. Based on a review of the QOL research literature, I described numerous 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 various 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, and balance. Bottom-up spillover can be viewed as a theory that takes into account situational factors that influence subjective well-being, whereas 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 well-being. 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 well-being. Enhancing spiritual well-being 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 well-being, 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.

These different theories point to different predictions regarding 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 QOL 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.
- Flexible degree of substitution between domain satisfactions (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 an important area of research, and my hope is that QOL researchers should invest their energies in further exploring moderator effects.

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Chapter 17

Work Well-Being*

Historically, research and writing in work well-being has been turf of industrial/organizational (I/O) psychologists, organizational behavior scientists, and management scholars (O'Brien, 1990; Tait, Padgett, & Baldwin, 1989). Work well-being has been a topic that sprung from McGregor's Theory Y in management.¹ In this chapter, I will describe selected findings from QOL research dealing with work well-being. I organized this discussion to address the following questions:

- What is work well-being?
- Does work well-being significantly contribute to subjective QOL, and if so, how?
- What are other consequences of work well-being?
- What determines work well-being and subjective QOL?

1 What Is Work Well-Being?

To begin with, I should alert the reader that the concept of work well-being is referred in the literature by different terms such “employee well-being,” “quality of work life,” “quality of working life,” “work quality of life,” as well as “work well-being.” There are many definitions and conceptualizations of work well-being. For the sake of brevity, I will expose the reader to eight definitional examples, namely, work well-being 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

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¹For a more complete historical analysis of the concept of work well-being or quality of work life, the reader should consult Martel and Dupuis (2006).

in work life, (6) a component of the broader concept of employee well-being, (7) job-specific well-being and context-free well-being, and (8) the European Commission definition of quality of work.

1.1 Work Well-Being 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 QOL through enhancing economic well-being 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 well-being is essentially 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.

1.2 Work Well-Being as an Affective Response Toward the Work Environment

Ostroganay, 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, whereas 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 2,762 teaching and nonteaching 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 coworkers.

Lewellyn and Wibker (1990) measured job satisfaction by asking respondents to report their degree of satisfaction (“How satisfied are you with?”) with various aspects of the work situation. 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 traveling on the job
- Amount of information you receive regarding procedures and forthcoming changes
- Working relationships with your coworkers
- Status of your position
- Kind of work you do
- Amount of job-related stress

1.3 Work Well-Being as Ratio of Positive and Negative Affect Experienced at Work

Another conceptualization of employee well-being involves the amount of positive and negative affect experienced in the workplace. Employee's sense of well-being 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 QOL than job hassles, and that hassles and uplifts are somewhat independent, comparable to the notion of satisfiers versus dissatisfiers.

Staats and colleagues (Staats, Colbert, & Partlo, 1995; Staats & Partlo, 1992) 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, work load, job security, meeting deadlines, enough money for necessities, and enough money for leisure.

1.4 Work Well-Being as Need Satisfaction Through Organizational Resources

A popular measure of work well-being 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-actualization 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 well-being 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., Lee, Singapakdi, & Sirgy, 2007; Singhapakdi, Sirgy, & Lee, 2010; Singhapakdi, Sirgy, Lee, & Vitell, 2010).

1.5 Work Well-Being as Satisfaction in Work Life

The seminal studies of Andrews and Withey (1976) and Campbell, Converse, and Rodgers (1976) in QOL 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 et al. study accounted for a significant portion of the total variance in several measures of global well-being.

In the same vein, some I/O psychologists and management scholars have conceptualized and measured employee well-being 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 17.1 Domains of life concerns

Campbell et al. (1976)	Andrews and Withey (1976)
Nonworking activities	Life in the USA today
Family life	National government
Standard of living	Local government
Work	Economic situation
Marriage	Community
Savings and investments	Services and facilities
Friendships	Education
City or county	Jobs
Housing	Neighborhood
Amount of education	Friends and associates
Neighborhood	Home
Life in the USA	Leisure and leisure-time activities
Usefulness of education	Family
Health	Self
Religion	Interpersonal relations
National government	
Organizations	

Source: Adapted from Day (1987)

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)

1.6 Work Well-Being Is a Component of the Broader Employee Well-Being Concept

Page and Vella-Brodrick (2009) have proposed and well-argued that employee well-being consists of three core concepts: (1) subjective well-being, (2) workplace well-being, and (3) psychological well-being. Subjective well-being 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 well-being involves traditional components such as self-acceptance, purpose in life, environmental mastery, positive relations with others, autonomy, and personal growth. In contrast, workplace well-being 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-vigor, and angry-placid.

1.7 Job-Specific Well-Being and Context-Free Well-Being

Warr (1987, 1994, 1999, 2007) has described employee well-being 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 the vast majority of the studies related to well-being 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 captures feelings of anxiety and combines low pleasure with high mental arousal. Comfort, in contrast, is essentially 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.

1.8 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, lifelong 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 nondiscrimination
- Overall economic performance and productivity

2 Does Work Well-Being Contribute Significantly to Subjective QOL, and If So How?

In a large-scale seminal study, Andrews and Withey's (1976) measure of work well-being (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 nonworking activities, family life, standard of living, savings and investments, marriage, friendships, and housing.

In most QOL 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 Chap. 16 of this book. More recently, Heller, Judge, and Watson retested the spillover hypothesis and 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 Chap. 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 Chap. 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 QOL studies is very rich in theory linking work well-being with QOL. 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), and goal theories (selection/optimization/compensation, time management, and goal selection/planning/implementation). See Table 17.3.

Table 17.3 Theories linking employee well-being with QOL

<i>Domain satisfaction theories</i>
Spillover
Segmentation
Compensation
Border
<i>Role theories</i>
Conflict
Boundary
Identity
<i>Resource theories</i>
Scarcity
Facilitation
Vitamins
<i>Ego-involvement theories</i>
Engagement
Flow
<i>Human development theories</i>
Hygiene factors versus motivators
Self-determination
<i>Goal theories</i>
Selection and optimization
Time management
Goal selection and implementation

2.1 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 influence the affect experienced in other life domains and overall life. The spillover effect is known in QOL research as *bottom-up spillover theory* (Diener, Suh, Lucas, & Smith, 1999; Sirgy, 2002). Essentially, 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 coworkers, 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 onto the most super-ordinate 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 QOL 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, 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 Watanbe (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 & Hulin, 1993; Judge, Locke, & Durham, 1997).

Not only does job satisfaction spill 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 reported happiness at home, and conversely, those who felt bad at work also felt bad 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 Chap. 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; Steiner & Truxillo, 1989; Thompson, Kopelman, & Schriesheim, 1992). 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 Chap. 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 well-being 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 well-being 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 Chap. 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 attempts 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 1,193 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 US 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 subsequent 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.

2.2 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 help employees manage demand of both work and family role by reducing role conflict, thus enhancing subjective well-being (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 well-being. Integration may lead to well-being when role boundaries are blurred. In this case, integration contributes significantly to well-being 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 well-being 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 well-being 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). In essence, 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 well-being.

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 QOL. They argued that quality of work life affects QOL through role identity. Specifically, a quality-of-work-life program contributes to subjective well-being through six pathways: (1) providing appropriate work resources to meet the expectations of employee role identities, (2) reducing role conflict in work and nonwork life, (3) enhancing multiple role identities, (4) reducing role demands, (5) reducing stress related to work and nonwork role identities, and (6) increasing the value of role identity. For example, high-involvement programs act 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 well-being 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.

2.3 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 well-being and happiness. These theories include scarcity, facilitation, and the vitamin analogy.

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 well-being 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 coworkers, 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 well-being. 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 well-being 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 major 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 well-being.

2.4 *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 well-being. In relation to *engagement theory*, one can argue that employees who are engaged in their jobs are likely to experience a higher level of well-being and happiness than those who are less engaged (Stairs & Gaplin, 2010). Employee engagement has high affinity to the concepts of job involvement (e.g., Brown, 1996). 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 well-being.

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, 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).

2.5 Human Development Theories

There are at least two theories used by I/O psychologists and QOL 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 QOL studies.

Herzberg's two-factor theory (Herzberg, 1966; Herzberg, Mausner, & Snyderman, 1959) proposes that the primary determinants of employee well-being 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 coworkers. Herzberg theory essentially 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 well-being research guided by self-determination theory (Ryan & Deci, 2000). Self-determination theory posits that subjective well-being can be enhanced by satisfying three major needs: competence, autonomy, and relatedness. These three needs, based on SDT, are essential social development and personal well-being. 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 also 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 coworkers, rewards given as a function of employee performance) that 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 well-being. 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 major role in subjective well-being. Intrinsic motivation manifests itself through internalization and integration. Self-determination can be viewed along a continuum from "non-self-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 essentially 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. In essence, 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 has to have support from significant others who are either role models or provide moral support, thus satisfying the need for relatedness. The activity has to 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.

2.6 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 QOL 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 that was developed in the context of successful aging but is used to across all the life span 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 in light of 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 well-being measures than those who do not use such strategies (Baltes & Heyden-Gahir, 2003; Young, Baltes, & Pratt, 2007).

With respect to the *time management* model, it argues that employee's well-being 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 well-being.

3 What Are Other Consequences of Work Well-Being?

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 & Sirgy, 1990; Efraty et al., 1991; 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 & Sirgy, 1990; Efraty et al., 1991; Lewellyn & Wibker, 1990)
- Employee turnover (e.g., Hom, 2001; Wright, 2010)
- Decision to retire (e.g., Hanish & Hulin, 1991)
- Prosocial and organizational citizenship (e.g., Roznowski, Miller, & Rosse, 1992)
- Workplace incivility (e.g., Mount, Ilies, & Johnson, 2006)

Wright (2010) uses Fredrickson (2001, 2010) *broaden-and-build theory* to explain the effects of employee well-being (and psychological well-being) 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 various ways. Thus, positivity can account for higher job performance, job involvement and effort, organizational commitment, work attendance, and prosocial and organizational citizenship behaviors. By the same token, positivity also accounts for lower levels of intention to quit, decisions to retire, employee turnover, and workplace incivility.

4 What Are the Predictors of Work Well-Being and Subjective QOL?

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).

4.1 *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 an important 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 well-being 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 well-being. 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, Pierce, Moyer, & McFarlin, 1991).

Also related to the work environment, Hulin (1991) developed a theoretical model that asserts that employee well-being 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 well-being.

As previously mentioned, Warr (1999) was able to identify at least ten environmental determinants of employee well-being: 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.

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 micromanaged. Their supervisor is not scrutinizing their every move. For example, workplace spirituality is recognized as a means 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 (e.g., Milliman et al. 2003), 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 Campain and McClelland (1993) showed that overall job satisfaction increased significantly after the jobs of clerical workers were enlarged to increase skill utilization and their special knowledge and abilities.

In regard to *externally generated goals*, high job demand and high workload lead 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 well-being 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 well-being such as anxiety, depression, emotional exhaustion, and burnout (e.g., Lee & Ashforth, 1996; Sevastos, Smith, & Cordery, 1992; Spector & O'Connell, 1994). However, other research has shown that some moderate levels of job demand are positively associated with employee well-being (e.g., Burger, 1989; De Jonge & Schaufeli, 1998; Karasek, 1979). The effect of role demand on employee well-being 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 very popular job characteristics model (Hackman & Oldham, 1976) specifies skill variety as an important determinant of job satisfaction. Skill variety is essentially the extent to which the job allows one to do different tasks. Much research has documented the effects of variety on employee well-being (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 essentially 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 coworkers 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).

How about *opportunity for interpersonal contact*? Satisfaction with work is affected by the opportunity afforded to employees to 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, 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 well-being. The use of social resources involves seeking obtaining support from coworkers and collaborating with them on organizational tasks (i.e., teamwork), as well as acting as mentors and role models for others.

Finally, in relation to *valued social position*, much research has shown that employee well-being 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.

4.2 *Employee Characteristics*

As reviewed by Judge and Larsen (2001), much 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 been accumulated suggesting that employee's affective disposition does play a significant role in many measures of employee well-being (e.g., Cropanzano, James, & Konovsky, 1993; 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 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, whereas 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 comprised 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 well-being 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 USA do not show any differences in job satisfaction (see Pugliesi, 1995, for a literature review). However, large-scale surveys in the UK 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 that 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 affect employee well-being (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); and 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).

4.3 Work-Related Behaviors

Work-related behaviors refer to constructs such as job performance, absenteeism, turnover, and discretionary activities. How are these related to work well-being? 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 subsequent 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, 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 Weiner (1975) have produced evidence that school teachers 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 in to help others (e.g., provide assistance to coworkers, 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 some suggestive evidence indicating that employees who score high on well-being measures tend to engage in more adaptive behaviors than those who score low (e.g., Birdi, Gardner, & Warr, 1998).

5 Summary

The concept of *work well-being* has been a longtime 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 well-being. The reader was exposed to eight different definitions of work well-being: (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 well-being, (7) job-specific well-being and context-free well-being, and (8) the European Commission definition of quality of work.

I then tried to answer the questions: What is the relationship between work well-being and subjective aspects of QOL? How does work well-being influence QOL? The evidence related to the former question points to a resounding yes. That is, much of the research literature in QOL studies support the notion that work well-being plays an important role in the subjective aspects of QOL. 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), and goal theories (selection/optimization/compensation, time management, and goal selection/planning/implementation).

I then shifted gear to address the question: What are other consequences of work well-being and QOL? Much of the evidence in QOL studies suggest that besides the impact on subjective aspects of QOL, work well-being 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).

Last but not least, I addressed the predictors of work well-being and QOL. 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 well-being and QOL include affective disposition, the Big Five personality traits, core self-evaluations, employee age, and gender differences. Finally, with respect to factors related to work behavior, I described the impact of job performance, absenteeism, turnover, and discretionary activities.

Research on work well-being is very important for theoretical and practical purposes. Future research should systematically and methodically test the various theoretical notions concerning the antecedents and consequences of employee well-being. Furthermore, I believe that this program of research should provide fruitful information to managers who are keen in enhancing their employees' well-being.

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Chapter 18

Residential Well-Being

Many public policy makers interested in regional economic development have become increasingly interested in broadening the concept of economic development to socioeconomic development. In doing so, they use social indicators in assessing QOL 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 QOL. In that vein, QOL researchers have addressed many related issues concerning residential well-being. This chapter describes some of these issues. The discussion is organized in terms of the following questions: What is residential well-being? How is this construct conceptualized and operationalized? Does residential well-being play a significant role in the subjective aspects of QOL? If so, how? And what are some factors or intervention programs that have been proven to enhance residential well-being and subjective QOL?

1 What Is Residential Well-Being?

From a psychological perspective, QOL researchers have conceptualized residential well-being 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 QOL of their community, perception of community QOL by community planners, community pride, and satisfaction with dwelling features.

1.1 Gap Between Actual and Desired Housing and Neighborhood Conditions

This is what we call the *gap concept of residential well-being*. This definition focuses on the difference between actual and desired housing and neighborhood conditions. In other words, residential well-being 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.

1.2 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 (Miller, Tsemberis, Malia, & Grega, 1980).

1.3 Residents' Feelings of Gratification from Living in a Specific Place

Other researchers have conceptualized residential well-being 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).

1.4 Residents' Feelings of Satisfaction with the Community at Large

Community well-being 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 well-being 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 well-being has been conceptualized and measured by community residents' perceptions of the QOL 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 QOL in the metropolitan area on a 10-point scale, where 10 represents the best place to live and 0 the worst.

1.5 Residents' Perceptions/Evaluations/Satisfaction of Community Amenities/Services/Conditions

My colleagues and I (Sirgy, Widgery, Lee, & Yu, 2010) developed a new measure of community well-being based on the notion that community residents perceive the QOL 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 well-being, their commitment to the community, and their overall life satisfaction. Survey data were collected in the Flint area (Michigan, USA) in four 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 well-being as perception and evaluation of a variety of community services and conditions (cf. Widgery, 1982). See the dimensions and subdimensions of community well-being in Table 18.1.

1.6 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 QOL 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 18.1 Residential well-being as perceptions and evaluations of community conditions and services

<i>Perception and evaluation of the environment</i>
Green spaces
Urban cleanliness
Pollution (air, water, noise)
<i>Perception and evaluation of urbanism</i>
Occupation density
Urban and architectonic quality
<i>Perception and evaluation of mobility</i>
Traffic
Public transportation
<i>Perception and evaluation of culture</i>
Cultural facilities
Cultural recreation
<i>Perception and evaluation of sports and leisure</i>
Recreational and leisure spaces
Sports facilities
<i>Perception and evaluation of education</i>
Educational facilities—kindergartens, schools
Higher education
<i>Perception and evaluation of health</i>
Hospitals (public and private), health centers, nursing stations
<i>Perception and evaluation of social work services</i>
Day nurseries, homes for the elderly, recreational centers, day centers, domiciliary services
<i>Perception and evaluation of trade and services</i>
Trade and services to the population
<i>Perception and evaluation of housing</i>
Purchase and leasing
Housing quality and condition
<i>Perception and evaluation of urban safety</i>
Crime, urban insecurity
<i>Perception and evaluation of poverty and exclusion</i>
Poverty and exclusion
<i>Perception and evaluation of social and civic behavior</i>
Social and civic behavior

Source: Adapted from Santos et al. (2007, p. 56)

sociocultural, and socioeconomic. These are shown in Table 18.2. Indicators judged most useful as a measure of QOL 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

Table 18.2 Indicators of QOL of a community as identified by planners

Demographic indicators	Sociocultural indicators	Socioeconomic indicators
Population and density	Availability of quality education*	Unemployment rate*
Population growth rates*	Median number of years of education completed*	Inflation rate
Population age cohorts	Per capita expenditures in basic education	Per capita income*
Life expectancy*	Percent of population living in poverty*	Labor force compensation and earnings*
Leading cause of death*	Per capita expenditures spent on social welfare	
Number of hospital beds per population	Crimes of violence*	Employee turnover
Number of physicians per population	Crimes of property	Percent of labor force per sector of employment
Adequate quality and quantity of food	Availability of existing housing*	Percent of income spent on taxes*
	Percent of housing that is substandard*	Amount of municipal revenues and expenditures
	Percent of housing that is owner occupied	Highway expenditures and road system access*
	Quality of air and water resources*	Access to rail and air services
	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	

Note: Those marked by an “*” were identified as “essential indicators” by the regional planners

Source: Adapted from Hovik (1992)

- 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

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)

1.7 Community Pride

Baker and Palmer (2006) conceptualized and operationalized community well-being 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.

1.8 Satisfaction with Dwelling Features

Another definition of residential well-being is essentially feelings of the resident in relation to many features that concern his or her 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).

2 Does Residential Well-Being Play a Significant Role in Subjective QOL?

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 UK) 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 QOL (see Michalos, 1997 for an excellent review of the literature) indicates that people tend to move to neighborhoods that have a higher QOL. QOL 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 UK) have shown that 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 1,500 residents of 31 counties in New York, New Jersey, and Connecticut to examine determinants and consequences of perceived community QOL (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 QOL.

Another example of a study that demonstrated the link between community well-being and QOL 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 QOL. 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 well-being, Baker and Palmer (2006) conducted a survey of community residents, and the results demonstrated a positive link between community pride and QOL.

Therefore, the answer to the question of whether subjective constructs of community well-being play a role in overall subjective well-being 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 determines 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 *nonprofit 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.), affects 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 subdomains, 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 QOL and its determinants, identify strategic gaps or problem areas, and take corrective action.

3 Factors Affecting Residential Well-Being and Subjective QOL

There are many factors affecting residential well-being, psychologically speaking. We will organize those factors in three major categories of factors: institutional factors, social factors, and environmental factors.

3.1 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 well-being (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 & Cornwell, 2001; Sirgy et al., 2000; 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 well-being.

Among the important institutions that play an important role in QOL for community residents is the health-care 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 health care in the community* and the effect of such satisfaction on community well-being and QOL. 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 health care services available in the local community (e.g., drug stores, hospitals, oncology centers, children health services, health-care 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 USA, 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.

3.2 Social Factors

Researchers interested in treating community development in terms of residents' perceptions of the QOL of the community have investigated factors impacting residents' overall perception of community QOL. The work by Jeffres and Dobos (1990, 1992, and 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 QOL of community residents) and perceptions of others' QOL*. Personal happiness and perceptions of others' QOL 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, 2011a) 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 are the norms 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, and 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 QOL 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 QOL 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 QOL (“How would you describe your overall quality of life?” Excellent/Very good-Good-Fair/poor). The study results indicate that residents who

reported their QOL 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 1,030 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 well-being for individuals belonging to minority race/ethnic groups (Yuan, 2008). Specifically, Blacks in the USA living in Black neighborhoods gain much social support and enjoy higher levels of subjective well-being 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 18.4 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 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 who are less close (cf. Fried & 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 well-being). They measured community involvement using the survey items shown in Table 18.5.

McKee, Wall, and Luther (1997) conducted a study using a sample of communities in the Southeast and Southwest of the USA—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 18.6. Community development culture incorporates elements of community well-being, and, therefore, this study shows that community well-being 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).

Table 18.4 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)
 - Trust (from “not trusting” or 1 to “trusting” or 9)
-

Source: Adapted from Auh and Cook (2009)

Table 18.5 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)

Table 18.6 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)

3.3 *Environmental Factors*

There are many environmental factors within a community that adversely affect residential well-being and QOL. Examples include:

- *Noise pollution*—the greater the airport noise, the lower the residential well-being (e.g., Davis & Fine-Davis, 1991; Hygge, Evans & Bullinger, 2002; Schreckenber & Meis, 2007; Van Praag & Baarsma, 2005; Van Praag & Ferrer-I-Carbonell, 2004).
- *Air pollution*—the greater the air pollution, the lower the residential well-being (e.g., Goitein & Forsythe, 1995; Jacobs, Evans, Catalano, & Dooley, 1984; Luechinger, 2007; Welsch, 2006).
- *Commuting*—the longer the commute, the lower the residential well-being (e.g., Kahneman & Krueger, 2006; Novaco, 1992; Novaco & Collier, 1994; Novaco, Kliever, & Broquet, 1991; Novaco, Stokols, & Milanese, 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 leads to dissatisfaction with the house at large (e.g., Davis & Fine-Davis, 1991).
- *Draft/dampness*—the higher the water draft (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 well-being (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 well-being (e.g., Burgess, 2000; Arifwidodo & Perera, 2011).

¹*Compact development* refers to the physical layout and spatial arrangement of the city in ways to achieve 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.

- *Access to public transportation*—the higher the satisfaction with access to public transportation, the higher the satisfaction with the neighborhood at large (e.g., Davis & Fine-Davis, 1991).
- *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 well-being and subjective well-being. Examples include:

- *Parks and green spaces*—the more parks and green spaces in the neighborhood, the greater the residential well-being (e.g., Bird, 2007, for a review²; Erdogan et al., 2007; Vemuri & Costanza, 2006).
- *Walkability*³—the more walkable one's area of living to amenities, the greater the residential well-being (e.g., Leyden, 2003; Rogers et al., 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 well-being (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 well-being (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 well-being (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).

²Bird (2007) identified at least two major theories designed to explain the well-being 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., "savanna"). 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.

³*Walkability* refers to the extent to which community residents can walk in their own neighborhoods and easily access stores and amenities and interact with neighbors and friends. Thus, being able to walk to places to meet daily needs serves to reduce social isolation and contributes to mental and physical well-being of residents (Leyden, 2003). Rogers, Halstead, Gardner, and Carlson (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).

- *Population density*—the greater the population density, the lower the QOL; 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 well-being either positively or negatively. These include:

- *Neighborhood features*⁴—the more the neighborhood is perceived to have high levels of social, economic, and environmental positive features, the higher the residential well-being (e.g., Sirgy & Cornwell, 2002).
- *Availability of third places*⁵—the more the residents perceive availability of other places to socialize and spend leisure time, the greater the residential well-being (e.g., Jeffres et al., 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 well-being, the greater the housing amenities; and the greater the life satisfaction, the higher the satisfaction with the house at large (e.g., Davis & Fine-Davis, 1991; Zebardast, 2009).

⁴Sirgy and Cornwell (2002) conducted a study showing how *satisfaction with neighborhood features* affects 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) affects 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. 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 places that community residents visit within the community to socialize and spend leisure time. Jeffres, Bracken, Jian, and Casey (2009) conducted a study that was able to demonstrate a link between the availability and use of third places and perceived QOL of community residents.

- *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).
- *Type of housing structure* (single-family homes versus apartment complex)—elderly residing in apartment complex express greater residential satisfaction than those living in single-family units mostly because of satisfaction with building maintenance (e.g., James, 2008).

3.4 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 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 et al. (Clark, Frijters, & Shields, 2008; Clark, Kristensen, & 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 neighbors “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.

Nkies et al. (2007) found a positive relationship between neighborhood income and life satisfaction in that the higher the *spending power in the neighborhood*, the greater the life satisfaction of the people in the neighborhood.

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).

4 Summary

In this chapter, I made an attempt to provide answers to several questions: (1) What is community well-being? How is this construct conceptualized and operationalized? Does community well-being play a significant role in the subjective aspects of QOL? If so, how? And what are some factors or intervention programs that have been proven to enhance community well-being and QOL?

With regard to the question of what is community well-being, I described how QOL researchers have conceptualized community well-being 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 QOL of their community, perception of community QOL by community planners, community pride, and satisfaction with dwelling features.

In regard to the question concerning the link between community well-being and QOL, 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, spills over to the most abstract domain of life at large, thus influencing life satisfaction.

I also described many factors affecting the sense of community well-being. 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), and economic factors (e.g., relative and absolute income of the neighborhood).

In sum, research in community well-being sheds a great deal of light on the subjective aspects of QOL. Understanding the links between community well-being and QOL 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 well-being and other well-being domains and the impact of these interactions on the subjective aspects of QOL.

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Chapter 19

Material Well-Being

As I have done in the previous chapters, I will describe the concept of material well-being by addressing basic questions such as: What is material well-being and how it is customarily operationalized by QOL researchers? Does material well-being contribute significantly to subjective QOL? If so, how? And finally, I will describe much of the research in QOL studies related to the predictors of material well-being and subjective QOL.

1 What Is Material Well-Being?

Material well-being is a term that is interchangeable with terms such as financial well-being, economic well-being, and consumer well-being. The literature points to several definitions of material well-being. These are (1) evaluation of one's financial situation; (2) evaluation of one's standard of living; (3) feelings of financial security; (4) objective indicators of economic well-being; (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 well-being directed related to product benefits.

1.1 *Evaluation of One's Financial Situation*

QOL researchers have defined material well-being 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 well-being 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, and

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]")

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)

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).

1.2 Evaluation of One's Standard of Living

Some QOL researchers (e.g., Campbell, Converse, & Rodgers, 1976; Duncan, 1975; Furby, 1978; Sirgy, 1998) have focused on satisfaction with one's financial situation such as income (e.g., Diener, Sandvik, Seidlitz, & Diener, 1993; Lane, 1991; Veenhoven, 1991a), materials in possession (e.g., Leelakulthanit, Day, & Walters, 1991), and other financial assets such as savings and investments (i.e., one's standard of living) (e.g., Andrews & Withey, 1976). Table 19.1 shows an example of a measure of well-being, a la the evaluation of one's standard of living.

Nakano, MacDonald, and Douthitt (1992, 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?"

1.3 Feelings of Financial Security

Andrews and Withey (1976) measured material well-being (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.

1.4 Objective Indicators of Economic Well-Being

Some QOL researchers opt to use objective indicators of material well-being. One very commonly accepted indicator of material well-being is the *personal balance sheet* (e.g., Nickerson, Schwartz, & Diener, 2007). At a more macrolevel, objective material well-being 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).

1.5 Consumers' Feelings About Major Goods and Services

Andrews and Withey (1976) measured consumer well-being (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.

1.6 Satisfaction with Acquisition of Consumer Goods/Services and Possession of Major Consumer Durables

Day (1987) and Leelakulthanit et al. (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, he identified nine subdimensions 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 reopen
- After-purchase service provided by stores
- Warranty policies of stores

With respect to *material possession*, he identified five subdimensions. These are:

- House (s)
- Furnishings and appliances
- Car(s) and trucks
- Clothing, furnishings, and jewelry
- Savings and investment

1.7 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, jewelry stores)
- Personal care (retail institutions such as hairstyling 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)
- Other (retail institutions such as insurance services, legal services, banking services)

1.8 Satisfaction with Acquisition, Preparation, Possession, Consumption, Maintenance, and Disposal of Materials Goods

Material well-being can also be expressed in terms of aggregate-level satisfaction with material goods and services available in the local area (e.g., Lee, Sirgy, Larsen, & Wright, 2002; Leelakulthanit et al., 1991). More specifically, material well-being can be 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).

1.9 Subjective Well-Being Directly Related to a Product's Benefits

Farage, Nusair, Hanseman, Sherman, & Tsevat, (2010) developed a QOL measure specifically designed to capture the impact of menstrual pads on the well-being of women using this product. The authors conceptualized QOL in this context as involving two major domains: general well-being (which comprised three subdomains: emotion, self-image, and self-competence) and energy and vitality (which comprised of three subdomains: personal pleasure, physical state, and routine activity). Compared to women using the “usual pads,” women using the “intervention pads” on certain dimensions of well-being such as self-confidence, stress management, energy and vitality, and being able to attend public functions.

2 Effect of Material Well-Being on Subjective QOL

Campbell et al. (1976) showed that satisfaction with standard of living contributes approximately 23% variance accounted for in life satisfaction, controlling for the effects of nonworking activities, family life, savings and investments, work, marriage, friendships, and housing. These researchers also showed that satisfaction with savings and investments contribute approximately 15% variance accounted for in life satisfaction, controlling for the effects of nonworking activities, family life, standard of living, work, marriage, friendships, and housing. Andrews and Withey (1976) also found the *Money Index* (measure of material well-being) to be a significant and strong predictor of life satisfaction controlling for the effects of efficacy, family, amount of fun one is having, house/apartment, things done with family, time to do things, spare-time activities, recreation, national government, and consumer. Andrews and Withey's (1976) *Consumer Index* was also found to be a significant (but not a strong) predictor of life satisfaction controlling for the effects of efficacy, family, money, amount of fun one is having, house/apartment, things done with family, time to do things, spare-time activities, recreation, and national government. These seminal studies reveal that one's attitude toward income is a good predictor of life satisfaction, not actual income. In other words, satisfaction with money contributes to life satisfaction, and dissatisfaction with money leads to dissatisfaction with life (cf. Rubenstein, 1981). Let us review other evidence:

- Diener (1994) has shown that happiness levels in the USA, France, and Japan have not changed since World War II, despite rapid economic growth in these countries. Increased purchasing power did not bring more satisfaction with life. Therefore, the relationship between material well-being and overall QOL is very much dependent on whether material well-being is construed and operationalized through subjective (vs. objective) indicators. Support for the effect of material well-being on overall QOL comes from studies employing subjective indicators only.

- In the same vein, subsequent research has shown that subjective indicators related to income play a significant role in the subjective aspects of QOL (e.g., Berry & Williams, 1987; Campbell, 1981; Hafstrom & Dunsing, 1973). Several studies have shown that satisfaction with the material life domain spills over to overall life (e.g., Day, 1987). For example, one study (Leelakulthanit et al., 1991) employed a consumer population in Thailand that demonstrated this effect. Specifically, they examined the relationship between satisfaction with one's own acquisition and possession of material goods and overall life satisfaction. The study results provided support for a positive relationship, especially for older and low-income people.
- Another study by Hayo and Seifert (2003) found significant positive correlations between subjective economic well-being and life satisfaction. The correlations varied from .57 (high correlation in Romania) to .20 (low correlation in the Slovak Republic). The authors concluded that 50% of the variation in overall well-being is shared with variation in economic well-being.
- A study conducted by Xiao et al. (2009) using a survey of college students was also able to demonstrate a positive association between financial satisfaction and life satisfaction, while controlling other factors such as academic satisfaction and grade point average.
- Meadow and Sirgy (2008) conducted a study using their consumer well-being index and found that consumer well-being is significantly and positively correlated with several measures of perceived QOL among the elderly. This finding demonstrates the effect of consumer well-being on subjective well-being.
- Leelakulthanit et al. (1991) hypothesized that satisfaction with acquisition and consumption of goods and services should have a positive effect on overall life satisfaction among consumers in Thailand (a developing country). That these relationships are likely to be more evident for high- than low-income consumers, as well as young than old consumers. The study involved personal interviews of adult consumers ($N=500$) in Bangkok, Thailand. The study indicated that satisfaction with acquisition and consumption of goods and services does not contribute to overall life satisfaction. The authors explained this finding by surmising that Thais may perceive the shopping experience as strictly functional and devoid of meaning besides the procurement activity itself. Shopping is not recreational as is experienced in many of the developed countries, which may contribute to the QOL only under these conditions.

Veenhoven (1991a) has examined much of the evidence between income and subjective well-being and concluded that satisfaction with income (or financial well-being) correlates highly and positively with subjective well-being. Also, based on a literature review, Dolan, Peasgood, and White (2008) point to the fact that there are perceptions of one's financial situation that play an important role in subjective well-being. Specifically, the authors conclude that poorer perceptions of one's current financial situation are usually associated with lower life satisfaction.

The same research also pointed out that the influence of material well-being on subjective well-being is not linear. In other words, the effect of material well-being

on subjective well-being diminishes with higher levels of material well-being, a phenomenon consistent with the economic concept of diminishing marginal utility. Robert Lane, in his book *The Market Experience* (1991), asserts that 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.

3 Explaining the Material Well-Being Effect on QOL

Based on the QOL research literature, we will describe several mediating mechanisms. These are bottom-up spillover, top-down spillover, compensation, self-determination, values, adaptation, social comparison, need deprivation, gain versus loss, and cognitive association (see Fig. 19.1).

3.1 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 (e.g., Andrews & Withey, 1976; Diener, 1984; Leelakulthanit et al., 1991). Satisfaction/dissatisfaction with standard of living is likely to spill over to influence subjective well-being—the greater the satisfaction with one's standard of living, the greater the satisfaction with life.

Walker, Lee, and Bubolz (1990) conducted a study focusing on women in rural versus urban households. The study noted that the strength of the relationship between income and perceived QOL was stronger for urban than rural women. Furthermore, the study showed that income adequacy (among other variables such as marital happiness and quality of family life) mediates this relationship. One can explain this finding using bottom-up spillover theory. Compared to rural women, urban women are likely to feel that their income is less adequate, which makes the financial domain more important than other life domains. The heightened saliency of the financial domain serves as a catalyst for a spillover of feelings of satisfaction or dissatisfaction with one's income (sense of material well-being) unto life at large (i.e., life satisfaction).

My colleague Dong-Jin Lee and I (Lee & Sirgy, 1995) have developed a theoretical model conceptualizing the meaning of the material life domain and its possible determinants (cf. Larsen, Sirgy, and Wright 1999; Sirgy, 1998; Sirgy, Lee, Larsen, & Wright, 1998). We defined the material life domain as a psychological domain

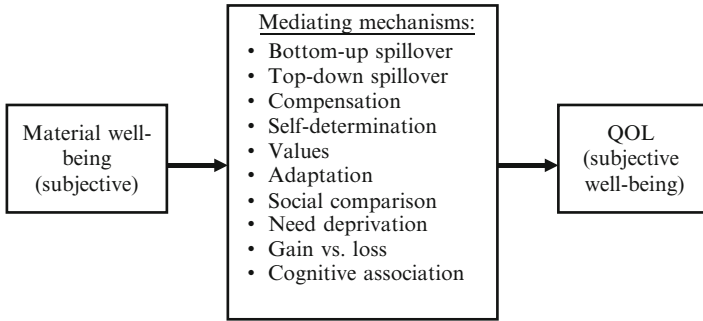


Fig. 19.1 Mediating mechanisms that explain the effect of material well-being on subjective QOL

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 subdomain of *acquisition* of material goods involves activities associated with shopping and the purchase of material goods for individual and household consumption. This subdomain 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 purchasing 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 subdomains spills over to other life domains affecting satisfaction with overall life. The extent of *spillover* between each of the material subdomains and overall life is very much dependent on the extent to which the person is emotionally involved in that subdomain. Emotional involvement in the acquisition subdomain 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 subdomain is defined in terms of *care of possession*.

We then hypothesized possible consumer- and market-related factors affecting shopping involvement, materialism, and care of possession. With respect to *determinants of shopping involvement*, we hypothesized that shopping involvement is likely to be heightened for certain consumers characterized as having more leisure time, being risk averse in shopping, having been socialized as children to experience the joy of shopping, and having low income. Market factors that contribute to a heightened

emotional involvement in shopping include brand differentiation in terms of product quality and price, and product scarcity.

With respect to *determinants of materialism*, we have hypothesized that age, consumer socialization, religion, income, and desire for status are consumer-related characteristics that can predict materialism. Specifically, young people tend to be more materialistic than old people. Consumers who are socialized as children to believe that money and things are symbols of success in life are likely to be materialistic. Religious consumers are likely to be materialistic. Those with low income are likely to be materialistic. Those who have a heightened desire for status are likely to be materialistic. An example of a market-related predictor of materialism is exposure to commercial advertising. A high level of exposure to television commercials is likely to heighten one's sense of materialism.

With respect to the *determinants of care of possessions*, we hypothesized that those who are emotionally involved with the maintenance of their material possessions are likely to be older in age, socialized as children to value and care of their material possessions, and come from households of low income. An example of a market-related predictor of care of possessions is the marketing communications of maintenance services, that is, the more the advertising and promotion of maintenance services, the more emotionally involved consumers are likely to be with care of their possessions.

The study by Xiao et al. (2009) was able to demonstrate that positive financial behaviors (practices such as saving money regularly, setting aside money for emergencies, contributing to an investment or retirement account, spending with a budget, etc.) contribute significantly to financial satisfaction, and that financial satisfaction contributes positively to life satisfaction. Bottom-up spillover theory helps us understand these effects. Financial behaviors are events within the material life domain that contribute to overall sense of well-being in that domain (material life). Overall satisfaction or dissatisfaction in the material domain spills over to the most abstract life domain of life overall—a spillover of affect from the most concrete events related to finance to the most abstract conception of one's own life.

3.2 Top-Down Spillover

Lane (1991) argued that subjective well-being may influence economic well-being. 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 economic well-being. 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 spill over 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.

3.3 *Compensation*

Furby (1978) has argued that many people derive genuine satisfaction from their material possessions. These people seek material possessions to compensate for other important needs unfulfilled. These possessions become substitutes to traditional ways to assert self-worth, to relieve their doubts about social adequacy, or because they cannot win the affection of another. This compensation explanation is, of course, psychoanalytic. In other words, people generally substitute an available object or goal such as the purchase of a clothing outfit for one that is not available such as winning the affection of a significant other. Such behavior is learned through modeling of parent's behavior. Typically, a parent who is unable to express or give love to their children tends to buy things for them to substitute for the lack of giving them the needed affection. Their children end up learning the same behavior.

Other psychoanalytic researchers (e.g., Bergler, 1951; Schactel, 1962) made similar observations. Schactel has argued that people who have a deficient sense of self use material possessions as a possible remedy for their personality deficiency. The material possessions become substitutes of the missing parts of personality, the psychological deficiencies. Bergler makes a case for the notion that the urge for possession is a compensatory mechanism for narcissism.

Consider Lawler's (1971) seminal study in management. Workers marked by anxiety and low self-esteem were found to be more interested in pay than in other aspects of their jobs. Rubenstein (1981) reports that those who are money conscious tend to have failing love relationships (many are unmarried and childless); they tend to be sexually unsatisfied, report bad health, feel lonely, and are constantly worrying about things. Sarason, Levine, Basham, and Sarason (1983) have shown that people with social support in their lives tend to be less concerned about making money than those without that support.

The compensation explanation helps us understand that people try to maintain a certain level of life satisfaction. They do so by maximizing their satisfaction in different life domains (social life, work life, material life, spiritual life, family life, etc.). If they become significantly dissatisfied in a key life domains (e.g., family life) that ultimately brought down their overall level of happiness below a certain adaptation level, they make an attempt to compensate. They do so by investing energies in other life domains (e.g., material life) to generate enough positive affect to compensate for the emotional loss in the key domain (family life).

3.4 *Self-Determination*

Lane (1991) has made a strong case that satisfaction with income affects subjective well-being 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 important role in subjective well-being.

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 seem to keep close tab of how much they have in their savings account. These people are likely to feel a greater sense of well-being than those who do not have control over their finances (Lane, 1991, pp. 103–104).

Kasser (1997) has documented much evidence suggesting that individuals oriented toward materialistic, extrinsic goals (i.e., oriented toward material rewards and praise) are likely to experience a lower QOL (i.e., life dissatisfaction) than those who are oriented toward intrinsic goals (i.e., oriented less toward material rewards and more toward the satisfaction of psychological needs).

3.5 Values

Values may play a very important role in increasing the salience of life domains, therefore amplifying the positive and negative affect experienced in those domains. An additional effect of values on life domains is the notion that values heightens one's needs and goals within those life domains. For example, in the context of the material life domain, materialism (as a value that makes people feel that money, income, and other financial considerations are highly valued in life) inflates people's expectations of their standard of living. The more materialistic a person, the higher their expectations of standard of living, which leads to negative evaluations of standard of living (i.e., low subjective economic well-being), ultimately and adversely affecting overall subjective well-being.

The concept of money importance (a variation of materialism) has been referred to in the economic psychology literature in terms of *obsession with money* and *money consciousness* (Lane, 1991, p. 102). Typical measures of this construct include: "I put money ahead of pleasure," "I feel that money is the only thing that I can really count on" (Furnham, 1983), and "Next to health, money is the most important thing in the world" (cited in Lane, 1991, p. 102). In advanced societies, the very poor and the uneducated understand the value of money. They are very preoccupied with it (Furnham & Lewis, 1986). Above the poverty level, the perceived importance of money diminishes proportionately with higher incomes. This is because parents who are less well-off financially tend to teach their children the value of money more so than parents who are more well-off. Research suggests that people who perceive money to play a central role in their lives are likely to be dissatisfied with work, their love lives, and their social relations. They are unhappy (Rubenstein, 1981).

Empirical work done to date seems to support this long-standing position of religious leaders and philosophers. In this stream of research, a consistent finding

emerges—that materialism is negatively related with overall life satisfaction. In a meta-analysis of studies treating the relationship (Belk, 1985; Dawson & Bamossy, 1991; Richins, 1987; Richins & Dawson, 1992), Wright and Larsen (1993) found a stable, medium-sized negative correlation.

Back in 1998, I (Sirgy, 1998) made an attempt to establish a foundation for a theory of materialism¹ and QOL. The theory posits that overall life satisfaction is partly determined by satisfaction with standard of living. Satisfaction with standard of living, in turn, is determined by evaluations of one's actual standard of living compared to a set goal. *Materialists* experience greater dissatisfaction with their standard of living than nonmaterialists, which in turn spills over to overall life causing dissatisfaction with life in general. Materialists experience dissatisfaction with their standard of living because they set standard of living goals that are inflated and unrealistically high. Goals set by materialists are more influenced by affective-based expectations (such as ideal, deserved, and need-based expectations) than cognitive-based ones (such as predictive, past, and ability-based expectations). Materialists' *ideal* standard-of-living expectations are influenced by social comparisons involving remote referents, more so than comparisons involving standards that are situational imposed. Examples of situational-imposed standards are perceptions of wealth, income, and material possessions of family, friends, neighbors, colleagues, and so on. In contrast, examples of standards based on remote sources are perceptions of standard of living of others in one's community, town, state, country, and other countries and perceptions of standard of living of others based on gender, age, education, ethnicity, occupation, and social class. This tendency to use remote referents in social comparisons may account for materialists' inflated and value-laden expectations of their standard of living. Materialists' *deserved* standard-of-living expectations are influenced by the tendency to engage in equity comparisons involving income and work. Thus, materialists compare themselves with others that seem to have more income and worked no harder. These equity comparisons generate feelings of inequity, injustice, anger, or envy. These emotions may also account for materialists' inflated and value-laden expectations of their standard of living. Materialists' standard-of-living expectations based on *minimum needs* are influenced by the tendency to spend more than generate income. This proclivity to overconsume and underproduce may be partly responsible for materialists' inflated and value-laden expectations of their standard of living.

One manifestation of materialism is "saving too much." Those who prefer to save more than spend money tend to agree with statements such as: "I often say 'I can't afford it' whether I can or not"; "Even when I have sufficient money I often feel guilty about spending money on necessities like clothes, etc." (Furnham, 1983); "I am a penny pincher"; and "I don't really enjoy spending money" (Rubenstein, 1981). These people hoard and derive very little happiness from their savings.

¹ For an interesting and enlightening exposition of theories of determinants of materialism, please see the excellent article by Aaron Ahuvia (2001). Also, see Larsen, Sirgy, and Wright (1999) and Sirgy, Lee, Larsen, et al. (1998).

Empirical evidence suggests that these people report lower levels of self-esteem; are unhappy about their jobs, friends, and sex lives; and had frequent headaches (Rubenstein, 1981).

3.6 *Need Deprivation*

Ahuvia (2001) has provided evidence suggesting that materialists' lower level of life satisfaction may be due to a lingering sense of dissatisfaction with their ability to meet their lower-order needs. This is because materialists, according to Inglehart's (1971, 1977, 1979, 1990) theory of materialism, become that way due to early formative experiences of economic deprivation. Thus, they grow up placing more value on material possessions and acquisition of goods. Materialists' sense of dissatisfaction with their lower needs tend to be aggravated by the fact that materialists place a high priority on these needs when evaluating their life achievements. And because materialists place much emphasis on material things, their interpersonal relationships tend to suffer as a result (Fournier & Richins, 1991; Kasser & Ryan, 1993; Richins & Dawson, 1992). Thus, materialists may fail to satisfy their higher-order needs because of their preoccupation with the satisfaction of their need for material acquisition and possession. Thus, they become increasingly dissatisfied with their lives.

In the same vein, Leelakulthanit et al. (1991) hypothesized that satisfaction with one's material possessions should have a positive effect on overall life satisfaction among consumers in Thailand (a developing country). These relationships are likely to be more evident for high- than low-income consumers, as well as young than old consumers. The study involved personal interviews of adult consumers ($N=500$) in Bangkok, Thailand. The study indicated that indeed satisfaction with material possessions contributes to overall life satisfaction. This may be due to the fact that lower-income people are likely to be more "hungry" for financial resources than higher-income people. In other words, low-income and younger people are more financially deprived than high-income.

3.7 *Social Comparison*

Easterlin (1974) examined the influence of money on happiness by reviewing evidence that shows 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. Easterlin theorized that social comparisons may occur within nations but not between nations. That is, people compare themselves to others within their own country people but not to others from other countries.

Veenhoven (1991a) reexamined Easterlin data and concluded that the influence of income satisfaction on life satisfaction is stronger in poor than in rich nations. Diener et al. (1993) examined the relationship between income satisfaction and life satisfaction among people who live in poor versus rich communities in the USA.

They hypothesized 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 since 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. However, the study findings showed no geographical influence on happiness.

Hagerty (1997) conducted a study that examined the relationship between GDP/person and subjective well-being across nine developed countries (e.g., the USA, the UK, the Netherlands, France, Germany, Spain, Italy, Denmark, and Japan). This relationship was examined longitudinally over a 25-year period. Results show that absolute level of GDP/person had a significant effect on subjective well-being. That is, the higher the GDP/person, the higher the subjective well-being of a country. The data also revealed that changes in GDP/person were consistent with changes in subjective well-being over time. The author concludes that the data are consistent with both need satisfaction (livability) theory and social comparison theory.

3.8 *Adaptation*

Duncan (1975) found that standard-of-living satisfaction of Detroit housewives did not increase from 1955 to 1971, despite the fact that real income increased substantially. It may be that the housewives' expectations of their standard of living have also raised proportional to the increases in real income. This is essentially adaptation—how expectations (material aspirations) are adapted (by decreasing or increasing aspiration level) as a direct function of real income.

In the same vein, Kapteyn and colleagues (Kapteyn & Wansbeek, 1982; Kapteyn, Wansbeek, & Buyze, 1980) have argued and empirically demonstrated that as people climb the success ladder and gain more income, their basic financial needs rise too. That is, individuals with higher income feel that they need more income just to meet what they perceive as their basic needs.

In further support of the adaptation principle, consider the following studies conducted by Diener and his colleagues. One study found that wealthier individuals were somewhat happier than their less-wealthy counterparts (Diener et al., 1993). Similarly, Diener and Oishi (2000) have shown that in developed countries (e.g., Japan, the USA, France), increases in personal income are not accompanied with proportionate increases in subjective well-being. That is, subjective well-being in the developed countries has remained flat over the years in which personal income has risen markedly. However, people in developed countries report higher levels of subjective well-being than people in developing countries. They explained these findings as follows: As income rises within a country, people's expectations and desires for a better standard of living also rise. The result is a satisfaction-maintenance effect. With respect to the finding that subjective well-being is higher in developed

than developing nations, the authors explain that people in developed countries have more of their needs met than in developing countries. Need satisfaction is a primary factor in subjective well-being.

3.9 *Gain Versus Loss*

Economic recessions do play a role in subjective well-being. Consumers' level of subjective well-being declines in recessions. An example of evidence supporting this assertion is Andrews and Whithey's (1976) seminal study. The authors surveyed the American population in good economic times and bad. In good times, 27% of the population reported themselves as "very happy" and 9% "not too happy." When the economy went into a recession, 22% reported themselves to be "very happy" and 11% "not too happy." Furthermore, Inglehart and Rabier (1986) found that in the 1982–1983 period (times of economic prosperity in Europe), people were happier at least two or three percentage points higher compared to the mid- and late 1970s during an economic recession.

In reviewing this evidence, Robert Lane (1991) concluded that recent changes in income may have influenced well-being, partly because adaptation has not yet set in and because recurring recessions are short enough to escape the adaptation process. 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.

3.10 *Cognitive Association*

Why does economic satisfaction affect 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. Luft (1957) conducted a study that revealed the hypothetical rich man is typically perceived as relatively healthy, happy, and well adjusted, while the hypothetical poor man was seen as maladjusted and unhappy. Thus, people have money schemas that are evoked and used to make judgments about self and others (cf. Furnham, 1983).

4 Predictors of Material Well-Being and QOL

Many studies have examined antecedents of subjective economic well-being. We can summarize much of the literature in terms of the following category of factors: (1) objective financial circumstances, (2) materialism and compulsive consumption, (3) consumption life cycle, (4) consumption life satisfaction, and (5) demographics.

4.1 *Objective Financial Circumstances*

In Chap. 5 (Effects of Income and Wealth on Subjective QOL), I have reviewed much of the evidence that links income/wealth and QOL. This evidence suggests that, yes indeed, income/wealth is positively associated with subjective aspects of QOL. However, let us discuss some selected study findings to drive home the point.

There is some evidence suggesting that *objective criteria of personal wealth* are positively and significantly associated with *subjective criteria of personal wealth*. Hayo and Seifert (2003) found a positive and significant relationship (i.e., the greater the wealth, the higher the reported economic well-being). Objective economic well-being was measured in their study by two indicators: income quartiles and material goods index (respondents reporting having a telephone, color TV, and automobile). Also, based on a large-scale survey in Spain, Vera-Toscano et al. (2006) were able to demonstrate that financial satisfaction can be significantly predicted by household income in absolute terms and by taking into account the importance of relative income in personal aspirations and social comparisons with peers.

Data from a large-scale Norwegian survey (Hansen, Slagsvold, & Moum, 2008) indicate that *accumulated wealth* (high financial assets and low debt) does play a positive role in accounting for financial satisfaction, especially the elderly. The elderly are in a better position to have accumulated financial assets and reduced their overall debts.

Xiao et al. (2009) demonstrated that *positive financial behavior* does contribute significantly to financial satisfaction, and that financial satisfaction contributes positively to life satisfaction. Positive financial behavior was conceptualized in terms of paying off credit cards each month, paying bills on time, maintaining a sufficient balance in a bank account, setting aside money for emergencies, and saving money regularly.

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 wealth and consumption* (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, as well as food expenditure) is a stronger predictor of life satisfaction than household income alone. An example of a measure of life satisfaction is: "All things considered, how satisfied are you with your life?" Responses are captured on a 10-point rating scale varying from 0=totally dissatisfied to 10=totally satisfied. Similarly, satisfaction with standard of living (i.e., the sense of economic well-being) is: "All things considered, how satisfied are you with your financial situation?" The same 10-point satisfaction scale used to capture life satisfaction is also applied here. These results are shown in Table 19.2. As shown in the table, the results show considerable influence of *income, wealth, and consumption* on both satisfaction with the standard of living (a high of 11.1%) and life satisfaction (7.0%) too.

Table 19.2 Variance accounted for in life satisfaction (LS) and satisfaction with standard of living (SLS) by income, net worth, and consumption

	Australia 2002 (N = 12,559)		Germany 2002 (N = 17,785)		Netherlands 1997 (N = 5,280)		Britain 2000 (N = 14,439)		Hungary 1996 (N = 3,061)	
	LS	SLS	LS	SLS	LS	SLS	LS	SLS	LS	SLS
Income (R^2)	0.5%	3.6%	2.9%	9.0%	NA	8.4%	1.3%	8.2%	4.2%	4.1%
Income + Wealth (R^2)	1.7	9.2	4.2	12.1	NA	15.3	2.4	10.7	4.9	5.3
Income + Wealth + Cons. (R^2)	NA	NA	NA	NA	NA	NA	2.4	11.1	7.0	6.9

Source: Adapted from Headey, Muffels, and Wooden (2008, p. 73)

4.2 *Materialism and Compulsive Consumption*

A host of 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 (Roberts, 2011). Much of research has shown that materialism is negatively related with life satisfaction (for literature reviews see Larsen et al., 1999; Wright & Larsen, 1993). There are at least two explanations to account for the negative relationship between materialism and life satisfaction: *top-down spillover* theory and *bottom-up spillover* theory. QOL researchers have consistently used these two theories to explain the determinants of life satisfaction. As previously described, top-down spillover theory states that life satisfaction is influenced by personality or dispositional factors (e.g., self-esteem, alienation, optimism, pessimism, and neuroticism). In contrast, bottom-up spillover theory argues that life satisfaction is influenced by situational factors (e.g., standard of living, job, family, leisure, neighborhood, community). Based on top-down spillover theory, Belk (1985) suggested that materialistic people are usually possessive, nongenerous, and envious. These are dispositional factors, reflecting a tendency to experience negative emotions. That is, negative affect related to dispositional materialism may spill over (top-down) to influence life satisfaction; thus, materialism influences life satisfaction in a negative way. *Bottom-up spillover* theory states that life satisfaction is greatly influenced by life domain evaluations. Specifically, positive and negative affect are invested in life domains capturing certain types of emotional experiences, which in turn influence 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.

Empirically, my colleagues and I (Sirgy, Lee, Kosenko, et al., 1998) were able to demonstrate that the negative relationship between materialism and life satisfaction can be explained by the mediation of evaluation of standard of living. Specifically, our study found that materialistic people are less satisfied with their material possessions and, in turn, less satisfied with life than nonmaterialistic people. Furthermore, we conducted another study (Sirgy, Lee, Larsen, et al., 1998) that showed that product satisfaction does impact life satisfaction as moderated by materialism. That is, those who are highly materialistic were found to experience a greater spillover between product satisfaction and life satisfaction.

I also provided yet another explanation of the negative relationship between materialism and life satisfaction (Sirgy, 1998). I proposed that materialistic people have inflated expectations of their standard of living, whereas nonmaterialistic people have realistic expectations. I elaborated on various types of expectations and how materialistic people (compared to nonmaterialistic people) use these expectations. Six types of expectations were delineated: expectations based on (1) their

Table 19.3 Consumer lifestyles based on money disposition and materialism

	Tight with money	Loose with money
<i>Highly materialistic</i>	Is a value seeker, is a bargain hunter, has many material possessions, enjoys price comparison shopping, spends much money to “save”	Is a big spender, is an exhibitionist, replaces material possessions frequently, associates high price with high quality, is trend conscious, and is debt prone
<i>Not materialistic</i>	Is a nonspender, is a saver, lives an ascetic lifestyle, is price averse, does not focus on quality in buying	Is an experiencer; spends money for recreation, self-development, and services; and is generous

Source: Adapted from Tatzel (2003, p. 421)

ideal view of standard of living, (2) what they feel they *deserve* in terms of financial resources, (3) what they *need* to maintain a certain lifestyle, (4) what they have *predicted* all along in attaining a certain level of personal wealth, (5) how far they have achieved in relation to what they had in the *past*, and (6) how much personal wealth they were able to amass based on their ability (i.e., their educational background, inheritance, socioeconomic status, etc.). Materialistic people tend to make more frequent evaluations of their standard of living using these six types of expectations. The greater the frequency of their evaluations of their standard of living, the more likely they make negative evaluations. Also, materialistic people tend to make standard of living evaluations using ideal-, deserve-, and need-based expectations than nonmaterialistic people. The negative affect generated from negative evaluation of their standard of living spills over to judgments of life overall, making materialistic people feel dissatisfied with life. In contrast, nonmaterialistic tend to evaluate their standard of living using predictive, past, and ability-based expectations. The nature of these expectations is likely to generate more feelings of satisfaction than dissatisfaction in relation to standard of living.

Tatzel (2003) was able to distinguish among four *consumer styles* that may have a bearing on well-being (see Table 19.3). Tatzel argues that people characterized as not materialistic and somewhat loose with money are likely to experience the highest level of well-being, compared to the other three groups (highly materialistic/tight with money, highly materialistic/loose with money, and not materialistic/tight with money).

Kasser and Sheldon (2002) conducted a study to examine the consumption practices during the Christmas holiday and consumer well-being. The study surveyed adults across the life span. Consumer reported higher levels of happiness when *family and religious experiences are considered important*. In contrast, they reported lower levels of happiness when they considered spending money and buying gifts to be important. The study also found that happier consumers were *environmentally conscious*. The authors concluded that the materialistic aspects of the Christmas season undermines well-being, while family and religious activities serve to enhance well-being.

Consistent with the Kasser and Sheldon study, Xiao and Li (2011) collected survey data from consumers in 14 cities in China examining the relationship between *sustainable consumption habits* and life satisfaction. The study underscored the notion that consumers who engage in sustainable consumption (i.e., report high levels of purchasing and consuming green goods and services) also report high levels of life satisfaction (after controlling for the effects of gender, age, education, and household income). This study finding reinforced the notion that people who engage in prosocial spending and consumption tend to be happy (cf. Dunn, Aknin, & Norton, 2008).

Related to research on materialism and sustainable consumption is the research on *compulsive consumption*. Compulsive consumption is consumption behavior that is addictive or beyond the control of the consumer. Motivated by stress, anxiety, boredom, or depression, some people consume products in ways that undermines their QOL. Research has shown that there are many factors that affect compulsive consumption: personality, family structure, etc. Personality-wise, research has shown that there are two types of compulsive consumers: distressed compulsives and sociopathic compulsives (Hirschman, 1992; Hoch & Loewenstein, 1991). Distressed compulsives have feelings of self-doubt, incompetence, and personal inadequacy. They are no good at managing stress; thus, they resort to behaviors that reduce stress temporarily and reduce their overall QOL in the long run—behaviors such as shopping beyond one’s financial means, overeating, abusing drugs, and engaging in sexual promiscuity. Distressed compulsive consumers feel guilty and regretful after their actions. In contrast, sociopathic compulsive consumers are motivated by sensation seeking and do not feel remorse or guilt over their actions. Many compulsive consumers are cross-addicted. That is, they have more than one addiction (Natataajan & Goff, 1992). There is some evidence suggesting that family structure plays an important role in fostering compulsive consumption (e.g., Rindfleisch, Burroughs, & Denton, 1997; Roberts, Manolis, & Tanner, 2003; Roberts & Tanner, 2005). For example, one study found that adolescents from divorced families are more likely to engage in compulsive shopping than adolescents from nondivorced families. The explanation is that adolescents deal with the stress of the divorce situational ramifications through shopping. Much research has focused on one form of compulsive consumer behavior, namely, compulsive shopping (e.g., Kwak, Zinkhan, & Crask, 2003; Mowen & Spears, 1999; O’Guinn & Faber, 1989; Roberts & Jones, 2001). People who buy compulsively are reported to have low self-esteem and tend to be prone to fantasy. They are motivated not by the product acquired but by the process of acquiring the product. The adverse QOL consequences related to compulsive shopping include stress, frustration, loss of one’s sense of control, financial debt, and ensuing family conflict.

4.3 *Consumption Life Cycle*

The concept of the consumption life cycle refers to the various stages or types of marketplace experiences consumers have with goods and services. The experiences

involve 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). Much research has focused on how satisfaction with any one or combination of these marketplace experiences over an aggregation of goods and services contributes to life satisfaction (e.g., Lee et al., 2002; Leelakulthanit et al., 1991; Sirgy, Lee, Grzeskowiak, et al., 2008). The same concept (consumption life cycle) has been used in other product-specific contexts such as housing (e.g., Grzeskowiak, Sirgy, Lee, & Claiborne, 2006), mobile phones (e.g., Sirgy, Lee, Kamra, & Tidwell, 2008), and clothing (e.g., Marshall & Meiselman, 2006).

4.4 Consumption Life Satisfaction

As previously indicated, much research in QOL has been conducted using *bottom-up spillover* theory. This involves the notion of a satisfaction hierarchy, and that positive and negative affect spill over from concrete events to specific life domains (e.g., work life, leisure life, family life, social life, and love life) and overall life. Thus, events occurring in a given life domain may affect life satisfaction through a “bottom-up spillover” of affect (Diener, 1984; Sirgy, 2002). A segment of this research focuses on the extent to which consumption satisfaction with a particular product category influences life satisfaction. For example, in health care, my colleagues and I (Rahtz & Sirgy, 2000; Rahtz, Sirgy, & Lee, 2004; Sirgy, Hansen, & Littlefield, 1994; Sirgy, Mentzer, Rahtz, & Meadow, 1991) have developed models that show how patient satisfaction with various medical services can affect patient life satisfaction through the impact of these services on patients’ sense of well-being in various life domains (e.g., health life, community life, and work life).

Similarly, in relation to travel and tourism, my colleagues and I (Neal, Sirgy, & Uysal, 1999, 2004; Neal, Uysal, & Sirgy, 2007) were able to show that satisfaction with travel and tourism services can affect life satisfaction through the mediation of leisure well-being. In other words, satisfaction with travel and tourism services contributes positively to the sense of well-being in leisure life, which in turn spills over to life satisfaction. Similar models were constructed and tested in other settings such as college campus programs and services (Sirgy, Grzeskowiak, & Rahtz, 2007), various business/government/nonprofit services located in a given community (e.g., Grzeskowiak, Sirgy, & Widgery, 2003; Sirgy & Cornwell, 2001; Sirgy, Rahtz, Cicic, & Underwood, 2000), and neighborhood amenities (e.g., Sirgy & Cornwell, 2002).

4.5 Demographics

There seems to be a relationship between *age* and the sense of material well-being. Specifically, the effect of age is U-shaped with a minimum at an age of 37. The influence of age turns positive at 75 years of age (Hayo & Seifert, 2003). A similar

relationship between age and happiness was found by a study conducted by Blanchflower and Oswald (2000) with US data (i.e., happiness bottoms out at the age of 37 and becomes positive after the age of 74).

With respect to *gender*, no economic well-being differences are found between males and females in relation to economic well-being (Hayo & Seifert, 2003).

Concerning *education*, subjective economic well-being seems to be significantly and positively correlated with education. The higher the level of education, the more people report higher levels of subjective economic well-being (Hayo & Seifert, 2003).

The effect of *unemployment* on subjective economic well-being seems profound. Hayo and Seifert (2003) found a sizable effect between these two constructs. Furthermore, the same study found that being divorced or widowed reflects lower economic satisfaction (Hayo & Seifert, 2003).

Hayo and Seifert (2003) also found that the *size of the community* matters in subjective economic well-being. The larger the community, the lower the economic satisfaction, in spite of the better economic opportunities provided by large communities (e.g., big cities). Hayo and Seifert assert that economic opportunities require education, which is a controlled variable in their study. They explained this effect by asserting 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.

5 Summary and Conclusion

This chapter focused on the psychology of material well-being and QOL. I made an attempt to describe to the reader various conceptualizations of material well-being from a psychological perspective. In this context, I identified four different conceptualizations: (1) evaluation of one's financial situation, (2) evaluation of one's standard of living, (3) feelings of financial security, and (4) actual financial situation of the individual.

Does material well-being contribute significantly to QOL? The answer is a resounding yes. I reviewed much of the evidence that links material well-being and QOL and explained this relationship using the following theoretical concepts: bottom-up spillover, top-down spillover, compensation, self-determination, values, adaptation, social comparison, need deprivation, gain versus loss, and cognitive association.

I then reviewed the literature on the predictors of material well-being. These predictors were organized in the context of (1) objective financial circumstances (e.g., income, wealth, and consumption), (2) materialism and compulsive consumption, (3) consumption life cycle, (4) consumption life satisfaction, and (5) demographics (age, gender, education, marital status, size of one's residential community, etc.).

Material well-being plays an important role in people's QOL. However, too much emphasis on material life takes a toll on other life domains. The evidence is clear: people who work to satisfy their and their families' material needs experience

a higher level of QOL than those who fail to meet these needs. However, we should also be cognizant of the principle of diminishing utility in material life. That is, increases in income and wealth can bring only a diminishing return of material well-being and overall well-being. People who become materialistic develop material aspirations that are hard to achieve, and as such they become dissatisfied with their material conditions, which in turn diminishes the sense of overall well-being. This may occur due to the fact that striving to enhance material well-being may usurp time, energy, and resources that can be used to enhance the sense of well-being in other important life domains (e.g., social life, family life, leisure life, spiritual life, community life).

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Chapter 20

Social, Family, and Marital Well-Being

As I have done in the previous chapters, I will review the literature on the psychology of social, family, and marital well-being and attempt to answer questions such as: What are social, family, and marital well-being? How do QOL researchers measure these constructs? Does social, family, and marital well-being play an important role in the subjective aspects of QOL? If so, how? What are the predictors of social, family, and marital well-being and subjective QOL?

1 What Is Social, Family, and Marital Well-Being?

There are a variety of definitions and conceptualizations of social, family, and marital well-being 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 QOL, relationship happiness, and involvement in a quality romantic relationship.

1.1 *Satisfaction with Social Life*

Many QOL researchers have treated social well-being 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 clearly a demarcated life domain containing valenced beliefs about many aspects of social encounters. Aggregating these valenced beliefs leads to the formation of an overall attitude or judgment of satisfaction with social life.

Table 20.1 A social adjustment measure*Social coherence*

- The world is too complex for me. (reverse coded)
- I cannot make sense of what is going on in the world. (reverse coded)
- I find it easy to predict what will happen next in society.

Social integration

- I do not feel I belong to anything I would 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 is not improving for people like me. (reverse coded)

Response scale: responses are captured on 7-point scales varying from 1 =strongly disagree to 7 =strongly agree

Source: Adapted from Shapiro and Keyes (2008, p. 344)

1.2 Social Adjustment

Cicognani et al. (2008) conceptualized social well-being in terms of social adjustment in the context of youth. Thus, social well-being 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.

1.3 Social Capital

A number of QOL researchers have defined social well-being 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 well-being 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

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/1,000

Community bonds

Net migration rate/1,000

Property crime rate (inverse)

Source: Sherrieb, Norris, and Galea (2010, p. 240)

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).

1.4 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 you 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 1,000 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 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”).

1.5 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 satisfies 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 well-being scores from several family members indicates family QOL. A study was conducted involving 560 adults, and the results provided some validation support, mostly from the women's data.

1.6 Satisfaction with Family Life

QOL researchers have viewed family and marital well-being 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; Bubolz, Evers, & Sontag, 1980; Campbell, 1981; Campbell, Converse, & Rodgers, 1976; 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."

1.7 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 well-being 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).

1.8 Family QOL

Family QOL is another conceptualization. Shek (2008) used this conceptualization and developed a comprehensive family QOL 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) and 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).

1.9 Relationship Happiness

Other QOL researchers (e.g., Walker et al., 1990) have conceptualized family and marital well-being 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."

1.10 Involvement in and Quality of Romantic Relationship

Many studies have construed romance/marital well-being in terms of involvement in and quality of romantic relationships (e.g., Argyle, 2001; 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.

2 Does Social, Family, and Marital Well-Being Contribute Significantly to Subjective QOL?

Putnam (2001a, b) argues that people are happiest in neighborhoods and communities where *social capital* is high, that is, where people trust one another and are mutually helpful. Specifically, communities with high rates of volunteer activity, club membership, church membership, and social events have higher rates of well-being than communities low on the same characteristics. Putnam also shows data suggesting that social capital in the USA has been on the decline. Let us consider the evidence that links social well-being with subjective aspects of QOL:

- 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 well-being 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 well-being average in the 0.15–0.20 range (cf. Piquart & 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 of 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 well-being when they do not have confidants or companions. Hammen and her colleagues (e.g., Hammen, 1990; 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 and colleagues (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. Abbott et al., 2011; Ram, 2010; Winkelmann, 2009).

Furthermore, there is much evidence suggesting that family and marital well-being do play a significant role in overall subjective well-being (e.g., Andrews & Withey, 1976; Bubolz et al., 1980; Campbell, 1981; Campbell et al., 1976; 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 well-being. The effect of close relationships on subjective well-being is revealed through satisfaction with friendships and marital satisfaction. Examples include:

- Andrews and Withey (1976) found *family well-being* 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 2,850 young people aged 11–19 years and their parents in Australia. The major finding of this study related to QOL is that *satisfaction with relationships within the family* is a strong predictor of subjective well-being 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 and 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 QOL is mostly determined by quality of family life, income adequacy, health stressors, and health symptoms. That is, rural women who report high levels of QOL 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 QOL is mostly determined by quality of family life, low income, and health symptoms. That is, urban women who report high levels of QOL 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 well-being*, theory and research suggest that involvement in romantic relationships is an essential correlate of well-being (e.g., Argyle, 2000; Greeley, 1991; Hinde, 1997; Myers, 2000; Reis et al., 2000). Much evidence exists indicating that romance/marital well-being does have a significant impact on happiness (e.g., Argyle, 2001; Dush & Amato, 2005; Hinde, 1997; Myers, 2000; Reis et al., 2000).

3 Explaining the Social/Family/Marital Well-Being Effect on Subjective QOL

Based on the QOL research literature, several theories have emerged explaining the link between social/family/marital well-being and subjective aspects of QOL. These include the belongingness theory, attachment theory, buffering theory, bottom-up spillover theory, horizontal spillover theory, and compensation theory.

3.1 *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 and 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.

3.2 *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).

3.3 *The Buffering Effect of Family*

Family well-being does play an important role in subjective well-being (i.e., the higher the family well-being, the greater the subjective well-being). Argyle (1996b) explained this effect by showing that marriage provides a *buffering effect* (i.e., spouse provides social support when one is highly stressed, thus preventing distress that leads to lower rates of illness and depression).

3.4 *Bottom-Up Spillover*

As described in Chap. 16 (Domain Dynamics), *bottom-up spillover theory* is versatile enough to explain how family/marital well-being influences life satisfaction and other subjective aspects of QOL. 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).

3.5 *Horizontal Spillover*

Again, as described in Chap. 16 (Domain Dynamics), *horizontal spillover theory* can easily be used to help explain the effect of family/marital well-being on subjective QOL. Remember that horizontal spillover involves the notion that feelings invested in the family/marital life domain may influence the well-being 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.

3.6 *Compensation*

Remember our discussion of *compensation theory* in Chap. 16 (Domain Dynamics). Compensation refers to the psychological strategy that people use to maintain (and possibly enhance) their subjective well-being 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 well-being. 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).

3.7 *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 well-being (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.

4 Effects of Social/Family/Marital Well-Being on Other Health Outcomes

Much research has provided suggestive evidence of the link between family/marital well-being and health. Consider the following studies:

- In 1984, after reviewing much of the evidence in immunology, the National Academy of Sciences reported that grief and depression following the death of a spouse increase immune defense (National Academy of Sciences, 1984). Immune defense in turn accounts for increase in disease incidence (cf. Dohrenwend et al., 1982).
- A Finnish study involving 96,000 widows indicates that their risk of death doubled in the week following their partner’s death (Kaprio, Koskenvuo, & Rita, 1987).
- A study focusing on leukemia patients who have recently undergone bone marrow transplants found that only 20% who remained alive 2 years later reported that they had little love and emotional support from family members, whereas 54% 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 6-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% 5-year survival rate compared to 50% 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 well-being (conceptualized and measured in terms of family functioning) is a strong predictor of hopelessness and suicidal ideation among Chinese adolescents.

5 Predictors of Social, Family, and Marital Well-Being and Subjective QOL

Research in QOL has uncovered many factors affecting family and marital well-being. 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.

5.1 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 well-being (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 well-being and subjective well-being.

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 and close relationships with mother and best friends seem to play a significant and positive role in happiness. In contrast, those with a romantic partner and close relationships with mother and the romantic partner mattered a great deal in impact on 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.

Social support seems to be a major predictor of social/family/marital well-being and QOL. 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 QOL. The study involved a survey of young mothers in the city of Zurich (Switzerland). The study results indicated that female 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 well-being 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 well-being ("Overall, how happy are you with your social life?") is associated with four 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 well-being 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

experience a lower sense of well-being 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 USA and UK, but not as bad in other countries in Europe and Russia.

Family structure seems to make a difference on family well-being. A study conducted in New Zealand tracing families between 1981 and 2001 found a negative relationship between one-parent families and family well-being (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 well-being. 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 3 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 vs. 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 well-being.

Specific to marital well-being, Dolan et al. (2008) point to evidence suggesting that *regular sex* among marital partners is associated with positive subjective well-being, 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 well-being than simply having casual sex with a string of romantic partners. Similarly, cohabitation seems to contribute to subjective well-being but only if the relationship is perceived to be stable.

5.2 Individual Difference Factors

Marital status has been found to be associated with subjective QOL. 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 USA, Shapiro and Keyes (2008) closely

examined the effect of marital status on perceived social well-being. Contrary to the authors' expectations, the study findings revealed only a small advantage of social well-being 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 well-being 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 shows that being alone (single, separated, or widowed) is worse than being married.

One of the individual difference factors that seem to play a major role in family and marital well-being 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 situation 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 flextime, thus helping 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 behavior 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 well-being. Specifically, the negative dimensions of social problem-solving were negatively related to family well-being, and conversely the positive dimensions were positively related to family well-being.

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
- 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)

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 & Bradburry, 1995; Kelly & Conley, 1987; Kwan, Bond, & Singelis, 1997; White, Henrick, & Hendrick, 2004). Specifically, extroversion and agreeableness were found to be 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 well-being (relationship quality) predicts happiness above and beyond the effects of the Big Five personality traits. The study findings were supportive of this theoretical notion.

5.3 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, Yardely, & Markel, 1997; Greenhaus, Collins, & Shaw, 2003; Scherer & Steiber, 2010). The former (WFC) deals with the way work interferes or undermines family well-being, the focal topic of this section; the latter (FWC) deals with the way family responsibilities undermine work well-being, a topic better addressed in the work well-being chapter. Previous 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 role 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 have a good balance between my job and my family life.” (reverse coded)	“My job keeps me away from my family too much.”	“I worry about my children when I am working.”	“I worry whether I should work less and spend more time with my children.”
“I feel physically drained when I get home from work.”	“I wish I had more time to do things for the family.”	“My preoccupation with my job affects my family life.”	“Family life interferes with work.”	“I find enough time for my children.” (reverse coded)
“I feel emotionally drained when I get home from work.”	“I feel I don’t have enough time for myself.”			“I have as much patience with my children as I would like.” (reverse coded)
“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.”				

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 QOL 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 QOL through higher levels of both family and job satisfaction (e.g., Aryee et al., 1999; Frone, Russell, & Cooper, 1992b; Frone et al., 1997; Greenhaus & Beutell, 1985; Greenhaus et al., 2003; 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.

5.3.1 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 and 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 & Melano-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 QOL 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.

5.3.2 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 taking 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, and 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 QOL 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. 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 QOL. 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.

5.3.3 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 and 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; Wilthagen, Tros, & van 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).

5.3.4 Product and Services-Related Variables

Research in this area revealed that working women 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., child care) (Nickols & Fox, 1983; Strober & Weinberg, 1980; Weinberg & Winer, 1983)
- Not baking from scratch (Strober & Weinberg, 1980)
- Not doing price checks on purchases (Strober & Weinberg, 1980)
- Reducing time in household production (Nickols & Fox, 1983)
- Shopping less frequently and making greater use of husbands in shopping activities (Douglas, 1976)
- Shopping less for food and cooking less at home (Jackson, McDaniel, & Roa, 1985)
- Establishing food preparation routines (e.g., preparing food during weekends for use during the week), having very simple meals, and doing more planning of food shopping and preparation (Marshall, Duxbury, & Heslop, 1992)

6 Summary

This chapter reviewed the literature on the psychology of social, family, and marital well-being. I made an attempt to answer a variety of questions such as: What is social, family, and marital well-being? How do QOL researchers measure these

constructs? Does social, family, and marital well-being play an important role in the subjective aspects of QOL? If so, how? What are the predictors of social, family, and marital well-being?

Concerning the definitions of social, family, and marital well-being, 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 QOL, relationship happiness, and involvement in a quality romantic relationship. The evidence concerning the relationship between social/family/marital well-being and subjective aspects of QOL points to a strong association. Some evidence points out to buffering as an explanatory mechanism tying family/marital well-being with QOL. 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 well-being on QOL.

There is much evidence that suggests family and marital well-being are linked with other health outcomes. I also reviewed evidence suggesting that social/family/marital well-being 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 well-being. In this vein, I organized and discussed many factors affecting social/family/marital well-being and QOL: (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 well-being is at the heart of the subjective aspects of QOL. Understanding the psychology of social, family, and marital well-being can help us develop better policies and programs that can enhance QOL of individuals, communities, and nations.

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Chapter 21

Health Well-Being

QOL researchers have addressed important issues in relation to health-related quality of life. Some of the research covered in this chapter addresses the following questions:

- What is health well-being?
- Does health well-being contribute significantly to subjective well-being?
- How does health well-being influence subjective well-being?
- What are the predictors of health well-being?

1 What Is Health Well-Being?

There are many conceptualizations and corresponding measures of health well-being. Examples of popular conceptualizations and measure include the following.

1.1 *Successful Adjustment to Illness*

In some instances, health well-being 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; Derogatis, 1986). This measure is completed by either a physician or a trained health-care 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 QOL 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 QOL 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 that 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 well-being of a patient is the *Sickness Impact Profile* (SIP) (Patrick & Generic, 1989) that 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).

1.2 Good Functional Status

In some instances, health well-being is construed in terms of functional status. Consider the popular *Dartmouth Primary Care Cooperative 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 QOL). Each chart has a title and a question. The alternative responses are illustrated by drawings and visual objects as well as words. The QOL 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 uppermost 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 well-being based on functional status is the *Health Assessment Questionnaire* (HAQ). This measure is commonly used to measure QOL 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 Centers 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, Ounpuu, Krueger, & Vermeulen (1997) conducted a study using a stratified probability sample of 1,042 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 1 day of poor physical health and 1.4 times more likely to report at least 1 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 nonsmokers.

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 contains 25 items designed to capture general well-being, 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.

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 recoded on a 5-point Likert scale.

Source: Adapted from Barak and Rahtz (1990)

1.3 Perceptions of Low Illness Symptoms

Health well-being 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 well-being commonly used by physicians are the *Symptom Checklist* (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 somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The BSI measure contains 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.

1.4 Satisfaction with Personal Health

Health well-being in this context is defined as perceived quality of personal health or satisfaction with personal health. Take a look at Barak and Rahtz’s measure of health satisfaction (Barak & Rahtz, 1990). The items are shown in Table 21.1. Their study produced a reliability coefficient of .70.

The Centers for Disease Control (CDC) incorporates a satisfaction with personal health measure in their large-scale survey. Specifically, survey respondents are asked to rate their personal health in terms of the following categories: excellent, good, fair, and poor (Jia et al., 2007; Moriarty, 1997).

1.5 Positive Mood and Affect

Health well-being 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 characterize 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.

1.6 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).

QOL researchers working in this area have used many measures. Consider the following measures.

The *EORTC QLQ-C36* (Aaronson et al., 1991) 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 QOL 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 QOL 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).

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)

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 nonmedical 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)

The constitution of the World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2001). More recently, the WHO has defined positive mental health as “a state of well-being 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). The WHO developed its own measure of health well-being referred to as the *World Health Organization’s QOL* (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).

Gill et al. (2011) developed a measure of health well-being that alleges more sensitivity to capture the effects of physical activities and other health promotion interventions. They argue that physical well-being 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 nonphysical well-being dimensions involve social well-being (personal relationships, intimate relationships, ability to initiate and maintain relationships, emotional relationships with others, and social relationships at large), spiritual well-being (prayer/meditation, spiritual growth, spiritual beliefs, and spiritual life), emotional well-being (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), and cognitive well-being (ability to concentrate, ability to think, ability to solve problems, memory, and ability to continue learning).

2 Does Health Well-Being Contribute Significantly to Subjective QOL?

Much research (e.g., Duda & Tappe, 1988; Ryckman and others, 1982) has shown that feelings about personal health spill over to overall life satisfaction because personal health is considered important in one's evaluation of life (see Andrews & Withey, 1976; Bubloz et al., 1980; Campbell, 1981; Campbell, Converse, & Rodgers, 1976; 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 well-being, as well as family QOL 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 well-being.

Michalos, Zumbo, and Hubley (2000) conducted a large-scale survey in attempt to predict the effect of health satisfaction on subjective well-being 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 QOL. That 60% of the explained variance in happiness scores was attributable to health satisfaction (cf. George & Landerman, 1984; Larsen, 1978; Michalos et al., 2007).

3 Explaining the Health Well-Being Effect on Subjective QOL

There are two theories discussed in the QOL literature designed to explain the effect of health well-being on subjective QOL. These are bottom-up spillover theory and homeostatic control theory.

3.1 *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 well-being 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 well-being 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 well-being in health.

3.2 *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 QOL 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. 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 well-being 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 modeled using the difference formulation to account for the overall satisfaction ratings of all life domains. To obtain an index of subjective QOL (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 well-being. A life event can depress a person's subjective well-being below its adaptation level; the homeostatic control mechanism will attempt to restore homeostasis back to the adaptation level. Conversely, life events can enhance subjective well-being temporarily, but in the final analysis, homeostatic balance is restored to its original adaptation level. This adaptation level or "set point" of subjective well-being is strongly influenced by two personality traits: extraversion and neuroticism. Extraversion determines positive affectivity, whereas 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 well-being. These psychological traits serve to ensure that subjective well-being 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 well-being).

4 Predictors of Health Well-Being and Subjective QOL

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 attempt to cover selected ones that are deemed important from a health-care perspective. These are categorized in terms of three major groups of variables: (1) personal health factors, (2) health-care factors, and (3) psychographics.

4.1 *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 *long-standing 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. Long-standing illness was measured by asking respondents about the presence of any long-standing illness or 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 heartbeat, 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.

4.2 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 health-care 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 an important 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 manner in which the individual responds to illness matters a great deal. For example, patients

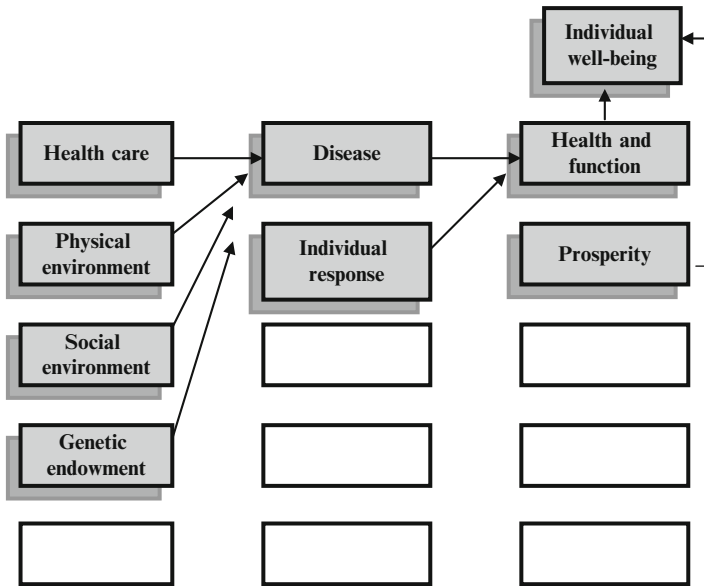


Fig. 21.1 The relationship between health and individual well-being

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 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 health-care services* and life satisfaction among the elderly. That is, satisfaction with health-care services seems to spill over to other life domains, affecting satisfaction with the totality of life. More specifically, we developed a consumer well-being (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 health-care industry plays a significant role in people’s perception of the QOL.

Also, Rahtz, Meadow, and I (Rahtz, Sirgy, & Meadow, 1989) conducted a study to further explore the relationship between health-care 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 health-care

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 health-care 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 seem 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.

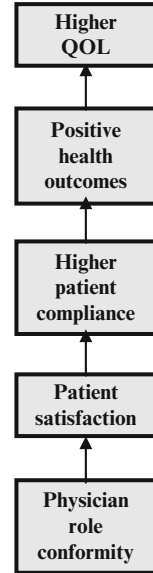
Hansen, Littlefield, and I (Sirgy, Hansen, & Littlefield, 1994) conducted an empirical study that showed *hospital satisfaction* can affect life satisfaction through satisfaction with community health-care satisfaction and satisfaction with personal health. Based on the study findings, we described a set of managerial strategies for hospital administrators. We recommended establishing long-term relationships with hospital patients by enhancing patient satisfaction. 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 health-care efforts and patients' perceptions of their own health. This can be accomplished by two strategies. First, communicate the benefits of hospital services in achieving quality health care for the community. This strategy is deduced directly from the link between hospital satisfaction and community health-care 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 health care 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 health-care satisfaction* and life satisfaction among the elderly. The study revealed a stronger relationship between community health-care 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 health-care satisfaction is positively related with life satisfaction, as expected. Personal health satisfaction was found to relate to life satisfaction directly and independently of community health-care satisfaction. More specifically, the results suggested that community health-care 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 health-care satisfaction on life satisfaction. The results indicated that personal health satisfaction is a mediator between community health-care 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 health-care satisfaction and life satisfaction. Specifically, those elderly who are dissatisfied with their personal health tend to experience a greater spillover effect of health-care 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 QOL 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 and greater QOL. These relationships are captured in Fig. 21.2.

Duffy, Duffy, and Kilbourne (1992) have argued that the QOL 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 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).

Fig. 21.2 Determinants and QOL consequences of patient satisfaction (Source: Adapted and modified from Bendall and Powers (1995, p. 78))



4.3 Psychographics

A number of studies have shown that *cognitive age* is positively related to health-related QOL 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 tend to 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*, that 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 are able to adapt to. Optimism does not help much in circumstances in which people cannot adapt, such as extreme health problems with pain and anxiety.

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.

A study conducted by Dalmida, Holstad, Dilorio, and Laderman (2011) was able to demonstrate that *spirituality* was a factor in health-related QOL 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 well-being (one dimension of spiritual well-being) was significantly and positively associated with the physical composite index of health-related QOL. Existential well-being was also significantly associated with the mental health composite index.

5 Summary

As I have done in the previous chapter, 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 well-being? Based on the literature, I was able to identify several conceptualizations and corresponding measures. Health well-being 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 well-being contribute significantly to subjective aspects of QOL? There seems to be plenty of evidence to suggest a positive link—that is, the greater the health well-being, the higher the QOL. Two theories were discussed to explain this positive association: bottom-up spillover theory and homeostatic control theory.

With respect to the predictors of health well-being and QOL, I described those factors in terms of (1) personal health factors, (2) health-care factors, and (3) psychographics. Examples of personal health factors include general health, vitality, body mass, health worries, stress, general health, long-standing illness, number of symptoms, and functional ability. Examples of health-care factors include satisfaction with hospital services, satisfaction with health-care services of all kinds, and satisfaction with community health care. Examples of psychographics include cognitive age, extreme problems in self-care and mobility, optimism, health literacy, and spirituality.

Health well-being plays a very important role in QOL, particularly among special populations such as the disabled and the elderly.¹ However, it may suffice to say at this point that health well-being is likely to contribute to overall sense of well-being

¹ The 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 contains three volumes (250 chapters) that provide much information about specific health-related QOL instruments designed for specific disease populations (e.g., oncology patients, arthritis patients, diabetic patients, etc.).

mostly by reducing the pain and the sting associated with failing health. Health well-being is not likely to contribute much to people's repertoire of positive affect. As such, the best that the health-care industry can do to better the human QOL condition is to ameliorate negativity.

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Chapter 22

Leisure Well-Being

Leisure typically refers to the use of discretionary time. That is, a person experiencing leisure is experiencing the time remaining after work. Thus, leisure is total time minus time spent on nondiscretionary 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 QOL studies related to the use of leisure time that is satisfying and enhancing to subjective well-being. In doing so, I will address the following questions: What is leisure well-being? Does leisure well-being contribute significantly to subjective QOL? If so, how? And what are the predictors of leisure well-being and subjective QOL?

1 What Is Leisure Well-Being?

The literature on leisure well-being in QOL 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.

1.1 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

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 applied my skills.”	“I got exercise.”	“I encountered the unexpected.”
“I observed the scenery.”	“I developed my skills and ability.”	“I felt good after being physically active.”	“I chanced dangerous situations.”
“I felt close to nature.”	“I did things my own way.”		“I took risks.”
“I learned more about myself.”			
“I thought about my personal values.”			
“I experienced peace and calm.”			

Source: Unger and Kernan (1990, p. 356)

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”

1.2 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. It comprises 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.

1.3 *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 a given 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.

1.4 *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 labour 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.

1.5 *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 perhaps a better way to capture the mediating role of

Table 22.2 Dimensions of leisure satisfaction with pretrip, trip route, and destination travel/tourism services

	Pretrip activities	Trip route services	Destination services
<i>Perceived freedom from control</i>	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
<i>Perceived freedom from work</i>	Someone else makes plans	Someone else gets you there; can relax along the way	Total escape
<i>Involvement</i>	Absorption with researching the trip	Becoming engaged in activities along the way	Level of participation in activities at the destination site
<i>Arousal</i>	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
<i>Mastery</i>	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
<i>Spontaneity</i>	Impulse purchases	To explore along the way	No structured schedule; get information from locals
<i>Extrinsic satisfaction</i>	Good travel agent; ease in making transit and accommodation arrangements	Comfort of transit mode; pleasant flight attendant; good rental car performance	Getting a tan/smoothen skin; feeling rested; being satisfied with the competency and –Friendliness of tour guide

Source: Adapted from Neal et al. (1995, p. 146)

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)

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.

2 Does Leisure Well-Being Contribute to Subjective QOL?

Much research has documented the effects of leisure on subjective aspects of QOL. That is, leisure well-being does play an important role in subjective well-being. Consider the following studies:

- Andrews and Withey (1976), using a large-scale nationally representative survey in the USA, found 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 contributes 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 and 19% find it more satisfying.
- An experimental study instructed students to engage in either two or 12 pleasant activities for a month. Both groups reported an increased QOL compared to a control group (Reich & Zautra, 1981).
- Relative to other sources of happiness, Balatsky 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 QOL. 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 QOL. The data indicated that leisure-life experience does influence QOL, 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 essentially 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) were able to establish 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 an acrobatics show. The study showed that satisfaction with leisure does indeed play a significant role in life satisfaction.

3 Theories Explaining the Link Between Leisure Well-Being and QOL

There are several major theories that have been used to explain how leisure well-being contributes to the sense of overall well-being. 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, and bottom-up spillover theory. Let us discuss these in some detail.

3.1 *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; Nawijin et al. (2010)). In other words, certain leisure activities are innately wired in humans to elicit positive affect.

3.2 *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 ($r = .27$)
- Dancing, eating out, engaging in family activities, attending social parties, getting together with other people at pubs, traveling to tourist places on holidays, socializing with friends, going to the movies, and watching sport events ($r = .45$)
- Engaging in do-it-yourself activities, taking evening classes, doing meditation, engaging in serious reading, and sewing ($r = .46$)
- Attending political activities, raising money for charity, engaging in religious activities, and doing voluntary work ($r = .55$)

3.3 *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).

3.4 *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. The vast majority 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” (29%), “weight control” (22.4%), “develop personal skills” (17.1%), and “competition” (7.9%).

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)

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 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 challenge of the activity is both 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), and flow and the autotelic personality (e.g., Askakawa, 2004).

A recent study conducted by Chen et al. (2010) collected data on leisure and life satisfaction in relation to an 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.

3.5 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, and traveling 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.

3.6 Sensation Seeking

Arygle (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 (1979b) 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.

3.7 Activity

Much research has shown that the greater the *frequency of participation in leisure activities*, the greater the subjective well-being (e.g., Lemon, Bingson, & 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 well-being. 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.

3.8 Bottom-Up Spillover

My colleagues and I (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

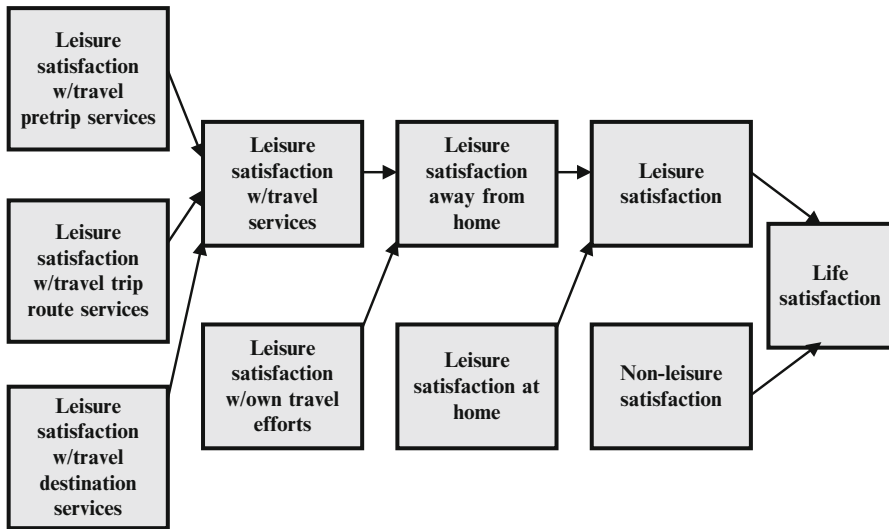


Fig. 22.1 The role of travel/tourism in leisure satisfaction and life satisfaction (Source: Adapted and modified from Neal et al. (1995, p. 145))

or QOL) has two main derivatives: leisure satisfaction experienced at home and away from home. Leisure satisfaction experienced away from home comes from essentially 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 different 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).

4 Predictors of Leisure/Subjective Well-Being

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).

4.1 Activity Factors

There is research that shows that frequency of participation in certain types of leisure activities is positively associated with subjective well-being. Consider the following studies:

- There is suggestive evidence that points to holidays and travel/tourism being positively related to psychological well-being—self-actualization, self-fulfillment, 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 nonmembers.
- Leung and Lee (2005) have provided evidence suggesting that increased participation in physical leisure activities is positively related to subjective well-being.
- Wendel-Vos, Schuit, Tijhuis, and Kromhout (2004) provided evidence suggesting that participation in physical leisure activities contributes 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) contributes to subjective well-being (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 well-being (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 frequently report higher levels of subjective well-being than much older women (61+). With respect to the second category of leisure activities (visiting cultural events), the study showed that older people (30+) who participate in this type of leisure activities report higher levels of well-being (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 predicts subjective well-being for both men and women across all age categories.

4.2 Time Factors

Spending time with significant others fosters a sense of leisure well-being 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 desire to do so too. Spending leisure time with

Table 22.5 Measure of free-time management

<i>Goal setting and evaluating</i>
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
<i>Techniques</i>
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
<i>Free time attitudes</i>
Free time is meaningful
Free time is happy
Free time use is important
<i>Scheduling</i>
Think that making schedules wastes time (reverse coded)
Believes free time to be too unpredictable (reverse coded)
Do not 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)

pets came second. However, subjects indicated that they like to spend more time with their pets than they actually do. Fathers indicated 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 demonstrate 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, uses 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 contained measures of free-time management, QOL (the WHOQOL-BREF measure), and a host of other control variables. The study findings revealed a significant link between free-time management and students' QOL (cf. Eriksson et al., 2007).

4.3 Personality Factors

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 travelers who are self-inhibited and non-adventurous on vacation. Allocentrics, on the other hand, are those who enjoy trying a wide variety of pursuits and challenges while on a vacation. The study results indicated that the more allocentric a traveler is, the more he or she 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.

4.4 *Situational Factors*

Nawijn, Marchand, Veenhoven, and Vingerhoets (2010) conducted a study comparing vacationers with nonvacationers to examine if the actual vacation did actually increase happiness upon their return. They measured happiness before and after the trip. The results showed that for the vacationers posttrip happiness did not significantly increase (compared to pretrip happiness). Contrary to expectations, pretrip happiness was higher than posttrip 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 vacationers, Nawijn (2011) reported that vacationers appeared to be marginally happier than nonvacationers—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, theater, museums, rock concerts, disco dance, painting exhibits, watching competitive sports, cinema, and poetry reading sessions) is a significant predictor of Italian residents' psychological well-being (as captured through six health-related QOL dimensions: anxiety, depressed mood, positive well-being, self-control, general health, and vitality). Again, this study finding attests to the power of leisure and cultural amenities on the subjective aspects of QOL.

5 Summary

In this chapter, an attempt was made to answer the following questions: What is leisure well-being? Does leisure well-being contribute significantly to subjective QOL? If so, how? And what are the predictors of leisure well-being and subjective QOL? The literature provides several definitions of leisure well-being. 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 much evidence that links leisure well-being with subjective well-being. 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, and bottom-up spillover theory.

With respect to the predictors of leisure well-being and QOL, 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).

Leisure well-being plays an important role in QOL. Understanding this concept and its effects on QOL should help organizations and government develop leisure programs and policies that can ultimately enhance QOL of all citizens.

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Chapter 23

Other Domains Varying in Salience

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 the vast majority of people. In other words, the sense of overall well-being is very much dependent of the sense of well-being in the aforementioned domains. There are other domains that may play an important role the subjective aspects of QOL, but these tend to vary in salience. Examples include spiritual life, political life, national life, environmental life, and educational 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 impact some people, not others. This chapter is devoted to these domains that are less universal.

1 Spiritual Well-Being

As I have done with the preceding chapters on the universal life domains, I will review QOL 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 QOL? What are other consequences of spiritual well-being? How does spiritual well-being influence subjective well-being? And what determines spiritual well-being?

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 et al. (2006, p. 149)

Table 23.2 The Spiritual Well-Being Scale

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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 relation 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-type scales ranging from "strongly disagree" to "strongly agree."
-

Source: Adapted from Scott, Agresti, and Fitchett (1998)

1.1 What Is Spiritual Well-Being?

QOL researchers have defined this concept in various 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, Murdvee, & Saks, 2006; WHOQOL Group, 1995). The WHOQOL-100 spirituality domain comprises 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 analyzed these items and showed that there are three factors embedded in this measure, namely, affiliation (items 3, 6, 8, 11, 13,

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)

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 well-being 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 have to 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 (the 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 well-being is also construed as a combination of two conceptual dimensions: existential well-being and religious well-being (Ellison, 1983; Paloutzian & Ellison, 1982). *Religious well-being* focuses on the degree to which a person perceives his or her spiritual well-being as directly related to God (e.g., “I believe that God loves me and cares about me”; “I have a personally meaningful relationship with God”). In contrast, *existential well-being* 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 well-being, Sawatzky, Gadermann, and Pesut (2009) developed an integrated conception of spiritual well-being they referred to as *spiritual attributes*. This conception of spiritual well-being reflects purpose in life and a sense of peace of mind, comfort, and optimism. See measurement items in Table 23.4.

1.2 Does Spiritual Well-Being Affect Subjective Aspects of QOL?

There is a huge literature on the effects of spirituality on personal well-being (see Koenig, 2001 for a comprehensive review of this literature). Let us consider selected study evidence:

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-type scales ranging from "strongly disagree" to "strongly agree."

Source: Adapted from Sawatzky et al. (2009, p. 9)

- 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 well-being. That is, college students who report good health also report high levels of spiritual well-being, which in turn is the predictor of life satisfaction.
- Teichmann et al. (2006) conducted a study involving Estonian university students. Spiritual well-being was captured through questions related to meaningfulness of life. The study found positive and significant correlations between spiritual well-being and subjective well-being, as well as positive and significant correlations between spiritual well-being and physical health and social relationships.
- Kelley and Miller (2007) investigated the relationship between spiritual well-being and life satisfaction among adolescents and found a positive and strong relationship.
- A large-scale study (Ellison & Fan, 2008) conducted over 7 years (1998–2004) found a positive relationship between measures of spiritual well-being (the *Daily Spiritual Experience Scale*) and measures of subjective well-being. 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 indicate 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 indicate that spirituality is positively associated with happiness but not religious practices. Spirituality was measured using the *Spiritual Well-Being 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* (Lyubormirsky & Lepper, 1999), and the *Faces Scale* (Abdel-Khalek, 2006).

- Wills (2009) conducted a study using the *Personal Well-Being Index* (Cummins, Eckersley, Pallant, van Vugt, & Misajon, 2003) in a large-scale survey in Bozota, 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 (the 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 well-being. This measure of spiritual well-being was positively correlated with the happiness measure but only in the US sample—not in the Netherlands and Denmark samples. This finding demonstrates that spiritual well-being does play a significant role on overall well-being at least in some countries.

1.3 Are There Other Consequences of Spiritual Well-Being?

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 and adjustment to hemodialysis and negatively related to anxiety, depression, and other psychological and health-related variables*. It also revealed that religiousness is positively related to *coping and 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 well-being may play a significant role in *longevity*. For example, Hummer, Rogers, Nam, and Ellison (1999) conducted a large-scale longitudinal study in the USA 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 well-being 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; Wong, Rew, & Slaikeu, 2006).

In contrast, there are studies that demonstrated that excessive spiritual well-being may produce *depression* and *other mental disorders* in some individuals under certain circumstances (e.g., Ellis, 1962).

1.4 *How Does Spiritual Well-Being Influence Subjective Well-Being?*

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 well-being influences the sense of well-being in other life domains. Sawatzky et al. (2009) conducted a study to test the theoretical notion that spiritual well-being does affect life satisfaction among adolescents grades 7–12 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 (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 well-being and life satisfaction. Here is an excerpt from Argyle:

I have argued elsewhere ... that religion is in some ways a social phenomenon. Very close bonds are formed between members, perhaps because of their shared beliefs, perhaps because of shared rituals are a bonding experience (Argyle, 2001, p. 167).

Argyle advanced several other explanations to account for the relationship between religiosity and subjective well-being: 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 and 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

well-being 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.

1.5 What Are the Determinants of Spiritual Well-Being and QOL?

Examples of factors influencing spiritual well-being include intrinsic motivation, religiosity, religious affiliation, strength of religious affiliation, religious activities, and religious beliefs. QOL research in spiritual well-being 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 (the 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 be 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 “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 well-being) 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, Stock, Okun, & Haring, 1985).

1.6 Conclusion

Peterson and Webb (2006) provided some concluding remarks based on a thorough review of the literature of spirituality and QOL. Here is an abbreviated synopsis of their recommendations:

- Research should be conducted to explore the direct and indirect effects of spirituality and QOL.
- Research should focus on identifying moderator effects between spirituality and QOL.
- Research should be conducted based on longitudinal designs to capture the effects of spirituality on QOL over time.
- Research should focus on how spiritual practices affect QOL.
- Research should involve multidisciplinary approaches.
- Research should be grounded in different theoretical perspectives.
- Research should explore the effects of spirituality on QOL various macro levels: local, regional, and global.
- Research should focus on the effects of spirituality on QOL across different life stages.
- Much of the research on spirituality and QOL can be strengthened with qualitative research.
- Research should explore different modalities of spirituality and the effects of these modalities on QOL.
- Research should investigate the effect of spirituality in various domains of life (e.g., work life, social life, family life, and community life).

2 Political and National Well-Being

In the vast and voluminous literature on life satisfaction and happiness, there is a relative dearth of empirical research on political and national well-being. The few studies conducted in this area shed some light on political/national well-being and its relationship with subjective aspects of QOL.

One definition of political/national well-being is essentially *citizen's satisfaction with the political conditions of the country* (Inglehart, 1988). Another definition of political/national well-being is based on the work of Robert Cummins and his colleagues of the International Well-Being Network (Cummins et al., 2003; Renn

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)

et al., 2009). These scholars developed the *National Well-Being 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 well-being is offered by Bohnke (2008). This author reported a study in which national well-being 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 well-being play a significant role in subjective aspects of QOL 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 well-being 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 attributes this effect to interpersonal trust. That is, those who reside in the developed countries tend to experience a higher level of trust in institutions than those who reside in the developing countries.

More recently, Morrison, Tay, and Diener (2011) examined the relationship between satisfaction with one's country (national satisfaction) and subjective well-being 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 authors conclude:

When individuals are impoverished or more bound to their culture and surroundings, national satisfaction more strongly predicts life satisfaction. In contrast, reverse trends were found in analyses predicting life satisfaction from satisfaction in other life domains (health, standard of living, and job). These patterns suggest that people are more likely to use proximate factors to judge life satisfaction where conditions are salutary, or individualism is salient, but are more likely to use perceived societal success to judge life satisfaction where life conditions are difficult, or collectivism predominates (Morrison et al., 2011, p. 1).

The research literature also suggests that institutional and constitutional factors do impact individual well-being. For example, Veenhoven (Veenhoven, 2000a, b) has concluded that economic, but not political, freedom contributes to well-being particularly in poor countries; however, political well-being contributes to well-being in richer countries. This study has been limited to analyses of direct democracy and federalism and more research is needed in this area.

3 Environmental Well-Being

One conceptualization of environmental well-being is *satisfaction with environmental QOL*. This construct, developed by Jeffres and Dobos (1995), was used by a number of other QOL 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 well-being 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 & Frendenburg, 2004; Riad & Norris, 1992).

What are possible factors influencing environmental well-being and QOL. 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 QOL. 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 well-being (*Psychological Well-Being* measure—Ryff, 1989; PANAS—Watson, Clark, & Tellegen, 1988; and the *Satisfaction with Life Scale*—Diener, Emmons, Larsen, & Griffin, 1985) are 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 well-being 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.

4 Educational Well-Being

This section will cover educational well-being, examples of conceptualizations and measures, the research linking educational well-being with subjective aspects of QOL, and predictors of well-being.

4.1 What Is Educational Well-Being?

What is educational well-being? A commonly used construct and measure of educational well-being is *student well-being* that is captured by the *Well-Being Inventory of Secondary Education* (WISE) measure (Engels, Aelterman, Schepkens, & Van Petegem, 2004). Different aspects of well-being 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
- Satisfaction with the school's administrative staff

Response to the various 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 well-being 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
- 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
- Satisfaction with recreational activities on campus

Furthermore, satisfaction with both academic and social aspects of the college are further influenced by satisfaction with other facilities and services on campus such as library services, health care 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.

Response scale: 5-point Likert-type scale

Source: Adapted from Yu and Kim (2008, p. 18)

4.2 What Is the Relationship Between Educational Well-Being 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 well-being with school spills plays a strong role in their overall sense of well-being. Research has shown that students who are dissatisfied with school are much more likely to exhibit 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, and commit crime and suicide, among others (e.g., Le'vy-Garboua, Lohe'ac, & Fayolle, 2006; Natvig, Albrektsen, & Qvarnstrom, 2003; Rask, Aastedt-Kurki, Tarkka, & Laippala, 2002).

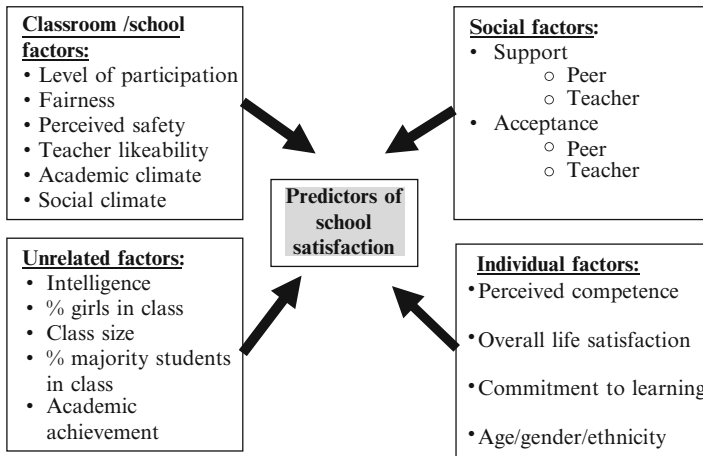


Fig. 23.1 Predictors of school satisfaction (Source: Adapted from Randolph et al. 2010, p. 195)

4.3 What Are Possible Sources of Educational Well-Being?

Van Petegem, Aelterman, Van Keer, and Riosseel (2008) conducted a study that was able to demonstrate a positive relationship between student well-being 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 toward 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: (1) classroom/school factors, (2) social factors, (3) individual factors, and (4) unrelated factors (see Fig. 23.1).

Classroom/school factors involve the following:

- Level of participation (the greater the student participation, the higher the school satisfaction)
- Fairness (students 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)
- 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)
- 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)
- Percentage girls in classroom (no relationship with school satisfaction)
- Class size (no relationship with school satisfaction)
- Percentage majority in class (no relationship with school satisfaction)
- 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.

5 Sexual Well-Being

How is sexual well-being 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?"

How does sexual well-being contribute to subjective QOL? The literature provides several explanations. One explanation is based on *neuroscience*. The literature supports the idea of two separate systems involving sexual well-being and its relationship to an overall sense of well-being: 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 *sociocultural*. For example, Bancroft et al. (2011), in an attempt to explain the finding that black women in the USA tend to experience higher levels of sexual well-being 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 well-being (cf. Oggins, Leber, & Veroff, 1993).

6 Summary

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 QOL*. These nonuniversal domains include spiritual life, political life, national life, environmental life, and educational life.

QOL researchers have defined *spiritual well-being* in various ways. Spiritual well-being 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 well-being, religious well-being, and spiritual attributes. Does spiritual well-being contribute to subjective well-being? The answer is yes indeed. Much evidence has documented the effect of spiritual well-being on the subjective aspects of QOL. Spiritual well-being was also shown to have other positive consequences: spiritual well-being is positively related to coping with terminal illness and 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 and 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. QOL scholars have explained the spiritual well-being effect in that religious institutions influence health by prescribing and enforcing

rules against unhealthy habits. Another explanation is horizontal spillover. In other words, spiritual well-being influences the sense of well-being in other life domains. There are many factors that influence spiritual well-being and QOL. These include intrinsic motivation, religiosity, religious affiliation, strength of religious affiliation, religious activities, and religious beliefs.

With respect to *political and national well-being*, QOL 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 well-being play a significant role in subjective aspects of QOL such as life satisfaction? Based on the evidence, the answer is yes.

In regard to *environmental well-being*, QOL researchers have defined this concept in terms of satisfaction with environmental QOL and perceptions of environmental quality. There is also suggestive evidence that builds the case for the effect of environmental well-being on subjective aspects of QOL. Examples of factors found to influence environmental well-being and QOL include urban renewal programs and nature relatedness.

I also described the literature on *educational well-being*. The literature defines this concept in terms of student well-being and quality of college life. Sources of educational well-being 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, and commitment to learning, age, gender, and ethnicity. With respect to college student satisfaction with their universities, the key determinant seems to be student satisfaction with three college types of services: academic-related services, administrative services, and facilities services.

Lastly, I made reference to sexual well-being. The literature seems to define it in terms of satisfaction with one's sexual relations and one's own sexuality. I offered at least two explanations that may account for the relationship between sexual well-being and QOL.

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Part V

Population Segments and QOL

This part of the book explores the concept of subjective aspects of QOL from the perspective of special populations. In this part, I will describe subjective well-being research in relation to children, youth, college students, the elderly, women, countries, and other special population groups (e.g., disabled, drug addicts, prostitutes, emergency personnel, immigrants, teachers, and caregivers).

Chapter 24

Children, Youth, and College Students and QOL

In this chapter, I will describe QOL research related to children, youth, and college students. I will discuss the concept of QOL as it directly pertains to these population groups. This will be followed by a description of the research addressing the factors affecting subjective well-being.

1 What Is QOL for Children, Youth, and College Students?

QOL researchers have conceptualized and developed instruments to capture the subjective aspects of QOL at various stages of development among children and youth. I will review conceptualizations and measures organized by chronological age.

1.1 QOL of Children of Preschool Age

With respect to early years such as *preschool*, one example of QOL 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 QOL 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 QOL 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 school teacher for target children. The measure attempts to capture five domains directly related to school readiness: physical health and well-being,

Table 24.1 The Early Development Instrument (EDI)

Domain	Subdomain	Example items
Physical health & well-being	Physical readiness for school	Arrives at school hungry
	Physical independence	Has well-coordinated movements
Social competence	Gross & fine motor skills	Is able to manipulate objects
	Overall social competence	Is able to get along w/other children
	Responsibility & respect	Accepts responsibility for actions
Emotional maturity	Approaches to learning	Works independently
	Readiness to explore new things	Is eager to explore new items
	Prosocial & helping behavior	Helps other children in distress
	Anxious & fearful behavior	Appears unhappy or sad
Language/cognitive development	Hyperactivity & inattention	Is restless
	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
Communication skills & general knowledge	Basic numeracy	Is able to count to 20
	Communicates easily/effectively	Is able to communicate his needs
	Participates in story telling	Understands others
	Articulates clearly	Participates in story telling
	Shows adequate knowledge	Articulates clearly Shows interest in general knowledge

Source: Adapted from Muhajarine, Puchala, and Janus (2011, p. 300)

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).

1.2 QOL of Children of Elementary School Age

An example of a QOL 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.

1.3 QOL 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*

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 signaling the level of priority the child places on the various life domains.

Source: Adapted from Etienne et al. (2011, pp. 245–247)

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; Sawatzky, Ratner, Johnson, Kopec, & Zumbo, 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 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 is based on the assumption 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.

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 neighborhood. (reverse coded)
- This town is filled with mean people. (reverse coded)
- My family's house is nice.
- I like my neighbors.
- There are lots of fun things to do where I live.
- I like my neighborhood.

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)

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 et al. (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)

1.4 QOL of Adolescents

There are many subjective well-being constructs and measures focusing on *adolescents*. For example, the *Personal Wellbeing Index-School Children* (PWI-SC; Cummins & Lau, 2005; Tomy & Cummins, 2011a, 2011b) captures satisfaction 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 study did indeed find that school satisfaction contributed a significant portion of the overall variance in overall life satisfaction.

Another example of a QOL instrument for adolescents is the *Personal Growth Measure* (Robitscheck, 1998). This measure consists of nine items capturing the student's deliberate attempts toward changing and developing as a person. See measurement items in Table 24.5.

1.5 QOL of College Students

With respect to capturing the subjective aspects of QOL in relation to college students, Michalos and Orlando (2006) employed two indices: a global subjective

well-being index and a domain satisfaction index. The subjective well-being 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 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) does play a significant role in student subjective well-being.

Durak, Senol-Durak, and Gencoz (2010) employed the *Satisfaction with Life Scale* (SWLS—Diener et al., 1985) to capture the QOL of college students in Turkey. The reliability and validity of the SWLS was supported in the context of this population segment.

2 Explaining Subjective Well-Being Among Children and Youth

The literature seems to hint at three theories that QOL scholars have used to explain subjective well-being among children and youth. These are social developmental theory, attachment theory, and ecological theory. Let us look at these theories closely.

2.1 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 well-being 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-year-old children) face the challenge of becoming autonomous. That is, the child makes an attempt 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.

2.2 *Attachment Theory*

A body of research has shown that later emotional well-being 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 well-being of children (e.g., Furnham & Cheng, 2000; Flouri & Buchanan, 2003a, 2003b).

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 closeness to their mothers at age 16 also reported poor psychological functioning at age 42.

2.3 *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 mostly 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 neighborhood, the government social services, etc. The microsystem, the mesosystem, and the exosystem constitute the child's developmental context. To explain children's subjective well-being, the QOL researcher has to take into account these three ecological sets of factors and study their influence interactively or simultaneously.

3 Factors Affecting the QOL of Children, Youth, and College Students

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 lifestyle). 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 well-being 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; Keyes, 2006; Sawyer et al., 2000; Suldo & Huebner, 2004). 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 a review). Specifically, adolescent life satisfaction has been demonstrated to be positively associated with self-esteem, health-related QOL, hope, self-efficacy, relationships with parents and peers, participation in extracurricular activities, aspirations, academic achievement, satisfaction across multiple life domains, positive emotions, and increased mental health.

In the sections below, I discuss examples of factors that influence subjective well-being 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) socioeconomic and sociocultural factors.

3.1 *Situational Factors*

There are many situational factors that play a key role in the subjective well-being 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 considered to be 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 well-being, which in turn spurs personal growth. Recognition and praise was 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 well-being 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 toward changing and developing as a person (Robitscheck, 1998).

Yarcheski, Mahon, and Yarcheski (2001) found a positive relationship between *social support* and subjective well-being. This relationship was mediated by self-esteem and hopefulness. Using samples of US 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 well-being 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. Posttest 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).

3.2 *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 well-being effect of *extraversion* (sociability) and the negative well-being effect of neuroticism (emotionality). Thus, we can view personality factors affecting the well-being 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 well-being.

In regard to the negative personality factors, research indicates that 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.

In regard to the positive personality factors, there are many personality factors that are positively associated with subjective aspects of QOL. 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 well-being: *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 well-being. 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 well-being 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).

Chen and Yao (2010) correlated aspects of *identity firmness* and measures of health-related QOL (WHOQOL-BREF and VAS scales) and found that identity firmness is positively associated with all dimensions of health-related QOL (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.

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 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 burnout. Dispositional gratitude refers to experiences and expressions of gratitude and appreciation in daily life and positive feelings toward others who provide amenities and other benefits.

An important factor in the well-being 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 well-being. 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. 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.

3.3 Psychographic Factors

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 did not 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 over weight* 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 beaten up by a date, having beat up a date, forcing someone to have sex, having been pregnant or caused 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) that 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 well-being, physical exercise, ecologically responsible behavior, free time management, and values. Kelley and Miller (2007) investigated the relationship between spiritual well-being 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 well-being. That is, college students who report good health also report high levels of spiritual well-being, 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 Well-Being 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 places 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* (Tkach & Lyubomirsky, 2006), and the *Faces Scale* (Abdel-Khalek, 2006). Sawatzky et al. (Sawatzky, Gadermann, & Pesut, 2009; Sawatzky, Ratner, Johnson, Kopec, & Zumbo 2009) also tested the theoretical notion that spiritual well-being does affect life satisfaction among adolescents (grades 7–12 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 QOL 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 well-being.

Table 24.7 A measure of free time management

<i>Goal setting and evaluating</i>
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
<i>Techniques</i>
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
<i>Free time attitudes</i>
Free time is meaningful
Free time is happy
Free time use is important
<i>Scheduling</i>
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)

See literature review of the relationship between spirituality/religiousness and subjective aspects of QOL 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 well-being, materialism, generosity, and ecologically responsible behavior. *Ecologically responsible behavior* was found to be a positive predictor of subjective well-being 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 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, uses 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, QOL (the WHOQOL-BREF measure), and a host of other control variables. The study findings revealed a significant link between free time management and students' QOL.

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 24.8 Adolescents' values

<i>Personal values</i>
Sensitivity
Good manners
Love of life
Creativity
Work capacity
Perseverance
Character
Kindness
<i>Relationship values</i>
Family
Sympathy
World knowledge
Solidarity
Tolerance
<i>Capacities and knowledge values</i>
Intelligence
Practical skills
Social skills
Computer knowledge
Professional status
<i>Materialistic values</i>
Money
Power
Appearance/image
<i>Spiritual values</i>
Religious faith
Spirituality

Source: Adapted from Casas et al. (2007, p. 282)

3.4 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 extracurricular 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 well-being is associated with their parents' subjective well-being. 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 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, felt unhappy and depressed, lost confidence, and felt 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 that 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, nonrelatives, 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 that 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 if 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 of *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 Socio-Economic Panel, a national 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 aged 9–12 years. Positive social relations was 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 well-being. 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 well-being, 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 points that 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* contributes 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 an important 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.

3.5 Socioeconomic and Sociocultural 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 indicated 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 frequently 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.

4 Indicators of Children's Well-Being

Lippman, Moore, and McIntosh (2011) made an attempt to develop positive indicators of children's well-being. Below I will describe these authors' efforts at developing both objective and subjective indicators of children's well-being. 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's well-being 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 well-being in 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 well-being in the table.

5 Summary

This chapter captured QOL research related to children, youth, and college students. I describe the concept of QOL as it directly pertains to these population groups. QOL researchers have conceptualized and developed instruments to capture the subjective aspects of QOL 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 QOL measure applied to preschool children. I described the *Child Quality of Life Systematic Inventory* as an example of a QOL 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 QOL measures of adolescents. Focusing on college students, I described two indices typically employed in capturing QOL: a global subjective well-being index and a domain satisfaction index.

Then the chapter focused on factors that were found to influence subjective well-being 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 well-being, physical exercise,

Table 24.9 Positive indicators of child well-being*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 well-being (happiness, subjective well-being, 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.)

(continued)

Table 24.9 (continued)

Positive functioning of family as a whole (outings, celebrations, vacations, family meals together, etc.)
<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)
<i>Context</i>
<i>Family</i>
Positive parenting (warmth, communication, role modeling, 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)

ecologically 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 extracurricular activities, quality and quantity of interpersonal relationships, development assets, positive social relationships, popularity, social bonding with adults, intimate relationships established in early adulthood, multiple close relationships, and intact family structures), and (5) socioeconomic and sociocultural factors (e.g., family affluence, neighborhood resources, high-quality neighborhoods, and ethnic identity and effective acculturation strategies).

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Chapter 25

Elderly and QOL

This chapter will describe research related to the psychology of QOL of the elderly. The chapter begins by providing the reader a basic understanding of how QOL of the elderly is conceptualized and measured. Then, we will move to mining the QOL literature regarding factors that impact elderly subjective well-being.

1 What Is QOL for the Elderly?

Fernandez-Ballesteros (2011) has argued that QOL of the elderly can be assessed from a variety of perspectives. These perspectives can be classified in terms of two dimensions: unit of analysis (population vs. individual levels) and the nature of the QOL assessment (objective vs. subjective). The objective dimension captures QOL of the elderly 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, QOL indicators may be in the form of demographic indicators (e.g., age, education, and socioeconomic 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 QOL of the elderly 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).

Table 25.1 Classification system of factors involved in the assessment of QOL in old age

	Population	Individual
<i>Objective</i>	Demographic conditions: aging rates, etc.	Demographic conditions: age, education, SES, etc.
	Environmental conditions: residential facilities, protective assistance, etc.	Environmental conditions: quality of home and neighborhood, etc.
	Economic conditions: pension system, etc.	Economic conditions: income, etc.
	Social conditions: social network, availability of social services, etc.	Social conditions: family support, social network, etc.
	Legal conditions: laws pertaining to nondiscrimination, etc.	Functional abilities and activity
	Health conditions: life expectancy, health insurance, etc.	Health conditions: days spent in hospital, health status, etc.
	Degree of disability in old age	Physical conditions: fitness, balance, strength, BMI, etc.
<i>Subjective</i>	Any collective or social perceptions such as stereotypes about aging, social values related to the aged	Subjective conditions such as well-being, life satisfaction, control perceptions
		Any personal appraisal of the conditions shown in the other cells in this matrix

Source: Adapted from Fernandez-Ballesteros (2011, p. 26)

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 well-being, I will focus on describing the subjective indicators of elderly QOL, mostly at the individual level.

1.1 Global Judgments of Life Satisfaction

Global judgment of life satisfaction is one perspective or definition of QOL. In this case, QOL of the elderly 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 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 QOL of the elderly is a global judgment of life quality. The measure contains

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 have 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 have 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

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 happier 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)

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 QOL is a global judgment of life quality. The SWLS has been used to capture the QOL of the elderly (e.g., Durak, Senol-Durak, & Gencoz, 2010). This measure has been employed to capture the QOL of the elderly 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).

Table 25.5 A measure of psychological well-being 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)

1.2 *Affective and Cognitive Judgments of Well-Being*

As previously discussed, subjective well-being 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 well-being (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 well-being fits the bill. These researchers developed a health-related QOL designed to capture subjective well-being 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 well-being, whereas item 5 represents the cognitive dimension. A survey conducted in Norway 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 well-being used to gauge QOL in an elderly population is the *Philadelphia Geriatric Center Morale Scale* (e.g., Gerstorf, Ram, Rocke, 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.

1.3 *Satisfaction of Salient Life Domains*

As previously described in Part 1 of the book, many QOL researchers have conceptualized the subjective aspects of QOL in terms of a composite of satisfaction ratings of salient life domains (e.g., family life, social life, leisure life, work life). Thus, we can develop such a measure of QOL and apply it to an elderly population if we find out what life domains are salient for a typical elderly person. Brown, Bowling, and

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 is not 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 cannot 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)

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 well-being, religion/spirituality, health of others, and environmental conditions (indoors and outdoors). As such, one can measure elderly QOL 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, and standard of living. 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 QOL 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")
- 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")
- Access to medical care (e.g., "The medical care available to you if you need it")

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 nonfinancial 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)

Ku, Fox, and McKenna (2008) developed subjective well-being 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 well-being, psychological well-being, independence, learning and growth, material well-being, environmental well-being, and social well-being. An overall score of QOL 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 QOL in relation to the elderly and managed to synthesize much of the literature into six major life domains: (1) social well-being, (2) physical well-being, (3) psychological well-being, (4) cognitive well-being, (5) spiritual well-being, and (6) environmental well-being. The exact subdimensions and indicators of these well-being domains are shown in Table 25.8.

Perhaps future measures of QOL can be improved by using Kelley-Gillespie’s synthesis of the literature. Thus, a formative measure of elderly QOL can be developed by translating the aforementioned dimensions and subdimensions into a more comprehensive and sensitive measure.

1.4 Satisfaction of Needs Salient to the Elderly

One can construe elderly QOL in terms of need satisfaction. That is, QOL of elderly people 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,

Table 25.8 Synthesis of quality-of-life indicators reflecting elderly dimensions and subdimensions of domain satisfaction

Social well-being

Sociocultural/socioeconomic 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, neighborhood, and community; contact with statutory/voluntary organizations; community interactions

Physical well-being

Biological/physical well-being; 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 well-being

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 well-being

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 well-being*

Thinking processes/management skills
 Memory/learning/concentration
 Decision-making/problem-solving/judgment/logic

Environmental well-being

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)

Higgs, and Blane (2008) developed the CASP-19 Scale (see measure in Table 25.9) to capture QOL 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 UK.

2 Factors Affecting the QOL of the Elderly

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 well-being. 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) socioeconomic factors, and (5) residential factors.

2.1 *Effects of Health-Related Factors*

QOL studies have shown that health-related factors do play an important role in elderly QOL. Examples of these factors include health problems, quality of health care, and health literacy. 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 well-being (e.g., Berg, Hassing, McClearn, & Johansson, 2006; Borg, Hallberg, & Blomqvist, 2006; Pearlin & Skaff, 1996; Rabbitt, Lunn, Ibrahim, Cobain, & McInnes, 2008; Rocke & Lachman, 2008). Recently, a study conducted by Windle et al. (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 QOL 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 QOL 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.

2.2 *Effects of Personal Values*

Psychological factors do indeed play an important role in the subjective well-being 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) used several databases (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*.
- 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 3 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.

2.3 *Effects of Social Factors*

There are also many social factors that have been identified to play a major significant role in the QOL of the elderly. 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 Khan (1997) found that *marital status* is related to life satisfaction in that those elderly who are married report higher levels of life satisfaction than those who 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; Rocke & 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 well-being. Positive relationships between social participation and QOL 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,

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)

and daily activities and social roles) plays an important and positive role in the subjective well-being of older adults living with chronic conditions. The study results indicated that satisfaction with participation made a significant contribution to subjective well-being.

- 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 Trommsdoff (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 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 toward 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 well-being of the pet owners. However, Cutt, Giles-Corti, Knuiiman, and Burke (2007) were more critical of the study findings, reporting conflicting results related to subjective well-being. 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 well-being effect. Rijken and

van Beek (2011) attempted to replicate the previous study findings by controlling for a host of sociodemographic 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.

2.4 *Effects of Socioeconomic Factors*

Research has also found that economic and work-related factors do account for a significant portion of the variance in QOL measures among the elderly. Examples of such variables include economic satisfaction, citizenship in countries having a welfare state, and trust in others. Let us take a closer look.

- Work and retirement patterns have been reported to influence life satisfaction (e.g., Pinquart & Schindler, 2007; Warr, Butcher, Robertson, & Callanan, 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 Sipila (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 well-being 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* is positively associated with the highest levels of subjective well-being. 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 well-being than systems with more detailed care for the welfare of citizens; to the point that citizens in many cases think their well-being 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 well-being. Trust in individuals and their own potential is demonstrated here to generate a high probability of future subjective well-being. 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).

2.5 *Effects of Residential Factors*

Living arrangements are very important to the psychological well-being of the elderly. For example, the elderly in rural China who live in three-generation households experience a higher level of psychological well-being than those who live in single-generation household (e.g., Silverstein, Chong, & Li, 2006).

3 Summary

This chapter described research related to the psychology of QOL of the elderly. The chapter began by providing the reader a basic understanding of how QOL of the elderly is conceptualized and measured. Based on the literature, I identified four different conceptualizations and corresponding measures of elderly QOL. These are global judgments of life satisfaction, affective plus cognitive judgments of well-being, satisfaction of salient life domains, and satisfaction of needs salient to the elderly.

Then, we moved to mining the QOL literature regarding factors that impact elderly subjective well-being. As such, these factors were grouped in five major categories: (1) health-related factors (e.g., health problems, quality of health care, 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) socioeconomic factors (e.g., economic satisfaction, citizenship in countries having a welfare state, and trust in others), and (5) residential factors (e.g., living arrangements).

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Chapter 26

The QOL of Women

This chapter will describe research related to the psychology of QOL of women. I start out by reviewing the literature on unique views and measures that focus on women's subjective well-being. Then the chapter shifts to examine the QOL difference 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 subjective well-being—family and cultural factors, economic and work-related factors, residential factors, sexual and relationship factors, health-related factors, and factors related to the feminist movement.

1 What Is QOL for Women?

In Chap. 6 (Effects of Other Demographic Factors on Subjective QOL), I described some QOL research focusing on gender differences. I made reference 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, Diener, and Sandvik (1991) developed a conceptualization and measure of QOL for women that can be used to complement other others of subjective well-being. 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 and 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 time frame. Specifically, study participants are given 2 or 3 min to write down as many memories important events in their lives and 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 QOL among women can be viewed in the form of positive and negative affect, life satisfaction, and psychological well-being. The vast array of gender and women studies I have reviewed for this chapter employ gender-free measures of subjective well-being. However, my recommendation to QOL scientists, who are contemplating to measure subjective well-being in terms 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.

2 QOL of Women

The Fourth World Conference on Women held in Beijing (China) in 1995 is considered to be a milestone regarding women's QOL issues. A call to action was issued to identify QOL indicators and monitor the state of QOL of women around the world.

As a result, many international NGOs responded by developing gender-specific QOL indicators. There are many indicators capturing the QOL of women vis-à-vis the QOL 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 QOL 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 QOL, 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 QOL research, we do get a glimpse about the positive aspects of subjective QOL 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 et al., 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).

3 Explaining Women's QOL

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, health care, socioeconomic, and specific to social roles.

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).

By the same token, 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.

3.2 *A Psychological Explanation*

Nolen-Hoeksema (1987) advanced a theory of clinical depression that may account for gender differences—*ruminative theory*. She argued that it is the way that women respond to predepressive 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.

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.

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.

3.5 A Health-Care Explanation

Women report high levels of psychopathology perhaps because they are more socially inclined to use the health-care system, much more so than men (Kane, 1991). The social norm is that it is socially acceptable for women to seek health care, but less so for men. Therefore, if women feel distressed, they seek assistance from their physician in the form of tranquilizers, antidepressants, 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 health-care professionals. This explanation focuses on negative emotions only (i.e., it does not address positive emotions).

3.6 A Socioeconomic 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 socioeconomic 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 socioeconomic 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.

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 have to ingratiate high-status men by expressing positive emotions. Such manifestation of positive emotions makes them more likable to high-status men, facilitating the acquisition of resources (Alexander & Wood, 2000).

Note that the social-role explanation, in contrast to the previous 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.

4 What Are Important Factors That Influence Women's QOL?

Much of the literature reviewed on the factors affecting women's subjective well-being 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.

4.1 Family and Cultural Factors

Family-related factors involve motherhood issues as well as issues related to physical and sexual abuse. 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 well-being 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) used 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 well-being. The results show that no differences in well-being were noted between pre- and postnatal reports of well-being. These results indicate that having a baby does not make much a difference in mothers' state of well-being. 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 well-being measures of people in midlife and old age. These measures included cognitive well-being 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 well-being outcomes. The relationship between parental status and psychological well-being was nonsignificant.

How does *abuse* affect the subjective well-being of women? Alsaker et al. (2008) conducted a longitudinal study examining the effects of partner separation on health-related QOL among abused women. Health-related QOL 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 well-being. However, the QOL 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 well-being 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 cultural factors directly related to the family. Do cultural factors play a role in women's subjective well-being? 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 socioeconomic status, and adult socioeconomic status. Communalism also was found to moderate the negative effects of socioeconomic status by lowering blood pressure during pregnancy for African-American women and women of low socioeconomic status. In sum, the study suggests that a communal cultural orientation benefits maternal prenatal emotional health and physiology.

4.2 *Economic and Work-Related Factors*

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 well-being? A longitudinal study conducted by Mammen, Bauer, and Lass (2009) on rural low-income mothers revealed that income adequacy plays an important factor in their QOL, 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 well-being among women across countries. No relationship was found. However, individual resources (education, income) reduced the size of the relationship between gender

equity and subjective well-being, suggesting that resources seem to be the underlying cause of gender inequity and its negative effect on women's subjective well-being.

How about *career momentum*? Does it play a role in women's subjective well-being? Roberts and Friend (1998) surveyed women in their early 50s to examine the effect of career momentum on psychological well-being. 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 well-being (self-acceptance, independence, and effective functioning) than the other groups. This study underscored the positive role of women's career momentum in psychological well-being. 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 well-being, work withdrawal, and exposure to sexual behavior at work. The study found 58% of employees were exposed to sexual behavior in the past two years. The second study surveyed university staff about their psychological well-being, drug use, feelings of being valued at work, and exposure to sexual behavior at work. The study indicated that 40% 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 well-being, even for employees who said they enjoyed the experience.

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 well-being? The authors measured women's reasons for moving (push factors)

Table 26.1 Measuring push-pull discrepancy in relocation decisions

Sample *push factors* include physical health problems, death of husband, loss of friends and neighbors nearby, lack of access to activities, and excessive costs of home maintenance. Examples of *pull factors* include provision of on-site health-care services, closer proximity to family, availability of friends in the new home, opportunities to engage in new activities, etc. Respondents rate these 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 are 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)

and 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 multiple aspects of psychological well-being, particularly environmental mastery, purpose in life, and positive relations with others. Specifically, the authors hypothesized the lack of fit between push and pull factors is negatively associated with well-being outcomes (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 well-being (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 well-being? The authors argued that the mediating process is essentially an interpretative mechanism (social comparisons, reflected appraisals, and behavioral self-perceptions) moderated by psychological centrality (see Rosenberg's (1979) self-concept theory in Chap. 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 behavioral 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 well-being is 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 well-being? 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.

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 well-being among women of various *ethnic groups*? One study found that in the USA, 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 US women (ages 20–65) compared sexual well-being 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 well-being 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 well-being 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 well-being 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).

4.5 Health-Related Factors

Eating disorders seem to be an important factor in young women’s QOL. A large-scale longitudinal study in Australia conducted by Wade, Wilksch, and Lee (2011) involved four waves of self-report data over a 9-year period. The study investigated the effect of eating disorders on QOL and the moderating role of social support and depression. The study findings indicate that 23% 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 QOL. 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 QOL than women with high levels of depression, irrespective of eating disorder.

4.6 Factors Related to the Feminist Movement

Feminist writers have pointed out to the fact that *feminist attitudes* seems to be a factor in women’s increased sense of well-being (e.g., Newton, 2000). *Gender-role orientation* seems to play another important role in subjective well-being 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 well-being 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 were associated with higher scores on measures of psychological well-being. Furthermore, the results

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.

Instructions: Respondents are asked to choose the statement that best describes their attitude.

Source: Adapted from Myaskovsky and Wittig (1997)

indicated that feminist identity development and gender-role orientation played a key role in explaining a women's sense of well-being above and beyond other measure of psychological well-being. Also, women with androgynous gender-role orientation reported an overall higher sense of well-being than women with traditionally feminine gender-role orientations.

These 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 well-being.

5 Summary

This chapter describes research related to the psychology of QOL of women. This chapter began by reviewing the literature on unique views and measures that focus on women's subjective well-being. The literature suggests that women's QOL is viewed using the same constructs and measures as men's QOL. 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 QOL 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 provided several explanations to account for this observation. These explanations are based on factors that are biological, psychological, cultural, psychographic, health care, socioeconomic, and specific to social roles.

Then, this chapter shifted to examine the various factors affecting women's subjective well-being—family and cultural factors, economic and work-related factors, residential factors, sexual and relationship 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 well-being 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. Sexual and physical abuse does take a toll on the QOL of women. And women who master multiple roles are happier than those who fail to juggle the many tasks related to childcare, home, and work. Finally, women tend to benefit significantly from communalism.

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 well-being. In other words, financial resources do matter, and gender inequity issues can wreck havoc in women’s lives. As in men, establishing career momentum plays an important role in women’s QOL. And sexual behavior at work undermines women’s sense of well-being.

In regard to residential factor, 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 QOL.

Concerning sexual and relationship factors, we find that sexual satisfaction among women has increased over time. In the USA, black women tend to experience greater sexual well-being than white women. Abortion can be a traumatic experience but significantly less so for resilient women. Pregnancy and childbirth does 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 well-being. And having a romantic satisfying relationship with the spouse does contribute significantly to women’s overall happiness.

Eating disorders are common among women, and such disorders create havoc in women’s lives. However, the effects of eating disorders on women’s QOL can be mitigated by social support.

Finally, women who have feminist attitudes tend to experience higher levels of psychological well-being, compared to women who are traditionalists. Also, women who are androgynous tend to experience higher levels of well-being than highly feminine women.

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Chapter 27

The QOL of Countries

There is a growing trend in QOL studies in the development of country-specific measures of QOL, subjective indicators of QOL included. This chapter will describe research related to the development of country-specific measures of subjective well-being. We will begin by describing reports comparing subjective well-being of citizens of various countries, and then we will shift gears to addressing subjective well-being data from specific countries.

1 Comparative Analysis

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*, and the *South African General Household Survey*, among others. Table 27.1 shows subjective well-being rankings of 82 countries based on combined happiness and life satisfaction measures from the World Values Survey.

Much evidence of subjective well-being 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 27.2).

The evidence also point to the fact that subjective well-being has remained stable over the years with some exceptions such as Russia, Hungary, and Belgium, which have suffered significant reductions in subjective well-being.

Biswas-Diener, Vitterso, and Diener (2010) compared subjective well-being scores of two “rich” countries: the USA and Denmark. Denmark was found to score

Table 27.1 Subjective well-being 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)	S. Korea (1.12)	Montenegro (0.06)
Switzerland (4.00)	Argentina (2.61)	Iran (0.93)	India (0.03)
N. Ireland (3.97)	Vietnam (2.59)	Poland (0.84)	Lithuania (-0.07)
Columbia (3.94)	Chile (2.53)	Turkey (0.84)	Macedonia (-0.14)
Netherlands (3.86)	Philippines (2.32)	Bosnia (0.82)	Pakistan (-0.30)
Canada (3.76)	Taiwan (2.25)	Morocco (0.74)	Latvia (-0.70)
Austria (3.96)	Dom. Republic (2.25)	Uganda (0.67)	Albania (-0.86)
El Salvador (3.67)	Brazil (2.23)	Algeria (0.57)	Bulgaria (-0.87)
Venezuela (3.58)	Spain (2.13)	Bangladesh (0.54)	Belarus (-0.92)
Luxembourg (3.52)	Israel (2.08)	Egypt (0.52)	Georgia (-1.11)
USA (3.47)	Italy (2.06)	Hungary (0.41)	Romania (-1.30)
Australia (3.46)	E. Germany (2.02)	Slovakia (0.40)	Moldavia (-1.63)
New Zealand (3.39)	Slovenia (2.02)	Jordan (0.39)	Russia (-1.75)
Sweden (3.36)	Uruguay (2.02)		Armenia (-1.80)
Nigeria (3.32)	Portugal (1.99)		Ukraine (-1.81)
Norway (3.25)	Japan (1.96)		Zimbabwe (-1.88)
Belgium (3.23)	Czech Rep. (1.94)		Indonesia (-2.40)
Finland (3.23)			

Source: Adapted from Selim (2008, p. 535)

Table 27.2 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
10. New Zealand	7.31
11. Belgium	7.26
12. ****	
13. ****	
14. ****	
15. ****	
16. United States	7.11

Source: Arora (2008, p. 2)

higher on life satisfaction on the average than the USA. 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 US segment at large. Cognitive measures of happiness such as life satisfaction tend to be more sensitive to the effect of income on subjective well-being 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 well-being 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 socioeconomic 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 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 one-third of variation in life satisfaction remained unaccounted for.

2 Country-Specific Well-Being

In this section, we will describe QOL research that has focused on specific countries. These include China, Japan, South Korea, Taiwan, Hong Kong, and Singapore.

2.1 China

One of the most popular subjective QOL 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,

Table 27.3 Domain satisfaction ratings: China

Domain	% Satisfied	% Dissatisfied
<i>Personal life sphere</i>		
Health	56.50	9.39
Education	32.47	21.11
Job	30.74	26.46
<i>Interpersonal life sphere</i>		
Marriage	73.15	3.39
Friendship	60.45	2.47
Family life	51.71	7.90
Neighbors	48.69	5.97
<i>Material life sphere</i>		
Housing	48.8	16.25
Standard of living	32.06	12.61
Household income	25.82	21.55
<i>Nonmaterial life sphere</i>		
Spiritual life	39.35	14.93
Leisure	30.29	20.44
<i>Public life sphere</i>		
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)

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 27.3 and the satisfaction ratings.

2.2 Japan

Using the *Asia Barometer*, Inoguchi and Fujii (2009) report on the subjective QOL 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.”

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 27.4 and the satisfaction ratings.

2.3 South Korea

Again using the *Asia Barometer*, Park (2009) reports on the subjective QOL 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 involves 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.”

Table 27.4 Domain satisfaction ratings: Japan

Domain	% Satisfied	% Dissatisfied
<i>Personal life sphere</i>		
Health	71.3	11.7
Education	53.2	8.5
Job	50.9	12.7
<i>Interpersonal life sphere</i>		
Marriage	81.8	2.7
Friendship	81.3	2.9
Family life	76.4	3.4
Neighbors	55.8	5.9
<i>Material life sphere</i>		
Housing	69.4	15.0
Standard of living	58.0	14.2
Household income	45.0	25.2
<i>Nonmaterial life sphere</i>		
Spiritual life	60.3	9.1
Leisure	64.2	14.2
<i>Public life sphere</i>		
The condition of the environment	65.7	11.0
Public safety	54.2	16.4
The democratic system	31.2	17.9
Social welfare system	27.0	26.9

Source: Adapted from Inoguchi and Fujii (2009, p. 252)

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.”

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 27.5.

2.4 Hong Kong

Sing (2009) reports on the subjective QOL 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

Table 27.5 Domain satisfaction ratings: South Korea

Domain	% Satisfied	% Dissatisfied
<i>Personal life sphere</i>		
Health	57.2	14.8
Education	35.9	17.2
Job	35.9	22.6
<i>Interpersonal life sphere</i>		
Marriage	62.6	6.2
Friendship	69.0	5.2
Family life	62.8	7.2
Neighbors	56.5	5.3
<i>Material life sphere</i>		
Housing	52.4	14.5
Standard of living	32.3	18.8
Household income	28.2	25.4
<i>Nonmaterial life sphere</i>		
Spiritual life	33.7	13.1
Leisure	32.9	24.5
<i>Public life sphere</i>		
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)

never=1, rarely=2, sometimes=3, and often=4), 62.0% of the respondents indicated “often and sometimes.”

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), 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 27.6.

2.5 Singapore

Based on data from the *Asia Barometer Survey*, Tambyah, Tan, and Kau (2009) report on the subjective QOL 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 they are “very happy,” 51.1% “quite happy,” 15.4% “neither happy nor unhappy,” 5.2% “not too happy,” and 0.9% “very unhappy.”

Table 27.6 Domain satisfaction ratings: Hong Kong

Domain	% Satisfied	% Dissatisfied
<i>Personal life sphere</i>		
Health	60.0	7.0
Education	37.0	12.0
Job	42.0	9.0
<i>Interpersonal life sphere</i>		
Marriage	72.0	2.0
Friendship	73.0	2.0
Family life	58.0	3.0
Neighbors	35.0	8.0
<i>Material life sphere</i>		
Housing	55.0	11.0
Standard of living	38.0	9.0
Household income	28.2	25.4
<i>Nonmaterial life sphere</i>		
Spiritual life	43.0	6.0
Leisure	49.0	7.0
<i>Public life sphere</i>		
The condition of the environment	42.0	7.0
Public safety	53.0	7.0
The democratic system	37.0	11.0
Social welfare system	30.0	13.0

Source: Adapted from Sing (2009, p. 319)

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 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 27.7.

2.6 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) report on the profile of people in Taiwan. The results related to the happiness construct (“All things considered, would you say that you are happy

Table 27.7 Domain satisfaction ratings: Singapore

Domain	% Satisfied	% Dissatisfied
<i>Personal life sphere</i>		
Health	83.7	5.4
Education	72.9	8.9
Job	70.9	9.9
<i>Interpersonal life sphere</i>		
Marriage	94.7	1.3
Friendship	89.7	1.6
Family life	92.5	1.4
Neighbors	81.0	4.0
<i>Material life sphere</i>		
Housing	87.2	3.6
Standard of living	76.0	7.2
Household income	64.8	14.3
<i>Nonmaterial life sphere</i>		
Spiritual life	83.7	1.9
Leisure	84.1	3.5
<i>Public life sphere</i>		
The condition of the environment	85.2	3.4
Public safety	87.0	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)

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 results indicate a mean of 2.7.

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 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 27.8.

3 Summary

This chapter described research related to the development of country-specific measures of subjective well-being. I began by describing reports comparing subjective well-being of citizens of various countries and then shifted to addressing subjective well-being data from specific countries.

Table 27.8 Domain satisfaction ratings: Taiwan

Domain	% Satisfied	% Dissatisfied
<i>Personal life sphere</i>		
Health	59.0	9.0
Education	42.0	12.0
Job	34.0	16.0
<i>Interpersonal life sphere</i>		
Marriage	51.0	2.0
Friendship	73.2	2.0
Family life	66.0	3.0
Neighbors	59.0	4.0
<i>Material life sphere</i>		
Housing	58.0	8.0
Standard of living	45.0	7.0
Household income	38.0	14.0
<i>Nonmaterial life sphere</i>		
Spiritual life	53.0	7.0
Leisure	52.0	8.0
<i>Public life sphere</i>		
The condition of the environment	36.0	17.0
Public safety	17.0	52.0
The democratic system	33.0	20.0
Social welfare system	20.0	36.0

Source: Adapted from Yao et al. (2009, p. 393)

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 well-being in various countries points 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 seem to be mostly Asian countries. I then devoted much space and attention to describing subjective QOL of selected Asian countries (China, Japan, South Korea, Taiwan, Hong Kong, and Singapore).

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Chapter 28

Other Population Segments

This chapter will describe research related to the psychology of QOL of other population segments such as disabled, drug addicts, prostitutes, emergency personnel, immigrants, teachers, and caregivers.

1 The QOL of the Disabled

There is a seminal study conducted by Brickman, Coates, and Janoff-Bulman (1978) examining the subjective well-being of people who are disabled with spinal cord injuries. Data from this study show that although there is an initial 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 well-being. 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 well-being (e.g., Frederick & Loewenstein, 1999; Patterson et al., 1993; Schultz & Decker, 1985; 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 indicate that there is a strong and statistically significant relationship between subjective well-being and disability. That the reduced subjective well-being effect arising from disability does not necessarily diminish over time. However, Oswald and Powdthavee (2008) using the *British Household Panel Survey* were able to demonstrate that subjective well-being 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).

2 The QOL of Drug Addicts

How do QOL researchers construe and measure subjective well-being of drug addicts? Here are several examples. Garcia-Rea and LePage (2010) employed the *World Health Organization QOL Brief Version* (WHOQOL-BREF) measure to measure the QOL 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, Vanderplasschen, and Broekaert (2009) conducted several focus groups in various drug treatment facilities in Belgium to identify important dimensions of QOL. The study findings revealed three key domains: personal relationships (the importance of supportive personal network including family, children, friends, partners, and also caregivers), social inclusion (integration into mainstream society), and self-determination (importance to have prospects and to have life goals). De Maeyer and colleagues modified Schalock (1996) QOL measure (primarily used for the disabled) to capture the QOL 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 QOL 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 noninstitutionalized adult sample from New York. The two samples completed a health-related QOL measure (the *Centers 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.

3 The QOL of Prostitutes

With respect to *prostitutes*, 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.

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

Table 28.1 Schallock's (1996) QOL 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 well-being

Inner rest

Identity

Find balance and set boundaries

Time to change

Coping

Self-esteem

Material well-being

Housing

Work

Transport

Financial security

Paperwork

Physical well-being

Health care

Sleep

Balanced diet

Sports

Appearance and hygiene

(continued)

Table 28.1 (continued)

Self-care
Drug-related problems
Needle exchange
Vaccinations, individualized care, consumption norms

Source: Adapted from De Maeyer et al. (2009, p. 114)

dispensed 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 well-being] 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 well-being] among Thai sex workers rests on educational differences and how women feel about their relative earnings (Monk-Turner & Turner, 2010, p. 21).

4 The QOL of Emergency Personnel

There is popular belief (or perhaps misbelief) that *emergency workers* suffer a great amount 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, QOL 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, and Prati (2009), which tried to capture both the positive and negative QOL 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 indicate 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.

5 The QOL of Immigrants

There is a long-held belief that the vast majority of 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? The answer to this question seems complex. First, let us 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 are less satisfied with life after migration than nonmigrants (e.g., De Jong, Chamrathirong, & Tran, 2002). And this finding seems consistent through a number of other studies (see Michalos, 1996, for an overview of this research related to internal migration).

With respect to external immigrants, some of the evidence point 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 USA 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 (2010) 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 well-being such as adaptation and social comparisons. Consider the additional 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). They tend to be less educated and in poorer health. They also report lower levels of life satisfaction. This pattern seems evident in relation to Turks in the Netherlands. However, the data also show that Turks who report higher ethnic group identification

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 QOL.

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 QOL (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 well-being. 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 US Census, and net migration rates from the United Nations). 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 explanation 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.

6 The QOL of Teachers

There are many factors that influence teachers' well-being. 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 well-being is influenced by the interaction between these factors. In relation to factors related to the person, we know that teacher's well-being 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.

With respect to factors related to the profession and the workplace, numerous studies (see Hallinger, 2003; Hoy and Miskel, 1996; Huberman & Vandenberghe, 1999; Smylie, 1999) have tallied many workplace-related factors that play a significant role in job satisfaction and well-being (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 an important role in teacher's well-being. 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).

Let us consider a representative recent study on teacher's well-being to get a better feel of the construct of teacher's well-being and its predictors. Milfont, Denny, Amertunga, Robinson, and Merry (2008) conducted a study demonstrating that teacher burnout is negatively related with their well-being. 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 nonwork), 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 well-being was measured using the WHO (five) *Well-Being Index* (WHOQOL Group, 1998). This measure contains five statements concerning well-being during the last two weeks (e.g., "I have felt cheerful and in good spirits," "I woke up feeling fresh and rested").

7 The QOL of Caregivers

The health-care system has increasingly recognized the importance of the caregivers. The service quality of the caregivers affects the health and well-being 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 health-care system has to ensure that the service provided by the caregivers is least stressful and beneficial to their well-being. Much evidence indicates that the stress of caregiving has detrimental effects on the health-related QOL 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). Furthermore, positive well-being outcomes are reported too (e.g., Boerner, Schultz, & Horowitz, 2004; Rabkin, Wagner, & Del Bene, 2000; Tarlow et al., 2004). However, the negative well-being outcomes seem to outweigh the positive outcomes. Consider the following study as an example.

Neugaard, Andresen, McKune, and Jamoom (2008) examined the QOL of caregivers. Using a cross-sectional nationally representative survey administered by the Centers for Disease Control in the USA (*Behavioral Risk Factor Surveillance System*), the study results showed caregivers to experience large deficits in both mental and physical health-related QOL measures, and particularly the younger caregivers. The health-related QOL measures involved the following:

- Perceived health (respondents rate 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)
- Physical and mental health (number of days during the past 30 days when physical or mental health was not good)

8 Summary

This chapter covered selective research concerning the psychology of QOL of other population segments such as the disabled, drug addicts, prostitutes, emergency personnel, immigrants, teachers, and caregivers. With respect to the disabled, early research has shown that subjective well-being 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 QOL. However, more recent research has shown that in some cases (especially those experiencing a severe disability), they never regain their sense of well-being.

Research on drug addicts has revealed key elements of their subjective well-being. These include personal relationships (the importance of personal network including family, children, friends, partners, and also caregivers), social inclusion (integration into mainstream society), and self-determination (importance to have prospects and to have life goals). Concerning drug addicts' overall sense of well-being, the research shows significant deficits in mental and physical well-being.

In regards to the sex worker population, the evidence indicates that the well-being 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' well-being is significantly lower than others, particularly among sex workers who are aging. In contrast, the well-being 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 stepping stone 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 well-being. One important construct that emerged is compassion satisfaction—a sense of well-being for doing good for the community and society at large.

The well-being story of immigrants seems complex. There is conflicting evidence pointing to the fact that immigrants' well-being is lower and higher than nonimmigrants. 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 well-being 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).

Finally, we have the caregivers. The QOL literature shows that caregivers experience both well-being and ill-being as a direct result of the work situation. In other words, caregivers experience well-being 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 affects their well-being and ultimately the well-being of the care recipient.

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Part VI

Epilogue

This part of the book reflects ideas that reflect the attempt of many QOL scholars to unify concepts of subjective QOL 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 QOL 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. I try to make the case that we should broaden our perspective from individual level research on QOL 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 QOL to incorporate objective constructs and indicators of QOL with subjective counterparts.

Chapter 29

Integrative Theories of QOL

In this chapter, I will review several theories whose purpose is to integrate and unify ideas in QOL research. These 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 well-being, ontological well-being and the 3P model, and the psychology of quality of life.

1 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, 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.

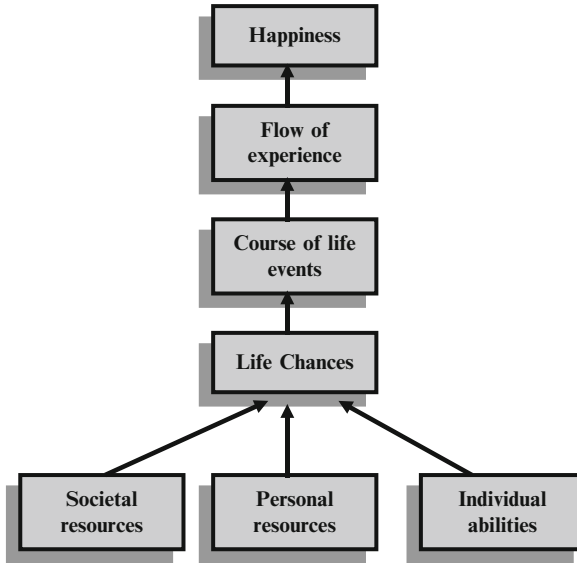


Fig. 29.1 Veenhoven's flow of life-experience model

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 1 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 QOL 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 resettled in the Minneapolis/St. Paul region.

2 Capability Theory

Amartya Sen (1993) views QOL 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 QOL. 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 QOL. 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 QOL 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 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
- A decent standard of living

These capabilities are captured through a health index, an education index, and an income index, respectively, which in turn make 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*
- *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*
- *Students who do not graduate from high school 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*
- *Elderly poverty*

Sen's capability theory has spawned much empirical research in attempt to measure functioning on both micro- and macrolevels (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 QOL of the elderly. Using this approach, she focused on issues related to health, income, mobility, safe neighborhoods, comfortable and secure home, and social relationships and support.

3 Stocks and Flows

Another theory that seems to have been embraced by many QOL 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 that 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 socioeconomic 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 QOL 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, Holstorm, & Wearing, 1984, 1985).

4 The Joyless Economy

Tibor Scitovsky developed a theory of QOL 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 or she 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 2 or 3 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 2 or 3 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 by-products hazardous to the environment than consumption of creative products. Defensive products are increasingly construed as necessity products. Therefore, the market demand of these is becoming increasingly inelastic. In contrast, creative products are luxury products, and the market demand for these is 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 services than luxury ones.

5 Quality of the Person + Environment

On that note, it is appropriate to conclude this chapter by making reference to Lane's (1991, 1996) multidimensional view of 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
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
9. Justice system that is managed by disinterested and competent parties

Therefore, $QOL = f(QP, QC)$.

6 Homeostasis

The idea that people have both a set point of happiness and significant deviations from that set point can be explained by *homeostasis* theory. Robert Cummins and his colleagues (e.g., Cummins, 2010; Cummins & Nistico, 2002; Tomy & Cummins, 2011) are the major proponents of 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 well-being tends to be stable over time—or differently put, the system maintains homeostatic balance by reacting to events that threaten to significantly decrease the homeostatic level of subjective well-being 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 well-being 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 well-being. For example, when a person's subjective well-being 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 well-being. Thus, they tend to be at the mercy of the environment, and as such, they may experience more frequent dips in their subjective well-being 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 well-being. 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 reappraise, 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 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 well-being.

7 QOL = 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 well-being comprising positive and negative affect. Over time, short-term happiness accrues and is viewed as long-term happiness. Long-term happiness, in turn, contributes to the QOL of the individual. Argyle also argued that the QOL of an individual is strongly influenced by his or her life satisfaction. This is essentially the cognitive component of QOL. That is, happiness is the affective component, while life satisfaction is cognitive. Furthermore, subjective well-being 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 well-being. 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.

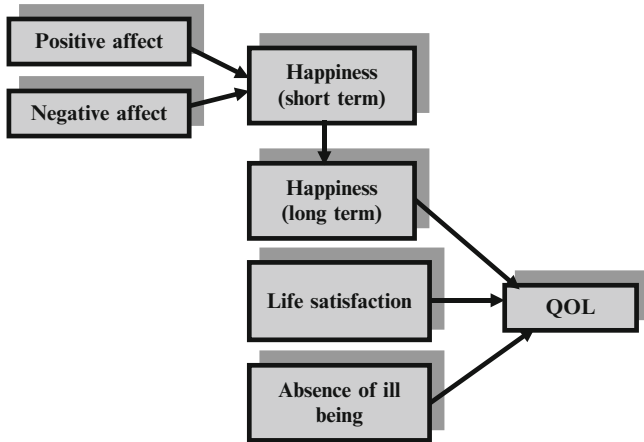


Fig. 29.2 QOL = Happiness + life satisfaction + absence of ill-being

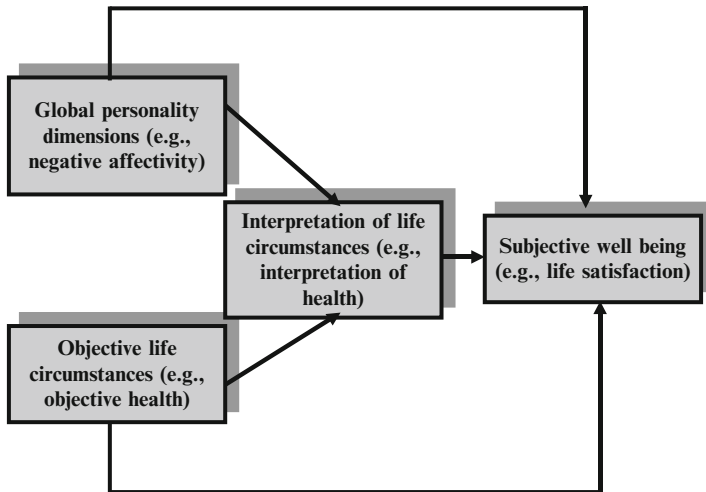


Fig. 29.3 Integrating bottom-up and top-down spillover effects (Source: Adapted and modified from Brief et al., 1993, p. 648)

8 The Bidirectional Spillover Model

An alternative model is the bidirectional influence advocated by QOL 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 bidirectional 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 bidirectional 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).

9 Dynamic Well-Being

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 offer a model of dynamic well-being that can help with efforts of integration. The model, in essence, argues 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 well-being 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 behavior (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 well-being. 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 well-being 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 well-being 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 well-being (pp. 327–328).

10 Ontological Well-Being and the 3P Model

Simsek (2009) argued that current conceptualizations of subjective well-being focus on unifying the affective (emotional well-being, positive/negative affect, and happiness) and cognitive dimensions (life satisfaction, domain satisfaction, psychological well-being, and eudaimonia), but these attempts have been atheoretical. The author develops a new metaconstruct called “ontological well-being” that serves to integrate the affective and cognitive dimensions. Ontological well-being 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 psychological well-being) is evaluated cognitively and affectively. The nature of these evaluations is best described in a 2×3 matrix below (see Table 29.1).

In the same vein, Durayappah (2011) proposed a 3P model designed to integrate disparate subjective well-being concepts. The 3P model also breaks down subjective well-being along a temporal dimension: past, present, and future. The past component of subjective well-being focuses on happiness that comes from reminiscing, 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 well-being constructs and measures directly related to the “past” include happiness (happiness measure; Fordyce, 1988), subjective well-being (*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 well-being 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 well-being constructs and measures directly related to the “present” include affect (PANAS is an example measure; Watson, Clark, & Tellegen, 1988), experienced utility (measured to experiential sampling methods; Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004), and unpleasantness (U-Index, Kahneman & Riis, 2005).

Table 29.1 Ontological well-being

	Affective evaluations	Cognitive evaluations
Past	Affective reactions to evaluation of one’s past circumstances (e.g., feelings of anger with oneself, 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)

The future component of subjective well-being 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 well-being constructs and measures directly related to the “future” include anticipation (savoring 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 well-being, 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 well-being, objective well-being, and emotional well-being have one thing in common: a focus on the present.

11 The Psychology of QOL

My book, *The Psychology of QOL* (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 QOL*. I define subjective QOL (or subjective well-being) 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 well-being 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 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 29.2 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 checkups, 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 checkups, 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 leisure life involves a set of activities dealing with one's social needs. Those activities serve to satisfy not only one's social needs but also a variety of other needs such as the need for aesthetics and creativity (see Table 29.2).

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 well-being 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 QOL 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 QOL research as life domains. Thus, a person may have affective experiences 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

Table 29.2 Developmental needs satisfied through activities organized in terms of life domains

	Residential									
	Health life	Love life	Family life	Social life	Leisure life	Work life	Educational life	Spiritual life		
Biological needs	Most	Most	Most	Some	Some	Most	Least	Least		
Safety needs	Most	Most	Some	Some	Some	Some	Least	Some		
Social needs	Some	Most	Some	Most	Most	Some	Some	Some		
Esteem needs	Least	Some	Least	Some	Some	Most	Some	Some		
Self-actualization needs	Least	Some	Least	Least	Some	Some	Most	Most		
Knowledge needs	Least	Least	Least	Least	Some	Some	Most	Most		
Aesthetics needs	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

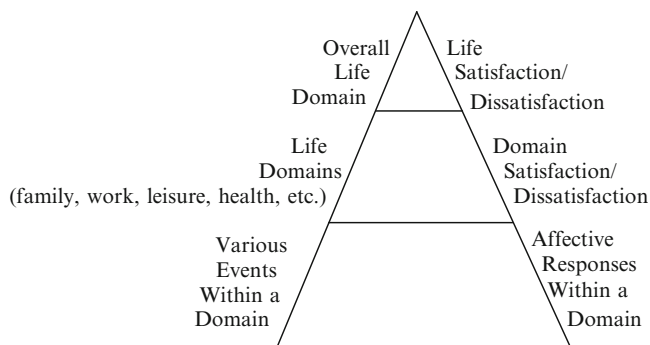


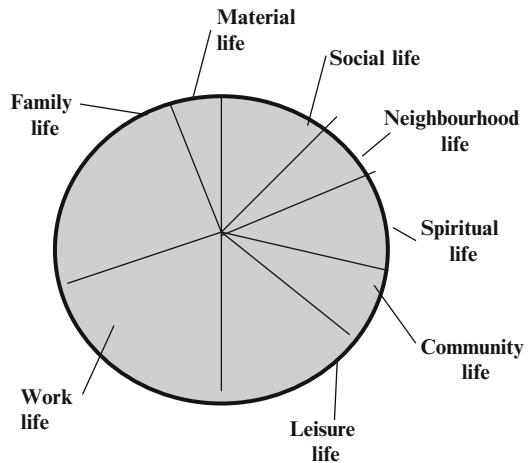
Fig. 29.4 The domain hierarchy

memory in terms of an overall hierarchy. The hierarchy is shown in Fig. 29.4. 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/negative affect and evaluations play an important role in 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

Fig. 29.5 A graphic representation of domain salience



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. 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 (see Fig. 29.5).

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 threshold? Why do people seek to prevent negative affect from sliding below an intolerable threshold? See an illustration of this motivational tendency in Fig. 29.6.

We know from multitudes of studies in QOL 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

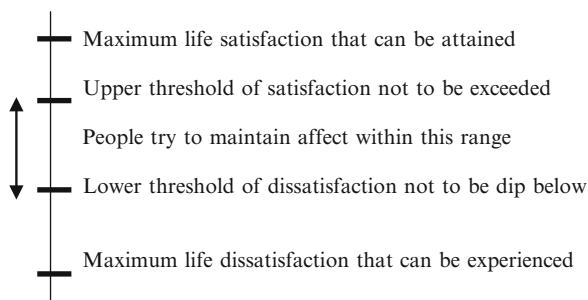


Fig. 29.6 The motivational tendency to optimize subjective well-being

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 judgments 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 have the ability to 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 well-being 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 well-being 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 on *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 well-being from sliding below an intolerable threshold*. Based on many QOL 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 is 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 well-being 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 well-being 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 well-being, 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 reevaluation based on personal history, reevaluation based on self-concept, reevaluation based on social comparison, goal selection, goal implementation and attainment, and reappraisal. Finally, there is a strategy that combines both interdomain and intradomain 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, and 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 spill over 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 well-being 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 reevaluation based on personal history, reevaluation based on the self-concept, reevaluation based on social comparisons, goal selection, goal implementation and attainment, reappraisals, and balance. With respect to *reevaluation 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 reevaluate 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 *reevaluation 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 reevaluate 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 *reevaluation 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 well-being 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 well-being is likely to plummet. Thus, he attempts to budget to ensure that the selected goal can be implemented with the limited resources.

Reappraisal is yet another strategy to enhance subjective well-being. One can reappraise a negative event in ways to shed new meaning on that event, and therefore extract positive feelings from the reappraisal. For example, a person loses his job because of organizational restructuring. 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 reappraisal has served to enhance his subjective well-being.

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 well-being 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.

12 Summary

This chapter covered several integrative theories of QOL that have a major focus in the subjective aspects of QOL. These theories 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 well-being, ontological well-being and the 3P model, and the psychology of quality of life.

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 income. People achieve valuable functionings by converting capabilities (e.g., health, knowledge, and income) into functionings such as “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 QOL 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 socioeconomic 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 QOL is likely to possess good stocks and experiences good flows.

The joyless economy is a theory of QOL based on the distinction of comfort and pleasure. We experience conflict between comfort and pleasure. We 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. Pleasure is paramount to QOL, and, therefore, the economy is becoming increasingly joyless.

QOL=quality of the person+environment. This means that QOL reflects the relation between a person’s subjective and objective sets of circumstances. The *subjective* set of a person reflecting a high QOL 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.

Homeostasis theory argues that people have a set point for happiness. Most people are normally moderately happy and life satisfaction judgments are very stable over time. In other words, the system maintains homeostatic balance by reacting to events that threaten to significantly decrease the homeostatic level of subjective well-being 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 well-being. 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 $QOL = \text{happiness} + \text{life satisfaction} + \text{absence of ill-being}$. Happiness is viewed as emotional well-being involving short-term experiences of positive and negative affect. Also, QOL involves cognitive well-being in the form of life satisfaction. The latter (life satisfaction) is influenced by the former (emotional well-being). Finally, we have absence of ill-being as an important component of QOL. Subjective well-being could not be experienced when people experience ill-being in the form of depression or anxiety.

The bidirectional 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.

The dynamic well-being model argues that subjective well-being is dynamic in the sense that it can be experienced at different stages of processing: anticipation, planning, behavior, outcome, experience, and evaluation stages. In the anticipation stage, people may consider how they might be happy given a certain course of action. 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. In the behavior stage, people implement their goals and react to environmental circumstances in relation to goal-directed behavior. The outcome stage involves gain or loss of resources. The experience stage reflects the immediate physiological and psychological reaction related to the change in resources. Finally, the evaluation stage involves assessment of well-being in a much more macro sense.

The ontological well-being and the 3P model attempts to unify the affective (emotional well-being, positive/negative affect, and happiness) and cognitive dimensions (life satisfaction, domain satisfaction, psychological well-being, and eudaimonia) through a new metaconstruct called ontological well-being. Ontological well-being 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.

With respect to the psychology of QOL, subjective QOL 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 well-being but not to exceed an upper threshold. Then there is the tendency to prevent subjective well-being 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 reevaluation based on personal history, reevaluation based on self-concept, reevaluation based on social comparison, goal selection, goal implementation and attainment, and reappraisal. Finally, there is a strategy that combines both interdomain and intradomain dynamics. This is the balance strategy.

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Chapter 30

Final Thoughts

In this chapter, I will discuss how public policy issues can be shaped by QOL research. I will also address the issue of whether we should broaden our perspective from individual-level research on QOL to societal-level research. And if so, how it should be done?

1 Public Policy Issues

The pursuit of QOL is well-recognized as an important end goal. Government institutions develop public policy and design intervention programs to enhance QOL. QOL researchers have long advocated the use of QOL concepts and indicators as performance measures (e.g., Sirgy, Samli, & Meadow, 1982). Derek Bok (2010), in his recent book *The Politics of Happiness*, asks the question: *Should Policy-Makers Use Happiness Research?* He proceeds 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 cites Immanuel Kant's assertion of the good life: What are the ends which are at the same time duties? They are: 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.

Bok also warns 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 cites 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 well-being because of this survival strategy (Sen, 1987a, pp. 45–46).

Ed Diener and Martin Seligman (2004) have also advocated the development of a system of indicators to capture subjective well-being at the national level (cf. Diener, 2006). They argue that the national economic indicators are “out of sync” with national well-being, especially in developed countries. Economic wealth has risen significantly but subjective well-being has not. Identifying the problem areas in subjective well-being necessitates the development of a broader system of national indicators capturing subjective well-being and its many aspects and dimensions. Instead of making decisions based on guesses and assumptions, policymakers should use indicators of subjective well-being to assess the effectiveness of their policies.

The authors provided specific examples of how economic indicators lead policymakers of the economics persuasion to think and frame important social issues differently from policymakers of the well-being persuasion. For example, at a societal level, policymakers grounded in economics focus on questions such as “How can government stimulate economic growth?” In contrast, policymakers grounded in subjective well-being would ask: “How does economic growth influence subjective well-being?” With respect to income, policymakers of the economic persuasion typically ask: “How does income inequality impact economic growth?” Policymakers of the QOL persuasion would ask: “Does income inequality influence well-being? If so, how?” In relation to work, policymakers of the economics persuasion would ask: “How does pay influence productivity?” In relation to physical health, policymakers of the economics persuasion would ask: “How much is productivity reduced by illness?” In contrast, policymakers of the QOL persuasion would ask: “What illnesses most interfere with happiness?” Regarding mental health, policymakers of the economics persuasion would ask: “How do mental disorders interfere with productivity?” Policymakers of the QOL persuasion would ask: “What mental disorder influence subjective well-being and how?” With respect to social relationships, policymakers of the economics tradition would ask: “How do couple jointly determine their participation in the labor force?” Policymakers of the QOL tradition would ask: “Are married people on average happier than the unmarried?” In other words, policymakers in every public and private sector are likely to pose very different questions if they replace their “economics lens” with a “QOL 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 QOL perspective in marketing compels marketers

to gauge marketing performance in terms of consumer well-being (Sirgy, 2001). Similarly, the management performance metrics are typically biased in favor of job performance, employee productivity, and employee turnover rates. A QOL perspective in management would be job satisfaction, life satisfaction, quality of work life, and employee well-being.

Paradoxically, inherent in most economic models is the assumption that people make decisions to maximize utilities (i.e., enhance their own well-being). The problem with this is the fact that people do indeed make decisions to enhance their own well-being, but these decisions are made by guesses and misconceptions of their true state of well-being. If people were to actually be educated about what truly affects their well-being, their decisions would be better grounded, and indeed the same decisions can truly lead the enhancement of their well-being. 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 modeling by injecting the science of well-being into the science of decision-making.

We propose that a national index should employ the global questions now in use, but supplement them with questions targeted at specific aspects of well-being, 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).

More specifically, a system of national indicators of subjective well-being 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 well-being broadly based on the different theories of subjective well-being.
- It should include measures of well-being 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 microissues of well-being.

Diener, Lucas, Schimmack, and Helliwell (2009) in a very well-written and persuasive book (*Well-Being for Public Policy*) have urged public policy officials to measure the well-being of nations and groups using subjective and objective indicators. 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 well-being 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 well-being and the QOL. 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 well-being, it might or might not increase well-being. However, it is very likely that published measures of well-being 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 well-being, more attention and weight will be granted to it (Diener, et al., 2009, p. 66).

2 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.

2.1 *Happiness Maximization Is Not Enough*

In a recent book titled *Happiness, Ethics and Economics*, Johannes Hirata has effectively argued that happiness maximization is not enough (Hirata, 2011). He argues 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 (eastern 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 concludes as follows:

It will be more appropriate, therefore, to consider the happiness perspective as complimentary 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).

2.2 *The Shortfall of Happiness Research at the Country Level*

Richard Eckersley made a startling and noteworthy observation (Eckersley, 2009): *Population measures of subjective well-being are not very useful*. Eckersley argues that while subjective well-being 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 USA based on research from the *Pew Research Center* (Pew, 2007):

- People classified to be satisfied with life: USA 65%, China 34%
- People classified to be satisfied with the state of the nation: USA 25%, China 83%
- People classified to be satisfied with national government: USA 51%, China 89%
- People classified to be optimistic about the future: USA 31%, China 86%

Eckersley attributes national differences in subjective well-being 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 well-being 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
- Environmental degradation and its adverse health effects

He concludes by saying

...SWB [subjective well-being] 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

Table 30.1 Subjective well-being and objective living conditions

Objective living conditions	Subjective well-being	
	Good	Bad
Good	The happy rich	The unhappy rich
Bad	The happy poor	The unhappy poor

Source: Adapted from Rapley (2003, p. 31)

the psychosocial-dynamics model of human development.... If there is a “holy grail” of a single indicator that accurately measures how well nations and people are faring, SWB [subjective well-being] 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).

2.3 *The Need to Conjoin Subjective Aspects of QOL with Objective Conditions*

Cummins (1997) has long contended that subjective and objective approaches to QOL are both essential, but in many instances, they may not be related to each other. Table 30.1 shows the interface between subjective well-being and objective living conditions (Rapley, 2003).

True high level of well-being is the condition in which the individual experiences a high level of subjective well-being and good living conditions (actual, not perceived). Conversely, a true low level of well-being is the condition in which the individual experiences low subjective well-being and bad living conditions. The two other situations are tricky. The happy poor is the individual who experiences high subjective well-being, but his or her living conditions are bad. And the unhappy rich is the person who experiences low subjective well-being, but his or her living conditions are good. The two latter situations in which objective and subjective aspects of well-being are not aligned call for corrective action, in the same way that low levels of subjective plus objective aspects of well-being call for corrective action.

We need models of QOL that take into account both subjective and objective aspects of well-being. An example of such models is Veenhoven’s (1996) concept of *happy life expectancy*. Well-being, according to Veenhoven, is the degree to which an individual lives long (objective well-being) and happily (subjective well-being). He developed a measure of QOL that combines estimates of life expectancy in years with a measure of subjective well-being (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 northwestern Europe—average HLE is 60 years (the equivalent of a life expectancy of 80 years and a subjective well-being 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 well-being is Raphael's and his colleagues' (Raphael, Renwick, Brown, & Rootman, 1996) concept of *being, belonging, and becoming*. That is, a person who experiences a high level of well-being 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, neighborhood, school, community, etc.), social fit (family, friends, neighbors, 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, traveling, lodging, and experiencing entertainment), and growth activities (learning, mastering certain skills, volunteering, leading, etc.).

2.4 Conjoining Personal Happiness with Objective/Macrolevel Indicators of Societal Well-Being

Veenhoven (2009) posed a very interesting question in a very thought-provoking article ("Well-being *in* Nations and Well-being *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 QOL. 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 QOL 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, and civil war). He provides two plausible explanations for these results: (1) modern society fits human nature and (2) 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 QOL 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*.

3 Concluding Remarks¹

There has been a plethora of scholarly authored and edited books written on QOL and well-being in the last decade. 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—QOL studies—has blossomed tremendously over the last decade or so.

Being a management psychologist, my own research focuses on QOL 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 QOL measurement, not only in relation to capturing QOL for particular geographic communities but also for states and countries. Much of my advice to QOL researchers working at the state/national levels can be captured by the following: *Measure QOL 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 a good advice.

You see, capturing QOL 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 QOL, 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. Recently, I participated in a macromarketing conference. One of the sessions I attended involved the interface of materialism and QOL. 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 macroissues 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 macroissues 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 counterargue 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 QOL research at the expense of the macroissues directly related to QOL (i.e., societal QOL). The vast majority of the recent books are mostly based on individual-level QOL research. The majority of the authors make inferences about macroissues based

¹ This section is heavily borrowed from a book review article that was published recently in *Applied Research in Quality of Life* (Sirgy, 2011b).

on individual-level research. Please understand that I am not critical of happiness research addressing macroissues; I am critical of the lack of QOL research that is based on units of analysis larger than the individual and household.

A recent book by one of our old-time QOL gurus, Abbott Ferriss, makes 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 lifetime achievements and rich contributions to QOL research have been recognized by the International Society for Quality-of-Life Studies. The first chapter of the book addresses a very macroissue: *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 macroissues have been conducted by non-QOL researchers. It is time for QOL researchers to start addressing the most important issue: the survival of the species. Ferriss' first proposition is right on target:

The QOL 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 macroissue ever: the good life in a good society. He proposes:

The social structure and social psychology of the good society may be found by identifying situations where good QOL 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 QOL, QOL 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. QOL 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 QOL 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 socioeconomic 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 QOL 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 QOL concepts that we have not paid much attention to. Perhaps we should. Here are additional examples:

- Berger-Schmitt and Noll (2000) conceptualize societal QOL in terms of three overarching goals: (a) improvement of living conditions and QOL (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) makes the distinction between quality in societies and quality of societies. Quality in societies refers to the QOL of individuals (micro), whereas quality of societies is a macroconcept focusing on the society at large. Quality of societies can be characterized in terms of stability, productivity, expression of ideals, and livability.
- Bernard (1999) discusses societal well-being 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).
- Beck, van der Maesen, and Walker (1997) conceptualize societal QOL in terms of social quality, which has four conditional factors: socioeconomic 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).

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)
Percent 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
Largest share of population sharing the same mother tongue

(continued)

Table 30.2 (continued)

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)

- Rioux and Hay (1993) construe well-being in terms of self-determination, mutual recognition, interdependence, and equality. Well-being is made possible through other factors such as security, citizenship, and democratization.
- Dasgupta and Weale (1992) also make the distinction between societal well-being and its determinants. Well-being 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, health care, 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 QOL, an emergent concept that QOL researchers should invest much more time and attention to investigate.

4 Summary

This chapter addressed how public policy issues can be shaped by QOL research. The consensus among QOL 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 well-being of future generations, eradicating political extremism, resolving political conflicts, dismantling the nuclear arsenal, and so on.

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 well-being?” Instead of asking “How does income inequality impact economic growth?” we should ask “Does income inequality influence well-being? 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 well-being 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, policymakers 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 well-being. In travel and tourism, a shift to QOL should lead industry officials to adopt performance metrics of tourists’ well-being and residential well-being of tourist communities.

Also, we discussed the issue of whether we should broaden our perspective from individual-level research on QOL to societal-level research. And if so, how it should be done? I argued 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 QOL to deal with both subjective as well as objective aspects of QOL.

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Appendix: 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 QOL researchers. Doing so should further help the reader build an appreciation for the measurement complexities involving subjective well-being. Furthermore, I will describe the debate concerning the appropriate use or misuse of global reports of subjective well-being.

1 Examples of Life Satisfaction Measures Employed in Large-Scale National Surveys

Below I will briefly describe a variety of life satisfaction measures employed in large-scale nationally representative surveys.

1.1 *The Eurobarometer*

The *Eurobarometer* is a good example of a subjective indicator used to assess subjective well-being 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.”

1.2 *American Changing Lives*

A large-scale survey referred to as the *Americans’ 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.”

1.3 *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 ($N=5,500$ 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.”

1.4 *The Canadian General Social Survey*

The *Canadian General Social Survey* is a survey that was established in 1985 and involves telephone interviews from a probability sample of 10,000 (to 25,000 more recently) stratified across the ten 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).

1.5 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).

1.6 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).

1.7 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 7,682 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).

1.8 The Hungarian Household Panel Survey

The *Hungarian Household Panel Survey* (1991–1997) is based on a nationwide sample of 2,600 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).

1.9 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).

1.10 The Latino Barometer

The *Latino Barometer* involves 17 Spanish-speaking countries (1997–2000). 1,000 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).

1.11 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).

1.12 The National Child Development Survey

The *National Child Development Survey* is based on a cohort of people born in Britain, from March 3, 1958, to September 3, 1958. Most recent data were 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).

1.13 The National Survey of Families and Households in the USA

The *National Survey of Families and Household* in the USA 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).

1.14 The Social Capital Community Benchmark Survey in the USA

The *Social Capital Community Benchmark* in the USA 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).

1.15 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 6,334 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).

1.16 The Swedish Level of Living Survey

The *Swedish Level of Living Survey* was conducted several times between 1968 and 1991. The 1991 wave involved 6,773 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).

1.17 The Swiss Household Panel Survey

The *Swiss Household Panel Survey* was conducted in waves between 1999 and 2004 involving a sample of 4,000 households and 7,000 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).

1.18 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).

1.19 The World Values Survey

The *World Values Survey* involves a nationally representative UK sample of approximately 1,000 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).

1.20 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).

2 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

Table A.1 Measurement caveats

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
Biases related to social desirability

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 summarized in Table A.1.

2.1 *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 criticized 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 2-h intervals throughout the day. The subject responds by writing down the activity he or she is engaging in, the situation, and his or her feelings at that time (e.g., how happy, degree of concentration, level of motivation, level of self-esteem, and so on).

2.2 *Biases Related to Situational Influences*

Ross, Eyman, and Kishchuck (1986) studied how subjects arrived at a judgment of subjective well-being. They found that 41–53 % of the reasons subjects used to explain their judgments of subjective well-being reflect references to one's momentary affective state, followed by future expectations (22–40 %), past events (5–20 %), and social comparisons (5–13 %). Schwarz, Strack, Kommer, and Wagner (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 odor 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.

2.3 *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, 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 that the order effect is, on average, quite small.

2.4 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 judgments 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).

2.5 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 midpoint of the scale of a subjective well-being measure reflects “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 midpoint is not necessarily the average.

2.6 Biases Related to Mood

In answering questions related to subjective well-being, respondents are influenced by their mood at the time of their response. A positive mood biases 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 & Clore, 1983; Schwarz et al., 1987). 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).

2.7 *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-h 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.

More recently, 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 neighbor 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 3 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.

2.8 *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).

3 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, nonresponse 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 10-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 well-being 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 artifacts 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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