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Response to Response

Growing the Field of Well-Being

Carol D. Ryff, Jennifer Morozink Boylan, and Julie A. Kirsch

Abstract

We challenge the view that "one is better than none" on grounds that single-item assessments perpetuate a simplistic view of well-being, which is out of touch with how the field has progressed over recent decades. We also question blanket advocacy for measures in the absence of substantive scientific questions that require thoughtful engagement with the prior literature to make sound measurement choices. Substantive illustrations, invoking research on well-being and health in different cultural and socioeconomic contexts, are provided. Quality control is also essential in making sound measurement choices. Numerous contenders fail at this juncture because they have no conceptual foundation and also lack rigorous psychometric analyses documenting their empirical credibility. Another critical element in adjudicating measurement quality is extent of prior usage: that is, evidence that the measures have taken hold in the scientific community, indicated by citation counts and number of published studies. We conclude that all such quality control criteria were inadequately addressed or missing in the measurement recommendations put forth in Chapter 17.

We appreciate clarifications from VanderWeele et al. about areas of agreement that exist in this exchange (Chapter 19): why it is not useful to call everything "well-being," that the science of well-being is not in its infancy, and that well-being is complex and multifaceted. However, other parts of their response to our dissenting view bring into high relief areas of notable

Carol D. Ryff, Jennifer Morozink Boylan, and Julie A. Kirsch, *Response to Response* In: *Measuring Well-Being*. Edited by: Matthew T. Lee, Laura D. Kubzansky, and Tyler J. VanderWeele, Oxford University Press (2021). DOI: 10.1093/oso/9780197512531.003.0021

disagreement that we distill here. Our intent is to sharpen scholarly discussion about how the field of well-being best moves forward.

"One Is Better Than None" Is Mistaken

The view that a single-item assessment of well-being is better than no assessment is, in our view, without merit and should be relegated to the past. Such a stance perpetuates a simplistic view of well-being that fails to embrace how the field has progressed. Few would endorse a recommendation for a single-item assessment of depression, anxiety, personality, cardiovascular risk, or socioeconomic status because guiding conceptualizations and operational definitions in each of these areas are, after decades of inquiry, recognized to be complex and multidimensional—not just a single thing. Given the past 50 years of research on subjective well-being, we believe the time has arrived for scientists and practitioners to similarly acknowledge that there is no single question, or even handful of questions, that do justice to this fundamentally important realm of human experience, which is increasingly known to matter for many aspects of health. The crux of the matter is this: simplistic measures of well-being effectively guarantee simplistic findings. Such a practice undermines progress in the field, including development of policies and interventions to promote well-being in its various forms.

Blanket Advocacy Is at Odds with Good Science

We are wary of advocacy for specific measures proffered in the absence of substantive scientific questions. What makes such blanket recommendations imprudent is that the relevance of any particular indicator of well-being likely varies depending on the specific objectives of the study and relevant contextual factors. Stated otherwise, scientists and policy-makers are far more likely to make good choices among the diverse well-being scales available by thinking through the options vis-à-vis the core aims of their planned studies. So doing requires serious engagement with the prior literature in targeted research areas. In writing winning grant proposals or compelling journal articles, it would be folly to defend measurement choices by citing recommendations that are disconnected from substantive scientific

questions. More persuasive and likely critical in peer review is the presentation of measurement rationales based on goals of the project, guiding theoretical models, related prior findings, contextual considerations, and feasibility issues. We offer two substantive illustrations to underscore these points. The first invokes differing cultural contexts and the second differing socioeconomic contexts.

Prior work in cultural psychology revealed that well-being is conceptualized and experienced differently across sociocultural contexts related to distinctions between collectivism and individualism, also framed in terms of interdependent and independent cultures. Drawing on these ideas, recent findings show that how well-being matters for health varies by cultural context. For example, within *independent* cultural contexts, like the United States, well-being is personal and individual in scope, and higher levels of nearly all dimensions of well-being (hedonic and eudaimonic) predict better mental and physical health (see findings reviewed in our Chapter 18). In contrast, within *interdependent* cultural contexts, like Japan, well-being is relational and collective in scope, which calls for greater emphasis on social connectedness as a key aspect of well-being (Yoo, Miyamoto, & Ryff, 2016). How positive and negative emotions are experienced and matter for health also varies by cultural context. In Japan, positive and negative emotions are more likely to co-occur—hence, the idea of dialectical emotions (Miyamoto & Ryff, 2010), which in turn are tied with fewer health symptoms in Japan compared to the United States. Furthermore, positive affect often does not predict better health outcomes, including biological measures, in Japanese adults (Boylan, Tsenkova, Miyamoto, & Ryff, 2017; Kitayama & Park, 2017; Yoo, Miyamoto, Rigotti, & Ryff, 2017). Negative affect, which is known to predict poorer health in the United States (e.g., interleukin-6, diurnal cortisol) likewise does not predict poor health in Japan (Miyamoto et al., 2013; Park, Kitayama, Miyamoto, & Coe, 2019). Alternatively, eudaimonic well-being, especially purpose in life and what makes life worth living (known as *ikigai* in Japan) appear to be valued and health-relevant in both cultural contexts (Ryff et al., 2014). Comparative studies have also made clear the need to distinguish between low- and high-arousal emotions, given emphasis on high arousal in the United States and low arousal in Japan (Clobert et al., 2019). In sum, research on culture, well-being, and health underscores that judicious measurement choices require attending to prior scientific findings infused with attentiveness to distinct sociocultural meaning systems and differing philosophical, religious, and political

traditions. Indiscriminate measurement recommendations in such inquiries are deeply problematic.

Differing socioeconomic contexts call for attending to prior research and theory as well. Here, we question the observation by VanderWeele et al. that most prior research on subjective well-being has relied on "samples from high-income countries, circumscribed to certain races and cultures, which may not be generalizable to other populations." This claim overlooks the high volume of health inequalities research within the United States that documents notable variation in well-being and health as a function of socioeconomic status and ethnic minority status. Thus, although the United States is, relatively speaking, a high-income country, extensive science documents widespread and increasing disparities in wealth and their health concomitants. What do such disparities mean for judicious choices of measures of well-being? According to the reserve capacity model, a conceptual framework of social inequality and health, individuals who are socioeconomically disadvantaged are posited to have a smaller reserve of psychosocial resources, including lower levels of psychological well-being (Matthews & Gallo, 2011). Previous work has shown that indicators of lower socioeconomic status are associated with lower levels of well-being, including optimism and life satisfaction (Boehm, Chen, Williams, Ryff, & Kubzansky, 2015) and purpose in life (Ryff & Singer, 2008). Nonetheless, there is notable variability within socioeconomic strata, and some individuals who are lower in socioeconomic status maintain high levels of well-being (Ryff, Magee, Kling, & Wing, 1999; Markus, Ryff, Barnett, & Palmersheim, 2004). Furthermore, most dimensions of eudaimonic well-being and positive affect were found to attenuate the relationship between lower educational attainment and higher levels of inflammation (Morozink, Friedman, Coe, & Ryff, 2010)—that is, they emerge as protective resources even among the less educated. A summary of related findings on health inequalities from the Midlife in the United States (MIDUS) survey implicates other psychological resources as well, such as sense of control and conscientiousness, along with an array of vulnerability factors (negative affect, neuroticism, anger, anxiety; Kirsch, Love, Radler, & Ryff, 2019). Thus, the scope of psychological factors to consider in research on socioeconomic disparities, which are worsening over time—and their implications for health—is deep and wide. Theoretical considerations matter, such as the idea that some psychological protective factors may be undermined by pervasive socioeconomic disadvantage and even transformed into sources of vulnerability (Shanahan, Hill, Roberts,

Eccles, & Friedman, 2014). Purpose in life, for example, typically conceived as a protective resource, emerged as a vulnerability factor for poorer health among those with low educational status who also experienced greater hardship from the Great Recession (Kirsch & Ryff, 2016). Thus, future research needs to attend to which psychosocial resources, including aspects of well-being, are at risk for being undermined, and which may be more resilient to the forces of inequality. This perspective calls for psychological measurement that is broad in scope, as just illustrated.

The larger message from the preceding two examples is that contextual influences on well-being and health, which are critically needed in future science, demand comprehensive measurement choices built on prior scientific findings in targeted areas. Such endeavors are not usefully orchestrated by adopting thin (few items), context-free measurement recommendations.

Quality Control in Choosing Among Measures of Well-Being

We appreciate the challenges faced by newcomers to the field of well-being, with its long history of empirical work guided by different approaches (as distilled in our Chapter 4) and the accompanying proliferation of new measures in recent years. At the core of this panorama of possibilities is a key issue: What constitutes quality measurement of well-being? Numerous contenders fail at this juncture and are not worthy of serious consideration.

A first critical element in adjudicating quality is whether the formulation is clearly and coherently defined, ideally by drawing on relevant theory and/or philosophy. No such conceptual foundation undergirds the measurement recommendations of VanderWeele et al. in Chapter 17. Indeed, many terms invoked (flourishing, hedonic, eudaimonic) are themselves not clearly defined or linked with prior conceptualizations. Instead, the focus is exclusively on specific items, most of which did not come from coherent, well-validated models of well-being.

The second critical element of quality is that measures of well-being must emerge from rigorous psychometric analyses, starting with explication of how the items were generated: Based on what procedures and what guiding constructs? Next are multiple steps in refining item pools (via examination of item-to-scale correlations as well as assessments of face and content validity). Whether the multidimensionality of the model is empirically

supported (confirmatory factor analysis) must be assessed, along with how well the scales align with other purportedly similar as well as different constructs (convergent and discriminant validity). Unfortunately, few measures recommended by VanderWeele et al. in Chapter 17 come with compelling psychometric evidence that they are, in fact, valid and reliable indicators of the constructs they purport to assess. Here we note that α coefficients (indices of internal consistency) are not a substitute for painstaking psychometric validation. Regarding VanderWeele et al.'s, recommendation of the Comprehensive Inventory of Thriving (CIT) for comprehensive assessment of well-being, we will not repeat our previous points about its lack of theory and its problematic psychometric features. Instead, we note a further marked deficiency relative to other measurement options: namely, minimal scientific usage.

Thus, the third critical element in adjudicating quality is whether the proposed new measures have taken hold in the scientific community, as indicated by citation counts and number of published studies. These are useful components of measurement quality because they reflect individual decisions made by wide-ranging investigators about what measures to use in their own studies. Presumably such choices are based on evaluation of prior usage as well as consideration of the two previously mentioned criteria: namely, the merits of the guiding conceptual model and the psychometric rigor with which the scales were generated.

We conclude this section by noting that the Ryff (1989) model of well-being fares well according to the preceding three quality control criteria. That is, it emerged from a rich integration of multiple theoretical perspectives, and the process of translating the conceptual model to assessment tools was comprehensive and psychometrically rigorous. The model also took hold in the scientific community, with more than 1,200 publications generated and the scales translated to 40 different languages. Here we respond to VanderWeele et al.'s probe in Chapter 19 as to why we do not offer our own recommendations, including advocating for use of the Ryff (1989) scales. The reason, as articulated earlier, is that we believe measurement choices are best made via careful consideration of guiding scientific questions, relevant prior findings, and contextual considerations. In short, we do not favor blanket recommendations for *any* extant measures of well-being, including the Ryff scales. It is worth noting that Ryff has never explicitly advocated for use of her model; rather she has marveled at its widespread usage (Ryff, 2018).

Summary: Advancing Well-Being Research Via Quality Science on Compelling Questions

The gist of our thoughts about advancing well-being research are distilled as follows. First, researchers, policy-makers, and practitioners need to recognize that well-being is multiple things—the time has passed since it can be captured with a single question about life satisfaction, happiness, or meaning. Second, in deciding which among many possible measures to use, choices will inevitably vary depending on the guiding questions of the research along with theoretical and contextual considerations. In situations where limited prior findings offer guidance, it is wise to include multiple measures from different conceptual approaches to maximize the prospect of learning which measures matter under which conditions and for whom. Third, quality control concerns must be invoked. This requires careful evaluation of the conceptual background for differing approaches and the rigor with which related measures have been generated and evaluated. An undeniable marker of quality is scope of prior usage—the array of important scientific findings that have grown up around the measures.

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Author Note

This work was supported by the John D. and Catherine T. MacArthur Foundation Research Network and National Institute on Aging (P01-AG020166, U19-AG051426), with additional support provided by the John Templeton Foundation and the Lee Kum Sheung Center for Health and Happiness. The views expressed in this chapter represent the perspectives of the authors and do not reflect the opinions or endorsement of any organization. We have no known conflict of interest to disclose. Correspondence concerning this chapter should be directed to Carol D. Ryff, Institute on Aging, 2245 Medical Science Center, University of Madison, WI 53706 (cryff@wisc.edu).

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