

The Gap Between Anticipated and Current Life Satisfaction May Indicate Dissatisfaction Rather Than Hope

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Riley et al.¹ propose a measure of the difference between anticipated life satisfaction and current life satisfaction as a way of tracking population-level hope and its health effects. Morey² goes on to suggest that such a measure could be used to inform the development of

public health programs and policies that aim to enhance population well-being. Yet, no evidence supporting the validity of this “novel measure of hope” is provided.

Hope is synonymous with positive expectations about the future, and measures that assess hope should correlate negatively with hopelessness and positively with optimism and a positive outlook. To test this idea, I examined data from 3842 adults 28 to 84 years old drawn from the nationally representative Midlife in the United States (MIDUS) study.³ As in Riley et al.,¹ hope was measured according to the gap between anticipated and current life satisfaction, both assessed on a scale ranging from 0 (worst possible life) to 10 (best possible life).

Age- and sex-adjusted ordinary least squares regression models showed that those scoring higher on this measure of hope (i.e. by rating future life satisfaction as higher than current life satisfaction) were found to experience higher levels of hopelessness and lower levels of positive affect and current life satisfaction than others (Table A, available as a supplement to the online

version of this article at <http://ajph.org>). Hope was unrelated to dispositional optimism as measured with the Life Orientation Test–Revised.⁴

These findings are consistent with psychological research showing that anticipating improvements in life satisfaction is associated with dissatisfaction and distress,^{5,6} perhaps because one's life conditions are not yet aligned with one's expectations. This idea is further supported by research at the national level showing that larger gaps between anticipated and current life satisfaction are associated with lower levels of national prosperity and development.⁷ As such, when people envision dramatic improvements in their life circumstances, this may reflect a failure of expectations and dissatisfaction with current conditions.

If this suggestion is correct, it would mean that the counties identified by Riley et al.¹ as displaying the highest levels of hope may in fact be the areas where people are struggling most and in greatest need of well-being support. In contrast, counties with the lowest levels of “hope” (where current life satisfaction is approximately equal to anticipated life satisfaction) may be those where residents are content and anticipate stability.⁶ This is a concerning possibility and highlights the need for the validity of this new measure to be rigorously evaluated before it can be used to inform public health strategies. **AJPH**

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CONFLICTS OF INTEREST

The author reports no conflicts of interest.

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Riley and Roy Respond

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In our study “Trends and Variation in the Gap Between Current and Anticipated Life Satisfaction in the United States, 2008–2020,” we and our team proposed the gap between anticipated and current life satisfaction as an essential new measure to drive insight and action. The results of our study showed that this newly constructed measure remained largely unchanged for the United States population from 2008 through 2019 but increased dramatically in 2020. This change was driven by a sharp decline in current life satisfaction during the COVID-19 pandemic, with maintenance in anticipated life satisfaction. We interpreted this widening of the gap as suggestive of greater hope because it reflects a state in which

people have maintained their outlook on the future despite a decrease in their current satisfaction with their lives. This interpretation seems to align with Daly's understanding of hope as being “synonymous with positive expectations about the future.”

In our study, we also noted considerable variation in the gap between anticipated and current life satisfaction across counties. We further noted that many counties experienced an increase in this gap over time not because of a decrease in current life satisfaction but, rather, because of an increase in anticipated life satisfaction. These areas experienced an increase in the gap because the future outlook of their residents improved. We therefore remain unconvinced that the

gap may be identifying places in which people are experiencing dissatisfaction in response to a failure of expectations. Nonetheless, the findings of our study, as well as the analyses conducted by Daly, demonstrate the complexity in the relationships among current life satisfaction, anticipated life satisfaction, and their gap at the population level. These findings should serve as a call for more population-level research to understand such measures so that they can be used to guide actions in service to the well-being and hopefulness of people and places. **AJPH**

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