

THE ROUTLEDGE HISTORY OF HAPPINESS

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DECADES OF SCIENTIFIC RESEARCH ON HUMAN HAPPINESS

Questions, findings, and urgent future directions

Carol D. Ryff

Philosophers, theologians, and historians have long puzzled about the meaning and sources of human happiness. Empirical research, in contrast, has sought to quantitatively measure diverse aspects of well-being and to link it to a host of other things. This kind of inquiry took off in the middle of the last century and encompasses various phases. First was the social indicators movement in the 1950s that sought to augment economic indicators of how the U.S. was doing with subjective indicators of happiness and life satisfaction from the general population. Social gerontology also took hold during that period and focused mostly on life satisfaction among older adults. During the 1970s, 1980s, and 1990s, much research on subjective well-being (SWB) done by psychologists continued to study life satisfaction, positive affect, and negative affect, often in small samples of college students or community volunteers. This work probed dispositional tendencies to be well or not, along with the influence of other factors, such as goals and coping strategies.

Another approach to the study of psychological well-being (PWB) took shape in the 1980s and 90s based on formulations from clinical, developmental, existential, and humanistic psychology as well as Aristotle's writing about eudaimonia. Integration of these ideas led to a new indicator of well-being focused on topics, such as purposeful engagement, realization of personal potential, and quality of social ties to others. During this period, philosophical distinctions between hedonic and eudaimonic indicators of well-being took on significance.

Since the turn of the century, the science has expanded in numerous ways. Researchers have assessed diverse aspects of happiness in large population-based studies that follow participants longitudinally to examine changes in well-being and their possible antecedents or consequents. Many such studies, funded by the National Institute on Aging (NIA), include assessments of other psychological topics (cognition, personality, coping, stress exposures), along with sociodemographic factors, health behaviors, biomarkers (stress hormones, inflammatory markers, cardiovascular risk factors), chronic conditions, health symptoms, and length of life (mortality). New findings have thus linked knowledge of happiness/well-being with the fields of demography, epidemiology, and sociology. Characteristic

questions are how diverse aspects of happiness/well-being vary by age, gender, race/ethnicity, and socioeconomic status (SES) as well as by cultural context and how these differences matter for health.

Illustrative findings from the MIDUS (Midlife in the U.S.) national longitudinal study, and its parallel study in Japan known as MIDJA (Midlife in Japan), are provided below. These large cohort studies are bringing attention to ever-widening inequality and major historical events, such as the Great Recession and the COVID-19 pandemic, which are compromising the well-being and health of many. Effectively, subjective experiences of well-being are accruing disproportionately to privileged segments of society, while among the disadvantaged, there is less well-being, poorer health, and shorter lives. Critical going forward is to bring issues of social justice to research on human happiness and well-being.

Early empirical studies of happiness

Early scientific research on happiness began with the social indicators movement that took shape in the middle of the last century. Social gerontology emerged around the same time to study the well-being of older adults. Both literatures put forth operational definitions (measures) of what constitutes happiness or well-being. Many of these have endured over time. Later research done mostly by psychologists took the study of SWB in new directions by documenting the influence of other factors (e.g., personality, social comparison processes, goals, coping) on reports of life satisfaction, positive and negative affect. These early endeavors are briefly sketched below.

The social indicators movement and social gerontology

The late 1950s witnessed the creation of numerous empirical indicators of happiness or life quality to monitor social change and improve social policy.¹ Milestones were books such as *Americans view their Mental Health*; *Social Indicators of Well-Being*; and *The Quality of American Life*.² Collectively, these argued that objective aspects of American life (income, housing) needed to be augmented with information about inner experience. SWB thus emerged as a relevant index of life quality. Key indicators included life satisfaction and happiness. Life satisfaction was thought to reflect individuals' perceived distance from their aspirations, whereas happiness was formulated as the balance between positive and negative affect. These foundational conceptions of well-being underscored different temporal frames – life satisfaction viewed as more judgmental and long term, whereas happiness (positive and negative affect) reflected immediate emotional experience.

Bradburn's classic work on positive and negative affect warrants attention.³ The aim of this endeavor was to learn how macro-level social changes (employment patterns, urbanization, political tensions) influenced the life situations of individual citizens, and in turn, their well-being. A central question was what should be the dependent variable in studying these "difficulties in living."⁴ Bradburn observed

There are no clear-cut criteria for making this choice. Indeed, much of the art of scientific investigation lies in the choice of variables to study; and the difference between success and failure appears to lie more in the realm of intuition and luck than the scientific enterprise.⁵

He focused on happiness as the outcome variable, noting Aristotle's *Nicomachean Ethics*, which described happiness as the highest of all goods achievable by human action.⁶ To operationalize happiness, Bradburn created questions about positive affect – “During the past few weeks did you feel: pleased about having accomplished something? on top of the world? that things were going your way?” – as well as questions about negative affect – “During the past few weeks did you feel: depressed or very unhappy? lonely or remote from other people? upset because someone criticized you?”

Analysis of reports of positive and negative affect showed that the two types of emotional experience did not predict each other, and further, that they had different correlates. Essentially positive and negative affect were largely independent, such that one could be high, or low, on both, or have differing combinations (low PA, high NA; high PA, low NA). This outcome was a serendipitous finding of a study conceived to assess the impact of social change, little of which occurred over the period of the inquiry. Such foundational work set the stage for decades of subsequent inquiry probing how positive and negative affect are related, including with other batteries of adjectives (e.g., positive: interested, excited, proud, enthusiastic; negative: distressed, upset, irritable, guilty).⁷

Alternatively, Andrews, and Withey used representative samples from the early 1970s to assess multiple measures of well-being, including a general factor of overall life quality, akin to life satisfaction, along with separate factors of positive and negative affect.⁸ The subjective side of social change was also examined in *The Inner American*, via two national samples, one from 1957 and the other from 1976.⁹ A broad spectrum of subjective evaluations included questions about general happiness, worries, feelings of self-worth, symptoms of stress, problems in work, marriage, and parenting as well as feelings of inadequacy and well-being in these roles. The authors explicitly endorsed multiple criteria of subjective mental health, as in the original 1957 study.¹⁰

Bryant and Veroff brought confirmatory factor analysis to data from the 1957 to 1976 national surveys to understand the structure underlying the multiple indicators above.¹¹ Findings revealed three dominant factors: happiness/unhappiness, strain, and personal inadequacy. Positive evaluation (happiness items) and negative evaluation (strain items) were related, but clearly separate dimensions, and perceived competence in life was distinct from both positive and negative evaluations. Effectively, the analyses underscored the multidimensionality of SWB and documented declining differences in well-being between men and women over time.

On a separate track over the same period (1950s, 1960s, 1970s) was social gerontology, which formulated life satisfaction as the key indicator of successful aging.¹² Using interviews from small samples of adults aged 50–90 (N = 177) from Kansas City, the authors chose to focus on the “individual’s internal frame of reference” rather than overt behaviors, such as social participation. The coding of in-depth interviews resulted in five components of life satisfaction: zest (vs. apathy), resolution and fortitude, congruence between desired and achieved goals, positive self-concept, and mood tone. These led to the development of the Life Satisfaction Index A (LSIA), consisting of 25 structured items (derived from the preceding components).

Others in the field of aging developed assessments of morale,¹³ and in the years that followed, extensive work tested various models of SWB, based on measures of life satisfaction, morale, and positive and negative affect.¹⁴ The central question was whether these assessments were empirically distinct, but overlapping constructs. Some noted the general neglect of theory in formulating successful aging, a critique also applied to the prior social indicators

movement.¹⁵ Many indicators of happiness generated in the 1950s, 1960s, and 1970s gave little, if any, consideration given to guiding theoretical or philosophical frameworks.

In summary, the social indicators movement, which began in the 1950s and continued for over thirty years, called for assessing the inner experience of Americans as a counterpoint to external economic indicators of how the country was doing. Distinctions between positive and negative affect were foundational in this early work, along with assessments of self-worth and strain in various life roles (work, marriage, parenting). Quantitative analyses of these measures obtained from national samples of U.S. adults documented the multidimensionality of SWB. During the same period, social gerontology sought to define successful aging, also focused on inner experience, as derived from interviews with small samples of participants aged 50–90. Key measures from these studies were life satisfaction and morale, which were combined with assessments of positive and negative affect to assess the underlying structure of SWB. All of the above work was notably atheoretical.

Three decades (1970s, 1980s, 1990s) of psychological research

A review of three decades of research on SWB made several key points.¹⁶ One repeated refrain was that sociodemographic factors (age, gender, education, income, marital status, religion), prominent in the prior social indicators movement, accounted for limited variance in reports of well-being. Described as bottom-up influences, these situational factors were thus seen as not particularly informative. The argument was that they needed to be augmented with top-down influences reflecting subfields of psychology, such as personality or temperament.¹⁷ So doing emphasized genetic, heritability factors that may influence subjective reports of well-being.¹⁸ Also emphasized were discrepancy theories,¹⁹ including social comparison processes and aspirational factors,²⁰ as well as goals and conflict among goals,²¹ along with coping and adaptation processes.²² There was a need for new research on interrelationships among these psychological factors, along with more rigorous research designs, especially longitudinal inquiries to clarify issues of causal directionality.

Notable in the above review and one preceding it was that the content of SWB continued to include these components: pleasant affect, unpleasant affect, overall life satisfaction, and domain-specific life satisfaction (work, family, leisure, finances, self, one's group).²³ No attention was given to the conceptual or theoretical foundations of these measures, although a new life satisfaction scale was put forth.²⁴ In short, the core empirical targets defining SWB had not advanced beyond early work from the social indicators movement and social gerontology. The ultimate target – discerning the essence of what constitutes happiness or well-being – had not moved an iota since studies of happiness from the 1950s, 1960s, and 1970s.

Nonetheless, valuable new science documented the influence of traits, such as extraversion and neuroticism, or interpersonal competencies on SWB,²⁵ and gave greater emphasis to cultural influences on well-being.²⁶ Some began invoking the ancient Greeks in explicating measurement approaches. Kahneman, Diener, and Schwarz asserted that hedonic psychology was the foundation of the science of well-being,²⁷ while Ryan and Deci partitioned the science of well-being into two traditions: one dealing with happiness (hedonic well-being) and another dealing with human potential (eudaimonic well-being).²⁸ Waterman underscored distinctions from the Greeks about gratification of right and wrong desires and explicated the *daimon* as an excellence toward which ones strives.²⁹ My work, described below, anchored a new formulation of well-being in these ancient ideas, along with conceptual formulations from clinical, developmental, existential, and humanistic psychology.³⁰

In summary, framed by major reviews conducted by Diener and colleagues, psychological studies conducted with small, nonrepresentative samples brought new topics to the study of SWB.³¹ The argument was that sociodemographic factors (bottom-up influences), which had been prominent in the social indicators movement, did not account for much variance in reports of well-being. Alternative top-down influences, such as personality traits, social comparisons, aspirations, goals, and coping strategies, were put forth as key influences in understanding SWB. The actual measurement of such inner experience, however, remained focused on positive and negative affect, and life satisfaction (general and domain-specific). Theoretical underpinnings of these assessments remained thin, although some made distinctions, drawing on the ancient Greeks, between hedonic and eudaimonic well-being.

A theory-guided approach to PWB

Missing from the above studies of happiness were ideas of growth and development of the individual.³² However, much conceptual guidance about human becoming was evident in Erikson's formulation of ego development across the life course,³³ Buhler's writings about the basic life tendencies that work toward fulfillment in life,³⁴ and Neugarten's description of personality development in middle and later adulthood.³⁵ Also relevant was Maslow's view of self-actualization,³⁶ Roger's fully functioning person,³⁷ and Jung's description of individuation.³⁸ Allport's conception of maturity provided further input on advanced psychological functioning,³⁹ as did Jahoda's distillation of positive mental health, which included ideas of positive self-attitudes, growth, self-actualization, and integration.⁴⁰

Of particular importance were Aristotle's ideas from the *Nicomachean Ethics*,⁴¹ which described happiness as the highest of all human goods achievable by human action, but emphasized differences in what "the general run of men and people of superior refinement" say that happiness is.⁴² Some think it is "some plain of obvious thing, like pleasure, wealth, or honor," which Aristotle likened to a life suitable to beasts. He offered a different alternative in which the highest human good was "activity of the soul in accord with virtue." He then asked what was the highest of all virtues and proposed that eudaimonia was the answer. Defined as achieving the "best thing in us," the essence of eudaimonia is thus a kind of personal excellence unique to each person's talents and capacities. As distilled by Johnston, "The excellence of the human being is thus going to be associated with growth towards some final realization of his or her true and best nature."⁴³

To integrate the above literatures, points of convergence among them were identified, which resulted in six key dimensions of well-being that are defined in Table 25.1.⁴⁴ The definitions came from the underlying conceptual frameworks, thereby providing a theory-driven model. Self-descriptive items were then written to capture the meaning of each definition and administered to various samples. Psychometric evaluations were conducted to assess face and content validity, convergent and discriminant validity, item-to-scale correlations, internal consistency coefficients, and confirmatory factor analyses.⁴⁵ Others examined the factorial structure with samples from diverse countries and, in so doing, underscored the need to use scales of sufficient length – i.e., inquiries using shortened scales showed problematic factor structures.⁴⁶

Table 25.1 Definitions of theory-guided dimensions of eudaimonic well-being

Autonomy

High scorer: Is self-determining and independent; 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; evaluates self by personal standards.

Sample item: "I have confidence in my own opinions, even if they are different from the way most other people think."

Low scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.

Sample item: "I tend to be influenced by people with strong opinions."

Environmental mastery

High scorer: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

Sample item: "I am quite good at managing the many responsibilities of my daily life."

Low scorer: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.

Sample item: "The demands of everyday life often get me down."

Personal growth

High scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness.

Sample item: "For me, life has been a continuous process of learning, changing, and growth."

Low scorer: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.

Sample item: "When I think about it, I haven't really improved much over the years."

Positive relations with others

High scorer: Has warm, satisfying, trusting relationships with others; is concerned about the welfare of other others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.

Sample item: "I enjoy personal and mutual conversations with family and friends."

Low scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.

Sample item: "I have not experienced many warm and trusting relationships with others."

Purpose in life

High scorer: Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

Sample item: "I have a sense of direction and purpose in life."

Low scorer: Lacks a sense of meaning in life; has few goals or aims; lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

Sample item: "I don't have a good sense of what it is I'm trying to accomplish in life."

(Continued)

Table 25.1 (Continued)

Self-acceptance

High scorer: Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life.

Sample item: "When I look at the story of my life, I'm pleased with how things have turned out."

Low Scorer: Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

Sample item: "My attitude about myself is probably not as positive as most people feel about themselves."

Note: Response options for all above items: 1 (*strongly disagree*) to 7 (*strongly agree*).

Given that SWB had long been defined in terms of life satisfaction, positive and negative affect, an important question was whether the new model of PWB was empirically distinct from prior measures. A first look at this question was conducted with baseline data from the MIDUS (Midlife in the U.S.) study, thus bringing a nationally representative sample (N = 3,032) of adults aged 25–74 to the inquiry.⁴⁷ The expectation was that the different measures would be related, because all assess aspects of well-being, but the important question was whether there would be evidence that they were empirically distinct.

Factor analyses (exploratory and confirmatory) showed that the best fitting model confirmed the related-but-distinct status of SWB and PWB. Further discriminatory analyses used sociodemographic variables (age, gender, education) and personality traits to differentiate subgroups of respondents. The probability of being high on both types of well-being was found to increase with greater age, higher education, and higher profiles of extraversion and conscientiousness and lower profiles of neuroticism. Alternatively, those with higher PWB than SWB were younger, more educated, and showed higher openness to experience than those with higher SWB than PWB.

This eudaimonic model has had wide scientific impact: the scales have been translated to 40 languages, from which more than 1,400 publications have been generated.⁴⁸ An interesting question is why this theory-guided formulation has been prominent in twenty-first-century science.⁴⁹ One possible reason is that the model encompasses intellectually vital ideas and ideals about what constitutes the best within us, as distilled from nourishing wellsprings (the underlying conceptual sources). A second reason may be that the scales have scientific relevance and versatility – they have been used to study adult development, work and family life, health and biology, and neuroscience. A third reason is that this approach strongly embraces an integrative, multidisciplinary science, exemplified by the MIDUS study, as highlighted below.

In summary, an important advance in the study of PWB in the late 1980s and early 90s was the development of a theory-based model of positive psychological functioning based on integration of concepts from clinical, development, existential, and humanistic corners of psychology as well as insights from Aristotle's writings about eudaimonia. Six key dimensions of well-being emerged, which were then operationalized and psychometrically evaluated. Findings from a national sample showed that this model was related to but empirically distinct from reigning measures of SWB. This new formulation of PWB has been widely used in studies around the world, some findings of which are described in the next section.

Twenty-first-century science of well-being

Since the turn of the century, much new science of well-being has been conducted with nationally representative, longitudinal studies that use well-validated measures of diverse aspects of positive psychological functioning, along with assessments of sociodemographic factors, stress exposures, personality, coping, health, and biomarkers. Thus, as embraced by the early social indicators movement, there has been a commitment to study happiness in national samples, but this time with psychometrically sound measures, combined with many other assessments. This panoply has brought together the disciplines of demography, epidemiology, and sociology with subfields of psychology (cognition, emotion, personality, stress, coping). Population-based inquiries with quality measures *and* longitudinal assessments are thus producing new knowledge about the antecedents and consequents of diverse aspects of hedonic and eudaimonic well-being, some noted below.⁵⁰ Not covered in what follows is work from the positive psychology movement, much of which has relied on homogeneous, privileged samples; employed flawed measures of well-being; and been highly commercialized.⁵¹

Well-being as we age and engage in work and family life

Considerable work has probed whether well-being changes as people age and how it is linked to experiences in work and family life. Early cross-sectional studies suggested some aspects of well-being were stable (self-acceptance), while others showed gains (autonomy, environmental mastery), or loss (personal growth, purpose in life) with age.⁵² Later longitudinal findings confirmed downward change in from midlife to old age particularly for personal growth and purpose in life, and upward age trajectories for environmental mastery and positive relations, with mixed patterns for autonomy and self-acceptance.⁵³ Another early MIDUS study examined age trajectories in positive and negative affect, finding cross-sectional decline in negative affect with age, but an accelerating curve with age for positive affect.⁵⁴ These patterns were further influenced by gender, marital status, and personality traits. Age was inversely related to negative affect among married men and those high on extraversion but showed no findings for women. Positive affect was associated with age in a nonlinear fashion for women, but was linear for men, for whom extraversion also moderated the strength of the relationship.

With regard to family life, MIDUS findings showed that those with greater role involvement had higher eudaimonic well-being.⁵⁵ Actual activities in family roles also mattered: helping others enhanced reports of purpose and self-acceptance.⁵⁶ Married adults showed a well-being advantage, compared to the divorced, widowed, or never married individuals, though single women showed higher profiles on autonomy and personal growth compared to married women.⁵⁷ Parenting was linked with enhanced well-being,⁵⁸ whereas the loss of a child predicted impaired well-being decades later.⁵⁹ Loss of a parent in childhood also predicted lower adult well-being.⁶⁰

Experiencing psychological or physical violence from a parent in childhood compromised adult well-being⁶¹, as did caring for an aging parent, though less so for daughters with high environmental mastery.⁶² Alternatively, experiencing parental warmth in childhood helped to promote multiple domains of well-being in midlife and was inversely associated with drug use and smoking.⁶³ Early life adversity in childhood predicted lower levels of purpose in life in adulthood.⁶⁴ Purpose in life also moderated the link between childhood emotional abuse and neglect and depressive symptoms in adulthood.⁶⁵

Extensive MIDUS research has linked work experiences to diverse well-being and health outcomes, mostly negative.⁶⁶ Choi showed that job strain (low control, high demands, low support, job insecurity) and long work hours were linked longitudinally to suicidal ideation.⁶⁷ Perceived unfairness at work was associated longitudinally with greater symptoms of insomnia, with effects mediated by negative work-to-family spillover.⁶⁸ Weston, Hill, and Cordador investigated work characteristics (skill variety, autonomy, coworker support, supervisor support) as predictors of employees' sense of purpose.⁶⁹ Using longitudinal data, they found that greater skill variety and coworker support were associated with higher levels of purpose. Another inquiry focused on self-employed adults in MIDUS to probe the idea that many entrepreneurs may have had difficult childhoods.⁷⁰ Findings showed a U-shaped relationship between childhood adversity and career success that was mediated by resilience, measured with eudaimonic well-being. Thus, well-being has been studied, not only as outcomes of work experience but also as an intervening influence between pre-work life adversity and success at work.

In summary, extensive longitudinal research with national samples has focused on how aspects of hedonic and eudaimonic well-being change as individuals age across the decades of adult life. Diverse aspects of well-being have also been linked with experiences in family life including marriage and parenting as well as receiving parental abuse or warmth during childhood. Experiences at work, both negative (job strain and insecurity) and positive (skill variety, coworker/supervisor support), have been linked with aspects of well-being, such as purposeful life engagement. Eudaimonic well-being has also been studied as a mediator between early childhood adversity and adult career success.

Studies linking PWB to health

MIDUS collects comprehensive biomarkers, including stress hormones, inflammatory markers, and cardiovascular risk factors. Findings have linked aspects of eudaimonia with better glycemic regulation,⁷¹ better inflammatory profiles,⁷² better lipid profiles,⁷³ lower risk of metabolic syndrome,⁷⁴ and lower allostatic load.⁷⁵ MIDUS also collects neuroscience assessments on some participants. van Reekum, Urry, Johnstone et al. showed that those with higher eudaimonic well-being had less amygdala activation in response to negative stimuli as well as more activation of regions (ventral anterior cingulate cortex) that help regulate emotions.⁷⁶ Heller, van Reekum, Schaefer et al. showed sustained activation of reward circuitry (striatal activity) in response to positive stimuli among those with higher eudaimonic well-being, a pattern further linked with lower cortisol output over the course of the day.⁷⁷ Schaefer, Boylan, van Reekum et al. showed that higher purpose in life predicted less reactivity (eye-blink startle response) to negative stimuli.⁷⁸ Finally, eudaimonic well-being has been linked with greater insular cortex volume, which is involved in an array of higher order functions.⁷⁹

Multiple longitudinal studies have examined purpose in life as a predictor of longevity and better health. The Rush Memory and Aging Project, a community-based study of older adults, showed that those with higher purpose in life had reduced mortality seven years later,⁸⁰ as well as reduced incidence of Alzheimer's disease and mild cognitive impairment.⁸¹ MIDUS findings replicated and extended the mortality findings, showing greater survival over 14 years among those with higher purpose in life at baseline, after adjusting for numerous covariates.⁸² Findings from Health and Retirement Study (HRS) showed lowest risk of all-cause mortality among those with highest levels of purpose in life as well as reduced risk of mortality from heart, circulatory, and blood conditions.⁸³ A meta-analysis of ten

prospective studies reported significant associations between purpose in life and reduced all-cause mortality as well as reduced cardiovascular events.⁸⁴ Those with higher eudaimonic well-being are more likely to use preventive healthcare services and practice better health behaviors (diet, exercise).⁸⁵

In summary, a major advance of twenty-first-century studies of PWB has been building bridges to diverse indicators of health. Numerous published findings have shown that those with higher levels of eudaimonic well-being have better biomarker profiles, measured in terms of stress hormones, inflammatory markers, and cardiovascular risk factors. Further work has linked eudaimonia to brain measures involved in regulation of emotion, reward circuitry, and insular cortex volume. Particularly notable is the large number of findings across numerous datasets that have linked reports of purpose in life to increased longevity, reduced risk of cardiovascular disease, and better preventive health practices. These wide-ranging linkages to health constitute major strides forward in scientific studies of happiness that were largely missing in 50 years of research from the last century.

Cultural studies of emotion and well-being

To study cultural factors in the biopsychosocial integration exemplified by MIDUS, a parallel longitudinal study known as MIDJA (Midlife in Japan) was initiated in 2008 with over 1,000 adults from a probability sample in Tokyo, Japan. The content of MIDJA (sociodemographic factors, psychosocial factors, biomarkers, mental/physical health) paralleled that of MIDUS. Multiple findings have shown cultural differences in how emotions are experienced and how such differences matter for health.

Japanese adults show a dialectical emotional style wherein positive and negative affect tend to be experienced with comparable frequency, in contrast to the U.S. where high positive and low negative affect are more common.⁸⁶ Japanese adults also perceive negative sides of positive emotions and positive sides of negative emotions, which U.S. adults do not.⁸⁷ Links between negative emotion and health (chronic conditions, physical functioning) were weaker in Japan than the U.S.⁸⁸ Using longitudinal data, findings from both MIDUS and MIDJA showed that those with persistently high well-being (multiple scales) had better health over time (subjective health, chronic conditions, health symptoms), but also that negative emotions were less predictive of poor health in Japan compared to the U.S.⁸⁹ After controlling for numerous factors, negative affect was associated with a flatter (less healthy) diurnal slope of cortisol in the U.S. but not Japan, and cortisol mediated the link between negative affect and other biological risk factors (inflammatory, cardiovascular) only among Americans.⁹⁰ Another study linked negative emotion with elevated levels of IL-6, an inflammatory marker implicated in various disease outcomes, in the U.S. but not Japan.⁹¹ Kitayama and Park showed that negative affect and anger were inversely linked with biological health risk (combined inflammatory and cardiovascular risk factors) in the U.S. but not Japan.⁹²

Boylan, Tsenkova, Miyamoto, and Ryff examined links between hedonic well-being (life satisfaction, positive affect) and eudaimonic well-being (personal growth, purpose in life, *ikigai* – Japanese term capturing the sense that one's life is worth living) as well as interdependent aspects of well-being (gratitude, peaceful disengagement, adjustment).⁹³ Findings showed (after adjusting for numerous factors) that purpose in life was associated with significantly lower levels of glycosylated hemoglobin (HbA1c), but no link was found with hedonic well-being or *ikigai*, although the latter was related to lower systolic blood pressure.

Yoo, Miyamoto, Rigotti, and Ryff linked positive affect to better lipid profiles among U.S. adults, but not Japanese adults.⁹⁴ Another study found Japanese adults who reported high positive affect and low social connectedness had lower levels on positive biomarkers, such as HDL, the good, cholesterol.⁹⁵

Miyamoto and Ryff called for bringing cultural perspectives to research linking SES to health.⁹⁶ Curhan, Levine et al. showed that subjective SES (one's perceived status vis-à-vis others) was more strongly associated with well-being in the U.S., whereas objective SES (education) was more strongly associated with well-being in Japan.⁹⁷ Yu and Blader found that higher SES and greater well-being occurred through perceived respect from co-workers in both MIDUS and MIDJA.⁹⁸ Other work has shown that the strength of the links between SES and health may differ across cultures. In America, high SES people tend to focus on pursuing self-set goals that reinforce independence of the self⁹⁹ – thus, higher SES has been associated with greater self-esteem and entitlement.¹⁰⁰ In contrast, East Asian cultural contexts give prominence to an interdependent view of the self.¹⁰¹ Japanese findings show that higher SES is linked not only to a greater self-orientation but also to the maintenance of relationships and fulfillment of social responsibilities.¹⁰² High social status in Japan may thus confer privileges as well as burdens. The rise in Japan's suicide rate since the 1990s was most noticeable among those in managerial positions, likely tied to increased responsibilities and job demands during the recession.¹⁰³

In summary, cultural context is of increasing interest in studies of happiness and health. Findings from the MIDJA study have contrasted with findings from the MIDUS study to show that both negative and positive emotions are more common in Japan, whereas high positive and low negative emotional experience are more common in the U.S. In addition, negative emotion is often linked with adverse health outcomes in the U.S., but not in Japan. Cultural factors are increasingly of interest in studying socioeconomic inequalities in health, with suggestions that distinct orientations (self-versus-other) in independent versus interdependent contexts may translate to greater health benefits as well as greater burdens among those who are privileged adults in Japan. In the background of such queries is the heightened significance of economic inequality over time, as covered below.

Contemporary challenges: widening inequality and major historical stressors

Happiness undone by discrepant life opportunities

Inequality has grown more dramatic over time,¹⁰⁴ particularly in the U.S., home of the abiding ideal that the pursuit of happiness is available for all. Reeves described the "hoarding" of the American Dream – the top 20 percent of income earners have privileged access to better educations, jobs, income, and wealth as well as greater likelihood of stable marriages to successful partners, thriving neighborhoods, and healthier lifestyles.¹⁰⁵ Graham linked such discrepancies in life opportunities and income to compromised levels of optimism, life satisfaction, and happiness among those who are disadvantaged.¹⁰⁶ The Great Recession that began in 2008 exacerbated these problems, fueling dramatic increases in poverty¹⁰⁷ and health costs due to job loss, unemployment, and financial strain.¹⁰⁸

A unique feature of MIDUS was recruitment of two national samples on either side of the Great Recession. The baseline sample was recruited in 1995 (total N = 7108, including siblings and twins), and the new refresher sample in 2012 (total N = 4085).¹⁰⁹ Over this period, educational attainment in the U.S. improved. Despite gains in education, the

post-Recession refresher sample reported less household income (after adjusting for inflation), lower financial stability, worse general health, more chronic conditions, higher body mass index (BMI), more functional limitations, and more physical health symptoms than the baseline national sample. With regard to psychological health, the post-Recession sample had lower positive affect and life satisfaction as well as lower autonomy, self-acceptance, personal growth, and sense of control than the pre-Recession baseline sample. Interaction analyses revealed a steeper educational gradient in BMI, functional limitations, and physical symptoms for the post-Recession compared to the pre-Recession sample. Additional MIDUS findings compared the two national samples on negative emotions, positive emotions, fulfillment, and life satisfaction.¹¹⁰ Mental health was worse in the refresher sample compared to the baseline sample among those with lower SES. The findings were framed in the context of the opioid epidemic, growing alcoholism, and increased death rates, including suicide,¹¹¹ collectively described as *deaths of despair*.¹¹²

Other structural forces sit over widening inequality – namely, corporate action and decision-making. Corporate profits have soared in recent times, while worker paychecks have lagged – effectively, labor has shown a declining share of total income in the U.S., while business profits continued to climb.¹¹³ Post-Recession recovery benefitted corporate profit at the expense of worker wages via “monopsony power” – an economic term referring to the ability of employers to suppress wages below the efficient or perfectly competitive level of compensation.¹¹⁴ Workers accept suppressed wages and substandard conditions because they have few alternatives and costs of switching jobs are too high. Others have brought attention to growing homelessness (evictions),¹¹⁵ and the extent to which some (employers, landlords, banks, pay-day lenders) profit from the poor.¹¹⁶

Human history shows longstanding concern with the problem of greed. The ancient Greeks saw greed and injustice as violating virtues of fairness and equality and thereby, contributing to civic strife; they called for public criticism and censuring of greed.¹¹⁷ In the fourteenth century, Dante’s *Divine Comedy* placed sins of greed and gluttony, along with fraud and dishonesty, in his nine circles of hell.¹¹⁸ In the eighteenth century, Adam Smith’s *Wealth of Nations* made the case for self-interest and capitalism, but recognized problems of greed, framed as limitless appetites of the vain and insatiable.¹¹⁹ Research on health inequalities, in contrast, has focused almost exclusively on those in lower SES positions.¹²⁰ Little attention has been paid to the motivations and behaviors of those at the top, though some have written about “the dark side of the American Dream” and shown that those motivated by financial success had lower well-being and adjustment compared to those motivated by less materialistic values.¹²¹ Other work shows an increased sense entitlement, narcissism, and tendency to behave unethically among upper class compared to lower class individuals.¹²² A large panel study of over 65,000 U.S. students assessed agreement or disagreement with the statement: “Wealthy people should pay a larger share of taxes than they do now.”¹²³ Students from affluent colleges (defined by family SES background) were more likely than those from public or less affluent schools to disagree with the statement, particularly among those in fraternities and sororities.

Philanthropy, traditionally thought to exemplify commitment among elites to do good in the world, is also under scrutiny.¹²⁴ The Sackler family, contributors to major art museums around the world, owned Purdue Pharma that created oxycontin, the highly addictive, over-prescribed opioid painkiller. Along the way, Purdue Pharma marketed new drugs to treat the opioid addiction they helped create. From 1999 to 2021, over half a

million people in the U.S. died from overdoses involving opioids.¹²⁵ The Sacklers' offer to settle multiple lawsuits has been seen as miniscule relative to the fortune they retained after removing billions from the company before filing for bankruptcy.¹²⁶ Nan Goldin's 2022 documentary, *All the Beauty and the Bloodshed*, powerfully enacts advice from the ancient Greeks – namely, to publicly censure greed.¹²⁷ Following many such protests, the Sackler family name has been removed from major art museums around the world.

In sum, over the course of the MIDUS study, economic inequality has grown more dire in the U.S. and has been accompanied by differences in well-being and health between the MIDUS baseline sample (recruited in 1995) and the MIDUS refresher sample (recruited in 2012). Despite national gains in educational attainment over this time period, the refresher sample had less household income, lower financial stability, and poorer physical and mental health than the baseline sample. These declining profiles of life quality elevate the problem of greed, which like happiness, has been of interest throughout human history.

Enter COVID-19: well-being in the face of intersecting catastrophes

If widening inequality and the Great Recession were not enough as major historical stressors undermining lives of disadvantaged people, the COVID-19 pandemic has exacerbated these problems.¹²⁸ To date, there have been over 6.9 million deaths worldwide,¹²⁹ including more than 1.2 million deaths in the U.S. (<https://covid19.who.int/region/amro/country/us>).¹³⁰ Critically important have been hardships experienced by those who did not die: rampant unemployment, lost health insurance, evictions/homelessness, hunger/food lines, systemic racism. At the height of the pandemic (2020/2021), daily media provided images of the homeless on streets across the U.S., along with those in endless food lines. Importantly, Americans did not suffer equally: the wealthiest experienced little change in employment, compared to 28 percent of those in the bottom quartile of income; 30 percent of those with low incomes did not have enough to eat compared to 0.8 percent of those with high incomes; 46 percent of those in the top 20 percent of wealth stayed home, compared to 35 percent of those from the bottom 20 percent of wealth.¹³¹ Finally, among parents dealing with homeschooling during 2020, 37 percent of those in the top quartile of income reported progress in online math coursework compared to minus 11 percent among those in the bottom quartile of income. Further scientific evidence of “pandemic precarity” has documented significantly higher rates of housing insecurity, food insecurity, financial insecurity, and risk of being fired/unemployed among those with a high school education or less compared to those with a college degree and among Blacks compared to Whites.¹³²

These discrepant realities in the human condition cannot be ignored. Pandemics and rampant inequality make clear that positive psychological experiences are not available to many. Growing evidence shows that happiness and well-being are increasingly sequestered among privileged (well-educated, economically comfortable) segments of society, while feelings of anger and shame are concentrated among those who are disadvantaged.¹³³ These realities demand high-quality science, as exemplified by MIDUS, to showcase the extent to which hardships of the pandemic have been disproportionately borne by those who were already vulnerable – i.e., low socioeconomic standing and experiencing high hardships during the Great Recession. A critical question is whether such cumulative adversity will undermine the future health and longevity of those involved.

Concluding points

This chapter has covered extensive territory, seeking to describe decades of scientific research on happiness and well-being. Of key interest has been empirical measures that have operationalized these constructs, from the social indicators movement of the 1950s, 60s, and 70s, along with early work in social gerontology, through 30 years (70s, 80s, 90s) of research by psychologists seeking to bring other influences (personality, social comparisons, goals and aspirations, coping strategies) to the study of SWB. With the turn of the century, widespread scientific advances from national longitudinal studies of aging with diverse, well-validated assessments of well-being, hedonic and eudaimonic have emerged. Two decades of new findings have clarified how well-being changes with aging and is linked with work and family life as well as to diverse indicators of health, including physiological regulation, neuroscience, morbidity, and mortality. This biopsychosocial agenda has been mindful of cultural influences on well-being and health.

Widening inequality is a major theme unfolding in our era. It has been exacerbated by two major historical stressors: the Great Recession and the COVID-19 pandemic. These traumas have been disproportionately borne by those who were already vulnerable, defined in terms of low SES. There is thus an urgency to study the impact of these major happenings on experiences of well-being, and critically, what these national stressors mean for the future health and longevity those who are disadvantaged in an increasingly unequal world.

In taking full stock of the science of well-being over the past 80-plus years, an irony emerges. Distant work that originated in the 1950s was fueled by an interest in studying social change, little of which occurred over several decades of inquiry. In contrast, since the turn of the century, much longitudinal research has been conducted with national samples using well-validated measures of hedonic and eudaimonic well-being. Many findings have been generated, including those that reach across disciplinary boundaries. Not anticipated in these queries, however, has been the extent of major social change that unfolded – widening inequality, now deeply exacerbated by two major historical events, the Great Recession and the COVID-19 pandemic. Effectively, contemporary science has returned, albeit unintentionally, to key questions that launched initial studies of happiness and well-being in the middle of the last century.

What these societal traumas call for is a return to past efforts to articulate what happiness is about. Aristotle's framing of the highest human good as "activity of the soul in accord with virtue," and his further elaboration of virtue ethics, is critically needed in these perilous times.¹³⁴ That is to say, studies of happiness and well-being must attend to virtue and how it is enacted. In this regard, there is valuable guidance from a great utilitarian philosopher, John Stuart Mill, who in his *Autobiography* wrote the following:

Those only are happy... who have their minds fixed on some object other than their own happiness, on the happiness of others, on the improvement of mankind, even on some art or pursuit, followed not as a means, but as itself and ideal end. Aiming thus at something else, they find happiness by the way.¹³⁵

The idea of construing happiness as a by-product of other more noble deeds is a worthy guide going forward.

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