CHAPTER TWENTY ONE

Well-Being in America: Core Features and Regional Patterns

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How healthy are we? A national study of well-being at midlife. (2004) Brim, OG, Ryff, CD, & Kessler, RC (eds). Chicago, IL The University of Chicago Press, 614-650

> True happiness comes from just having to adjust to what you have, not from choosing. Like ice fishing in Minnesota, you have cold weather, so you make the best of it. Choice can make you miserable.
>
> Garrison Keillor, *A Prairie Home Companion* (1997)

> People accustomed to mountains and tree cover go crazy out here [Texas]. But I just hate trees and mountains. I went to Virginia once. I felt so fenced in by the landscape that I could scream. When I was in Chicago, the skyscrapers made me feel the same way. I can't imagine spending your life in a place where you can't see for miles in all directions.
>
> R. D. Kaplan, *An Empire Wilderness* (1998)

When it comes to what gives rise to the good life or a global sense of well-being, place matters. As the epigraphs to this chapter suggest, moving from one region to another can give rise to an unsettling feeling that something is not quite right. The North and the South, and the East and the West, diverge from one another, just as the city does from the country, and the mountains from the coasts. These places differ not only in their geography, or physical space, but also in their ideological landscape, or collective meaning space. And it is the lay of the land with respect to well-being that concerns us here.

Even though there is some consensus across people, places, and time about what counts for well-being, it is increasingly evident that well-being can also take a variety of forms (King and Napa 1998; Markus, Ryff, Curhan, and Palmersheim, chap. 10, this volume; Ryff and Singer 1998). We propose here that both the consensus and the diversity in well-being can be systematically linked to the ideas and practices that are common in particular sociocultural contexts.

We first use the MIDUS data to determine some of the core features of well-being in the United States, and then we examine some points of regional variation. We suggest that American well-being at midlife is

importantly constituted both by widely distributed American ideas and practices and by regionally specific ones.

The Sociocultural Matrix of Well-Being

In exploring regional variation in well-being, we use the framework of mutual constitution—the notion that psyche and culture, or person and community, "make each other up" (Berry, Poortinga, and Pandey 1997; Cole 1996; Fiske et al. 1998; Shweder 1990, 24; Triandis 1995). According to this perspective, psychological tendencies require and are shaped by engagement with the culture-specific meanings, practices, artifacts, and institutions of particular cultural contexts, and these psychological tendencies serve to perpetuate these particular cultural contexts. Research in cultural psychology and cultural anthropology reveals that even such presumably basic processes as cognition, motivation, and emotion are culturally patterned (Fiske et al. 1998; Markus and Kitayama 1991; Shweder 1990). For example, recent studies suggest that in the United States, where independence and autonomy of the self are emphasized, well-being is associated with the pursuit of individual success and control (Lachman and Weaver 1998), whereas in Japan, where interdependence or relationality are more focal, well-being is linked to fitting in and maintaining sympathy (Diener and Suh 2000; Kitayama and Markus 2000).

"Being well" is a collective and context-specific project, and to be well depends on the incorporation of particular understandings and practices of wellness and being. Different sociocultural and sociostructural environments (e.g., different regions of the world, or of the United States, that differ in ecology, history, sociopolitical circumstances, economic position, and ethnic background of inhabitants) are associated with somewhat different distributions of ideas and practices about well-being. It is not difficult, therefore, to imagine that people in diverse regional contexts have understandings and representations of what is good, right, and moral that diverge from one another, and that these differences are manifest in the nature of well-being.

The sociocultural analysis we are pursuing here does not, of course, imply that two people in a given cultural context—for example, a 30-year-old male banker and 45-year-old female administrative assistant both living in New York—will have exactly the same understandings of well-being. People engage with context-specific practices and meanings in ways that are selective and creative, including resisting and contesting them. Moreover, each person is influenced by the practices and meanings

associated with other cultural contexts, such as those of gender, age, and occupation. Yet, we hypothesize that their psychological responses will show some patterns that can be linked to regionally prevalent ideas and practices, just as the banker will also show some similarities to other bankers or 30-year-olds and the administrative assistant may show some similarities to other administrative assistants or to other women. These similarities are not essential or inherent but attributable to the specific meanings and practices that are necessarily engaged in the course of being an appropriate person in the various contexts.

This analysis systematically links the ideological landscape, or prevalent ideas and practices, in the United States as a whole and in various geographic regions to patterns of well-being. We first describe the well-being indicators, or features of well-being, used in our analysis. We then turn our attention to consensual features of well-being. We delineate ideas and practices that are prevalent across American cultural contexts and form hypotheses based on these ideas and practices about what features of well-being are likely to be consensual, or commonly endorsed by Americans. Finally, we ask if well-being is valued and represented differently across regions in the United States. On the basis of the perspective of mutual constitution and some limited empirical research on regional variation, we propose that how people see their roles in a community and in society, how much control they feel over their lives, and even their physical and mental health—all of these—can be regionally patterned. These regional ways of being, in turn, serve to maintain and perpetuate the reality of regional differences. In examining regional differences in patterns of well-being, we first depict the ideas and practices that are prevalent in a given region as well as demographic indicators from our sample and from U.S. Census data. On the basis of these qualitative and quantitative accounts, we then develop hypotheses about what features of well-being are likely to be endorsed more commonly in one region than in others. The goal of our analysis, however, is not just to determine if well-being varies by region; our larger aim is to examine the ways in which culturally prevalent ideas and practices can shape individual well-being.

Well-Being Indicators

The Midlife Development Inventory (MIDI) was structured to tap three broad dimensions of well-being—psychological health, physical health, and social health—hypothesized to be important for a comprehensive understanding of well-being. To map out both core American

and regional ways of being well, we chose twenty-six indicators from the MIDI to reflect these important well-being constructs. These measures and their mean scores can be found in table 1.

The American Well-Being Consensus Hypotheses

Americans live through an elaborate system of ideas and practices that give form to the most commonly held and endorsed understandings of well-being. Key American cultural ideas can be found, for example, in the Declaration of Independence and the Bill of Rights, the most significant of which are independence from constraint by others and protection of the "natural rights" of each individual (Guisinger and Blatt 1994; Hogan 1975; Markus and Kitayama 1994; Shweder, Mahapatra, and Miller 1987). Indeed, empirical research suggests that Americans are strongly oriented toward self-direction and self-reliance and generally assume an individualist stance on the world (Hofstede 1980; Triandis 1995), manifesting what Bellah et al. (1985) called expressive individualism. The sources of this American form of individualism are a matter of ongoing debate, but most observers agree that this cultural ethos involves a synthesis of three powerful and highly prevalent ideas: (1) the idea of the frontier and the importance of personal independence and self-reliance; (2) the Protestant ethic, which involves a belief in the moral superiority of industriousness and hard work; and (3) the idea that the greatest good is to be as individually successful as possible (Bellah et al. 1985; Kitayama and Markus 1999; Potter 1963; Turner 1920; Weber 1958; Zelinsky 1992). The mindset that claims it is possible to get to the top and achieve almost anything if one works hard enough and with direction and perseverance is often called "the American dream" (Hochschild 1995; Spindler and Spindler 1990), and it has played an unparalleled role in the shaping of the American psyche. Even though the veracity of these ideas may be challenged, they are still powerful in the sense that they are inscribed in and promoted by many American systems and institutions. A variety of empirical evidence suggests that can-do ideology is widely held and that Americans indeed believe strongly in their personal control and their efficacy in the world (Taylor and Brown 1988).

Given the repertoire of ideas and practices that are common to American mainstream experience, as well as some recent empirical findings (Fiske et al. 1998; Herzog et al. 1998; Iyengar and Lepper 1999; Quinn and Crocker 1999), predictions can be made about which understandings of well-being are likely to be commonly represented and endorsed. We expect that constructs related to independence, such as autonomy and

TABLE 1 Well-Being Indicators Used in Analyses

Dimension/ Measure	Description	Example	Mean[a]
	PSYCHOLOGICAL HEALTH		
Psychological well-being	18-item scale (1 = strongly agree to 7 = strongly disagree)	See the 6 subscales below	5.51
Autonomy	3-item scale (1 = strongly agree to 7 = strongly disagree)	I judge myself by what I think is important, not by the values of what others think is important.	5.50
Environmental mastery	3-item scale (1 = strongly agree to 7 = strongly disagree)	In general, I feel I am in charge of the situation in which I live.	5.33
Self-acceptance	3-item scale (1 = strongly agree to 7 = strongly disagree)	When I look at the story of my life, I am pleased with how things have turned out so far.	5.49
Purpose in life	3-item scale (1 = strongly agree to 7 = strongly disagree)	Some people wander aimlessly through life, but I am not one of them.	5.45
Personal growth	3-item scale (1 = strongly agree to 7 = strongly disagree)	For me, life has been a continuous process of learning, changing, and growth.	5.95
Positive relations	3-item scale (1 = strongly agree to 7 = strongly disagree)	Maintaining close relationships has been difficult and frustrating for me.	5.34
Control			
Mastery	4-item scale (1 = strongly agree to 7 = strongly disagree)	I can do just about anything I really set my mind to.	5.84
Constraint	8-item scale (1 = strongly agree to 7 = strongly disagree)	I have little control over the things that happen to me.	2.74
Satisfaction			
Overall life now	1-item rating (0 = worst to 10 = best)	How would you rate your life overall these days?	7.65
Satisfaction with life	1-item rating (1 = a lot to 4 = not at all)	At present, how satisfied are you with you life?	2.49
Self-satisfaction	1-item rating (1 = a lot to 4 = not at all)	Overall, how satisfied are you with yourself?	2.51
Affect			
Positive affect	6-item scale of ratings of positive feelings (1 = all the time to 5 = none of the time)	During the past 30 days, how much of the time did you feel . . . in good spirits?	3.36
Negative affect	6-item scale of ratings of negative feelings (1 = all the time to 5 = none of the time)	During the past 30 days, how much of the time did you feel . . . so sad nothing could cheer you up?	1.57
Mental and emotional health	1-item rating (1 = poor to 5 = excellent)	What about your mental or emotional health—would you say it is . . .	3.69

TABLE 1 *continued*

Dimension/ Measure	Description	Example	Mean[a]
	PSYCHOLOGICAL HEALTH		
Health Problems Chronic conditions	Yes/no to experience or treatment of 29 chronic conditions	In the past 12 months, have you experienced or been treated for any of the following . . . alcohol or drug problems?	2.56
Subjective health			
Overall health	1-item rating (0 = worst possible to 10 = best possible)	How would you rate your health these days?	7.35
Physical health	1-item rating (1 = poor to 5 = excellent)	In general, would you say your physical health is. . .	3.45
	SOCIAL HEALTH		
Social responsibility			
Contribution to welfare and well-being of other people	1-item rating (0 = worst to 10 = best)	How would you rate your contribution to the welfare and well-being of other people these days?	6.59
Family obligation	8-item scale of ratings of degree of obligation felt toward children, parents, spouse, friends (0 = none to 10 = very great)	How much obligation would you feel . . . to drop your plans when your children seem very troubled?	60.11 (sum)
Work obligation	3-item scale of ratings of degree of obligation felt toward job (0 = none to 10 = very great)	To cancel plans to visit friends if you were asked, but not required, to work overtime?	22.81 (sum)
Civic obligation	4-item scale of ratings of degree of obligation felt toward civic participation (0 = none to 10 = very great)	To vote in local and national elections?	30.75 (sum)
Social support			
Family support	4-item scales of ratings of supportive network interactions (1 = a lot to 4 = not at all)	How much can you rely on them for help if you have a serious problem?	3.42
Friend support			3.22
Partner support			3.55
Social well-being	15-item scale of ratings of social well-being (1 = strongly agree to 7 = strongly disagree)	I feel close to other people in my community.	4.53

[a]Items have been re-coded where necessary so that higher scores indicate higher values of a measure.

mastery, and to the Protestant ethic and the American dream, such as work obligation and purpose in life, compose a set of well-being constructs that most Americans endorse.

A related set of core well-being constructs should also emerge. These are constructs associated with the notion of satisfaction, as measured in this study by ratings of one's overall life and one's satisfaction with life. Individual satisfaction is an important component of the success ethic described above (Zelinsky 1992), and in the last thirty years, feeling good or satisfied with one's self has been a key American idea (Bellah et al. 1985). A large literature on positive illusions and unrealistic optimism provides support for the hypothesis that Americans in general report being satisfied with their lives. In American samples, most people report being happy and satisfied most of the time (Freedman 1978; Herzog et al. 1998; Taylor and Brown 1988; see Markus et al., chap. 10, this volume). Moreover, most mainstream Americans believe that they are even happier and more satisfied than their friends and peers—a pattern that is not common in much of the rest of the world (Heine et al. 1999; Suh 2000).

Because there is marked regional variation in socioeconomic status in our study—for example, the regions in our study range from 16 percent to 35 percent in the number of respondents holding at least a bachelor's degree—and because socioeconomic status has been shown to be powerfully related to health, we do not anticipate that high levels of physical health will be part of the American well-being core (i.e., that Americans regardless of region will show high levels of physical health). Finally, given the conflicted discourse over whether or not Americans are currently responsible and socially engaged (Putnam 1995; Rossi 2001; Wuthnow 1998), we hesitate to make any predictions about consensual trends in Americans' social health.

Regional Variation

Researchers have documented a variety of forces that serve to create and maintain regional cultures, including local religious communities and attitudes and concentration of ethnic groups (Hulbert 1989; Raitz 1979), distinct political cultures (Gastil 1975; Glenn and Simmons 1967; Hulbert 1989), local economic forces (Edgerton 1971; Nisbett 1993), shared histories and environmental conditions (Anderson 1987), and the regional lifestyles and values that have been reinforced through marketing efforts and migration (Borchert 1972; Kahle 1996; Raitz 1979). Although there is likely to be considerable consensus in American

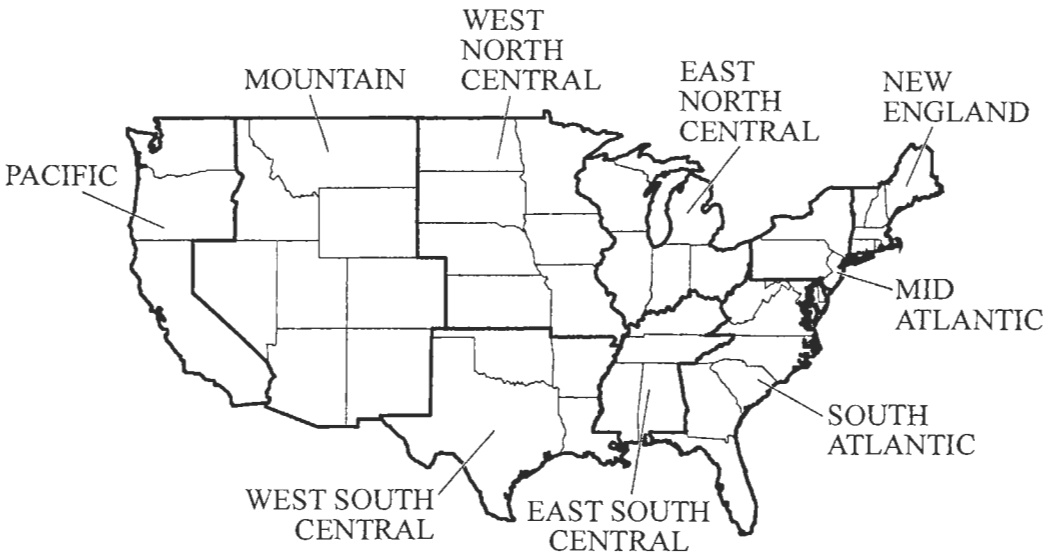

FIGURE 1. U.S. Census Bureau divisions in the continental United States.

well-being (a consensus that can be systematically tied to nationally prevalent ideas and practices), the important role of more local experience in shaping psychological life cannot be ignored. Thus, we expect that regional culture can also have pervasive effects on the well-being of its inhabitants.

For our regional analysis we employ the regional classification scheme used by the U.S. Census Bureau, which has also been the basis for regional comparisons in a variety of other studies (Kahle 1986; Rubenstein 1982).[1] In this chapter we paint a portrait of well-being at midlife, in five—New England, Mountain, West North Central, West South Central, and East South Central—of the nine Census regions of the United States (see fig. 1) for which we have developed some hypotheses about the nature of well-being in that region. Because our goal is to show that differences in well-being can be predicted on the basis of what we know of prevalent ideas and practices, we have chosen to do this thoroughly for five regions. The same could be done for the four remaining regions, but space constraints of a single chapter do not allow us to present a complete description and discussion of all nine regions (see Plaut, Markus, and Lachman 2002 for data for the other four regions).[2]

American Consensus: Results

A well-being variable described in table 1 was classified as a core construct of well-being if it satisfied the criteria that (1) it was highly endorsed and (2) there was no regional variation. We classified a variable

TABLE 2 Variables for Which More Than 50% of Sample Responded in the Top 25% of the Scale[a]

Well-Being Dimension and Scale	Measure	% Endorsing Highest Option(s)	No Across Region Variation
Psychological health			
Psychological well-being	Autonomy	51.0	
	Self-acceptance	50.3	
	Purpose in life	51.7	√
	Personal growth	69.6	
Control	Mastery	65.8	√
Satisfaction	Overall life now	63.7	√
	Satisfaction with life	59.3	√
	Satisfied with yourself	58.2	
	(Lack of) negative affect	78.5	
Physical health			
	Overall health now	54.3	√
Social health			
Responsibility	Family obligation	53.8	√
	Work obligation	58.4	√
	Civic obligation	59.3	
Social support	Partner support	74.7	√
	Family support	63.9	√

[a]This would be the equivalent of circling 4 on a four = point scale.

as highly endorsed if over 50 percent of the sample responded in the top 25 percent of the scale, which is equivalent to circling 4 on a four-point scale. There was no regional variation if a one-way analysis of variance (ANOVA) of region for that variable did not yield a significant F statistic at the $p = .05$ level. In table 2, core well-being constructs are highlighted in boldface.

Most elements that we hypothesized would be important in American well-being are indeed endorsed at the highest levels by more than 50 percent of Americans, although not all of these elements meet the second criterion, which involved no regional variation. Consistent with our predictions, having a purpose is important to many mainstream midlife Americans. Fifty-two percent of Americans responded within the top 25 percent of the purpose-in-life scale. There are no regional differences on this scale. Overall, Americans are also highly concerned with mastery. Sixty-six percent of Americans averaged a response to the four mastery items that falls into the top 25 percent of the scale. We found no regional differences on mastery. In other words, Americans do not vary significantly by region on the extent to which they feel that they can do what they want and have set their mind to.

Despite the fact that health, education, and economic resources are not evenly distributed across regions, the portrait of the United States looks fairly homogeneous with respect to life satisfaction. No significant differences emerged between regions on responses to two separate life satisfaction ratings. Americans are, for the most part, satisfied with their lives. Sixty-four percent circled one of the three highest options on an eleven-point scale in response to "How would you rate your life overall these days?" In response to the question "At present, how satisfied are you with your life?" 59 percent gave the highest possible response (i.e., "a lot") on a four-point scale.

As expected, physical health is not a core aspect of well-being. However, the more global rating of overall health was highly endorsed by 54 percent of respondents and met the criterion for regional invariance.

As predicted, Americans are also very oriented toward work. Fifty-eight percent of Americans responded within the top 25 percent of the work obligation scale. Rossi (2001), who has recently chronicled political and social commentary about American trends in civil responsibility and activism, notes that it is difficult to find any literature suggesting that recent cohorts of Americans are socially responsible. Thus, we were surprised to find a few social responsibility and social support constructs in our core category. For example, 54 percent of respondents perceived themselves as high on family obligation, and there is no regional variation for this variable. In retrospect, however, it makes sense that family obligation would be a core aspect of well-being. Americans may not be broadly concerned with community or society, but they are very obligated to their nuclear families, and this may comprise a special case of social responsibility (Rossi 2001). Philosopher David Potter (1963) claims that in American life, private values have always eclipsed public values, and in his description of this American "privatism," he cites the Old Yankee prayer: "God save me and my wife. / My son John and his wife, / Us four and no more." The presence of family obligation in the core is paralleled by our finding that Americans across regions believe that they receive a lot of social support from their family (64 percent responded in the top 25 percent of the scale) and partner (75 percent). The high endorsement of partner support fits Adams's (2002) observation that, in contrast to cultural settings in many parts of the world, in American contexts the adult man–woman couple is regarded as the most significant social relationship and the one that is essential for well-being. Finally, reflecting Bellah et al.'s (1985) claim that Americans seem more isolated than they actually are, another type of

responsibility, civic obligation, was also highly endorsed. More than 50 percent of respondents endorsed the civic obligation items at the highest levels, but this variable did not meet the criterion for regional invariance.

Regional Well-Being Patterns

Demographic Data and Prevalent Ideas

In this section, we develop hypotheses about the profiles of well-being for each of the five regions being analyzed. These predictions come from an integration of qualitative and quantitative accounts. The qualitative accounts provide a summary of regional values and practices that are prevalent in each region and that we expect will be sources of regional variation in well-being. Our goal here is to draw together suggestions from historical, sociological, and cultural accounts and commentaries about regional differences to formulate a set of hypotheses about which ideas of well-being are likely to be prevalent (i.e., pervasively available and distributed) in a given region. We expect that the ideas that are prevalent in public discourse and representation in a given region (e.g., in daily interpersonal conversations and in the media) will be directly or indirectly active in thinking and feeling about well-being, establishing a local frame of reference for what is good and right. In fact, it is difficult to think or to talk to others about one's well-being without the framework of meaning provided by these ideas. Moreover, these ideas are intrinsically linked with particular practices and institutions (Bourdieu 1977; Giddens 1990; Harris 1979), which also promote some ways of being well rather than others. For example, although not every person who lives in New Hampshire is likely to happily and self-consciously endorse the state motto of "Live Free or Die," this motto is inscribed on the New Hampshire license plate and is a feature of almost everyone's daily environment—part of the collective meaning space. The motto is a widely dispersed idea about what is important for a good life and well-being. To the extent that this idea is fostered and reinforced by a variety of other messages and practices in New England, the well-being profile of this region, in comparison with that of other regions in which this sentiment is not as pervasive or institutionalized, is likely to reflect a concern with a certain type of autonomy.

The quantitative accounts consist of demographic data that provide an outline of the sociostructural features of these regions. These are presented in tables 3 and 4 and include statistics from the U.S. Bureau of the Census (1996) and demographic data from the MIDUS survey.

TABLE 3 Demographic Indicators of Each Region

	New England	West North Central	East South Central	West South Central	Mountain
Population					
Resident population	13,351	18,468	16,193	29,290	16,118
Metro/non-metro population	5.3	1.4	1.4	3.3	2.6
Economy					
Unemployment (%)	4.8	3.7	5.5	5.5	5.3
Personal income per capita ($)	28,633	23,448	20,095	21,144	21,735
Health					
Health care expenditure ($1000/person)	1.43	1.20	1.23	1.15	0.94
Social					
Colleges (/1,000)	1.92	2.15	1.64	1.02	1.32
Divorce rate (/1,000)	3.0	4.1	5.9	4.7	4.7
Crime rate (/100,000)	4091	4562	4601	5738	6357

Source: U.S. Bureau of the Census 1996.

TABLE 4 Demographics of Regional Samples

	New England	West North Central	East South Central	West South Central	Mountain
Sample size (*n*)	148	323	241	366	218
Gender (%)					
Male	54.7	51.4	46.9	48.6	51.4
Female	45.3	48.6	53.1	51.4	48.6
Education (%)					
<High school	6.8	8.7	17.8	13.9	6.9
High school	26.4	35.1	32.0	28.1	25.2
Some college	32.4	28.6	34.4	28.7	36.7
Bachelor's or higher	34.5	27.6	15.8	29.2	31.2
Household income ($)	66,207	50,080	46,012	48,658	48,988
Race (%)					
White	92.9	94.6	90.1	80.4	91.0
Black	3.2	2.2	7.9	10.0	1.1
Asian	0	1.1	0	0.6	1.6
Native American	0	0.4	1.0	1.9	2.7
Mixed	1.6	0.4	0.5	1.0	0.5
Other	2.4	1.4	0.5	6.1	3.2
Religion (%)					
Protestant[a]	25.0	46.3	64.0	58.8	29.4
Catholic	46.0	31.6	9.5	22.1	23.0
Jewish	4.8	0.4	1.0	0.3	1.1
Agnostic/atheist	14.5	6.3	5.5	8.8	13.9
Other	9.7	15.4	20.0	10.4	32.6

[a]Includes interdenominational, no denomination, Baptist, Episcopalian, Lutheran, Methodist, Presbyterian.

TABLE 5 Well-Being Groupings

Types of Well-Being	Measures
1. Health-focused well-being	• Chronic conditions • Physical health
2. Autonomy-focused well-being	• Autonomy • Environmental mastery • Lack of constraint
3. Self-focused well-being	• Self-acceptance • Self-satisfaction • Personal growth
4. Emotion-focused well-being	• Positive affect • Negative affect • Mental or emotional health
5. Other-focused well-being	• Positive relations with others • Social well-being
6. Social responsibility	• Contribution to others' welfare • Civic obligation

Well-Being Groupings

The well-being variables in table 1, which included some from each of the three well-being dimensions, were regrouped into six separate types of well-being to reflect our expectations about the ways well-being was likely to vary by region (see table 5).[3] We did not include here variables that were regionally invariant because we were interested in highlighting regional variation. Friend support, a variable that showed regional invariance but was not highly endorsed, was also left out of these analyses. The first grouping, *health-focused well-being*, examines whether a person thinks he/she is healthy. The second grouping, *autonomy-focused well-being*, represents those psychological well-being variables that have to do with taking charge and not letting others tell one what to do. The third grouping, *self-focused well-being*, involves being happy with oneself and challenging oneself to change and develop. Our fourth category, *emotion-focused well-being*, gauges people's day-to-day feelings. The fifth grouping, *other-focused well-being*, captures a person's feelings of well-being in relation to other people and society in general. A sixth grouping, *social responsibility*, which we consider to be highly related to other-focused well-being, looks at conceptions of one's societal contribution.

Reporting Regional Variation

In the following sections we compare each region to other regions on aspects of well-being. Regional comparisons are made only for variables

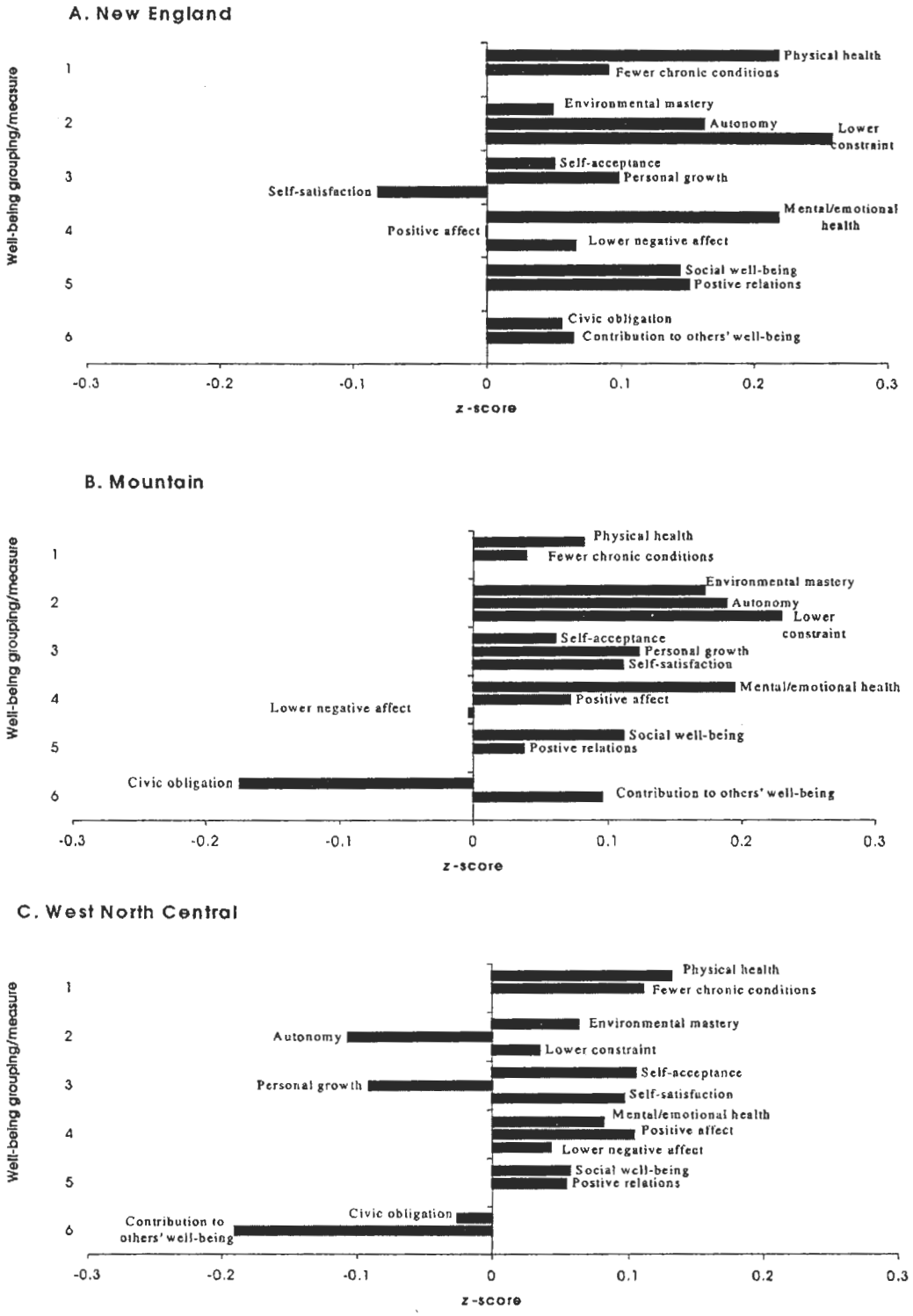

FIGURE 2. Regional profiles compared with the national average.
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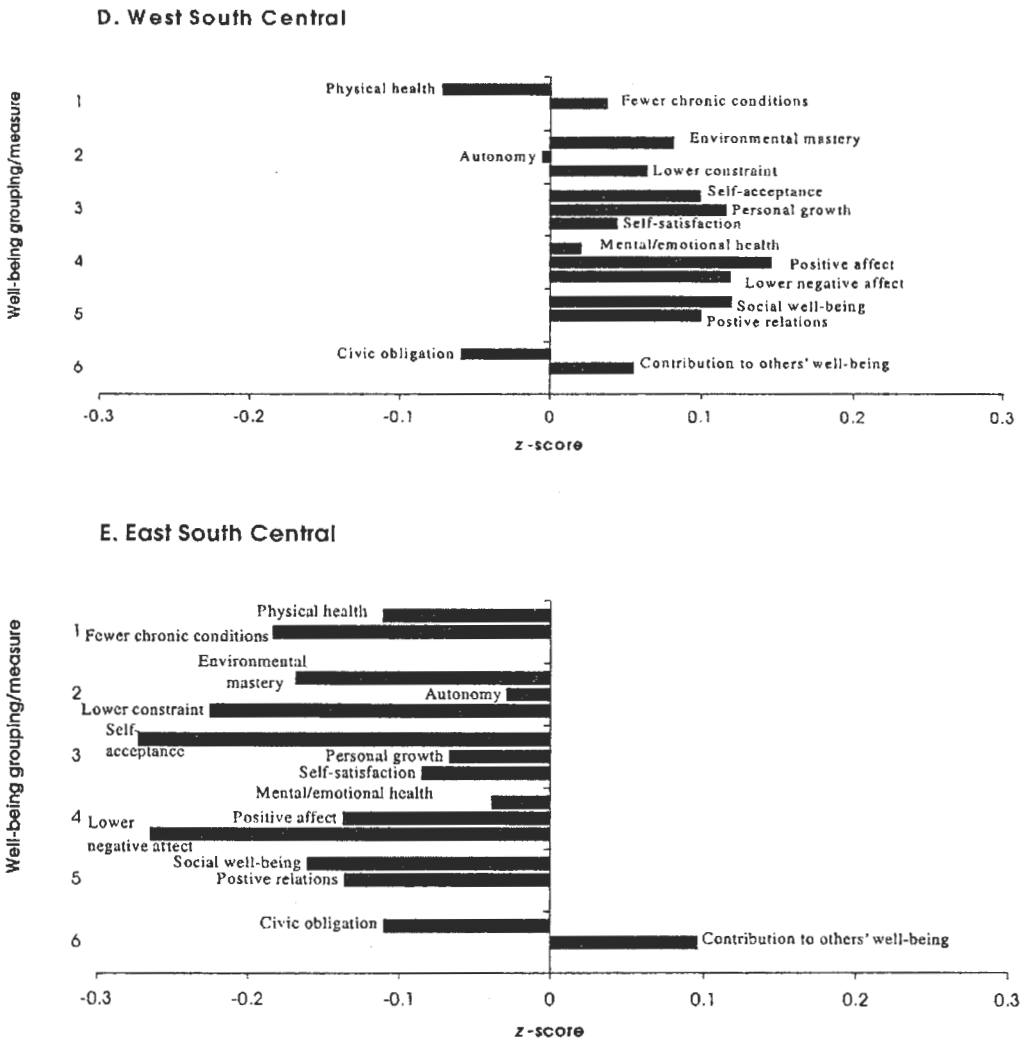

FIGURE 2. (*Continued*)

that are significantly different by region according to an omnibus F-test. All analyses are post hoc, using one-way ANOVAs with least significant difference–adjusted group comparisons. Figure 2 shows a profile for each region in terms of how much it diverges from the national average (i.e., average of all nine regions) on each well-being measure for which we found regional variation. The bars are organized according to the well-being groupings in table 5. The metric used in these charts is a z-score, or a standardized score, which allows us to compare variables that have different scales and indicates the amount of standard deviation that a particular regional score varies from the national mean. In reporting our results for each region, we use categories such as "high" or "low" to indicate a region's mean response relative to eight other U.S. Census regions, on the basis of the post-hoc analyses.

New England

Hypotheses

Demographics and Census data. New England (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut) has the highest per capita income in the country, high per capita health care expenditure, and a large ratio of colleges per resident (U.S. Bureau of the Census 1996; see table 3). Nearly 67 percent of the New England respondents in our study have completed some amount of higher education, and over one-third hold a bachelor's and/or another advanced degree. On the basis of previous studies showing the strong relationship between social class and health, we can predict that New England's well-being profile will reflect high health-focused well-being. A growing literature on the relationship between social class and health reveals that groups with higher socioeconomic status have lower morbidity and mortality rates (Adler et al. 1994; Marmot et al. 1991). New England is also characterized by low to moderate unemployment, a low crime rate, an average urban/rural (metro/non-metro area) ratio, and an average to low divorce rate. The sample is predominantly white, and a large proportion are Catholic.

Prevalent ideas. The region of New England is known as the home of the Puritan settlers and the birthplace of the American Revolution. Because the nation now known as the United States began in New England, it is reasonable to expect that some of the most significant and foundational American ideas and practices, including freedom and independence, might be pervasively distributed and especially strongly endorsed and reflected in practice in this region. The notion of being free from the imposition of other people's ideas and styles of life so that it is possible to be "one's own person" may be particularly salient in the region of the country that has the largest number of independent voters and is routinely cast as the home of the "cranky Yankee" or as Puritan heaven (Rubenstein 1982). We predict, therefore, that New England respondents may be particularly high on some aspects of autonomy-focused well-being, expressing relatively high feelings of autonomy and low feelings of constraint.

The desire to be unconstrained does not necessarily conflict with maintaining some kinds of social ties, however. New England is the region that developed and fostered the institution of the town meeting and the notion of giving the ideas of others a fair hearing is widely available here. Rubenstein (1982) found that people in New England knew their

neighbors, made friends, and rated them positively. We expect to find this affiliative tendency in our analyses of well-being, in particular, on measures of other-focused well-being. Rubenstein (1982) also characterized New Englanders as stoical because of their low ratings on both negative affect and positive affect. We expect to find a similar pattern of emotion-focused well-being in our data.

Well-Being Profile

Health-focused well-being. Various indicators in the survey suggest that New England is doing very well with respect to physical health (see fig. 2A for a well-being profile). Our analyses reveal that as predicted, respondents from New England have the highest subjective ratings of physical health in the country. In addition, New England respondents reported a low number of chronic conditions—the second lowest in the country.

Autonomy-focused well-being. Consistent with our hypotheses, New England respondents reported the lowest levels of constraint, significantly lower than those of respondents from the six other regions. The region scored second highest in autonomy but only average on environmental mastery. These findings suggest that to the extent that autonomy-focused well-being is reported by this region's respondents, it revolves more around the feeling of being one's own person and not being constrained by others rather than a feeling of being in charge of one's situation.

Self-focused well-being. New England is not characterized by self-focused well-being. It ranked third among regions in self-satisfaction and personal growth and fourth in self-acceptance but was not significantly higher than any region on these indexes.

Emotion-focused well-being. As we expected, respondents from New England reported only average positive affect in comparison with respondents from other regions. They reported lower negative affect than all regions except West South Central. In addition, New England respondents rated themselves highest in mental and emotional health.

Other-focused well-being. New England also ranked highest in social well-being. A regional comparison on the social well-being subscales reveals that New England is highest in meaningfulness of society (making sense of the world) and second highest in social actualization (belief in the improvement of society) and social contribution (value of one's contribution to society). New England respondents also scored highest in the country on positive relations with others. However, they scored only

just above average on various measures of social responsibility, including civic obligation and their contribution to others' welfare and well-being.

Mountain

Hypotheses

Demographics and Census data. The Mountain region includes Montana, Wyoming, Idaho, Colorado, Utah, Nevada, New Mexico, and Arizona. This region has the highest crime rate and the lowest health care expenditure. It has a low urban/rural ratio and an average to high divorce rate. Although, according to Census data, this region has low personal income, the respondents in our sample have relatively high levels of education, with two-thirds of the respondents having had some college education. The relatively high education level of this region might suggest that well-being will be characterized by high health-focused well-being; however, the low income and low health care expenditure may well mitigate this relationship. A relatively large number of Mountain region respondents report being atheist or agnostic, and there are almost equal proportions of Protestants and Catholics. The sample is predominantly white, and it has the highest regional percentage of Native American respondents.

Prevalent ideas. The Mountain region has always played a significant role in the American cultural imagination and in the world's imagination about America. This is the land of "Don't fence me in," Gary Cooper in *High Noon,* and the Marlboro man. Bellah et al. (1985, 145) suggested that the cultural significance of the lone cowboy lies in his "unique, individual virtue and special skill." Novelists, journalists, social scientists, and casual observers alike routinely draw a connection between the barren terrain and harsh climate of this region and the psyches of the people who live there. As Farney (1999) claims, "There is something about this sweeping, limitless landscape that tempts inhabitants to believe that here, history is a blank slate—that here, anything is possible." Cultural geographer Zelinsky (1992) describes the man of the frontier region "as the resourceful, isolated fighter against the wilderness, triumphantly carving out his own autonomous barony, the virile libertarian, jack-of-all-trades, and rough-and-ready paragon of all democratic virtues." Kaplan (1998, 168), in his recent book about social and cultural trends in the West, *Empire Wilderness,* describes Tuscon, for example, as a place that "[although it] is becoming increasingly connected to the outside world thanks to immigration and the Internet, its people are increasingly isolated from one another: the houses further and further apart, the

public spaces empty. To me, the city's terrain seemed to say 'Leave me alone.'"

The idea that the Mountain region is concerned with autonomy and self and reflects a type of frontier mentality is supported by some previous empirical work. Most recently, Vandello and Cohen (1999), who used a slightly different region classification system, found the Great Plains and Mountain West to be more individualist than all other regions. We expect therefore that respondents of the Mountain region may have high scores on all aspects of autonomy-focused well-being. Further, Kahle's (1986) finding that people living in the Mountain region value self-respect more than do those living in any other region leads us to expect that Mountain respondents will score high on some aspects of self-focused well-being. Specifically, to the extent that the ecology of this region indeed fosters a sense of limitless possibility, respondents may score higher on ratings of personal growth.

Well-Being Profile

Health-focused well-being. The Mountain region did not score as high as New England on health-focused well-being, but its subjective health ratings were fairly high in comparison with the rest of the country (see fig. 2B for a well-being profile). Mountain respondents ranked third on the rating of physical health. The Mountain region ranked sixth in chronic conditions, reporting average to low levels of chronic conditions in comparison with other regions.

Autonomy-focused well-being. As predicted, autonomy-focused well-being characterizes the Mountain region. Respondents from this region reported the highest levels of autonomy and environmental mastery in the country—significantly higher than respondents in six and four other regions, respectively. The Mountain region also reported low feelings of constraint (significantly lower than six other regions); only New England is lower.

Self-focused well-being. The Mountain region is also characterized by self-focused well-being. Levels of personal growth are the highest in the country in this region. Respondents from this region are also the most satisfied with themselves. In addition, they are relatively high on self-acceptance, although not as high as respondents from the West South Central and West North Central regions.

Emotion-focused well-being. Respondents from the Mountain region reported significantly higher mental and emotional health than did respondents from six other regions, lower only than New England. The

Mountain region falls within the top three in terms of positive affect and the lowest three on negative affect.

Other-focused well-being. The picture with respect to other-focused well-being is mixed. The Mountain region scores among the top three regions on social well-being and is significantly higher than two regions on this measure. The Mountain well-being profile reveals a belief in the value of one's contribution to society, a subscale of social well-being. Similarly, with respect to social responsibility, Mountain respondents scored second highest on contribution to others' welfare. However, respondents from the Mountain region did not report high positive relations with others. Moreover, they were lowest of all regions on civic obligation. This relative lack of social responsibility is consistent with Mountain region respondents' emphasis on autonomy and on the importance of being "left alone."

West South Central

Hypotheses

Demographics and Census data. The West South Central (WSC) region includes Texas, Oklahoma, Arkansas, and Louisiana. It is characterized by a moderate crime rate, divorce rate, and unemployment and a low to moderate urban/rural ratio. This region is relatively poor with respect to personal income and has the lowest number of colleges per 100,000 residents. Census statistics also reveal that this region is moderate in health care expenditure, and according to sample demographics, respondents are only moderately educated in comparison with those of other regions (58 percent have had some higher education). Therefore, we might expect WSC respondents to score relatively low on measures of health-focused well-being in comparison with those from New England, a region that has high income, education, and health care expenditure. The most common religious affiliation of WSC respondents is Protestant. WSC has the lowest percentage of white respondents (80.4 percent), the second highest percentage of Native American respondents, and a large percentage who indicated "other," which probably reflects the large Latino population, a category that was not a response option in the survey.

Prevalent ideas. The majority of what has been written about this region concerns Texas. These accounts routinely note that many Texans like to believe that Texas is really an independent country, claiming that they are fundamentally different from the rest of America and intend to stay that way (Kaplan 1998). This sentiment is well represented by bumper

stickers and posters that proclaim "Don't mess with Texas." Conscious self-aggrandizing and self-promotion are common in public representation and symbolism in this area (Garreau 1981).

Garreau (1981) labels this region the "Anglo Plains," but it has also been characterized historically by a strong Hispanic and Mexican presence. The site of constant change and economic upheaval, the West South Central region has been labeled the "Gulf Growth Sphere" (Garreau 1981) or the "Go-getting Gulf" (Rubenstein 1982). Some suspect that in the American Southwest, Mexican values and ways of being may soon be more prevalent than Anglo-Saxon Protestant ones (Kaplan 1998; Zelinsky 1992).

Given that the WSC region is so much in flux, relative to the four other regions we characterize here, it is difficult to predict what forms well-being will assume. Given the hypothesized strong impact of geography as well as the powerful myth of an independent, tough, and invincible Texas, it is likely that some aspects of autonomy and self-focused well-being will be emphasized. Yet, given the presence of Hispanic culture in parts of this region, we might also expect to find conceptions of well-being that reflect some values and perspectives that are common in Mexican cultural contexts. For instance, in keeping with the finding that Hispanic and Latino cultures are more collectivist than European-American cultures (Hofstede 1980; Triandis et al. 1984), we expect that WSC respondents will report high levels of other-focused well-being. In other words, this region's conceptions of well-being and self may reflect a creolization of individualist and collectivist ideas and values. This combination may also result from the interaction of people with the environment. As with the Mountain region, virtually all observers of this region make some link between terrain and psyche. As Kaplan claims, "Texas constitutes just another friendly desert culture . . . where great distances and an unforgiving, water-scarce environment weld people closely to one another at oases, while demanding a certain swaggering individualism out in the open—as well as religious conservatism" (1998, 231).

Finally, given the influence of Hispanic or Mexican culture in this area (Zelinsky 1992), there might also be some greater emphasis on emotionality in reports of well-being. Triandis et al. (1984), for example, report that Mexicans are socialized to emphasize the expression of positive affect and deny the expression of negative affect. This is one element of the more general cultural script of *simpatia*—a pattern of social interaction involving respect toward others and a value of smooth, harmonious social relations.

Well-Being Profile

Health-focused well-being. In contrast with New England, WSC did not score high on health-focused well-being (see fig. 2C for a well-being profile). Respondents from this region reported the third lowest subjective ratings of physical health, significantly lower than those from New England and West North Central. The region only ranked fourth on chronic conditions.

Autonomy-focused well-being. In contrast with the Mountain region, West South Central did not score high on all aspects of autonomy-focused well-being. In fact, the WSC region mean on autonomy is significantly lower than that of the Mountain region mean. However, WSC does rank second on environmental mastery and third lowest on constraint. In comparison with the Mountain region, the autonomy-focused well-being that is salient in this region may be based more on being in charge of one's situation or not feeling out of control than on independent thinking.

Self-focused well-being. The West South Central region ranked high on self-focused well-being. The well-being profile shows the second highest levels of personal growth (significantly higher than four other regions) and self-acceptance (significantly higher than two other regions).

Emotion-focused well-being. The West South Central region is characterized by a focus on emotions. Respondents in this region reported the highest levels of positive affect and the lowest levels of negative affect. In particular, they reported the lowest levels of feeling nervous and restless and the highest levels of feeling cheerful and happy in the past thirty days. However, the WSC ranked fourth in subjective mental and emotional health behind New England, Mountain, and West North Central, and was significantly lower than the first two on this item.

Other-focused well-being. The West South Central region can also be described as having high other-focused well-being. The well-being profile of this region reveals the second highest mean on social well-being, significantly higher than that of four other regions. The WSC was highest on two social well-being subscales: social actualization and social integration (feeling close to one's community). In addition, an important part of this region's other-focused well-being is positive relations with others. The WSC scored second highest (significantly higher than three other regions) on this measure. This region ranked third in the country on a rating of contribution to others' welfare and well-being and on feelings of civic obligation.

West North Central
Hypotheses

Demographics and Census data. Minnesota, North Dakota, South Dakota, Nebraska, Iowa, Kansas, and Missouri compose the West North Central (WNC) region. This region has the highest number of colleges per inhabitant in the country, but our sample has moderate levels of education in comparison with those of other regions. Its health care expenditure and personal income are also average compared with other regions. From these average levels of income and education, we can reasonably predict average levels of physical health relative to other regions. The divorce rate in WNC is also moderate, and it has the lowest urban/rural ratio (along with East South Central). WNC also has the lowest unemployment rate and a low to moderate crime rate. The West North Central region is predominantly Protestant, but it is also home to many Catholics. WNC respondents are predominantly white.

Prevalent ideas. The West North Central region includes much of the area of the country identified as the all-American heartland or the stable core of America. Settled primarily by Scandinavians and Germans, and with one of the lowest rates of recent immigration, this is the area that still most clearly reflects and fosters the white Anglo-Saxon Protestant ideas and practices that were foundational for American culture (Gastil 1975; Spindler and Spindler 1990). This is the region widely believed to be the one that most obviously expresses and demonstrates the American values of hard work, responsibility, helpfulness, and egalitarianism (Bellah et al. 1985; Kahle 1986). Encompassing the central plains, the West North Central region is often referred to as the breadbasket (Garreau 1981) of the nation and is typically symbolized as the solid, stable, productive center of the country. Rubenstein (1982, 26), in summarizing survey data on the West North Central region, dubbed this area the "complacent plains," a place where many people seem "to prefer life on a simple, even keel."

A prevalent idea in journalistic, social, and political commentary on this part of the Midwest is the idea of "averageness" and the representation and cultivation of the importance of being average. This region includes the geographical as well as the statistical center of the country. Kaplan (1998, 31), for example, says of St. Louis that it is the most average American city—"whether it's industry, unemployment, per capita growth rates, whatever, this is the mean level American metropolis." Averageness can connote boredom or a lack of excitement, but for insiders and more

expert observers, averageness means being moderate, not too extreme, and resisting self-preoccupation. Ideas of not wanting too much, of being satisfied with what one has, and of adjusting to the life one leads are more frequently expressed and publicly represented in this region than in others. The importance of these ideas to well-being in this region is implied by novelist Jane Smiley:

> Basically, I'm always satisfied to be invited, you know? We try to wipe our mouths after we eat, and keep our hands below the table, and speak when spoken to. But it's a good pattern too, in some ways, because of your own mental health you don't go around saying, "I should have had this, I should have had that," all signs of excellent mental health in New York City. In the Midwest, we say to ourselves, "Gee, I got this; I got that" and "Wow, they didn't have to give me anything." (As quoted in Pearlman 1993, 101)

Similarly, in characterizing the fictional town of Lake Wobegon, Minnesota, the radio humorist Garrison Keillor repeatedly explains and celebrates the value of being solid, average, knowing what one has to do, and being content with one's position in life.

We expect, therefore, that the well-being profile of this region will be characterized by some elements of self-focused well-being, especially self-acceptance and self-satisfaction, and not particularly by attention to possibility or growth. Unlike that of New England or the Mountain region, the well-being profile of this region is unlikely to reflect much concern with autonomy-focused well-being. Further, given the seeming prominence of ideas about the importance of being content and cheerful and not complaining, we anticipate that the well-being profile should also reflect some elements of emotion-focused well-being, revealing a profile that is relatively high in positive affect and relatively low in negative affect.

Well-Being Profile

Health-focused well-being. The inclination toward accepting one's life and its conditions manifests itself in the region's scores on health-focused well-being measures (see fig. 2D for a well-being profile). The West North Central region reported the lowest number of chronic conditions in the country, despite the fact that its health care expenditures and education are only average. In addition, it ranked second on a subjective rating of physical health—lower only than New England and significantly higher than five other regions.

Autonomy-focused well-being. As hypothesized, the West North Central region contrasts with New England and the Mountain region on most aspects of autonomy-focused well-being. The well-being profile of the WNC region shows the lowest ratings of autonomy and reports of feelings of constraint that lie just below the national average, significantly lower on autonomy and significantly higher on constraint than New England and the Mountain region. However, WNC ranked third on environmental mastery, indicating that to the extent that respondents of this region experience autonomy-focused well-being, they do so not as much in terms of independent thinking but rather in terms of being in charge of their situation.

Self-focused well-being. Also consistent with our hypotheses, WNC respondents score particularly high on two of our three self-focused well-being measures. The region ranked highest on self-acceptance, which involves liking oneself and being pleased with one's life. Respondents from this region also ranked high on self-satisfaction, second only to those from the Mountain region. But for WNC respondents, self-focused well-being may be more about being pleased with one's current self than about seeking change and improvement. This region ranked the lowest on personal growth, in sharp and significant contrast with the West South Central and Mountain regions.

Emotion-focused well-being. WNC respondents' tendency toward self-contentedness is further reflected in their scores on emotion-focused well-being. This region ranked third in mental or emotional health and second in positive affect, and just below the national mean on negative affect. In particular, the West North Central region reported the highest levels of feeling calm and peaceful (significantly higher than those of four other regions) and feeling satisfied (significantly higher than those of three other regions) in the past thirty days. Further, it ranked second lowest on feeling nervous and feeling restless in the past thirty days.

Other-focused well-being. Concern with others characterizes the West North Central region but not quite as much as it does New England and West South Central. WNC ranked third after these two regions on positive relations with others and differs significantly from two regions on this measure. WNC respondents ranked fourth on social well-being behind the New England, West South Central, and Mountain regions. In particular, they ranked first in acceptance of others (belief in others' goodness) and second in social integration. However, they ranked eighth in meaningfulness of society. With respect to social responsibility, the WNC well-being profile does not show low scores on the obligation

variables; however, unlike some other regions, in WNC respondents do not boast about their contribution—they were the lowest of the regions on contribution to the welfare and well-being of others.

East South Central

Hypotheses

Demographics and Census data. The East South Central (ESC) region consists of Kentucky, Tennessee, Mississippi, and Alabama. According to Census data, ESC has the country's lowest personal income. ESC respondents in the MIDUS study are less educated than those from other parts of the country, with the lowest percentage of college-educated respondents (15.8 percent) and the highest percentage of respondents that did not complete high school (17.8 percent). Thus, although the region is average with respect to the number of colleges per 100,000 in population and health care expenditure, we can expect its respondents to display low levels of physical health relative to respondents from regions with higher per capita incomes and higher levels of education. ESC has the highest divorce rate, an average crime rate and unemployment rate, and the lowest urban/rural ratio (along with WNC) in comparison to the rest of the country. This region's respondents are predominantly Protestant and predominantly white, with 7.9 percent black respondents.

Prevalent ideas. Like the West, the South holds a prominent place in the collective American imagination. As Nisbett and Cohen (1996, 1) note: "The U.S. South has long been viewed as place of romance, leisure, and gentility. Southerners have been credited with warmth, expressiveness, spontaneity, close family ties, a love of music and sport, and an appreciation for the things that make life worth living—from cuisine to love." According to Garreau (1981, 129), "being a Southerner is the most fervent and time-honored regional distinction in North America," and ideas about what it means to be a good or proper Southerner are plentiful and well elaborated. This is Dixie, the land of charm and grace and Southern hospitality, but it is also, according to many theorists of this region, a place where remembering and honoring the past is a well-honed practice. William Faulkner claimed that "the past is alive in the South, in fact, it's not even past." And remembering the Civil War and coming to terms with the South's defeat are especially significant features of public discourse. Many of these ideas about the meaning of the Civil War and what it means to be a Southerner today are prominent features of everyday life and its interpretation in the South.

Previous regional analyses have found high levels of collectivism in the Deep South. Most recently, using somewhat different regional definitions than the Census categories, Vandello and Cohen (1999) found significantly higher collectivism here than in the Mountain West and Great Plains, the Great Lakes and Midwest, or the Northeast. They found, for example, greater endorsement of items such as "It is better to be a cooperative person who works well with others." Vandello and Cohen posited that historical factors and institutional practices such as defeat in the Civil War, slavery, poverty, and the prominence of church life have helped shape the Deep South into a relatively collectivist region. The South is also a place of relative poverty and strict racial segregation, both of which are direct legacies of the Civil War. Other regional analyses have documented that the region's general quality of life is the lowest in the country, and in comparison to other regions, accounts of this part of the South often describe a certain wariness and uncertainty or insecurity about the future (Rubenstein 1982).

Our hypotheses about the East South Central well-being profile are particularly tentative, however, because the average level of education in this region is so different from that of the other four regions we have analyzed. There is nothing in our survey of prevalent Southern ideas about well-being to suggest that autonomy-focused or self-focused well-being, as measured in this study, would be particularly distinctive in the well-being profile of this region. There is certainly a tradition of ideas and values emphasizing the importance of charm, warmth, and positive affect in East South Central. At the same time, ideas that focus on past historical injustices and current uncertainties are also widespread, so negative affect may also be relatively salient in the well-being profile. We anticipate, however, that the well-being profile will reflect some elements of other-focused well-being, particularly positive relations with others, and also some elements of social responsibility, particularly contribution to the welfare and well-being of others.

Well-Being Profile

Health-focused well-being. As we expected, the East South Central region fared worse than all other regions on measures of health (see fig. 2E for a well-being profile). Respondents' ratings of physical health were the lowest in the country, significantly lower than those from three other regions. Moreover, ESC respondents reported the most chronic health conditions, significantly more than respondents from seven other regions.

Autonomy-focused well-being. As we predicted, ESC respondents displayed low levels of autonomy-focused well-being. They gave the highest ratings of feelings of constraint (significantly higher than those of respondents from six other regions) and the lowest ratings of environmental mastery.

Self-focused well-being. Similarly, this region's respondents scored lowest in self-acceptance (significantly lower than respondents from all other regions) and second lowest in self-satisfaction (significantly lower than respondents from three regions).

Emotion-focused well-being. ESC respondents also ranked lowest in positive affect (significantly lower than those from three regions) and highest in negative affect (significantly higher than those from three regions).

Other-focused well-being. Counter to our prediction, the ESC region did not rank high in other-focused well-being. In fact, respondents from this region scored lowest on social well-being and positive relations with others (significantly lower than those from three and four regions, respectively). We were surprised by these findings and hypothesize that perhaps these particular measures of other-focused well-being do not tap into the collectivism and focus on relationships that have been found in previous studies. With respect to social responsibility, in keeping with our prediction, ESC respondents did give the highest ratings of contribution to the welfare and well-being of others.

Conclusion

Overall, our analyses of region profiles of well-being lead us to conclude (a) that there is a strong consensus among Americans at midlife, wherever they live, about what is important for well-being, and (b) that there is considerable diversity by region in how people come to represent and experience well-being at midlife. We have proposed that both the common and the regionally variable well-being responses can be understood by examining some features of the various sociocultural contexts that people engage as they live their lives. Most Americans have some contact with nation-wide media and with the ideas and practices of a common legal, political, and consumer culture. Further, they participate in educational systems that, although often diverse, convey an overlapping set of historically constituted ideas and narratives about being American and the moral desirability of these ideas and ways of being. As a consequence of this pervasive network of ideas and practices, there is what can be called an American well-being profile. As indicated in table 2, a

majority (ranging from 51 percent to 78 percent, depending on the question) of a national sample of Americans, regardless of where they live in this country, believe with full certainty (4 on a four-point scale) that they are healthy overall, in control of their lives such that they can do what they set their minds to, purposeful, very satisfied with their lives, and obligated to work and family, and that their partners and families support them. A majority of Americans also believe with full certainty (although there is regional variation in these tendencies) that they are autonomous, self-accepting, and satisfied with themselves, that they have the potential for growth and change, that they feel civic obligation, and that they do not experience negative feelings.

The regional variation in well-being profiles derives from the fact that although Americans share some ideas and practices about well-being, well-being is also substantially patterned by a person's local worlds—worlds that are shaped by regionally distinct ideas of what is the right way to be. In summary, we find the following:

1. The New England well-being profile reveals high levels of physical well-being and is distinctive for its emphasis on the aspect of autonomy-focused well-being that concerns not being constrained. The profile of New England shows the highest levels of social well-being and positive relations with others.

2. The Mountain region profile differs somewhat from that of New England. For example, physical health is not a salient feature of its well-being profile. It is distinctive for its emphasis on self-satisfaction and on all aspects of autonomy-focused well-being, including independent thinking, being in charge of one's situation, and not feeling constrained by others.

3. The West South Central profile is distinguished by self-focused well-being, particularly the possibility of personal growth, a finding consistent with the exaggeration and hyperbole that are often features of the public representations of this part of the West. The WSC profile is also distinguished by high levels of emotion-focused well-being, revealing the lowest levels of feeling nervous and restless and the highest levels of feeling cheerful and happy. This region's profile is also high on other-focused well-being.

4. The West North Central region is not particularly distinguished by any aspect of autonomy. Instead it is distinctive for its levels of self-focused well-being, particularly self-satisfaction and self-acceptance. It ranks lowest of all regions on personal growth, consistent with ideas of being content or satisfied with one's place that are prevalent in this area.

Moreover, like the West South Central, this region is notable for emotion-focused well-being, but instead of being high on feeling cheerful and happy, it ranks the highest on feeling calm, peaceful, and satisfied.

5. The East South Central region's well-being profile is the most distinctive of all. Except for social responsibility, in which the region is highest on contribution to the welfare and well-being of others, this region's profile is distinguished by relatively low scores on all other aspects of well-being.

These regional comparisons allow us to see how various aspects of core well-being are represented and enacted differently in different regions. For example, being in control and being autonomous are key features of American well-being. The Mountain region is perhaps the prototype for autonomy-focused well-being. In New England, however, autonomy-focused well-being seems to take shape as a concern with not being constrained as opposed to being in charge of one's situation.

Similarly, feeling purposeful in the sense of having direction and feeling self-satisfied and self-accepting are core aspects of American well-being, but this self-focused well-being is manifest differently in different regions. The Mountain region is almost a prototype for self-focused well-being; it is distinctive on all aspects including personal growth and self-satisfaction. Self-focused well-being takes almost the same form in the West South Central. In the West North Central, however, self-focused well-being does not revolve around personal growth but centers on self-acceptance and self-satisfaction.

Downplaying negative feelings is another important aspect of the American well-being profile, but emotion-focused well-being also takes distinctive regional forms. The West South Central stands out both in terms of positive affect and lack of negative affect. Positive affect also characterizes the West North Central, yet here the prevalent emotion is feeling calm and satisfied, whereas in the West South Central the salient emotion is feeling cheerful and happy. Notably the two regions—New England and Mountain—that report the highest levels of mental or emotional heath are not the regions that report particularly high affect, a finding that may indicate different regional understandings of mental and emotional health.

Regions also differ with respect to which part of other-focused well-being is most salient. Among the regions, New England stands out, and it is particularly distinctive on positive relations with others and the social well-being subscale, meaningfulness of society (making sense of the world). In the West South Central, other-focused well-being takes

the form of social actualization (belief in the improvement of society) and social integration (feeling close to one's community), whereas in the West North Central, it is acceptance of others (belief in the goodness of others) that is distinctive.

Social responsibility in the sense of feeling obligated to family, work, and civic issues and feeling support from partner and family is also a key aspect of core American well-being, but this type of social responsibility also takes different regional forms. For instance, while the Mountain region reports the highest contribution to the well-being and welfare of others, it simultaneously reports the lowest levels of civic obligation. In contrast, the West North Central does not report low levels of obligation to others, but it does report the lowest level by far of contribution to the well-being of others. This suggests a very different interpretation of contributing to others and is consistent with the tendency to be modest or to downplay one's actions or importance that is widely represented in this region.

Overall, we have confirmed our belief that well-being is constituted in part by the cultural contexts, in this case the regional contexts, with which people are engaged. The five regions of the United States that we have examined here vary not only in their geography but also in the topography of ideas and practices about well-being. Knowledge of the prevalent ideas and practices in these regions allowed us to make a variety of accurate predictions about the salient features of the well-being profile in these regions. So, for example, on average the well-being profile of the upper Midwest (West North Central) reflects a sense of contentment, consistent with novelist Jane Smiley's view that one should be "satisfied to be invited." This satisfaction is not particularly evident in the well-being profile of New England, where there is instead a heightened concern with not being constrained, reflective perhaps of a popular notion that one should "live free or die." The differences we have described here are for the most part small in magnitude, but they are highly consistent and revealed on questions that were not specifically designed to reveal such differences.

Regional contexts are constituted by a combination of sociocultural and sociostructural factors, some of which we have highlighted in this chapter. For example, factors such as education, economic position, and ethnic and racial background of a region's inhabitants as well as whether they live predominantly in rural or urban communities contribute to the prevalence of certain ideas and practices of well-being in that region. Because we focus on region as a variable that incorporates all of these

influences on people's understandings of how to be and how to be well, we have not controlled for each individual factor. Yet we recognize that it may be useful to examine the role of these factors.

For example, given recent evidence of educational variation in well-being (see Markus et al., chap. 10, this volume), after testing for regional differences in well-being, we asked whether some of these differences might be explained by the different proportions of college-educated respondents in the various regional samples. On the basis of the demographic data (see table 4), we can see that with the exception of the East South Central, which has less than 16 percent college-educated respondents, the other four regions discussed here are quite similar in their distribution of educational level, yet their well-being profiles are quite distinct. To more directly evaluate the contribution of education to the well-being profiles in the various regions, we performed regional comparisons within each of two levels of education—high school graduation or less, and one to two years of college or more. For those with some college or more, three-quarters of the well-being indicators used in our analyses (see table 1) varied significantly by region. In other words, if we look at the effects of education within region, we see that people who are more educated in one region have well-being profiles that look distinct from their highly educated counterparts in another region. Post-hoc analyses reveal that people with some college education in the East South Central region, for example, score significantly lower than do college-educated people from the other regions on various measures across dimensions of well-being. It is notable that among those with a high school education or fewer years of schooling, only one-tenth of the well-being indicators varied significantly by region. This could mean that people with less formal schooling are not influenced by regional meanings and practices. Or these results may lead us to echo the conclusion from Markus et al. (chap. 10, this volume) that the MIDUS instrument does a better job of assessing the well-being of relatively educated respondents than the well-being of the less formally educated.[4]

The systematic patterns of regional variation that we have found may suggest the value of studies specifically designed to assess regional sources of well-being and may underscore the value of a sociocultural analysis of well-being. Given that quantitative instruments such as the one used in this study may not fully capture regional distinctiveness in well-being, it may be necessary to draw on more qualitative sources (e.g., those available in MIDUS), organized by region, that might help define new dimensions of assessment. With a better understanding of some of the cultural sources

and mediators of well-being, researchers should be able to develop more refined conceptualizations and measures of well-being.

Future studies could systematically assess the prevalent meanings and practices in these regions and link engagement with them to various well-being ideas and attitudes. Other research could also easily include items constructed to directly assess regional variation in the meanings and practices of well-being. For example, Nisbett and Cohen (1996) find that maintaining one's honor is a key factor at least for men in the South, and thus protecting one's reputation for strength and toughness could well be a key feature of well-being in the South. Items keyed to such important regional differences would provide a more nuanced picture of well-being, an important goal in its own right. Future studies on regional variation could also examine the dynamics of regionalism, or track how the ethos of particular regions evolve and change over time. The intersection between social change and regionalism could prove to be another important extension of this research. Are certain areas of the country particularly slow or quick to endorse social changes (e.g., attitudes about women's rights, acceptance of technology) that may be consequential for some aspects of well-being? Pursuing this line of research may eventually serve to illuminate the ways in which well-being involves a dynamic, finely tailored attunement with the ideas and practices of one's various sociocultural contexts. In sum, an essential element of well-being is its sociocultural particularity such that well-being necessarily assumes a diversity of forms.

Notes

1. For the most part, the existence and maintenance of boundaries of regions within the United States have been documented without a consistent classification scheme. Region researchers have drawn regional boundaries based on a wide set of characteristics, including topography, economics, political values, ethnic background, or religious affiliation of inhabitants (e.g., Garreau 1981; Gastil 1975; Nisbett 1993; Zelinsky 1992). Kahle (1986) has found values to be related to the nine Census Bureau regions, but not to other regional classifications such as Garreau's Nine Nations. For Kahle, the usefulness of the Census scheme lies in the fact that political boundaries tend to develop significance apart from other influences. In particular, shared history and shared loyalties contribute to regional consciousness, and people and the media tend to identify with their states, and therefore perhaps with the collection of surrounding states.

2. We considered collapsing regions into fewer units, but using empirically derived, finer-grained divisions such as the Census divisions has proved more productive in other careful analyses on region (e.g., Kahle 1986; Rubenstein 1982; Vandello and Cohen 1999).

3. The Ryff scale of psychological well-being includes six subscales, each assessing a different dimension of well-being. For our regional comparison, we found it useful to use each subscale as a separate measure. Therefore, we do not include the omnibus psychological well-being scale in our regional analyses. The regions do differ on this overall measure, however, with the Mountain region scoring highest (significantly higher than four regions), followed by New England, and West South Central. West North Central respondents report average levels of psychological well-being, ranking fifth among regions on this measure. East South Central has the lowest psychological well-being mean, significantly lower than that of the six other regions. Note that we did not separate Ryff's social well-being measure into its five subscales—meaningfulness of society, social integration, acceptance of others, social contribution, and social actualization—but we do report some of the regional variation we found for the subscales.

4. To further evaluate the effects of socioeconomic characteristics, we used education and income as covariates in a series of analyses of covariance (ANCOVAs). It is important to note that we found that the classification of well-being variables as consensual well-being constructs did not change with the introduction of these two covariates. We also found that the regional effects reported were not diminished for any of the fifteen well-being variables that showed regional variation (with the exception of personal growth) when education and income were used as covariates in ANCOVAs.

References

Adams, G. 2002. The cultural grounding of personal relationship: Spouseship, kinship, friendship, enemyship. Manuscript. University of Kansas

Adler, N. E., T. Boyce, M. A. Chesney, S. Cohen, S. Folkman, R. Kahn, and L. Symer. 1994. Socioeconomic status and health: The challenge of the gradient. *American Psychologist* 49:15–24.

Anderson, C. A. 1987. Temperature and aggression: Effects on a quarterly, yearly, and city rates of violent and nonviolent crime. *Journal of Personality and Social Psychology* 52:1161–73.

Andersen, P. A., M. W. Lustig, and J. F. Andersen. 1987. Regional patterns of communication in the United States: A theoretical perspective. *Communication Monographs* 54:128–44.

Bellah, R. N., R. Madsen, W. M. Sullivan, A. Swidler, and S. M. Tipton. 1985. *Habits of the heart: Individualism and commitment in American life.* New York: Harper and Row.

Berry, J. W., Y. H. Poortinga, and J. Pandey. 1997. *Handbook of cross-cultural psychology,* vol. 1. *Theory and method.* 2d ed. Boston: Allyn and Bacon.

Borchert, J. R. 1972. America's changing metropolitan regions. *Annals of the Association of American Geographers* 62:352–73.

Bourdieu, P. 1977. *Outline of a theory of practice.* Trans. R. Nice. Cambridge: Cambridge University Press.

Cole, M. 1996. *Cultural psychology: A once and future discipline.* Cambridge: Belknap Press of Harvard University Press.

Diener, E., and E. M. Suh, eds. 2000. *Subjective well-being across cultures.* Cambridge: MIT Press.

Edgerton, R. 1971. *The individual in cultural adaptation.* Berkeley: University of California Press.

Farney, D. 1999. Beyond John Wayne: The West writes itself a new script. *Wall Street Journal,* June 16, A1, A18.

Fiske, A. P., S. Kitayama, H. R. Markus, and R. E. Nisbett. 1998. The cultural matrix of social psychology. In *Handbook of social psychology,* ed. D. T. Gilbert, S. T. Fiske, and G. Lindzey, 915–81. New York: McGraw-Hill.

Freedman, J. 1978. *Happy people: What happiness is, who has it, and why.* New York: Harcourt Brace Jovanovich.

Garreau, J. 1981. *The nine nations of North America.* Boston: Houghton Mifflin.

Gastil, R. D. 1975. *Cultural regions of the United States.* Seattle: University of Washington Press.

Giddens, A. 1990. *The consequences of modernity.* Stanford, Calif.: Stanford University Press.

Glenn, N. D., and J. L. Simmons. 1967. Are regional cultural differences diminishing? *Public Opinion Quarterly* 312:176–93.

Guisinger, S., and S. J. Blatt. 1994. Individuality and relatedness: Evolution of a fundamental dialectic. *American Psychologist* 49:104–11.

Harris, M. 1979. *Cultural materialism: The struggle of for a science of culture.* New York: Random House.

Heine, S. H., D. R. Lehman, H. R. Markus, and S. Kitayama. 1999. Is there a universal need for positive self-regard? *Psychological Review* 1064:766–94.

Herzog, A. R., H. R. Markus, M. M. Franks, and D. Holmberg. 1998. Activities and well-being in older age: Effects of self-concept and educational attainment. *Psychology and Aging* 13:179–85.

Hochschild, J. L. 1995. *Facing up to the American dream: Race, class, and the soul of the nation.* Princeton, N.J.: Princeton University Press.

Hofstede, G. 1980. *Culture's consequences.* Beverly Hills, Calif.: Sage.

Hogan, R. 1975. Theoretical egocentrism and the problem of compliance. *American Psychologist* 30:533–40.

Hulbert, J. S. 1989. The southern region: A test of the hypothesis of cultural distinctiveness. *Sociological Quarterly* 30:245–66.

Iyengar, S. S., and M. Lepper. 1999. Rethinking the value of choice: A cultural perspective on intrinsic motivation. *Journal of Personality and Social Psychology* 76:349–66.

Kahle, L. R. 1986. The Nine Nations of North America and the value basis of geographic segmentation. *Journal of Marketing* 502:37–47.

Kaplan, R. D. 1998. *An empire wilderness: Reflections into America's future.* New York: Random House.

King, L. A., and C. K. Napa. 1998. What makes a good life? *Journal of Personality and Social Personality* 75:156–65.

Kitayama, S., and H. R. Markus. 1999. Yin and yang of the Japanese self: The cultural psychology of personality coherence. In *The coherence of personality:*

Social-cognitive bases of consistency, variability, and organization, ed. D. Cervone and U. Shoda, 242–302. New York: Guilford Press.

———. 2000. The pursuit of happiness and the realization of sympathy: Cultural patterns of self, social relations, and well-being. In *Subjective well-being across cultures,* ed. E. Diener and E. M. Suh. Cambridge: MIT Press.

Lachman, M. E., and S. L. Weaver. 1998. The sense of control as a moderator of social class differences in health and well-being. *Journal of Personality and Social Psychology* 74:763–73.

Markus, H. R., and S. Kitayama. 1991. Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review* 98:224–53.

———. 1994. A collective fear of the collective: Implications for selves and theories of selves. Special issue: The self and the collective. *Personality and Social Psychology Bulletin* 205:568–79.

Marmot, M. G., G. D. Smith, S. Stansfeld, C. Patel, F. North, J. Head, I. White, E. Brunner, and A. Feeney. 1991. Health inequalities among British civil servants: The Whitehall II study. *Lancet* 337:1387–93.

Nisbett, R. 1993. Violence and U.S. regional culture. *American Psychologist* 48:441–49.

Nisbett, R. E., and D. Cohen. 1996. *Culture of honor: The psychology of violence in the South.* Boulder, Colo.: Westview Press.

Pearlman, M. 1993. *Listen to their voices: Twenty interviews with women who write.* New York: Houghton Mifflin.

Plaut, V. C., H. R. Markus, and M. E. Lachman. 2002. Place matters: Consensual features and regional variation in American well-being and self. *Journal of Personality and Social Psychology* 83:160–84.

Potter, D. M. 1963. American individualism in the twentieth century. *Texas Quarterly* 62:140–51.

Putnam, R. 1995. Bowling alone: America's declining social capital. *Journal of Democracy* 6:65–78.

Quinn, D. M., and J. Crocker. 1999. When ideology hurts: Effects of belief in the Protestant ethic and feeling overweight on the psychological well-being of women. *Journal of Personality and Social Psychology* 77: 402–14.

Raitz, K. B. 1979. Themes in the cultural geography of European ethnic groups in the United States. *Geographical Review* 69:79–94.

Rossi, A. S. 2001. Contemporary dialogue on civil society and social responsibility. In *Caring and doing for others: Social responsibility in the domains of family, work, and community,* ed. A. S. Rossi. Chicago: University of Chicago Press.

Ryff, C. D., and B. Singer. 1998. The contours of positive human health. *Psychological Inquiry* 9:1–28.

Rubenstein, K. 1982. Regional states of mind: Patterns of emotional life in nine parts of America. *Psychology Today* 16:22–30.

Shweder, R. A. 1990. Cultural psychology: What is it? In *Cultural psychology: Essays on comparative human development,* ed. J. W. Stigler, R. A. Shweder, and G. Herdt, 1–46. Cambridge: Cambridge University Press.

Shweder, R. A., M. Mahapatra, and J. Miller. 1987. Culture and moral development. In *The emergence of morality in young children,* ed. J. Kagan and S. Lamb, 1–83. Chicago: University of Chicago Press.

Spindler, G. D., and L. S. Spindler. 1990. *The American cultural dialogue and its transmission.* New York: Falmer Press.

Suh, E. M. 2000. Self, the hyphen between culture and subjective well-being. In *Subjective well-being across cultures,* ed. E. Diener and E. M. Suh. Cambridge: MIT Press.

Taylor, S. E., and J. D. Brown. 1988. Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin* 103:193–210.

Triandis, H. C. 1995. *Individualism and collectivism.* Boulder, Colo.: Westview Press.

Triandis, H. C., G. Marin, J. Lisansky, and H. Betancourt. 1984. Simpatia as a cultural script of Hispanics. *Journal of Personality and Social Psychology* 47:1363–75.

Turner, F. J. 1920. *The frontier in American history.* New York: Holt.

U.S. Bureau of the Census. 1996. *Statistical abstract of the United States.* 116th ed. Washington, D.C.: Government Printing Office.

Vandello, J. A., and D. Cohen. 1999. Patterns of individualism and collectivism across the United States. *Journal of Personality and Social Psychology* 77:279–92.

Weber, M. 1958. The Protestant ethic and the spirit of capitalism Trans. T. Parsons. New York: Scribner's. First published in 1904.

Wuthnow, R. 1998. *Loose connections: Joining together in America's fragmented communities.* Cambridge: Harvard University Press.

Zelinsky, W. 1992. *The cultural geography of the United States* Rev. ed. Englewood Cliffs, N.J.: Prentice Hall. First published in 1973.