CHAPTER NINE

The Quality of American Life at the End of the Century

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The first part of this chapter answers two questions: What is the quality of life in the United States in the mid-1990s? and How does quality differ across age? The answer to the first question describes not only quality of life as a whole but also the quality of specific domains of life (e.g., work, health, family). The second question is in line with the central focus of MIDUS, and in answering it, I pay particular attention to the midlife period.

The second part of the chapter addresses the relative importance of the specific life domains in contributing to a life of high quality. "Importance" is not meant to refer to what individuals value or place importance on but rather to how much the domain is critical for achieving and maintaining a high-quality life. Importance in this sense is determined indirectly and empirically, by comparing the overall life quality of those who are doing well in a domain against the overall life quality of those who are not.

The current study also provides a useful twenty-five-year update to an earlier study conducted by Campbell, Converse, and Rodgers (1976) (CCR). A replication of their seminal study is needed for at least three reasons. First, many of the CCR findings were intriguing, and an entirely independent replication would add considerably to their credibility. Second, there has been large-scale social change in the intervening twenty-five years, and it seems that life quality and its determinants would be particularly sensitive to such changes; divergences from the CCR findings may indicate the impact of those changes, whereas similarities may indicate findings and principles that are resistant to such kinds of social change. Third, age-related changes in quality are ambiguous as to their origin in historical cohort or in the aging process. Two samples separated by twenty-five years can disentangle such issues by having two different sets of cohorts; as a result, any similarities in age trajectories can be somewhat confidently attributed to age. Although CCR did not believe their work was complete until at least two waves were completed, no one has had the resources to conduct the large-scale, national survey these

questions require. MIDUS is the first opportunity to arise in twenty-five years.

A MODEL OF LIFE QUALITY

There is no consensus about the conceptual or operational definitions of life quality (Ryan and Deci 2001). There is continuing consideration of whether objective or subjective indicators are preferred (Kahneman 1999; Lawton et al. 1999; Schwarz and Strack 1991, 1999; Stone, Shiffman, and DeVries 1999), whether criteria are to be specified by researchers or left "blank" to be filled in by participants (Diener, Sapyta, and Suh 1998; Ryff 1989; Ryff and Singer 1998; Ryan and Deci 2001), and whether affective or cognitive judgments or both are involved. In line with previous work (Smith et al. 1999; Staudinger, Fleeson, and Baltes 1999), this chapter adapts the groundbreaking model developed by Campbell, Converse, and Rodgers (1976). The basic assumption of this model is that people know the quality of their life and, if asked directly, will honestly and accurately report it. Furthermore, in addition to knowing the quality of their life as a whole, individuals also know and can accurately report the quality of several distinct and relatively independent domains of their life (e.g., marriage, work, health). The quality of each—that is, the quality of life and the quality of the domains—is experienced as an integral whole that has personal meaning to the individual and describes how well things are going in that domain for that individual. Thus, the quality of an individual's life is defined as his or her evaluation of the quality of life overall and the evaluation of each of the several life domains.

Thus, this approach is committed to subjective, "blank," and cognitive evaluations of quality. The commitment to subjective evaluations deserves stressing from the outset. This commitment means that the concept of "quality of life" is being used and assessed in ways that other scholars, such as economists, might not. That is, in contrast to those who might argue that quality of life can refer to and be assessed by only objective criteria, this chapter is based on the assumption that individuals' subjective reports of the quality of their lives are valid indicators of this quality (Kahneman 1999; Lawton et al. 1999; Schuessler and Fisher 1985; Schwarz and Strack 1991, 1999; Stone, Shiffman, and DeVries 1999). The commitment to "blank" indicators means that the criteria for evaluation are not specified by the researchers but are left to the respondents—in contrast to taking a theoretical stand on the criteria for well-being (e.g., Carr, chap. 16, this volume; Keyes and Shafiro, chap. 12, this volume;

Ryff and Singer 1998; Ryff 1989). Finally, the commitment to cognitive evaluations is in contrast to affective evaluations (see Mroczek, chap. 7, this volume, and Almeida and Horn, chap. 15, this volume, on the affective quality of life): Although the cognitive evaluation is often called "life satisfaction," satisfaction is not to be taken in its emotional sense. In fact, Diener and Diener (1995) demonstrated that life satisfaction is only weakly related to emotion in many cultures. At the same time, and here I diverge from the CCR model, life satisfaction is not meant as a rational or mathematical calculation. Rather, it is a "cold" judgment and consideration of the overall value, worth, and completeness of one's life (99 percent of the subjects in Andrews and Withey 1976 reported experiencing such an evaluation). Furthermore, the experience of life quality is a distinct and integral entity. The model assumes that individuals do not experience life only as a series of more or less quality moments but that they also cognize (experience) life as an integral whole, with its own identifiable quality evaluation.

Diener (1984) reviewed several measures of the cognitive component. The present one is unique but highly similar to one of the original formulations, Cantril's (1965) ladder. In MIDUS, the quality of each of the domains and of overall life was assessed with the same format. The respondents used an eleven-point scale to rate the quality of a domain in their own lives, with 0 meaning the "worst possible" and 10 the "best possible." For example, quality of health was assessed with the following item: "Using a scale from 0 to 10 where 0 means 'the worst possible health' and 10 means 'the best possible health,' how would you rate your health these days?" The item assessing overall life quality was as follows: "Using a scale from 0 to 10 where 0 means 'the worst possible life overall' and 10 means 'the best possible life overall,' how would you rate your life overall these days?" Thus, this method encourages subjects to compare their lives to possible ideals and therefore should encourage similarity of standards across individuals (furthermore, subjects, unlike those in Cantril 1965, were not encouraged to define "worst" and "best possible" in idiosyncratic ways).

In dividing life into a set of domains, what is desired is that the domains jointly cover all of the important areas and events of life yet overlap minimally with each other. MIDUS assessed seven domains of life that adequately meet these criteria: marriage (or close marriage-like relationship), health, work, relationship to children, sexuality, contribution to others, and financial situation. This set overlaps largely with the CCR set, with both studies including marriage, work, health, children, and

financial situation. MIDUS does not replicate CCR's inclusion of leisure, friendship, religion, savings, education, or community domains, but it extends the CCR study by adding the potentially important domains of sexuality and contribution to others.[1] The seven domain and "life over-all" ratings were distributed throughout the interview, hopefully reducing any possible correlated error. Such single items have adequate if not ideal reliability (Diener 1984).

THE QUALITY OF SEVERAL LIFE DOMAINS IN THE UNITED STATES

At least four relevant and intriguing findings emerged from the CCR study. At the broadest level, the CCR data indicated that the typical American was highly satisfied with his or her life overall and with most domains. CCR employed a 1–7 rating scale on which respondents indicated their level of satisfaction; every domain had a mean above 4, and all but two domains had means above 5.3 (savings and amount of education were the exceptions). Second, marriage and family had the highest satisfaction means, at 6.3 and 5.9, respectively. Third, the distribution of responses was strongly skewed, with most respondents close to the high end of the scale. Fourth, all but two domains showed a steady linear increase in satisfaction with age (health satisfaction declined with age, and marriage satisfaction was relatively low until about age 50, after which it increased sharply).

Although intriguing, these findings would be made more credible if they were replicated, particularly after twenty-five years of social change. MIDUS represents a rare opportunity to conduct such a replication and thus obtain definitive answers to these questions. First, a large, nationally representative sample is required to describe the quality of life in the United States. Second, MIDUS has the ideal balance of overlap with and divergence from the CCR study. It overlaps in most of the domains, in size, sampling, and age distribution, and in having cognitive evaluations of several domains and of life overall. It diverges in that it was conducted by an independent team of researchers, has some different domains, uses a 0–10 Cantril ladder rather than a 1–7 satisfaction scale, and was conducted in a different year (1971 versus 1995). The overlap is enough to count as a conceptual replication, and the divergence is enough to rule out trivial methodological explanations for common findings.

Additionally, quality of life seems to be a phenomenon particularly vulnerable to social changes (Mallard, Lance, and Michalos 1997), and MIDUS allows consideration of how social changes in the intervening twenty-five years (e.g., the end of the cold war, unparalleled prosperity,

TABLE 1 Quality of American Life

Domain	Mean	SE	SD	Skew	CCR Mean (1–7)
Life overall	7.65	.03	1.67	−1.18	5.54
Marriage	8.10	.04	2.03	−1.58	6.27
Finances	5.97	.04	2.23	−.59	5.31[a]
Children	8.60	.03	1.64	−1.96	5.92[a]
Health	7.34	.03	1.66	−.96	5.78
Work	7.22	.04	2.38	−1.21	5.67
Sexuality	5.62	.06	3.12	−.44	
Contribution to others	6.59	.04	2.23	−.70	

Notes: CCR (Campbell, Converse, and Rodgers 1976) means are presented for comparison. SE, standard error; SD, standard deviation. *N* varies from 2114 to 3015.

[a]In CCR, these categories are "standard of living" and "family life," respectively.

the shift in values from the rebellion of the 1960s to the materialism of the 1980s) have affected levels of quality of life and their interrelationships. Many of the social changes in the intervening years seem particularly relevant to the quality of specific life domains, such as the increased divorce rate, advances in medical care, improvement and spread of civil rights, increased entry of women into the workforce, and the transfer of social responsibility from governmental and corporate institutions to individuals. This replication allows discovery of how these changes have impacted life quality or, conversely, of which findings appear to be unaffected by cultural changes; any replicated findings across such divergent periods will have demonstrated a measure of resistance to historical and cultural influences. Other similar projects have been conducted in the intervening years (e.g., Andrews 1991; Davis 1988; Diener and Diener 1995); however, few have had the size, sampling, and age distribution of MIDUS. These features provide an unusual opportunity to describe the quality of American life at the close of the twentieth century.

The data are from the primary respondent sample of MIDUS, with $N = 3032$. *N*'s vary across analyses because respondents did not rate the quality of a domain not relevant to them (e.g., unmarried respondents did not rate the quality of their marriage). As shown in table 1, the first message from MIDUS is that Americans lead high-quality lives, both at the domain level and overall. The means for all domains are closer to the "best possible" than to the "worst possible," and five of the eight means are higher than 7. Three domains are of only moderate quality for the typical American: financial situation, contribution to others, and sexuality. These findings are remarkably similar to those reported in CCR, regarding both the overall averages and the relative ordering of

the domains. However, the two domains MIDI added extended the range of qualities, because sexuality and contribution to others were two of the lowest-quality domains of life. In sum, it seems that the many social changes have had a very small impact on the aggregate quality of these domains or of overall life.

There was only a moderate amount of variability across Americans in the ratings of most of these domains. Table 1 also presents standard errors of the means, standard deviations, and skews for the quality ratings. The standard errors highlight a strength of MIDUS: its large size means that its estimates are highly precise and accurate, such that any means about 3 or more standard errors apart are significantly different at the $p < .001$ level. The standard deviations show (because roughly two-thirds of the sample are within one standard deviation of the corresponding mean) that not only the typical but also the vast majority of Americans report high quality in most domains of life and of life overall. The negative skews for all of the domains only strengthen this conclusion, meaning that Americans are bunched up near the top of the scales. The greatest differences between Americans are in the quality of finances, work, contribution to others, and sexuality. Financial and work-quality variability correspond to the growing economic disparity in this country: Although the mean level is reasonably high, fewer people are close to that mean level, and many people report either the highest-quality finances and work or the lowest-quality finances and work. The variability in ratings of quality of contribution to others shows that the burden of caring for others is not equally shared in this country, with individuals taking on either much of it or very little of it (see Fleeson 2001; Rossi, chap. 19, this volume, for further elaboration).

It is important to note that the limited variability does not mean that the study suffers from a lack of individuals with very low quality. Every domain had at least some individuals who reported the worst possible quality. For example, nearly a hundred individuals rated their health at 3 or worse. Thus, there are no problems with restricted range in this study, and the findings describe those with poor quality as well as those with high quality. In fact, because of their relative infrequency, those with low qualities in a domain have the greatest impact on the regression results reported later. Thus, for example, individuals with very poor health have more impact on the beta predicting overall life quality from health quality than do those with good health.

On the whole, men and women differed very little from each other in the patterns described throughout this chapter. Where they did differ, it

TABLE 2 Correlations among Domain Qualities and Age

Domain	Age	Finances	Children	Health	Work	Sexuality	Contributions to Others	Life
Marriage	.16	.30	.23	.17	.23	.47	.08	.54
Finances	.22		.15	.30	.41	.21	.18	.52
Children	.08			.16	.16	.13	.19	.35
Health	−.02[a]				.30	.22	.15	.38
Work	.10					.16	.19	.41
Sexuality	−.22						.12	.37
Contributions to others	.02[a]							.22
Life overall	.15							

Notes: All correlations are significant at the $p < .001$ level, except for the two correlations marked with a superscript a. *N* varies from 1860 to 3015.

was typically a matter of degree rather than of overall pattern. Such an internal replication provides further confidence in the generality of the findings. However, in the following I mention gender differences where they were found. As for the level of quality of life, there were a few small differences. Women reported significantly higher-quality contribution to others (mean or $M = 6.90$) and higher-quality relationships to their children ($M = 8.74$) then did men ($M = 6.27$, 8.44, respectively), who reported higher-quality marriages ($M = 8.36$), sexuality ($M = 5.98$), and financial situations ($M = 6.11$) than did women ($M = 7.80$, 5.26, 5.85, respectively).

Does Quality across Domains Co-occur in the Same Individuals?

A second question is how much the quality of several domains tends to cluster in the same individuals. That is, do individuals with higher quality in one domain tend also to have higher quality in other domains? Table 2 shows correlations among the domains and age (age is discussed soon). Note that the intercorrelations among domains are all positive and significant. On the one hand, the fact that all of the correlations are positive shows some tendency for success (or failure) to accumulate in individuals across domains. That is, things going well in one domain for an individual makes it somewhat more likely that things are going well in all domains for that individual. Similarly, things going poorly in one domain bodes poorly for that individual's other domains. On the other hand, the correlations generally are not very large in magnitude. Only two of the correlations are larger than .30, and more than half are smaller than .20. Thus, the tendency toward accumulation is weak. Rather, most individuals have greater-than-average quality in a few domains combined with lower-than-average quality in other domains.

FIGURE 1. Relationship between quality of sexuality and quality of marriage. Because of the large number of individuals at each coordinate, each individual is represented by a circle or a spoke from the circle (thus, denser points represent more individuals). This figure shows first that quality of sexuality is highly related to quality of marriage. Second, it shows that below a marriage quality of about 4, sexuality quality is nearly uniformly poor; above 4, improvements in marriage quality are associated with increasingly larger improvements in quality of sexuality.

The pattern of correlations is consistent with the possibility that how things are going in some domains affects how things are going in other related domains. Although there isn't space in this chapter to examine each of the correlations, several stand out for particular attention. For example, the quality of work likely affects the quality of one's financial situation, and the correlation between the quality of the two domains is .41. Similarly, health likely facilitates productivity, thereby facilitating work situation quality, $r = .30$. The largest correlation, that between marriage and sexual quality, is particularly interesting. These two domains likely facilitate each other, but the data show that this facilitation is not symmetrical. Figure 1 shows the scatter plot of responses to the two items, with each circle and each spoke representing one person. The scatter plot vividly depicts the strong relationship between the two responses, as well as its curvilinear nature. When marriage quality is lower than about 4, quality of sexuality is nearly uniformly low. When a minimal level of quality in marriage (around 4) is reached, slight increases in marriage quality are associated with large and increasingly larger improvements

in quality of sexuality. Thus, sexuality quality is intimately tied to quality in the rest of the relationship. Nonetheless, a substantial portion of Americans are able to have a high quality marriage despite lower quality sexuality.

Some of the lowest correlations are with the domain of contributions to others. High-quality financial situations, marriages, and jobs do not appear to increase the quality of contribution to others. It also appears that very little benefit to the quality of any domain of life results from high-quality contribution to others. Finally, the remaining low but positive correlations suggest that none of the domains appears to conflict with another. For example, although the low positive correlation of the quality of work to the quality of relationship to children suggests little positive effect of high-quality work on the relationship to children, it also suggests that there is little or no detrimental effect either.

The Quality of American Life at Different Adult Ages

Two important foci in MIDMAC are midlife and success. This section unpacks the means of quality across the adult age span to see how quality differs across age, and in particular what the quality of life is in the middle years. Quality is likely to be affected by age, as individuals learn better skills of life management (e.g., Freund and Baltes 1998; Lachman and Bertrand 2001; Staudinger 1999), as many domains have time to play themselves out (e.g., marriage and career are just getting started in early adulthood), as successes and failures accumulate, and as environmental conditions change (Diener and Suh 1998). Although MIDUS data are cross-sectional, and thus confound age with birth cohort, the ability to compare our findings with the CCR findings should allow us to determine which findings are more likely due to age and which to cohort.

Earlier, table 2 presented bivariate correlations of age with overall life quality and domain quality. Although such findings are interesting and useful, they describe only linear relationships. It is likely that age relates in a curvilinear way to quality, however, and an additional strength of MIDUS is that it has the power to detect any existing curvilinear relationship. Each domain was predicted from age, age squared, and age cubed, and the highest-order power that was significant is depicted in figure 2. Figure 2 has been split into two panels for ease of reading; on the top are five domains that show a similar positive age-related pattern, and on the bottom are three domains that differ substantially from this pattern. The five domains of children, marriage, work, financial situation, and life overall all show a general increase across age groups; where these
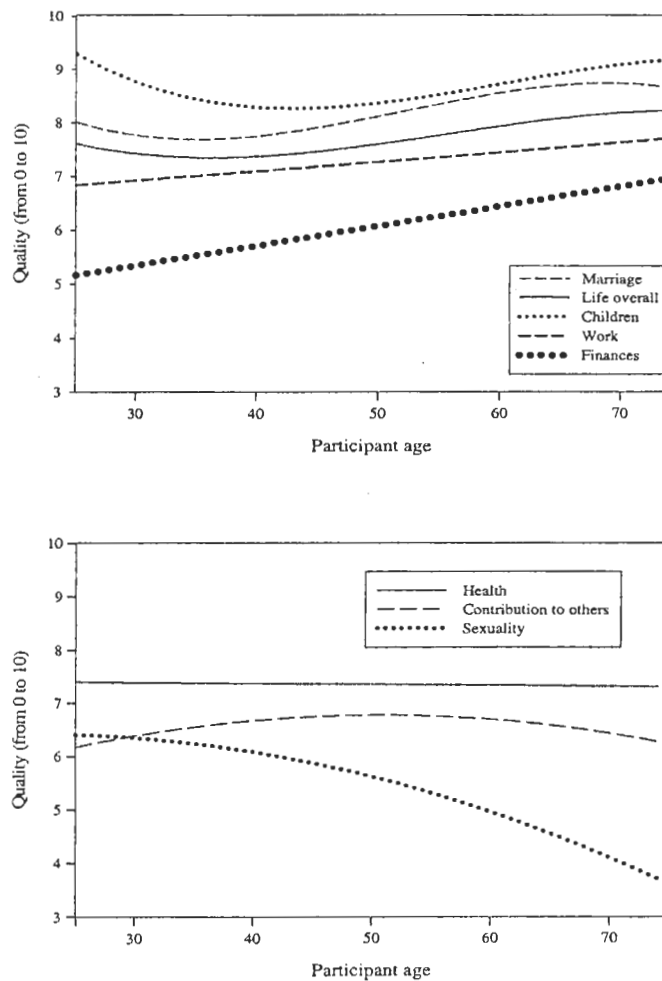
FIGURE 2. Age-related trajectories of the seven domains and overall life quality.

domains differ is primarily in where the upward association starts. Quality of marriage, life overall, and relationship to children do not begin to improve until the age group of the late thirties or early forties, whereas quality of finances and work have a steady association with age, beginning with those in the early adult years. These domains are consistent with the notion that midlife represents the beginning or continuation of increasingly higher quality of life.

The bottom panel of figure 2 shows three domains that diverge from the basic positive pattern. Contribution to others peaks in the midlife group, as is expected from developmental theories of generativity (Erikson 1963; Fleeson 2001; see also Rossi, chap. 19, this volume, and Rossi 2001, for further elaboration of the relationship between age and contribution to others). Health surprisingly showed no relationship to age. However, it is one of only two domains that do not increase in quality

across age groups. Furthermore, Cleary, Zaborski, and Ayanian (chap. 2, this volume) report an age-related decrease in self-reported health using a different item, from the telephone part of the survey. Finally, sexuality is the only domain to decrease substantially in quality across age groups.

Interactions of these age differences with gender were also tested at all powers of age (linear, quadratic, cubic), and three were found to be significant at the $p < .01$ level. First, quality of sexuality had a steeper negative association with age for women than for men. Second, women showed a more linear positive association between age and quality of marriage than did men. Finally, social responsibility showed a midlife peak for women but not for men (Fleeson 2001).

This very positive picture of aging in the United States is consistent with the findings of the CCR study. CCR also found substantial age-related increases in quality of marriage, work, family, and overall life. The only domain to decrease in their findings was health, which remained flat in our data (CCR did not assess the quality of sexuality). The two studies together provide a special opportunity to argue that these findings are the result of age rather than cohort. The fact that both samples, despite different cohorts, showed a general increase in quality across age groups suggests that age may be the factor ultimately responsible for the increase.

Given that this phenomenon of general increase may be an aging phenomenon (that is, the average individual can expect the quality of his or her life to increase as he or she grows older), the next question is why age improves quality. Some models of aging argue that older adults engage in strategic social comparison or downward adjustment of standards to enhance apparent quality (e.g., Brandtstadter, Wentura, and Rothermund 1999; Heckhausen 2001). Other models suggest that older adults get better at life management skills, accumulate success over years, or progressively improve their person–environment fit (e.g., Carstensen et al. 2000; Freund and Baltes 1998). This finding needs additional research.

WHICH DOMAINS ARE MOST IMPORTANT FOR A LIFE OF GOOD QUALITY?

The second half of this chapter addresses the issue of relative importance of the domains in predicting overall life quality. To be clear, "importance" is not meant in the sense of individuals placing importance on or valuing domains. "Importance" here is meant in the sense of influence and describes only what turns out to be a strong predictor of life quality. Perhaps it indicates what individuals ought to hold in importance, but it does not indicate what they in fact hold in importance.

Two disadvantages to this approach to importance are that (1) it does not obtain individual differences in importance but rather produces one level of importance for the entire sample, and (2) it does not describe any individuals' subjective levels of importance. In chapter 10 of this volume, Markus, Ryff, Curhan, and Palmersheim describe the rich and sophisticated beliefs about importance that individuals hold, and Cantor and Fleeson (1994) have looked at subjective importance in a motivational context. In contrast, an advantage to the approach of this chapter is that importance becomes an indirect and empirical matter; that is, the approach reveals importance to us as an aid in our own decision making about life choices rather than forcing us to rely on possibly ill-advised suppositions.

What makes an individual judge his or her life as high quality or makes him or her experience it as complete? Although much of this judgment derives from internal factors such as life tasks, traits such as extraversion and neuroticism, and coping strategies (e.g., Diener and Lucas 1999; Cantor et al. 1991; Scheier, Carver, and Bridges 2001; Fleeson, Malanos, and Achille 2002), it also likely comes from things going well in the various domains of life (e.g., in marriage, work, and so forth). For example, if a person's marriage is going well, he or she is likely to experience life overall as complete, whereas if a person's marriage is going poorly, life may seem to be missing something.

I continue to follow the CCR model in proposing that all such domains of life have an impact on life quality but that the degree of impact differs across domains. That is, some domains make more difference to life quality than do others. A domain that makes a difference is one in which life quality is greatly impacted by how things are going in that domain. If things go well in that domain, then life is experienced as high quality; if things go poorly in such a domain, then life is experienced as of poor quality, incomplete, and not satisfying. Domains that make less of a difference do not influence overall life quality as strongly: even when things go very wrong in such domains, individuals can maintain a high level of overall life quality (e.g., perhaps individuals can easily experience high-quality life even with an unsuccessful career), and things going well may not provide the individual with very much of a boost in overall quality.

Determining which domains of life are most important for achieving and maintaining a high-quality life is important for at least two reasons. First is the enduring theoretical issue of what makes a human's life complete or fully functioning (Ryan and Deci 2001; Ryff 1989). Second is the more pragmatic issue of investment of limited resources (e.g., time,

effort, status). Few individuals have the resources to guarantee that all domains of life operate smoothly but rather must selectively invest in some domains in lieu of others. The best domains in which to invest resources may be those that have the greatest impact on overall life quality. If an individual has a choice between two life domains in which to invest limited resources, he or she might wisely invest in the one that has the biggest impact on overall life quality while allowing the domain that has less impact to subside. This issue of investment of limited resources applies not only to individuals but also to research priorities (we should expend research resources on domains that are important in affecting overall life quality) and at the societal level (society should invest its resources in domains that matter to its members' life quality). Thus, knowing the relative importance of various domains in terms of their impact on life quality is important.

One way to determine the importance of a domain to life quality is to start with a large enough sample so that it contains individuals who have done very well and those who have not done well at all in each of the domains. Then, for each domain, one can compare such individuals on their overall life quality. If those who did well in the domain have much greater overall life quality than those who did poorly in the domain, then this domain possibly has a big impact and is therefore very important to life quality. On the other hand, if those who did very poorly in the domain do not differ much in overall life quality from those who did well in the domain, then this domain is not likely important to overall life quality.

Rather than compare only those who have done very well in a domain against those who have done very poorly, MIDUS allows the more fine-tuned linear comparison. Specifically, the unstandardized betas from a regression predicting overall life quality from the domain qualities describe the amount of change in life quality for each point change in the quality of each domain. However, a large beta does not guarantee that the domain has a large impact on life quality, because the direction of causality is undetermined by these cross-sectional data. As Diener (1984) first noted when he contrasted bottom-up models of quality, in which quality in the domains causes overall life quality, with top-down models, in which overall life quality affects the quality in the various domains, this is an important issue. Tests of the causal direction are very difficult because large samples with at least two waves are required to adequately test the competing models. Evidence to date has been mixed, primarily because of moderate sample sizes, and has found that the causal direction may differ across domains and that family or marriage domains are
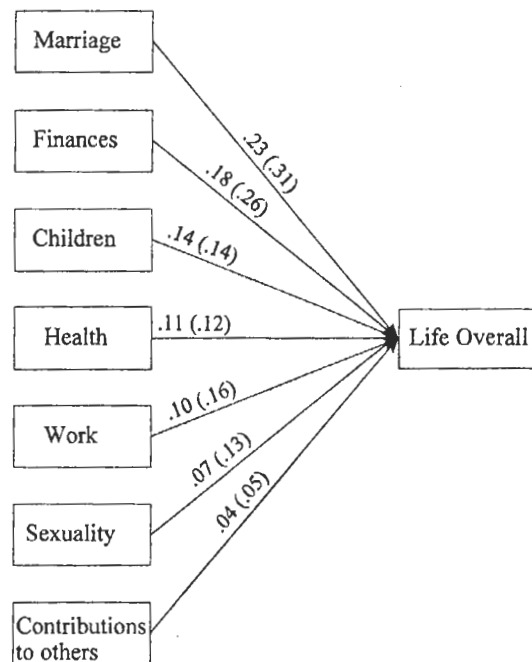
FIGURE 3. Importance of domain qualities in predicting overall life quality. Coefficients are unstandardized betas from a multiple regression predicting overall life quality from the qualities of all seven domains simultaneously. All betas are significant at the $p < .001$ level (contribution to others was significant at the $p < .01$ level) and can be interpreted as the importance of that domain to overall life quality. Standardized betas are in parentheses (and can be squared to obtain unique percentages of variance accounted for in overall life quality).

those likely to have the strongest bottom-up effects (Brief et al. 1993; Headey, Veenhoven, and Wearing 1991; Lance, Mallard, and Michalos 1995; Scherpenzeel and Saris 1996). The analyses in the current chapter assumed at least some bottom-up effects.

Figure 3 shows the results of a simultaneous multiple regression predicting overall life quality from the quality of each of the seven life domains. Each beta represents the importance of the respective domain, while qualities of the other domains are held constant; it can be interpreted as showing how many points in overall life quality are associated with a one-point change in the domain quality. Standardized betas are in parentheses; they can be squared to obtain the percentage of variance accounted for uniquely by the domain. An advantage to obtaining independent (semipartial) betas from a simultaneous multiple regression is that the associations are not the result of quality in any other domain (e.g., the predictive power of high-quality financial situation is not the

result of any related advantages in work situation). Another advantage is that factors such as response bias are largely partialed out, because their effects are held constant when holding all other domains constant. Together the domains accounted for 51 percent of the variance in overall quality of life, implying that they are a reasonably comprehensive set of domains and that the quality of life and the quality of the individual domains are closely tied to each other.

The domains are listed in order of importance. At the top of the list is marriage or marriage-like close relationship. These results argue that marriage is the most important domain for a high-quality life. More than any other domain, it is difficult and rare to have a high-quality life without having a high-quality close relationship. Financial situation is close behind, and the two domains are far ahead of the remainder in degree of importance. The results for financial situation are surprising in light of the contrary findings for income level. Diener et al. (1993) showed that income (actual dollars) is highly predictive of life quality at only very low levels of income; above the threshold, additional income makes very little difference. The current findings show that the subjective evaluation of that income continues to be predictive of life quality even at high levels.

Health was much lower in importance than might be anticipated. It is fourth on the list, and the beta shows that dropping from the best to the worst health possible (while holding other domains constant) is associated with only a little more than a point change in overall life quality on average. That is, many individuals manage to lead more satisfying lives than most others despite having very poor health. Sexuality is of even less importance to overall life quality, and the least important domain in the United States (as a predictor of life quality) is contribution to others. Additionally, gender did not interact with any domain in predicting overall life quality at the $p < .01$ level.

This general pattern is again closely in accord with findings reported by CCR. Specifically, in 1971, as in the present data, financial and family matters were most important, health was not very important, and work was somewhere in between in importance to overall life quality. There are two important exceptions to this similarity: (1) in MIDUS, health was found to be second in importance to life quality but only when unpartialed and unstandardized, meaning that if health quality has a large impact on overall life quality, it works its impact through the quality of the other domains; and (2) family was divided into two aspects in MIDUS, and only the relationship-to-spouse aspect was found to be strongly predictive of life quality, whereas family as a whole was strongly

predictive in CCR. This strong similarity of results has two implications. First, cultural changes in the United States in the last twenty-five years have had little net impact on the quality of life in the United States and on which domains are important to a quality life. Second, the similarity of results reinforces the credibility of both studies' findings, specifically that love and money are the most important domains of life.

It is also worth comparing these findings to individuals' direct evaluations of domains as important or not. CCR had also asked respondents to rate how important each domain was to them individually. The highest average rating of importance was received by health, followed by marriage and family life. Job was in the middle, but financial situation was rated as very low in importance. Thus, what individuals hold to be important does not necessarily agree with what has a sample-wide large association to life quality. In particular, health is held to be important and does not appear to be powerfully predictive of life quality, whereas financial situation is generally not held to be important yet has a strong relationship to life quality. These disagreements underscore the need for consideration of both types of importance.

Note that individuals who did not complete all of the quality ratings because they did not have children or were not in a close relationship were not included in the above analysis. To investigate the importance of domains for these individuals, additional regressions were calculated. First, the regression was repeated but included only single individuals without children ($N = 274$). Only five domains were included as predictors, because it is not possible to assess the importance of the quality of marriage and of relationships to children in the lives of those who are single and have no children. Of the remaining five domains, health ($b = .25$) and work ($b = .22$) became of primary importance, and finances dropped in importance ($b = .12$). The regression was then repeated for only those individuals who were unmarried yet nonetheless had children ($N = 512$), using six domains as predictors. After I removed the domain of marriage, relationship to children ($b = .26$) emerged as tied with finances for most important ($b = .26$), and the other domains held their relative positions. That is, relationships to children appear to become of primary importance among those who have children but are not in a close, marriage-like relationship. It is also worth noting that married individuals reported significantly higher life quality ($M = 7.85$) than did single individuals ($M = 7.21$), $p < .001$, and that those with children reported significantly higher life quality ($M = 7.72$) than did those without children ($M = 7.36$), $p < .001$.

These findings described unique predictions of life quality. However, because a given domain's effects on life quality may include facilitation of other domains, which in turn affect life quality, table 2 earlier included the bivariate correlations of each domain to overall life quality. These correlations are naturally larger, but the basic pattern of associations is essentially identical.

Does Domain Importance Vary with Age?

Just as the levels of domain qualities are expected to depend on participant age, the importance levels of domains are also expected to depend on participant age. To test this possibility, I conducted regressions in which overall life quality was predicted from age, a given domain's quality, and the multiplicative product of age and the domain's quality. In addition, interactions between a domain and age-squared were tested. One domain showed a linear interaction with age, and three showed a quadratic interaction with age. The quality of sexuality became decreasingly predictive of overall life quality across participant ages, somewhat diminishing the impact of the age-related decline in the quality of sexuality. Work, finances, and contribution to others all showed quadratic interactions with age. In each case, the domain's importance was strongest in the midlife group and somewhat less strong in other age groups. Men and women did not differ in these interactions.

Perhaps what is most noticeable is the domain that did not interact with age: quality of health. Health was no more and no less important to the overall quality of life for older participants. That is, the impact of physical health on life quality appears relatively small, regardless of adult age.

IMPLICATIONS AND CONCLUSION

These findings present a broad descriptive overview of the quality of life in the United States. This big picture is useful for locating more focused and analytic explanatory studies, and in particular as a guide for hypothesis generation.

The first contribution of this chapter is a relatively definitive description of the quality of American life and of the predictive powers of the various life domains. That is, the consistency of the findings with the CCR findings from twenty-five years previous, despite different methodologies, different wording of the quality ratings, and most importantly, despite the intervening cultural and historical changes, provides great confidence in these findings. The findings that American life is of high quality and that marriage and finances are the most important predictors

of that high quality appear to be relatively insensitive to the kinds of cultural and historical changes that have happened in the United States, nor do they depend on any specific methodological decisions or team of researchers. However, even though a bottom-up model was assumed in this chapter, the fact is that the causal direction of this relationship is still to be determined. It is critical to have a large-scale, national sample collect at least two waves of domain and life qualities on the same subjects, to allow the cross-lagged analyses needed to conclusively resolve this issue.

A second contribution is that marriage and financial situations were revealed as the two domains most closely linked to overall quality of life. Because CCR showed in contrast that individuals hold health to be highly important and finances to be unimportant, both sets of results point to the difference between importance as a matter of personal judgment and importance as a matter of predictive influence. Future research should address why these two domains of marriage and finances are of central importance and the implications of their importance in reshaping life priorities. It is possible that these domains foster either realization of one's true potential (Ryff and Keyes 1995; Ryff and Singer 1998) or the self-determination elements of autonomy, competence, and relatedness (Ryan and Deci 2001; see also Marks, Bumpass, and Jun, chap. 18, this volume, and Lachman and Firth, chap. 11, this volume), although it may be hard to reconcile financial concerns with self-determination and realization (Kasser and Ryan 1993). It might also be useful to include the friendship domain in future research, so that individuals who are not married have a stronger representation of their social life. Given the importance of marriage in this study, it may turn out that friendships are also highly important for those who are not married.

The third theoretical implication involves theories of adult development and aging. These data confirm that aging, at least up until the midseventies, appears to be a positive phenomenon. What needs to be explained is not how older adults manage to cope with the negativity of aging but rather how older adults are managing to get more quality out of life than are younger adults. Midlife, the focus of MIDMAC (1999), appeared to be the beginning of this upward trend with aging; future research may fruitfully address why this is so.

NOTE

1. The specific wordings of the domains were as follows: marriage, "marriage or close relationship"; finances, "financial situation"; children, "overall relationship with your children"; health, "health"; work, "work situation, whether part-time or full-time, paid or unpaid, at home or at a job"; sexuality, "the sexual aspect of your life"; contribution, "contribution to the welfare and well-being of other people.... Take into account all that you do, in terms of time, money or concern, on your job, and for your family, friends, and the community" (this item is significantly predicted by indicators of what people actually do; see Rossi 2001, and Rossi, chap. 19, this volume, for more details); and life, "life overall."

REFERENCES

Andrews, F. M. 1991. Stability and change in levels and structure of subjective well-being: USA 1972 and 1988. *Social Indicators Research* 25:1–30.

Andrews, F. M., and S. B. Withey. 1976. *Social indicators of well-being: America's perception of life quality.* New York: Plenum Press.

Brandtstadter, J., D. Wentura, and K. Rothermund. 1999. Intentional self-development through adulthood and later life: Tenacious pursuit and flexible adjustment of goals. In *Action and self-development: Theory and research through the life span,* ed. J. Brandtstadter and R. M. Lerner, 373–400. Thousand Oaks, Calif.: Sage.

Brief, A. P., A. H. Butcher, J. M. George, and K. E. Link. 1993. Integrating bottom-up and top-down theories of subjective well-being: The case of health. *Journal of Personality and Social Psychology* 64:646–53.

Campbell, A., P. E. Converse, and W. L. Rodgers. 1976. *The quality of American life: Perceptions, evaluations, and satisfactions.* New York: Sage.

Cantor, N., and W. Fleeson. 1994. Social intelligence and intelligent goal pursuit: A cognitive slice of motivation. In *Nebraska symposium on motivation,* vol. 41. *Integrative views of motivation, cognition, and emotion,* ed. W. D. Spaulding, 125–79. R. Dienstbier, series ed. Lincoln: University of Nebraska Press.

Cantor, N., J. Norem, C. Langston, S. Zirkel, W. Fleeson, and C. Cook-Flannagan. 1991. Life tasks and daily life experience. *Journal of Personality* 59:425–51.

Cantril, H. 1965. *The patterns of human concerns.* New Brunswick, N.J.: Rutgers University Press.

Carstensen, L. L., M. Pasupathi, U. Mayr, and J. R. Nesselroade. 2000. Emotional experience in everyday life across the adult life span. *Journal of Personality and Social Psychology* 79:644–55.

Davis, J. A. 1988. *General social surveys 1972–1988: Cumulative codebook.* Chicago: National Opinion Research Center.

Diener, E. 1984. Subjective well-being. *Psychological Bulletin* 95:542–75.

———. 1994. Assessing subjective well-being: Progress and opportunities. *Social Indicators Research* 31:103–57.

Diener, E., and M. Diener. 1995. Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology* 68:653–63.

Diener, E., and R. E. Lucas. 1999. Personality and subjective well-being. In *Handbook of midlife development,* ed. M. E. Lachman, 213–29. New York: John Wiley.

Diener, E., E. Sandvik, L. Seidlitz, and M. Diener. 1993. The relationship between income and subjective well-being: Relative or absolute? *Social Indicators Research* 28:195–223.

Diener, E., J. J. Sapyta, and E. Suh. 1998. Subjective well-being is essential to well-being. *Psychological Inquiry* 9:33–37.

Diener, E., and E. Suh. 1998. Subjective well-being and age: An international analysis. *Annual Review of Gerontology and Geriatrics* 17:304–24.

Erikson, E. 1963. *Childhood and society.* New York: W. W. Norton.

Fleeson, W. 2001. Judgments of one's own global contribution to the welfare of others: Life-course trajectories and predictors. In *Caring and doing for others: Social responsibility in the domains of family, work, and community,* ed. A. S. Rossi, 75–96. Chicago: University of Chicago Press.

Fleeson, W., A. B. Malanos, and N. M. Achille. 2002. An intra-individual process approach to the relationship between extraversion and positive affect: Is acting extraverted as "good" as being extraverted? *Journal of Personality and Social Psychology* 83:1409–22.

Freund, A. M., and P. B. Baltes. 1998. Selection, optimization, and compensation as strategies of life management: Correlations with subjective indicators of successful aging. *Psychology and Aging* 13:531–43.

Headey, B., R. Veenhoven, and A. Wearing. 1991. Top-down versus bottom-up theories of subjective well-being. *Social Indicators Research* 24:81–100.

Heckhausen, J. 2001. Adaptation and resilience in midlife. In *Handbook of midlife development,* ed. M. E. Lachman, 345–91. New York: John Wiley.

Kahneman, D. 1999. Objective happiness. In *Well-being: The foundations of hedonic psychology,* ed. D. Kahneman, E. Diener, and N. Schwarz, 3–25. New York: Russell Sage Foundation.

Kasser, T., and R. M. Ryan. 1993. A dark side of the American dream: Correlates of financial success as a central life aspiration. *Journal of Personality and Social Psychology* 65:410–22.

Lachman, M. E., and R. M. Bertrand. 2001. Personality and the self in midlife. In *Handbook of midlife development,* ed. M. E. Lachman, 279–309. New York: John Wiley.

Lance, C. E., A. G. Mallard, and A. C. Michalos. 1995. Tests of the causal directions of global-life facet satisfaction relationships. *Social Indicators Research* 34:69–92.

Lawton, M. P., L. Winter, M. H. Kleban, and K. Ruckdeschel. 1999. Affect and quality of life: Objective and subjective. *Journal of Aging and Health* 11:169–98.

Mallard, A. G. C., C. E. Lance, and A. C. Michalos. 1997. Culture as a moderator of overall life satisfaction: Life facet satisfaction relationships. *Social Indicators Research* 40:259–84.

Maslow, A. H. 1954. *Motivation and personality.* New York: Harper.

MIDMAC (John D. and Catherine T. MacArthur Foundation Research Network on Successful Midlife Development). 1999. *Annual report* (1998). Vero Beach, Fla.: Life Trends.

Rossi, A. S. 2001. *Caring and doing for others: Social responsibility in the domains of family, work, and community.* Chicago: University of Chicago Press.

Ryan, R. M., and E. L. Deci. 2001. On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology* 52:141–66.

Ryff, C. D. 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology* 57:1069–81.

Ryff, C. D., and C. L. M. Keyes. 1995. The structure of psychological well-being revisited. *Journal of Personality and Social Psychology* 69:719–27.

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

Scheier, M. F., C. S. Carver, and M. W. Bridges. 2001. Optimism, pessimism, and psychological well-being. In *Optimism and pessimism: Implications for theory, research, and practice,* ed. E. C. Chang, 189–216. Washington, D.C.: American Psychological Association.

Scherpenzeel, A., and W. Saris. 1996. Causal direction in a model of life satisfaction: The top-down/bottom-up controversy. *Social Indicators Research* 38:275–301.

Schuessler, K. F., and G. A. Fisher. 1985. Quality of life research and sociology. In *Annual review of sociology,* ed. R. H. Turner and J. F. Short, Jr., 11:129–49. Palo Alto, Calif.: Annual Reviews.

Schwarz, N., and F. Strack. 1991. Evaluating one's life: A judgment model of subjective well-being. In *Subjective well-being: An interdisciplinary perspective,* ed. F. Strack, M. Argyle, and N. Schwarz. Oxford: Pergamon Press.

———. 1999. Reports of subjective well-being: Judgmental processes and their methodological implications. In *Well-being: The foundations of hedonic psychology,* ed. D. Kahneman, E. Diener, and N. Schwarz, 61–84. New York: Russell Sage Foundation.

Smith, J., W. Fleeson, B. Geiselmann, R. Settersten, and U. Kunzmann. 1999. Well-being in very old age: Predictions from objective life conditions and subjective experience. In *The Berlin Aging Study: Aging from 70 to 100,* ed. P. B. Baltes and K. U. Mayer, 450–71. New York: Cambridge University Press.

Staudinger, U. M. 1999. Social cognition and a psychological approach to the art of life. In *Social cognition and aging,* ed. T. M. Hess and F. Blanchard-Fields, 343–75. San Diego: Academic Press.

Staudinger, U. M., W. Fleeson, and P. B. Baltes. 1999. Predictors of subjective physical health and global well-being: Similarities and differences between the United States and Germany. *Journal of Personality and Social Psychology* 76:305–19.

Stone, A. A., S. S. Shiffman, and M. W. DeVries. 1999. Ecological momentary assessment. In *Well-being: The foundations of hedonic psychology,* ed. D. Kahneman, E. Diener, and N. Schwarz, 26–39. New York: Russell Sage Foundation.