Psychological Well-Being in Adult Life

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Knowledge of psychological well-being persistently lags behind knowledge of psychological dysfunction. The imbalance is evident in magnitude of research—studies of psychological problems dwarf the literature on positive psychological functioning—and in the meaning of basic terms (e.g., typical usage equates health with the absence of illness). A person is viewed as mentally sound if he or she does not suffer from anxiety, depression, or other forms of psychological symptomatology. This prevailing formulation never gets to the heart of wellness; to do so, we must define mental health as the presence of the positive.

To explicate the positive is, however, to grapple with basic values and ideals of the human experience. These values are no less evident in definitions of human suffering, although consensus in identification of the negative is somehow easier to achieve. Despite these challenges, much has been written, within the field of psychology and outside it, regarding the contours of positive psychological functioning.

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DEFINING FEATURES OF WELL-BEING

Three literatures provide theoretical guidance in understanding the meaning of psychological well-being.[1] Developmental psychology, particularly life-span developmental psychology, offers numerous depictions of wellness, conceived as progressions of continued growth across the life course. These perspectives include Erikson's model of the stages of psychosocial development, Bühler's formulation of basic life tendencies that work toward the fulfillment of life, and Neugarten's descriptions of personality change in adulthood and old age. Clinical psychology also offers multiple formulations of well-being, such as Maslow's conception of self-actualization, Rogers's view of the fully functioning person, Jung's formulation of individuation, and Allport's conception of maturity. Finally, the literature on mental health, although guided largely by absence-of-illness definitions of well-being, includes significant exceptions, such as Jahoda's formulation of positive criteria of mental health and Birren's conception of positive functioning in later life.

These perspectives, even in combination, have had little impact on empirical research on psychological well-being. The neglect stems, in part, from a lack of operational definitions and measures, but it is also due perhaps to the diversity of these characterizations of wellness. What, amidst these lengthy descriptions, are the essential features of positive psychological functioning?

One strategy for moving this literature to the empirical arena is to focus on points of convergence in the formulations just listed. Detailed review reveals, in fact, that they tend to overlap in emphasizing certain qualities of human wellness. These points of convergence are depicted in the inner circle of Figure 1. The periphery of the figure identifies the conceptual and theoretical writings from which these features of well-being were derived. The key dimensions of this synthetic model of well-being are self-acceptance, positive relationships with other people, autonomy, environmental mastery, purpose in life, and personal growth. I have constructed definitions for each dimension, provided in Table 1, by integrating different elements from the guiding theories. Self-acceptance, for example, includes not only the possession of a positive attitude toward the self, emphasized by Maslow, Rogers, Allport, and Jahoda, but also the acceptance of one's good and bad qualities, included in the Jungian account of individuation, and acceptance of one's past life, described by Erikson as part of the task of ego integrity. Taken together, these six dimensions encompass a breadth of wellness that includes positive evaluations of one's self and one's life, a sense of continued growth and development as a person, the belief that life is purposeful and meaningful, the possession of good relationships with other people, the capacity to manage one's life and the surrounding world effectively, and a sense of self-determination.

This conceptual framework bears little resemblance to extant scientific studies of subjective well-being, in which measures of happiness and life satisfaction are the reigning empirical indicators.[2] Conceptual rationales for these criteria are generally lacking. Studies of life satisfaction abound in research on aging; the lack of theory reflects the historical emphasis on applied initiatives, with intervention and program development being of far greater importance than the task of
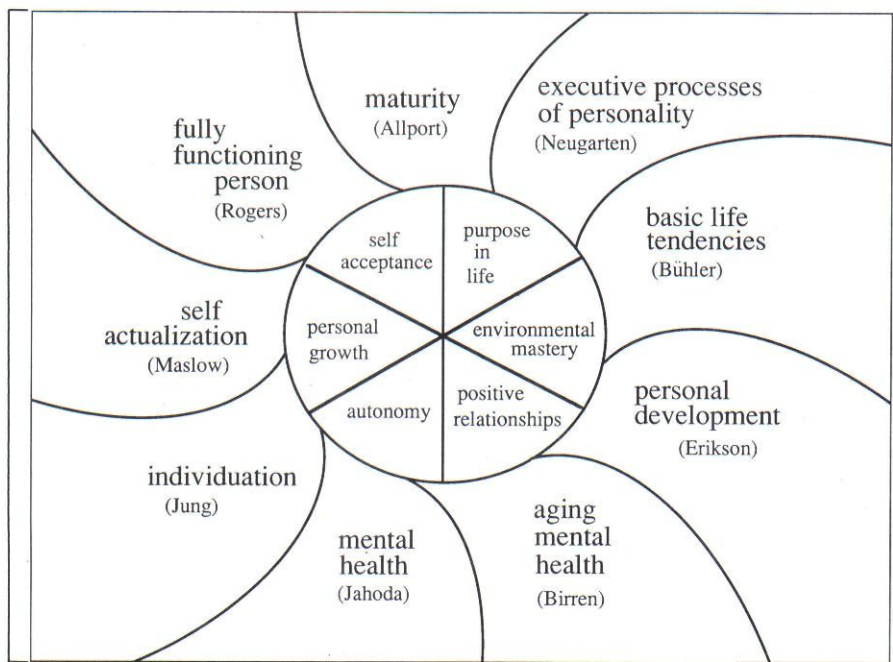
Fig. 1. Core dimensions of well-being and their theoretical origins.

defining essential properties of well-being. Studies of quality of life in America, conducted largely through use of sociological surveys, have perpetuated measures of happiness and life satisfaction via a largely unquestioned assumption that happiness is the highest of all human goods. This view may, at its origins, rest on mistaken translation of the philosophical starting point, namely, Aristotle's writing on *eudaimonia*. To equate this term with happiness is to miss important distinctions made long ago between the satisfaction of right and wrong desires. Thus, a more apt characterization of the highest of all human goods is the striving for perfection that represents the realization of one's true potential.[3] Other philosophical perspectives on the "good life" further underscore the need for richer, more differentiated conceptions of wellness, and caution against the reliance on hedonic pleasure as the ultimate desired end in life.[4]

Whether or not prevailing empirical indicators are theoretically and philosophically defensible, it is clear that the aforementioned theories

point to aspects of positive functioning that are missing in current scientific studies of subjective well-being, and offer conceptually rich alternatives to the emphasis on negative functioning in mental health research.

DESCRIPTIVE STUDIES OF PSYCHOLOGICAL WELL-BEING

Among the many descriptive questions that can be asked about well-being, my colleagues and I have addressed whether profiles of positive functioning vary across the life course, whether men and women differ in basic dimensions of wellness, and whether well-being varies across cultures. All these studies have been conducted within the framework of the six guiding dimensions of psychological well-being, operationalized with structured self-report scales.[5]

Age Differences

The theories on which the dimensions are based offer little insight re-

garding patterning of well-being across the life course, with the exception of Erikson's writings about ego integrity in later life (suggesting that self-acceptance might be more easily achieved by the aged than by younger people). To explore possible age differences, we asked young, middle-aged, and old-aged adults in our first empirical study (designed to establish the validity and reliability of the measures) to rate themselves on each of the dimensions of well-being. These ratings revealed a diverse pattern of significant age differences (see top of Fig. 2). Certain aspects of well-being, such as environmental mastery and autonomy, increased with age, particularly from young adulthood to midlife. Other aspects, such as personal growth and purpose in life, decreased, especially from midlife to old age. The remaining two aspects, positive relations with others and self-acceptance, showed no significant age differences across the three age periods, and therefore are not shown in the figure.

A second study, based on the same three age groups, revealed highly similar findings. These samples were based on community volunteers, however, and, therefore, lack generalizability. In a more recent study that employed sharply reduced versions of the original scales, data were obtained on the psychological well-being of a national sample. These findings (see bottom of Fig. 2) underscore the consistency of the cross-sectional age patterns. Environmental mastery and autonomy again showed increases with age, purpose in life and personal growth showed declines with aging, and self-acceptance revealed no age differences. For self-ratings of positive relations with others, the results across studies varied between no differences and increases with age.

Longitudinal studies are necessary to clarify whether these age patterns reflect developmental, muturational changes or cohort (historical)

Table 1. *Definitions of theory-guided dimensions of well-being*

Dimension	Characteristics of a high scorer	Characteristics of a low scorer
Self-acceptance	Possesses positive attitude toward self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life	Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is
Positive relations with other people	Has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; is capable of strong empathy, affection, and intimacy; understands give-and-take of human relationships	Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; is not willing to make compromises to sustain important ties with others
Autonomy	Is self-determining and independent; is able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards	Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways
Environmental mastery	Has sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; is able to choose or create contexts suitable to personal needs and values	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world
Purpose in life	Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living	Lacks sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose in past life; has no outlooks or beliefs that give life meaning
Personal growth	Has feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness	Has sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors

differences. Whatever the explanation, older adults' recurring lower self-ratings on purpose in life and personal growth warrant attention. These patterns point to possibly important psychological challenges of later life, and may support related arguments that contemporary social structures lag behind the added years of life many people now enjoy.[6] That is, opportunities for continued growth and development and for meaningful experience may be limited for older persons today. An alternative hypothesis is that older persons place less value on personal growth and purpose in life than do younger age groups. However, we have had respondents rate their ideals of well-being, and these data challenge the notion that the aged no longer idealize continued self-development or purposeful living.

Sex Differences

As in the case of age differences, the theoretical starting points offered few insights regarding possible differences between men and women on various dimensions of well-being. Across multiple sets of data, however, we have found that women of all ages consistently rate themselves higher on positive relations with others than do men, and that women tend to score higher than men on personal growth. The remaining four aspects of psychological well-being have consistently shown no significant differences between men and women.

These findings are particularly relevant in light of prior mental health research, which has repeatedly documented a higher incidence of certain psychological problems, such as depression, among women.[7] When the positive end of the mental health spectrum is considered, however, it seems that women have greater psychological strengths than men in certain aspects of well-being, and comparable profiles with regard to other dimensions. To miss these findings is to tell an incomplete story about the psychological functioning of women.

Cultural Differences

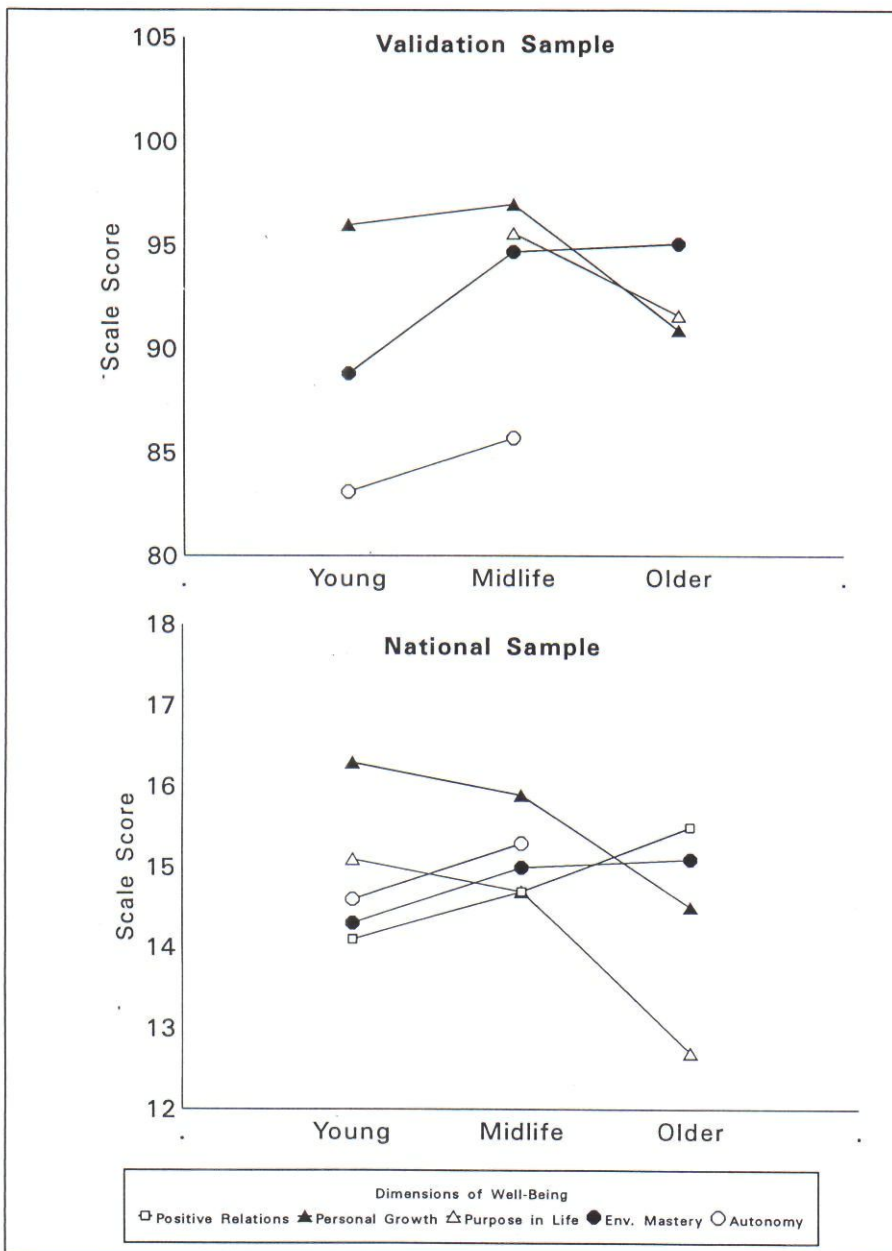How culture bears on fundamental conceptions of self, self-in-

Fig. 2. Self-ratings on the six dimensions of well-being (see Fig. 1) for young, middle-aged, and older adults. The top graph shows scores from the original sample. Scores are based on a 20-item scale ranging from 20 to 120. The bottom graph shows scores from a national sample. Scores are based on a 3-item scale ranging from 3 to 18. Only results showing significant age differences are graphed.

relation-to-others, and health is an increasingly prevalent theme in social scientific inquiry.[8] Much of this discussion involves contrasts between cultures that value individualism and independence and those that value collectivism and interdependence. These ideas suggest that more self-oriented aspects of well-being, such as self-acceptance or autonomy, might have greater salience in our own Western cultural context, whereas others-oriented dimensions of well-being, such as positive relations with others, might be of greater significance in Eastern, interdependent cultures. These issues were examined in a midlife sample of U.S. adults and a sociodemographically comparable sample of midlife adults from South Korea.[9]

It was found that, on the whole, Americans were much more likely to attribute positive qualities to themselves than were Koreans, a finding consistent with formulations of underlying cultural differences in self-presentation. Despite these main effects of culture, analyses within cultures revealed that Koreans, as predicted, showed highest self-ratings on the measure of positive relations with others, and lowest self-ratings for self-acceptance and personal growth. Among U.S. respondents, personal growth was rated highest, especially for women, and autonomy, contrary to the purported emphasis on self-determination in our own culture, was rated lowest. Sex differences were the same in both cultures: Women rated themselves significantly higher than men on positive relations with others and personal growth. Qualitative data showed that the Koreans placed greater emphasis on the well-being of other people (e.g., children) in defining their own well-being than did the Americans.

UNDERSTANDING VARIATIONS IN WELL-BEING

Many nationally representative surveys have employed broad sociodemographic factors, such as income, education, age, and marital and parental status, to explain variations in subjective well-being. In combination, these broad factors rarely account for even 10% of the variance in reports of happiness or life satisfaction. From our perspective, understanding who does and does not possess a high profile of well-being requires closer examination of the actual substance of people's lives, that is, their life experiences.

In a series of studies, we have investigated life experiences, and indi-

viduals' interpretations of these experiences, as key influences on psychological well-being.[10] The experiences range from having and raising children, to growing up with an alcoholic parent, to experiencing educational and occupational achievements in midlife, to having health problems and relocation experiences in later life. These experiences vary by their location in the life course, by the nature of the challenge or task posed, and by their typicality (Is the experience shared by many or few? Is it expected or unexpected?).

Our formulation of how experiences are interpreted draws extensively on social psychological theory. For example, we are interested in how people make sense of their life experiences by comparing themselves with others (social comparison processes), by evaluating the feedback they perceive from significant others (reflected appraisals), by trying to understand the causes of their experiences (attributional processes), and by attaching relative importance to such experiences (psychological centrality). Specific hypotheses regarding the influence of these interpretive processes on well-being are detailed in our individual studies.

Collectively, these studies demonstrate that life experiences and how they are interpreted provide useful avenues for understanding human variations in well-being. The research on midlife parenting shows, for example, that considerable variance (20%–29%) in adults' environmental mastery, purpose in life, self-acceptance, and depression is accounted for by parents' perceptions of how their grown children have "turned out" and how these children compare with the parents themselves. In later life, the physical health problems of aging women, combined with their assessments of how they compare with other older women, explain substantial variation (16%–27%) of reports of per-

sonal growth, positive relations with others, autonomy, depression, and anxiety. An important finding is that older women who are in poor physical health but compare themselves favorably with other women have psychological well-being comparable to that of women in good physical health.

Ongoing longitudinal studies, of differing patterns of educational and occupational achievements in midlife (via the Wisconsin Longitudinal Study), and of the experience of community relocation in later life, will contribute new findings that clarify the directional relationships between life experiences, their interpretation, and psychological well-being.

WELL-BEING: A SCIENTIFIC LUXURY?

To be well psychologically is more than to be free of distress or other mental problems. It is to possess positive self-regard, mastery, autonomy, positive relationships with other people, a sense of purposefulness and meaning in life, and feelings of continued growth and development. Scientific study of these aspects of human wellness may be seen as fanciful frosting on the cake, a luxury agenda likely to be about elite samples of privileged lives. Paradoxically, one of the most important reasons to study the positive end of the mental health spectrum is to identify what is missing in people's lives. That is, in between people who are suffering from major psychological disorders (the category receiving the greatest research attention) and those who possess psychological well-being is perhaps a significant and neglected category of people: individuals who are not troubled by psychological dysfunction, but who, nonetheless, lack many of the positive psychological goods in life. The absence of the

good provides thus another telling characterization of the human condition, one notably missing in scientific discourse on mental health.

Notes

1. For reviews, see C.D. Ryff, Beyond Ponce de Leon and life satisfaction: New directions in quest of successful aging, *International Journal of Behavioral Development, 12,* 35–55 (1989); C.D. Ryff and M.J. Essex, Psychological well-being in adulthood and old age: Descriptive markers and explanatory processes, in *Annual Review of Gerontology and Geriatrics,* Vol. 11, K.W. Schaie and M.P. Lawton, Eds. (Springer, New York, 1992).

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Perceiving Talking Faces

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No one doubts the importance of the face in social interactions, but people seldom think of it as playing much of a role in verbal communication. A number of observations suggest otherwise, though: Many people dislike talking over the telephone and are irritated by poorly dubbed foreign films. Some people even comment that they hear the television better with their glasses on. Children born blind learn some speech distinctions more slowly than their sighted cohorts. It has been well known for some time that the deaf and hearing impaired can make valuable use of lipreading, which is better termed speechreading, but more recently investigators have shown that even people with normal hearing are greatly influenced by the visible speech in face-to-face communication. Our research is aimed at understanding how people perceive speech by both ear and eye.

PERCEIVING SPOKEN LANGUAGE

Although people take understanding speech for granted, it is an amazing accomplishment. No computer has been programmed to understand speech as well as a 3-year-old child. One reason people are such experts is their ability to use many different cues to disambiguate a message. Some stimulus cues are contained in the speech signal, and others are present in the situational and linguistic context. An example of an auditory cue is the /s/ in *sin;* this sound has a particular noise quality that differs from that of the /š/ in *shin.* Contextual cues from the word and sentence can also be important. For example, if the /s/ segment in *legislature* is replaced by a musical tone, a listener may still perceive the word as intact. Even less of the word is necessary for recognition when it is spoken in a sentence, such as "The governor gave an address to the state _____."

In face-to-face communication, there are also important cues available from the face, lips, and tongue of the speaker. Of course, hearing-impaired persons benefit greatly from visible speech, but even individuals with normal hearing are influenced by these visible cues. If you make an auditory tape of the nonsense sentence "My bab pop me poo brive," and dub it onto a videotape of someone saying, "My gag kok me koo grive," a viewer will be likely to hear, "My dad taught me to drive." In this example, first created by Harry McGurk,[1] the nonsense from each of the two modalities was selected to approximate the meaningful sentence. Auditory "brive" provides strong support for "brive" but also some support for "drive." Similarly, visual "grive" provides support for both "grive" and "drive," and very little support for "brive." In this case, "drive" is the best interpretation because it has substantial support from both the auditory and the visual sources of information. A similar analysis can be given for the other segments that have conflicting auditory and visual information. The perceiver naturally combines the auditory and visual sentences into something meaningful because the auditory and visual inputs are both reasonably consistent with the meaningful sentence.

Although this example involves the interpretation of a sentence, the research we present addresses more directly the perception of a single speech segment without meaning. Our research is carried out in the framework of a fuzzy logical model of perception (FLMP).[2] The central assumption of this approach is that perceiving speech is fundamentally a pattern recognition problem.

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