Still Happy After All These Years: Research Frontiers on Subjective Well-being in Later Life

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Objectives. Understanding the factors that promote quality of life in old age has been a staple of social gerontology since its inception and remains a significant theme in aging research. The purpose of this article was to review the state of the science with regard to subjective well-being (SWB) in later life and to identify promising directions for future research.

Methods. This article is based on a review of literature on SWB in aging, sociological, and psychological journals. Although the materials reviewed date back to the early 1960s, the emphasis is on publications in the past decade.

Results. Research to date paints an effective portrait of the epidemiology of SWB in late life and the factors associated with it. Although the research base is large, causal inferences about the determinants of SWB remain problematic. Two recent contributions to the research base are highlighted as emerging issues: studies of secular trends in SWB and cross-national studies.

Discussion. The review ends with discussion of priority issues for future research.

Key Words: Demography—Mental health—Social psychology—Subjective Well-Being.

SOCIAL scientists and the larger public remain persistently interested in quality of life in old age and the mechanisms that account for it. Pioneering studies in social gerontology focused on well-being (e.g., Cumming & Henry, 1961; Maddox, 1963). Well-being remains the focus of a significant proportion of sociological and psychological studies of aging. The purpose of this article was to review the state of the science with regard to subjective well-being (SWB) in later life. The article is organized in two major sections: The first section addresses fundamental issues concerning well-being in later life—conceptual and definitional issues, the social epidemiology of SWB in later life, and the determinants and consequences of SWB. The second section describes recent advances and priorities for future research in the study of SWB in later life.

SWB: The State of the Science

This article is based on a comprehensive review of social science literature on perceptions of well-being. It builds on a previous review on the topic (George, 2006). I searched for publications since 2005 using the Social Sciences Citation Index, Medline, and PubMed. The following key words were used in the searches: SWB, psychological well-being, life satisfaction, happiness, and positive affect. Because of space limitations, only a fraction of the publications identified are included here.

Conceptual and Definitional Issues

Researchers use the term well-being liberally and imprecisely. Some scholars use it to denote health or freedom from disability; others use it to refer to perceptions of life quality. Some instruments (e.g., the Short Form-36 [Ware & Sherbourne, 1992], the Older Americans Resources and Services Methodology [George & Fillenbaum, 1985]) measure objective and subjective dimensions of well-being. Well-being in that broad sense is not the topic here. Instead, I focus on SWB.

The terms SWB, happiness, psychological well-being, positive affect, and morale are often used interchangeably. Although all of them refer to a positive orientation toward life, there are conceptual differences among them. The key factor hypothesized to distinguish among them is stability (George, 2006). Life satisfaction and morale are conceptualized as relatively stable orientations toward life that, though evaluative, are not affected by transient moods. Happiness is viewed as less stable and less cognitive than life satisfaction. And positive affect is expected to be the least stable, changing rapidly and frequently in response to stimuli in the immediate environment.

Campbell, Converse, and Rodgers (1976) reported that age patterns of life satisfaction and happiness differ somewhat. Based on data from a representative national sample, they compared young, middle-aged, and older adults. Older adults were the most satisfied with their lives, middle-aged adults were the least satisfied, and young adults were intermediate. With regard to happiness, however, young adults were happiest, the middle-aged were least happy, and older adults were intermediate.

Despite these early findings, it now is clear that these specific indicators of SWB are more alike than different and that they basically measure the same thing: individuals’...
subjective perceptions that life as a whole is good. Three types of evidence support this conclusion. First, in recent studies based on nationally representative samples, older adults are both more satisfied and happier than young and middle-aged adults (e.g., Blanchflower & Oswald, 2008; Yang, 2008b). Second, researchers who have subjected measures of life satisfaction, happiness, and positive affect to confirmatory factor analysis often find that all the items load on a single dimension (e.g., Slocum-Gori, Zumbo, Michalos, & Diener, 2009). And those who find that the items form statistically distinct constructs also report a single second-order factor that subsumes all the items (e.g., Zhang, Yang, & Wang, 2009). Third, these three constructs are highly intercorrelated (e.g., Chamberlain, 1988). I will use the umbrella term “SWB” as shorthand for all these concepts, but when describing results from specific studies, I will report the actual construct measured.

SWB is measured with three primary types of instruments. Most commonly used are “single-item measures” of life satisfaction and happiness. A second approach is “multi-item scales,” such as the Philadelphia Geriatric Center (PGC) Morale Scale (Lawton, 1975). A final strategy is “multidimensional scales.” Among the best known are Ryff’s Psychological Well-Being Index (PWI; Ryff & Keyes, 1995) and Diener’s Satisfaction with Life Scale (SWLS; e.g., Slocum-Gori et al., 2009).

Single-item measures are usually psychometrically inferior to multi-item (and, therefore, multidimensional) scales because of lower validity and reliability. That does not seem to be true, however, for single-item measures of SWB (Diener, Suh, Lucas, & Smith, 1999). Single-item measures are especially likely to be used in social surveys because they are short and in cross-national comparisons because happiness and life satisfaction translate well across cultures, but some of the items in multi-item scales do not.

Both multi-item scales and multidimensional scales typically are designed to yield scores for both specific subscales and the instrument as a whole. Unfortunately, psychometric tests typically fail to support the reliability of the subscales or dimensions. Investigators have been unable to validate the structure of the PGC Morale Scale (McCulloch, 1991), the SWLS (Slocum-Gori et al., 2009), and the PWI (e.g., Springer & Hauser, 2006), although the first two have good internal consistency reliability when scored unidimensionally.

Multidimensional scales raise an additional issue. Their potential advantage is that they provide a more nuanced understanding of SWB. Their disadvantage is the danger that the correlates, determinants, or consequences of SWB may be confounded with SWB itself. For example, one dimension of the PWI is positive relations with others. Many, including this author, view social relationships as a determinant of SWB rather than a component of it. Consequently, the literature reviewed here is restricted to studies that use single-item measures or multi-item scales that yield summary scores.

A recent addition to SWB measures is “happy life expectancy” (HLE). HLE is an analog to the more widely used concepts of life expectancy (LE) and active life expectancy (ALE) or disability-free life expectancy. Unlike the kinds of measures described previously, HLE is not an individual measure; instead, it is an aggregate statistic based on the experience of specific cohorts. Specifically, HLE is the number of years that members of a particular cohort can expect to live in a state of satisfaction or happiness. HLE was introduced by Veenhoven (1996) as a method of comparing quality of life across societies. HLE also can be used to monitor changes within a society or it can be compared with ALE as another estimate of quality of life.

**Theoretical Orientations**

SWB is often—and appropriately—viewed as an atheoretical research topic. Although most studies of SWB do not include theoretical justifications or interpretations of their findings, five theoretical orientations have been used in some SWB research.

**Discrepancy theories.**—According to discrepancy theories, SWB will be highest when the discrepancy between our aspirations and our achievements is small. In contrast, SWB will be lower if our achievements fall significantly below our aspirations. Substantial evidence has supported discrepancy theory for more than three decades. Important for our purposes, older adults, on average, report smaller discrepancies between what they desire and what they have than middle-aged and younger adults (e.g., Campbell et al., 1976). To date, the longitudinal data necessary to determine the extent to which older adults achieve their smaller discrepancies via achievement success versus lowering their aspirations over time is not known.

Most previous research examined global assessments of aspirations and achievements. More recently, Cheng (2004) measured aspiration–achievement discrepancies in three specific areas—material resources, social relationships, and health—in groups of older, middle-aged, and younger adults. Older adults had significantly smaller discrepancies in material resources and social relationships than the younger age groups but larger health discrepancies. Nonetheless, the older adults reported higher levels of SWB than the two younger age groups. Plagnol and Easterlin (2008) examined aspirations about family life and about material resources, the relationships between fulfilled aspirations and happiness, and age differences in both. In early to mid-adulthood, women were more likely than men to report that their aspirations were met and also reported higher levels of happiness. By late life, however, men were more likely to report that their aspirations had been achieved and were happier than women.

**Social comparisons.**—For many of us, our SWB is based in large part on how we perceive we rank relative to others.
Social comparisons research demonstrates that the individuals or groups to whom we compare ourselves are critical to our assessments of our well-being. In essence, we choose the “yardstick” by which we will evaluate our own characteristics and accomplishments and we can use upward or downward social comparisons in self-evaluations. Using “upward social comparisons,” we compare ourselves with individuals or groups who are more advantaged than we are—and the resulting self-evaluations are likely to be negative. Using “downward social comparisons,” we compare ourselves with those more disadvantaged than we are, resulting in positive self-evaluations. Substantial evidence indicates that older adults are more likely than young and middle-aged adults to use downward social comparisons. Gana, Alaphilippe, and Bailly (2004) found that the use of downward social comparisons explained almost all of the higher SWB reported by older adults. Similarly, Beaumont and Kenealy (2004) report that downward social comparisons mediated the effects of multiple objective life conditions (e.g., income, marital status) on SWB.

**Strategic investments of resources.**—Several related theories focus on the link between older adults’ strategies for investing their declining social and psychological resources and SWB. Based on longitudinal data in the Berlin Aging Study, Paul and Margaret Baltes and colleagues observed that a process they termed “selective optimization with compensation” (SOC) allowed older adults to sustain high levels of SWB despite the onset of disease, disability, and social losses (e.g., Baltes & Carstensen, 2003). SOC involves discarding less important investments and optimizing high-priority investments. If a high-priority investment is no longer possible, new (but generally similar) investments are made to compensate for the loss. Carstensen’s (1992) socioemotional selectivity theory is similar to SOC but focuses on social relationships. According to this theory, as resources and energy decline in late life, older adults shed less intimate or rewarding relationships and increase their emotional investments in relationships that are more intimate or rewarding. Both SOC and socioemotional selectivity theory have substantial empirical support.

**The social stratification of SWB.**—Stratification theory emphasizes the social structures and social processes that result in differential allocation of resources and assets to members of that society. From this perspective, SWB is expected to be highest among those individuals who are allocated the most resources. There is a strong assumption that the primary predictors of SWB will be objective life circumstances and that those with the most advantaged circumstances will also have the highest levels of SWB. Three primary bases of social stratification are viewed as dominant in the United States (and in most other societies as well): socioeconomic status (SES), race/ethnicity, and gender. Thus, stratification scholars hypothesize that societal members who have the highest levels of education and income, White adults, and men should have higher levels of SWB, on average, than their less advantaged peers.

**The social indicators perspective.**—Although social indicators research has existed for decades, its growth and prominence has increased greatly over time. Social indicators research focuses on quality of life, in every dimension, and the relationships between societal characteristics and quality of life. Most research in this field is aggregate level rather than individual level. For example, whereas individual-level studies of SWB might focus on the effects of household income, marital status, and gender on perceived quality of life, a typical social indicators study would focus on gross domestic product (GDP) per capita, rates of marriage, and women’s political rights on average levels of SWB. Two major foci of social indicators research are monitoring change in quality of life over time and cross-national research, both of which permit examination of the effects of macro-level social structures and processes on quality of life.

**The Epidemiology of SWB**

In this section, I briefly review the distribution of SWB, focusing on the relationships between SWB and age, gender, and race. Unlike many other presumed “determinants” of SWB, temporal order is clear-cut for these variables. Survey data based on representative samples of U.S. adults have been available since the early 1970s. Since 1972, 80%–85% of American adults have rated their lives as somewhat or very satisfying or, alternatively, state that they are pretty or very happy (e.g., Barger, Donoho, & Waymient, 2009; Campbell et al., 1976; Diener et al., 1999).

A consistent finding, based on data spanning 35 years, is that the proportions of Americans who report high levels of SWB increases substantially with age. Using repeated cross-sectional surveys from 1972 to 2004, Yang (2008b) found that older adults consistently reported higher levels of happiness than young and middle-aged adults. An important contribution of the study by Yang (2008b) is that age effects were estimated with the effects of period and cohort statistically controlled. Pinquart and Sorensen (2000) also report a strong pattern of increasing SWB with age based on a meta-analysis of 286 studies.

Strong racial/ethnic differences in SWB also are observed consistently. Most studies compare Black and White adults. Black individuals are significantly less likely to report high SWB than White persons. Hughes and Thomas (1998) and Yang (2008b) report substantial gaps between White and Black adults that persist over time (1972–1996 and 1972–2004, respectively). Hughes and Thomas report no narrowing of the gap with age. Yang (2008b), however, observed decreasing disparities in SWB at older ages. Barger and colleagues (2009) report that both Black adults and Hispanics are less satisfied with their lives than White adults.
Gender disparities in SWB may be somewhat more complex. Both Yang (2008b) and Plagnol and Easterlin (2008), using U.S. survey data, report that gender differences in SWB change with age. Prior to middle age, women are happier, on average, than men. After middle age, however, the pattern reverses and by late life, men are happier than women. A similar interaction between gender and age was reported by Inglehart (2002) based on data from 65 countries. In contrast, based on a meta-analysis of 300 studies, Pinquart and Sorensen (2001) report that women are less happy or satisfied than men at all ages, although the gap widens after middle age.

Observed racial/ethnic and gender differences in SWB are largely compatible with social stratification theory because women and minorities are less advantaged than men and White individuals. The strong and persistent finding that older adults are happier, on average, than young and middle-aged adults, however, is not compatible with stratification theory—or other theoretical perspectives that assume that SWB is based on material and social resources. Social psychological theories, including aspiration theory and social comparisons theory, can better explain older adults’ high levels of SWB despite being less advantaged than younger age groups.

**Determinants of SWB**

More than 50 specific variables have been tested as determinants of SWB. It is not possible to include all those variables in this review. Instead, I will focus on major categories of factors that have received substantial empirical testing. A note about causality also is in order. It is generally assumed in SWB research that factors such as health, income, and being married are determinants of SWB. Most of this research, however, is based on cross-sectional data. Thus, it is usually unclear whether a specific factor is a cause of SWB, a consequence of SWB, or if the relationship is spurious.

**Socioeconomic status.**—For young and middle-aged adults, education and income are the strongest predictors of SWB (e.g., Diener et al., 1999). Their importance for SWB in late life is less clear. In a meta-analysis of 286 studies, Pinquart and Sorensen (2000) found that both education and income were robust predictors of SWB in later life, with income the stronger of the two. Yang (2008b) found that education significantly predicts happiness at most ages but is unrelated to happiness after age 50. Income, however, was a significant predictor, and its potency did not diminish across age groups. Some investigators report that education and income totally or partially mediate the effects of race/ethnicity on SWB (e.g., Barger et al., 2009), and others report that the effects of SES are independent of race (e.g., Hughes & Thomas, 1998).

**Health.**—Health is an important predictor of SWB at all ages and the strongest predictor of SWB during late life (e.g., Kirby, Coleman, & Daley, 2004; Steverink, Westerhof, Bode, & Dittmann-Kohli, 2001; Yang, 2008b). Pinquart and Sorensen (2000) also reach this conclusion in their meta-analysis of 286 studies. It is less clear whether objective or subjective health is responsible for this association. Most studies use self-rated health, although a few use disability instead. Disability is a significant predictor of SWB in late life but is weaker than self-rated health. Self-rated health partially mediates the effects of age, race/ethnicity, and gender on SWB (e.g., Pinquart & Sorensen, 2000; Windle & Woods, 2004; Yang, 2008b).

**Social integration.**—Social integration is a characteristic of both the individual and the environmental context. At the individual level, social integration refers to attachments to the social structure via community roles. At the contextual level, social integration refers to the extent to which residential environments are characterized by bonds among community residents, collective efforts to protect or improve the community, and sustained patterns of community-based interactions. At both levels, higher levels of social integration are expected to promote SWB.

At the individual level, two community roles have received substantial attention in the past decade: religious participation and volunteering. Although many studies have investigated the effects of religious participation and volunteering on health, research that examines SWB as the outcome is rather sparse. Several studies report a significant relationship between attending religious services and higher SWB (e.g., Ellison, Boardman, Williams, & Jackson, 2001; Warr, Butcher, & Robertson, 2004; Yang, 2008b). Other dimensions of religious involvement also may predict higher SWB (e.g., Krause, 2003).

Volunteering also appears to promote SWB (e.g., Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). Other studies suggest that volunteering interacts with other factors in ways that are relevant to SWB in late life. Greenfield and Marks (2004), for example, found that volunteering buffered the negative effects of age-related role losses on SWB. Van Willigen (2000) found that volunteering had stronger positive effects on SWB for older adults than for middle-aged and younger adults.

Unfortunately, I am aware of no studies that examine the effects of social integration at the neighborhood level on SWB during late life. A number of multilevel studies have investigated neighborhood disadvantage on health-related outcomes in late life. But the hypothesis that social integration promotes SWB among older adults remains untested at the contextual level.

**Social relationships and social support.**—A large body of research examines the associations of various types of social relationships and social support with SWB in later life. Most empirical studies examine marital status and marital transitions, relationships with adult children and friends, and social support.
Being married is strongly and significantly related to higher SWB (Mroczek & Spiro, 2005; Yang, 2008b; Diener, Gohm, Suh, & Oishi, 2000 based on a sample of more than 59,000 adults in 45 countries). In a meta-analysis of 300 studies, Pinquart and Sorensen (2001) found that older married adults enjoy higher SWB than their unmarried peers. Several longitudinal studies demonstrate that transitioning out of marriage during later life is associated with decreases in SWB but that it rebounds to approximately pretransition levels within 1–2 years (e.g., Chipperfield & Havens, 2001; Lucas, Clark, Georgellis, & Diener, 2003).

In contrast, interacting with adult children appears to have weak or nonexistent relationships with SWB (e.g., Kohler, Behrman, & Skytthe, 2005; Ward, 2008). Friends, however, are a different matter. Friends are generally more important for SWB in later life than are relationships with children or other relatives (e.g., Pinquart & Sorensen, 2000).

The dimension of social relationships most strongly associated with SWB in later life is perceived social support—the perception that high-quality emotional support and instrumental assistance are available if needed (e.g., Bowling, Banister, Sutton, Evans, & Windsor, 2002; Pinquart & Sorensen, 2000). Perceived social support generally has stronger effects on SWB than marital status, although I would argue that perceived support mediates the relationship between marital status and SWB.

Findings are mixed for objective indicators of social support. Providing support to friends and family promotes SWB (e.g., Piferi & Lawler, 2006; Thomas, 2010). An exception is caregiving, which is associated with declines in SWB (Pinquart & Sorensen, 2003). The effect of receiving support from significant others is unclear. Some studies report that receiving assistance increases SWB (e.g., Matt & Dean, 1993); others report that it decreases SWB (e.g., Silverstein, Chen, & Heller, 1996).

Psychosocial resources.—Several psychosocial variables have been hypothesized to mediate the effects of life conditions on SWB and to directly affect SWB. The strongest evidence is for sense of control and the related construct of mastery. The direct effects hypothesis posits that believing that one is in control of the outcomes in one’s life (i.e., a sense of internal control) will predict higher SWB. The mediating hypothesis is that better objective life conditions will enhance a sense of being in control, which, in turn, will increase SWB. Substantial empirical evidence supports these hypotheses for older adults (e.g., Bisconti & Bergeman, 1999; Kunzmann, Little, & Smith, 2002; Windle & Woods, 2004). In a recent study, Verme (2009) tested a multivariate model predicting happiness using data from 267,870 individuals from 84 countries. He found that a combination of internal control and perceived choice in making life decisions was the strongest single predictor of happiness—that is, stronger than health, employment status, income, and marital status.

Most of the determinants or, more accurately, correlates of SWB are compatible with social stratification theory. That is, material and social advantages (e.g., income, health, high-quality relationships) promote SWB. Although stratification theory “works” in broad brush, it cannot explain the more complex ways in which the determinants of SWB differ across age groups—for example, the reduced importance of income in late life and the greater importance of friends than adult children to SWB among older adults. The strategic investments perspective can explain some of these age-related findings, such as the fact that shrinking social networks may be the result of older adults’ decisions about which relationships to sustain and which to let go rather than a threat to well-being. Aspiration and social comparisons theories explain other age patterns. For example, the fact that income is a weaker predictor of SWB for older than middle-aged and young adults suggests that older adults have more modest income aspirations.

Consequences of SWB

The vast majority of research on SWB examines the presumed determinants of SWB—that is, SWB is the dependent variable. A much smaller body of research, mostly based on non-U.S. samples, examines the consequences of SWB. These studies are longitudinal and investigate the effects of SWB on health outcomes, with other known predictors of late life health statistically controlled.

Two studies examined SWB as a predictor of mortality. Lyrya, Tormakangus, Read, and Rantanen (2006) examined the effect of SWB on all-cause mortality in a Finnish sample. Participants who were dissatisfied with their lives at baseline were almost twice as likely to die in the next 10 years as those who were satisfied. Data from the Berlin Aging Study suggest a similar reduction in mortality over 3–5 years among those with high levels of life satisfaction at baseline (Maier & Smith, 1999).

Collins, Goldman, and Rodriguez (2008) examined the effects of life satisfaction on the onset of disability over 8 years in later life. High levels of life satisfaction at baseline significantly reduced the odds of experiencing the onset of disability. In a U.S. study of older Mexican Americans, Ostir, Markides, Black, and Goodwin (2000) estimated the effects of SWB on both death and disability onset over a 2-year period. Again, respondents who reported high levels of SWB at baseline were only half as likely to die or experience disability onset.

Although the research base is small, the findings are strong and consistent: net of other risk factors, high SWB substantially lowers the odds of mortality and disability onset. Findings in the previous section highlighted the effects of health on SWB; these findings indicate that SWB is also a selection factor for poor health in later life.

The Emergence of Aggregate Studies of SWB

In almost all studies of SWB, the individual is the unit of analysis. During the past 10–15 years, however, the number
and quality of studies in which aggregates are the unit of analysis has increased greatly, producing intriguing findings about the social foundations of SWB. Some of these studies examine secular trends in SWB within societies. Most are cross-national studies in which country is the unit of analysis. Both research fields rest on the social indicators perspective.

Secular Trends in SWB Within Specific Societies

Happy life expectancy.—Recall that HLE is the number of years that members of a given cohort can expect to live in a state of satisfaction or happiness. HLE also can be compared with ALE (i.e., the number of disability-free years members of a cohort can expect to live) and total LE. Thus, cohort is the unit of analysis in HLE studies. Studies of HLE within societies are recent additions to the literature on SWB.

Yang (2008a) examined trends in HLE in the United States between 1970 and 2000. LE increased during this 30-year interval. HLE also increased over time in both absolute (number of years) and relative (proportion of life) terms. Black–White discrepancies in HLE were substantial in 1970; although they declined over time, in 2000, Black adults continued to enjoy fewer happy years of life (in both absolute and relative terms) than White adults. The relationship between gender and HLE is more complex. In absolute terms and in all years, women’s LE, ALE, and HLE exceeded men’s. But the opposite is true in relative terms for HLE: As a proportion of total years lived, men’s HLE was greater than women’s. Perenboom, van Herten, Boshuizen, and van den Bos (2004) examined HLE in The Netherlands between 1989 and 1998. Similar to what Yang (2008a) observed in the United States, HLE increased in both absolute and relative terms.

Arguably, Yang’s (2008a) most important finding was that at all times of measurement, and for both genders and races, HLE exceeded ALE. Consequently, given that SWB is a meaningful indicator of life quality, disability does not always signal poor life quality. I would also argue that HLE is a better indicator of whether increased longevity has been accompanied by concomitant increases in length of life quality than is ALE.

The wealth–happiness paradox.—The wealth–happiness paradox refers to the fact that as the wealth of countries increases (usually measured as GDP per capita), there comes a time when additional increases in wealth do not result in higher levels of happiness (Easterlin, 2001). Several authors challenge the validity of the paradox, contending that GDP per capita is not a useful measure of trends in wealth. Fischer (2008) finds that using measures of household income, male income, and average wages eliminates the paradox. Average levels of happiness have declined modestly during the past two decades but so have the real value of wages and income. Schnitker (2008), using trend data from 1972 to 2004, also finds that average levels of happiness declined modestly over time in the United States. In his analysis, trends in the proportion of married adults and average marital quality (both of which declined over time) eliminated the paradox. Indeed, when these variables were controlled, income was strongly and positively related to happiness.

Unfortunately, I am aware of no studies of the wealth–happiness paradox (or lack thereof) among older adults or that test for age interactions. This is a high priority for future research.

Going Global: Cross-National Studies of SWB

Studies based on age-heterogeneous samples.—Unfortunately, for our purposes, few cross-national studies of SWB focus on older adults or test for age interactions in age-heterogeneous samples. Nonetheless, this research provides strong evidence that cross-national studies are a fruitful strategy for better understanding the effects of macrostructural factors on SWB.

The concept of HLE first emerged in cross-national research. In his initial study, based on data from 48 countries, Veenhoven (1996) found that HLE was highest in Northwest Europe and lowest in Africa. The United States ranked in the top half of the distribution but at a considerable distance from Britain, Germany, Austria, and Scandinavia. Veenhoven (1996) identified four significant predictors of HLE across these 48 countries: affluence (GDP per capita), average levels of education, democratic political systems, and social tolerance. Veenhoven (2009) recently replicated his earlier study using data collected in 2000–2002 from 92 nations. In this study, GDP per capita, extensiveness of public institutions, national productivity, and the stability of the political system were significant predictors of HLE.

Although they did not use HLE as their outcome, Diener, Diener, and Diener (1995) examined the relationships between structural factors and SWB using data from 55 countries. Similar to Veenhoven (1996, 2009), they found that population affluence, individualism, and human rights protections predicted higher national SWB averages.

The wealth–happiness paradox also has been studied cross-nationally. Stevenson and Wolfers (2008) tested for the presence of the paradox using multiple data sets from multiple countries. In cross-sectional analyses, they observed a strong, positive, and linear relationship between GDP per capita and societal-level happiness. This relationship was as true for more affluent countries as for developing countries. Longitudinal analyses, based on a smaller number of countries, showed that as GDP per capita rises, so do average levels of happiness. Income may be more strongly related to happiness across countries than within them.

Several recent studies used longitudinal data to examine population levels of SWB. Hagerty (2000) examined the
effects of both per capita income and income inequality (i.e., the difference in income between the richest and poorest members of society) on SWB. He used data from eight countries spanning 25 years. GDP was the strongest predictor of increasing SWB over time, but income inequality also was significant—the greater the income inequality, the lower the average SWB. Using a larger sample of 21 countries, but only two times of measurement 2 years apart, Hagerty and Veenhoven (2003) also found that rising GDP was the strongest predictor of increases in SWB. Inglehart, Foa, Peterson, and Weizel (2008) examined trends in happiness for 52 countries between 1981 and 2007. Average levels of happiness increased in 45 of the 52 countries. Significant predictors of increasing happiness were increasing economic development, democratization, and increasing social tolerance.

Although rare, some comparative studies focus on SWB of older adults. Inglehart (2002) examined the joint effects of gender and age on SWB using data from 65 countries. His results indicated that gender is related to SWB but that the pattern is not clear unless the interaction between gender and age is estimated. Specifically, prior to age 45, women report higher SWB than men. At age 45 and older, however, men report higher SWB and this gap widens at older ages.

Westerhof and Barrett (2005) compared the relationship between age identity—defined as the extent to which one feels younger than one’s chronological age—and SWB in Germany and the United States. In both countries, large proportions of older adults report feeling younger than their chronological ages, which was associated with higher levels of life satisfaction and positive affect. In the United States, but not in Germany, feeling younger than one is also predicted lower levels of negative affect.

Researchers have barely scratched the surface of comparative studies of SWB in later life. A wide variety of research questions that require cross-national data have not been investigated. Examples include comparisons of the SWB of older adults in individualistic versus collectivist cultures, societies with varying age structures and societies that are politically stable versus unstable. Although a number of comparative studies include data from less developed nations, most do not—and for those that do, the proportion of respondents from less developed countries is often quite small. Population aging is occurring faster in less developed than in more developed nations, making inclusion of data from an adequate number of less developed countries even more critical.

Final Thoughts and Future Priorities

Although the study of SWB in late life has a long and productive history, important work remains to be done. Research is needed at three levels of analysis: individual, aggregate, and contextual or multilevel.

Individual-level research needs.—Although most research on SWB to date—especially SWB in late life—has employed individual-level research designs, important questions remain unaddressed or inadequately tested. The vast majority of research on SWB at the individual level is based on cross-sectional data. With the exception of basic demographic variables, for which temporal order is clear, longitudinal studies are needed to verify that the presumptive determinants of SWB in late life meet the criteria for social causation inferences.

Additional research is needed to identify the consequences of SWB—that is, SWB as independent variable. As noted previously, research already has shown that SWB is a significant predictor or mortality and disability onset. An especially appealing topic for future investigation is whether SWB also prospectively predicts social integration and social support. Are older adults who are satisfied with their lives more likely to take on or continue in community roles? Are they better able to establish or sustain high-quality social relationships? Does their positive orientation toward life “spill over” such that it predisposes them to higher levels of perceived social support? It is likely that complex patterns of social causation and social selection underlie SWB and its correlates, but this needs to be established empirically.

Particularly lacking are studies that track trajectories of SWB over the life course. Trajectory analysis has been profitably used to study depressive symptoms and disability across long periods of time, but this powerful analytic strategy has not been applied to life course patterns of SWB. True life course studies, as opposed to cross-sectional and short-term longitudinal studies, of SWB simply do not exist. There are undoubtedly multiple pathways to high levels of SWB in later life. Knowledge of those pathways would be invaluable for understanding why high SWB is so common in later life despite age-related losses in material and social resources. Comparisons of life course patterns of SWB across cohorts also could be used to highlight the effects of historical conditions on pathways of well-being.

Aggregate-level research needs.—I believe that the most intriguing research on SWB in the past decade has employed aggregate-level data to examine either secular trends in SWB or cross-national comparisons of SWB. As exciting as this research has been, almost none of it has examined SWB in older adults in particular or estimated age interactions, which highlight potential differences across age groups. The most exciting contribution of cross-national research is the ability to examine the effects of macro-level factors on SWB. Several researchers have demonstrated that societal levels of SWB are related to macro-level factors such as societal affluence, systems of government and the stability of political regimes, welfare institutions, and human rights protections. We do not know, however, whether these factors are as important to the well-being of older adults as they are to younger age groups. High-quality data sources such as the World Values Survey are now freely
available to researchers. Aggregate-level studies of the factors that promote SWB during late life constitute a “wide open” field that I urge gerontological investigators to pursue.

Multilevel research needs.—Multilevel models permit investigators to simultaneously examine the effects of individual-level characteristics and contextual or environmental factors on outcomes of interest. Although multilevel models are relatively new in the social sciences, they have increased in volume substantially over the past decade. Conceptually, these models are extremely attractive, permitting researchers to determine, for example, whether neighborhood socioeconomic characteristics contribute to an individual-level outcome over and above personal SES. Despite the growing popularity of multilevel models, very few analyses focus specifically on older adults—and none examine SWB in later life.

Fowler and Christakis (2008) used network analysis to examine the “diffusion” of happiness over 20 years, using longitudinal data from the Framingham study. They found that social networks tend to comprise happy or unhappy people but not both. Moreover, individuals whose networks comprised happy people were likely to become happy (or happier) over time; the reverse was true for persons whose networks consisted of unhappy people. This was not a multilevel study, but it demonstrates the potential importance of social structural phenomena for understanding SWB in later life. At the neighborhood level, multilevel models could be used to identify the profile of environmental characteristics associated with high rates of SWB.

Other priority issues are as much theoretical as empirical. Should scientists and policy makers use SWB as an indicator of the well-being of a society, as well as of individuals? How seriously should we take the notion that effective societies not only keep their members safe but also promote their happiness? As scientists and citizens, should we promote democratic political structures, social tolerance, and high levels of public entitlements because they promote a sense of well-being?

I often get the sense that SWB is taken less seriously than it was in the early days of social gerontology, although not in the social sciences more broadly. The medicalization of aging seems to have led to an emphasis on survival and the proportion of society’s economic resources that is spent on the older population. If we are to do justice to the older adults who we study and whose interests we promote, however, attention also must be paid to how those older adults feel about their lives and the strategies they use to sustain a sense of well-being.

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References
SUBJECTIVE WELL-BEING IN LATER LIFE


