Satisfaction with Life Scale

Reference:


Description of Measure:

A 5-item scale designed to measure global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect).

Participants indicate how much they agree or disagree with each of the 5 items using a 7-point scale that ranges from 7 strongly agree to 1 strongly disagree.

Abstracts of Selected Related Articles:


The structure of subjective well-being has been conceptualized as consisting of two major components: the emotional or affective component and the judgmental or cognitive component (Diener, 1984; Veenhoven, 1984). The judgmental component has also been conceptualized as life satisfaction (Andrews & Withey, 1976). Although the affective component of subjective well-being has received considerable attention from researchers, the judgmental component has been relatively neglected. The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was developed as a measure of the judgmental component of subjective well-being (SWB). Two studies designed to validate further the SWLS are reported. Peer reports, a memory measure, and clinical ratings are used as external criteria for validation. Evidence for the reliability and predictive validity of the SWLS is presented, and its performance is compared to other related scales. The SWLS is shown to be a valid and reliable measure of life satisfaction, suited for use with a wide range of age groups and applications, which makes possible the savings of interview time and resources compared to many measures of life satisfaction. In addition, the high convergence of self- and peer-reported measures of subjective well-being and life satisfaction provide strong evidence that subjective well-being is a relatively global and stable phenomenon, not simply a momentary judgment based on fleeting influences.


The Satisfaction With Life Scale (SWLS) was developed to assess satisfaction with the respondent’s life as a whole. The scale does not assess satisfaction with life domains such as health or finances but allows subjects to integrate and weight these domains in whatever way they choose. Normative data are presented for the scale,
which shows good convergent validity with other scales and with other types of assessments of subjective well-being. Life satisfaction as assessed by the SWLS shows a degree of temporal stability (e.g., .54 for 4 years), yet the SWLS has shown sufficient sensitivity to be potentially valuable to detect change in life satisfaction during the course of clinical intervention. Further, the scale shows discriminant validity from emotional well-being measures. The SWLS is recommended as a complement to scales that focus on psychopathology or emotional well-being because it assesses an individuals' conscious evaluative judgment of his or her life by using the person's own criteria.


Although it appears that income and subjective well-being correlate in within-country studies (Diener, 1984), a debate has focused on whether this relationship is relative (Easterlin, 1974) or absolute (Veenhoven, 1988, 1991). The absolute argument advanced by Veenhoven states that income helps individuals meet certain universal needs and therefore that income, at least at lower levels, is a cause of subjective well-being. The relativity argument is based on the idea that the impact of income or other resources depends on changeable standards such as those derived from expectancies, habituation levels, and social comparisons. Two studies which empirically examine these positions are presented: one based on 18,032 college studies in 39 countries, and one based on 10 year longitudinal data in a probability sample of 4,942 American adults. Modest but significant correlations were found in the U.S. between income and well-being, but the cross-country correlations were larger. No evidence for the influence of relative standards on income was found: (1) Income change did not produce effects beyond the effect of income level per se, (2) African-Americans and the poorly educated did not derive greater happiness from specific levels of income, (3) Income produced the same levels of happiness in poorer and richer areas of the U.S., and (4) Affluence correlated with subjective well-being both across countries and within the U.S. Income appeared to produce lesser increases in subjective well-being at higher income levels in the U.S., but this pattern was not evident across countries. Conceptual and empirical questions about the universal needs position are noted. Suggestions for further explorations of the relativistic position are offered.
Scale:

Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

Scoring:

Though scoring should be kept continuous (sum up scores on each item), here are some cut-offs to be used as benchmarks.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied
SUBJECTIVE HAPPINESS SCALE (also known as General Happiness Scale)

Reference:

Description of Measure:
A 4-item scale designed to measure subjective happiness. Each of item is completed by choosing one of 7 options that finish a given sentence fragment. The options are different for each of the four questions (see below for actual items).

Abstracts of Selected Related Articles:

Both anecdotal and empirical evidence suggest that characteristically happy and daily situations. This paper reports two questionnaire studies and a laboratory study testing the hypothesis that happy people perceive, interpret, and think about the same events in more positive ways than do unhappy ones. The results of Study 1 showed that students nominated by their peers as "very happy" reported experiencing similar types of both positive and negative life events, as did peer-nominated "unhappy" students. However, self-rated happy students tended to think about both types of events more favorably and adaptively—e.g., by seeing humor in adversity and emphasizing recent improvement in their lives. This pattern of results was conceptually replicated in Study 2 using hypothetical events. In Study 3, self-rated happy students interacted with a female confederate in the laboratory, then watched a series of videotapes depicting a fellow (but unfamiliar) student in three different situations. Happy individuals liked the person they met, and recalled her in more favorable terms, more than did unhappy ones. The same pattern of results, albeit weaker, was found for liking of the videotaped target. Implications of our findings for the question of how happiness (or unhappiness) is maintained are discussed.


Positive psychology has flourished in the last 5 years. The authors review recent developments in the field, including books, meetings, courses, and conferences. They also discuss the newly created classification of character strengths and virtues, a positive complement to the various editions of the Diagnostic and Statistical Manual of Mental Disorders (e.g., American Psychiatric Association, 1994), and present some cross-cultural findings that suggest a surprising ubiquity of strengths and virtues. Finally, the authors focus on psychological interventions that increase individual happiness. In a 6-group, random-assignment, placebo controlled Internet
study, the authors tested 5 purported happiness interventions and 1 plausible control exercise. They found that 3 of the interventions lastingly increased happiness and decreased depressive symptoms. Positive interventions can supplement traditional interventions that relieve suffering and may someday be the practical legacy of positive psychology.


Can people feel worse off as the options they face increase? The present studies suggest that some people—maximizers—can. Study 1 reported a Maximization Scale, which measures individual differences in desire to maximize. Seven samples revealed negative correlations between maximization and happiness, optimism, self-esteem, and life satisfaction, and positive correlations between maximization and depression, perfectionism, and regret. Study 2 found maximizers less satisfied than nonmaximizers (satisficers) with consumer decisions, and more likely to engage in social comparison. Study 3 found maximizers more adversely affected by upward social comparison. Study 4 found maximizers more sensitive to regret and less satisfied in an ultimatum bargaining game. The interaction between maximizing and choice is discussed in terms of regret, adaptation, and self-blame.

**Scale:**

*Instructions:* For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:

   not a very happy person 1 2 3 4 5 6 7 a very happy person

2. Compared to most of my peers, I consider myself:

   less happy 1 2 3 4 5 6 7 more happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

   not at all 1 2 3 4 5 6 7 a great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extended does this characterization describe you?

   not at all 1 2 3 4 5 6 7 a great deal

**Scoring:**

Sum the scores for each item together. Keep scores continuous.
BRADBURN SCALE OF PSYCHOLOGIC WELL-BEING (also known as the Affect Balance Scale)

Reference:

Description of Measure:

The scale is made up of two components: the positive affect and the negative affect component. Each component has 5 items. The scale asks participants if, in the past few weeks, they have felt certain emotions. The participant answers “Yes” or “No” to each question. The “No” score is subtracted from the “Yes” score to create a positive/negative affect difference score.

Abstracts of Selected Related Articles:


Certain characteristics of the Bradburn scale of psychologic well-being which have been criticized in recent discussions are re-examined using data from the 1978-1979 national Canada Health Survey. This large data set (N = 17,279) enabled the authors to examine the questions In a representative sample of the noninstitutionalized population. Reference standards are derived showing response frequencies by age and sex. In addition, the validity of the theoretic foundation of the scale is examined. The conclusions suggest that the items measure two dimensions of affect and are applicable In at least two different cultural groups. However, under certain circumstances the affect balance score does not provide the most adequate summary of the data, and the notion of independence between positive and negative affect does not hold for all of the questions. The authors conclude that two of the questions In particular appear weak, but that the design of the scale as a whole shows advantages over alternative Instruments as an Indicator of emotional wellbeing in general population surveys. They advocate that the scale continue to be used until a more adequate set of questions can be developed.


Reigning measures of psychological well-being have little theoretical grounding, despite an extensive literature on the contours of positive functioning. Aspects of well-being derived from this literature (i.e., self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth) were operationalized. Three hundred and twenty-one men and women, divided among young, middle-aged, and older adults, rated themselves on these measures along with six instruments prominent in earlier studies (i.e., affect balance, life
satisfaction, self-esteem, morale, locus of control, depression). Results revealed that positive relations with others, autonomy, purpose in life, and personal growth were not strongly tied to prior assessment indexes, thereby supporting the claim that key aspects of positive functioning have not been represented in the empirical arena. Furthermore, age profiles revealed a more differentiated pattern of well-being than is evident in prior research.


Providing care to a spouse or partner who is dying and then losing that person are among the most stressful of human experiences. A longitudinal study of the caregiving partners of men with AIDS showed that in addition to intense negative psychological states, these men also experienced positive psychological states throughout caregiving and bereavement. The co-occurrence of positive and negative psychological states in the midst of enduring and profoundly stressful circumstances has important implications for our understanding of the coping process. Coping theory has traditionally focused on the management of distress. This article describes coping processes that are associated with positive psychological states in the context of intense distress and discusses the theoretical implications of positive psychological states in the coping process.
Scale:

*Participants answer “Yes” or “No” to the following:*

**Positive affect questions:**

During the past few weeks (did you feel)...

- Did you feel particularly excited or interested in something?
- Proud because someone complimented you on something you had done?
- Pleased about having accomplished something?
- On top of the world?
- That things were going your way?

**Negative affect questions:**

During the past few weeks (did you feel)...

- Did you feel so restless that you couldn't sit long in a chair?
- Very lonely or remote from other people?
- Bored?
- Depressed or very unhappy?
- Upset because someone criticized you?

**Scoring:**

For positive affect, participants receive 1 point for every “Yes” they say. For negative affect, participants receive 1 point for every “Yes” they say. The overall “balance” score is created by subtracting the negative affect score from the positive affect score.