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Hedonic versus Eudaimonic Conceptions of Well-being: Evidence of Differential Associations
with Self-reported Well-being

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Abstract

Conceptions of well-being are cognitive representations of the nature and experience of well-being. These conceptions can be described generally by the degree to which hedonic and eudaimonic dimensions are emphasized as important aspects of the experience of well-being. In two studies, the prediction that eudaimonic dimensions of individual conceptions of well-being are more robustly associated with self-reported well-being than hedonic dimensions was investigated. Correlational analyses indicated that both hedonic and eudaimonic dimensions were associated with well-being, with more robust associations observed between the eudaimonic dimension and each measure of well-being. In several regression analyses, only the eudaimonic dimension significantly predicted well-being, with the hedonic dimension failing to account for unique variance in well-being beyond that predicted by the eudaimonic dimension. Results thus generally suggest that conceptualizing well-being in eudaimonic terms may be relatively more important for positive psychological functioning.

Keywords: well-being; lay conceptions; hedonism; eudaimonia; pleasure; happiness

Hedonic versus Eudaimonic Conceptions of Well-being: Evidence of Differential Associations with Self-reported Well-being

Conceptions of well-being are individuals' cognitive representations of the nature and experience of well-being. Numerous professional thinkers from a broad range of disciplines have theorized about the nature of well-being and "the good life", providing explicit conceptualizations of the experience of well-being. Contemporary psychological research has also begun to examine how laypersons conceptualize and think about the nature of well-being (e.g., King and Napa 1998; McMahan and Estes 2010; Ng et al. 2003), often focusing on the degree to which individuals define well-being in hedonic (e.g., the experience of pleasure) and eudaimonic (e.g., the experience of meaning) terms. As a fundamental representation of wellness, these conceptions likely exert a pervasive influence on behavior and psychological functioning. In two studies, the above research is extended by investigating the relative effects of both hedonic and eudaimonic dimensions of individual conceptions of well-being on several aspects of experienced well-being.

Formal and Lay Conceptions of Well-being

Well-being refers to optimal functioning and experience (Ryan and Deci 2001). The precise nature of optimal functioning is not necessarily clear, however, and many philosophers and psychologists provide differing conceptions of well-being. Although numerous and sometimes complex, these conceptions tend to revolve around two distinct, but related philosophies: (1) hedonism and (2) eudaimonism. A hedonic view of well-being equates well-being with pleasure and happiness (Kahneman et al. 1999; Ryan and Deci 2001). Alternatively, a eudaimonic view of well-being conceptualizes well-being in terms of the cultivation of personal strengths and contribution to the greater good (Aristotle, trans. 2000), acting in accordance with

one's inner nature and deeply held values (Waterman 1993), the realization of one's true potential (Ryff and Keyes 1995), and the experience of purpose or meaning in life (Ryff 1989). Hedonic and eudaimonic approaches to well-being can be further distinguished by the degree to which they rely on subjective versus objective criteria for determining wellness. To illustrate, determinations of wellness from the hedonic approach center around the experience of pleasure, a subjectively-determined positive affective state. From a eudaimonic perspective, well-being is achieved by meeting objectively-valid needs which are suggested to be rooted in human nature and whose realization is conducive to human growth (Fromm 1947). In short, the hedonic approach focuses on subjectively-determined positive mental states, whereas the eudaimonic approach focuses on experiences that are objectively good for the person (Kagan 1992).

Contemporary research within psychology further indicates that laypeople may also hold conceptions of well-being that are similar to those advocated by professionals (e.g., King and Napa 1998; McMahan and Estes 2010; Ng et al. 2003; Pflug 2009; Tseng 2007). For example, research has found that lay conceptions of well-being incorporate both hedonic and eudaimonic aspects (King and Napa 1998), and individuals differ in the degree to which they conceptualize well-being in hedonic and eudaimonic terms (McMahan and Estes 2010). Additionally, pleasure and meaning are consistently included in individuals' conceptions of well-being, but highly valued items that are theoretically not considered to be definitive of well-being, such as material wealth, are typically not included (King and Napa 1998; Tseng 2007). In general, laypersons' conceptions of well-being seem to mirror the conceptions of well-being provided by philosophers and psychologists, and laypeople seem to similarly differ in terms of the degree to which they advocate a more hedonic or eudaimonic definition of well-being.

Hedonic versus Eudaimonic Approaches to Well-being

The degree to which individuals define well-being in hedonic and eudaimonic terms has large practical implications and likely influences behavior in several domains of functioning, particularly those relevant to the experience of well-being (Ryan and Deci 2001). Implicit in theorizing on hedonic versus eudaimonic approaches to well-being is the assumption that these approaches are differently associated with positive psychological functioning. Specifically, eudaimonic theories maintain that many desired outcomes which are pleasurable may not necessarily be good for the individual and would thus not promote wellness (Ryan and Deci 2001). To illustrate, dining at a fine restaurant and running a marathon may yield experiences of a similar hedonic quality, such as the experience of enjoyment and pleasure. However, running a marathon likely provides more opportunity for personal growth, self-development, and feelings of competency than dining at fine restaurant and would thus likely yield increased well-being. Additionally, eudaimonic approaches to well-being, because they involve activities that are inherently good for the individual, are likely associated with long-term and enduring well-being, whereas the sense of well-being derived from the experience of simple pleasures likely dissipates in the short-term (Steger et al. 2008). In support, research indicates that physical pleasure is associated with life satisfaction in the short-term (i.e., within a day), but not in the long-term (i.e., over several weeks) (Oishi et al. 2001). Further, the positive effects of eudaimonic activity during a single day are associated with subsequent reports of well-being over several days (Steger et al. 2008).

Additional theoretical and empirical research from diverse areas of inquiry, including research on self-determination theory (SDT; see Ryan and Deci 2001), intrinsic versus extrinsic goals (Kasser and Ryan 1993, 1996), the self-concordance of goals (Sheldon and Elliot 1999),

personally-expressive activities (Waterman 2005; Waterman et al. 2008), and psychological well-being (Ryff 1989; Ryff and Singer 1998), have found that behaviors and cognition indicative of a eudaimonic approach are generally associated with positive psychological functioning. Research also indicates that in some cases, behaviors and cognition indicative of a hedonic approach may actually be detrimental to well-being. For example, sensation-seeking has been associated with a number of negative outcomes, including substance use (Carroll and Zuckerman 1977; Zuckerman 1994) and risky behaviors (Zuckerman 2009).

Although a great deal of research has documented the positive effects of eudaimonic activities, less research has examined the relative impact of both hedonic and eudaimonic approaches on well-being. Existing empirical research suggests, however, that eudaimonic approaches may be relatively more important for well-being than hedonic approaches. For example, daily eudaimonic activity was found to be more robustly associated with well-being than behaviors aimed at experiencing pleasure or obtaining material goods (Steger et al. 2008). Similarly, orientation to happiness, a construct measuring the degree to which individuals attempt to achieve happiness through pleasure, meaning, or engagement, has been found to be positively associated with life satisfaction (Peterson et al. 2005). Specifically, orientations to meaning and to engagement, representing eudaimonic approaches to well-being, have been found to be more robustly associated with life satisfaction than an orientation to pleasure in both national (e.g., Peterson et al. 2005) and cross-national studies (Park et al. 2009). Further, lay conceptions of well-being have been found to be associated with multiple self-report indicators of well-being, including satisfaction with life, vitality, positive affect, and meaning in life, with eudaimonic dimensions indicating more numerous and generally stronger associations with well-being than hedonic dimensions (McMahan and Estes 2010).

Overview of the Current Studies

The literature reviewed above provides strong support for assertion that eudaimonic approaches to well-being are positively associated with many aspects of positive psychological functioning. Additionally, empirical research is somewhat equivocal concerning the importance of hedonic approaches to well-being for psychological health, relative to eudaimonic approaches, with existing evidence generally indicating generally weaker, but positive associations with well-being. An important question concerns whether the degree to which individuals think about and conceptualize well-being in hedonic and eudaimonic terms is similarly associated with well-being. Thus, the two current studies examined whether hedonic and eudaimonic dimensions of individual conceptions of well-being are differentially associated with several self-report indices of experienced well-being. Individual conceptions of well-being were assessed by having participants complete the Beliefs about Well-Being Scale (BWBS; McMahan and Estes 2010). This scale measures participants' conceptions of well-being along two hedonic dimensions (Experience of Pleasure, Avoidance of Negative Experience) and two eudaimonic dimensions (Self-development, Contribution) (see Table 1). Well-being was assessed using several self-report indices of well-being, including measures of subjective well-being, vitality, and meaning in life. This was done because well-being is multifaceted (Deci and Ryan 2008; Ryff and Singer 2008) and is not likely to be completely captured by single instruments measuring only one aspect of positive psychological functioning.

With regard to the associations between hedonic and eudaimonic dimensions of individual conceptions of well-being and self-reported well-being, findings were expected to conform to the aforementioned literature on hedonic and eudaimonic approaches to well-being. Specifically, eudaimonic dimensions of individual conceptions of well-being were expected to be

more robustly associated with each measure of well-being than hedonic dimensions. In Study 1, this prediction was examined in a sample of undergraduate students. In Study 2, this prediction was examined in a more diverse sample of non-student adults. The structural validity of the BWBS was also examined in Study 2 to ensure that this measure accurately assesses conceptions of well-being in more diverse samples.

Study 1

Method

Participants. One hundred and fifteen students (83 women) were sampled from the undergraduate population of a medium sized public university. Mean age was 21 years old ($SD = 3.71$). The sample was primarily Caucasian (89%), with 4% identifying as African American, 4% identifying as Hispanic, and 3% were of other ethnicities. All participants received partial course credit for participation.

Materials and Procedure. All participants completed a multi-section questionnaire distributed using an online testing system. Participants could respond to the questionnaire at their own pace and typically took about 20 minutes to complete all sections. Included in the questionnaire was a brief demographics survey, a self-report measure of conceptions of well-being, and several self-report measures of experienced well-being.

Conceptions of well-being were measured using the BWBS (McMahan and Estes 2010), a 16-item instrument that asks participants to rate the degree to which (1) the Experience of Pleasure (e.g., ‘Experiencing euphoria and pleasure’), (2) Avoidance of Negative Experience (e.g., ‘A lack of painful experiences’), (3) Self-development (e.g., ‘The exertion of effort to meet life’s challenges’), and (4) Contribution (e.g., ‘Being a positive influence within the community’) are included in their conception of well-being. Responses are recorded using a 7-point Likert-

type scale (1 = ‘strongly disagree’ through 7 = ‘strongly agree’). A higher-order Hedonic (BWBS-HED) subscale is obtained by averaging the Experience of Pleasure and Avoidance of Negative Experience subscales. A higher-order eudaimonic (BWBS-EUD) subscale is obtained by averaging the Self-development and Contribution subscales. For the current study, the BWBS-HED and BWBS-EUD were the primary predictor variables of interest. This instrument has previously shown evidence of adequate reliability and validity (see McMahan and Estes 2010), and internal consistency of the subscales in the present sample was acceptable for both the BWBS-HED ($\alpha = .75$) and the BWBS-EUD ($\alpha = .87$).

Subjective well-being (SWB) was assessed by focusing on positive affect, negative affect, and life satisfaction (see Diener 1984; Diener 1994). Specifically, we used the Satisfaction with Life Scale (SWLS; Diener et al. 1985) to measure domain-general life satisfaction and the Intensity and Time Affect Scale (ITAS; Diener et al. 1995) to measure positive and negative affect. The SWLS is a 5-item instrument that requires participants to respond on a 7-point Likert-type scale (1 = ‘strongly disagree’ through 7 = ‘strongly agree’), where higher scores reflect greater satisfaction with one’s life (e.g., ‘If I could live my life over, I would change almost nothing’). This measure has consistently displayed strong psychometric properties in multiple studies (see Diener et al. 1999; Lucas et al. 2003), and internal consistency in the present sample was also acceptable ($\alpha = .87$). The ITAS is a 24-item instrument measuring how frequently participants have experienced different positive (e.g., affection, joy) and negative (e.g., fear, anger) emotions. Participants respond on a 7-point Likert-type scale, where higher scores reflect more frequent experiences with the given emotion (1 = ‘never’ through 7 = ‘always’). Internal consistency in the present sample was acceptable for both positive (ITAS-P; $\alpha = .90$) and negative (ITAS-N; $\alpha = .87$) emotion subscales. In line with previous research on SWB (e.g.,

Brunstein 1993; Diener and Lucas 1999), an aggregate SWB variable was created by standardizing each of the above scores and then subtracting negative affect scores from the sum of positive affect and life satisfaction, yielding a single SWB indicator score.

The Subjective Vitality Scale (SVS; Ryan and Frederick 1997) was used to measure feelings of mental and physical vitality, aliveness, and vigor (e.g., 'I nearly always feel awake and alert'). Participants respond to this 7-item measure on a 7-point Likert-type scale (1 = 'Not at all' through 7 = 'Very true'), where higher scores indicate greater feelings of vitality. Internal consistency of this instrument in the present sample was acceptable ($\alpha = .88$).

The Meaning in Life Questionnaire-Presence Subscale (MLQ-P; Steger et al. 2006) was used to measure the degree to which participants felt their lives are meaningful (e.g., 'I have a good sense of what makes my life meaningful'). This 5-item instrument requires participants to respond on a 7-point Likert-type scale (1 = 'absolutely untrue' through 7 = 'absolutely true'), with higher scores indicating greater presence of meaning in life. Internal consistency for the presence subscale of this instrument was acceptable ($\alpha = .88$).

Results and Discussion

Means, standard deviations, and scale intercorrelations are presented in Table 2. The BWBS-HED was positively associated with the SWB composite ($r = .21, p < .05$) and the SVS ($r = .23, p < .05$) but not associated with the MLQ-P ($r = .01, p = ns$). As expected, the BWBS-EUD was positively associated with the SWB composite ($r = .30, p < .01$), the SVS ($r = .34, p < .01$), and the MLQ-P ($r = .33, p < .01$). Importantly, these results indicate more robust associations between the eudaimonic dimension of the BWBS and self-reported well-being than those found for the hedonic dimension of the BWBS and well-being. Further, the eudaimonic

dimension was found to be associated with meaning in life, whereas the hedonic dimension was not associated with meaning in life.

Several hierarchical regression analyses were then conducted to examine whether the BWBS-HED and the BWBS-EUD predicted unique variance in each measure of well-being. Notably, both subscales were entered simultaneously in each regression model to examine whether each subscale predicted well-being above and beyond that accounted for by the alternative subscale. Additionally, an interaction term was entered into each model to account for the possibility that the BWBS-HED and BWBS-EUD may have a joint effect on measures of well-being. Thus, in each regression, demographic characteristics were entered at Step 1, both of the BWBS subscales were entered at Step 2, and a product term representing the interaction of the BWBS subscales were entered in Step 3. As shown in Table 3, results were quite similar for each measure of well-being. The BWBS-HED failed to significantly predict scores on the SWB composite ($\beta = .09, p = ns$), the SVS ($\beta = .13, p = ns$), and the MLQ-P ($\beta = -.09, p = ns$) when controlling for associations between the BWBS-EUD and each measure of well-being. However, the BWBS-EUD was positively associated with the SWB composite ($\beta = .28, p < .01$), the SVS ($\beta = .32, p < .01$), and the MLQ-P ($\beta = .37, p < .01$) when controlling for the BWBS-HED. No significant interactions of the BWBS-HED and the BWBS-EUD were found for any of the outcome measures of well-being.

The results of Study 1 provide strong initial support for the prediction that eudaimonic dimensions of conceptions of well-being are more robustly associated with experienced well-being than hedonic dimensions. Correlational analyses indicated that both the hedonic and eudaimonic subscales of the BWBS were associated with well-being, with the eudaimonic subscale indicating stronger and more numerous associations than the hedonic subscale. In

several regression analyses, the eudaimonic subscale of the BWBS remained a significant predictor of each measure of well-being when controlling for the hedonic subscale. However, the hedonic subscale did not significantly predict well-being scores when controlling for the eudaimonic subscale. This finding indicates that hedonic dimensions of conceptions of well-being may not predict positive psychological functioning above and beyond that predicted by eudaimonic dimensions.

Study 2

An important limitation of Study 1 is that the sample consisted entirely of undergraduate students and was quite homogenous in terms of age and ethnicity. Previous research has noted the role of age (Ryff 1989) and culture (Ng et al. 2003; Shweder 1998) in conceptions of well-being, and the results of Study 1 may not generalize to other populations. The primary objective of Study 2 was to replicate the above results using a more diverse sample. In this study, the procedures were essentially identical to those in Study 1, except that participants were adult volunteers from the general population. An ancillary objective of the current study was to examine the structural validity of the BWBS in this more diverse sample. The BWBS was developed and validated using undergraduates (see McMahan and Estes 2010), raising the possibility that this measure is not appropriate for use in other populations. To address this issue, we examined whether the proposed hierarchical structure of the BWBS adequately fits responses in this more diverse sample using confirmatory factor analysis. These analyses were conducted prior to addressing the primary objective of the current study.

Method

Participants. Two hundred and forty participants were sampled from non-student populations. Demographic characteristics of the sample are summarized in Table 4. Participants

were recruited through email invitation and professional networking websites. Participants were not compensated for participation.

Materials and Procedure. The materials and procedure were virtually identical to those in Study 1. All participants completed a multi-section questionnaire distributed online using an online survey distribution system. Participants could respond to the questionnaire at their own pace and typically took about 20 minutes to complete all sections. Included in the questionnaire were the same forms described above in Study 1. Alpha coefficients for the BWBS-HED, BWBS-EUD, SWLS, ITAS-P, ITAS-N, SVS, and MLQ-P were .71, .86, .82, .89, .92, .82, and .85, respectively.

Results

Preliminary Analyses. Responses to the 16-item BWBS were first subjected to a series of confirmatory factor analyses using AMOS 18.0 (Arbuckle 2009). Four different structural models were examined: (1) the null model, (2) an omnibus one-factor model, (3) a two-factor oblique model, and (4) the proposed hierarchical model with four first-order factors and two second-order factors. The one-factor model was specified with all items loading on a single latent variable. The two-factor model was specified with items representing hedonic aspects of well-being loading on a general Hedonic factor and items representing eudaimonic aspects of well-being loading on a general Eudaimonic factor. The proposed hierarchical model was specified by assigning the appropriate items to first-order factors representing Experience of Pleasure and Avoidance of Negative Experience, which was in turn assigned to a second-order Hedonic factor (i.e., BWBS-HED). Additionally, the remaining items were assigned to first-order factors representing Self-Development and Contribution to Others, which was in turn assigned to a second-order Eudaimonic factor (i.e., BWBS-EUD). Chi-square is the most

commonly used summary statistic for examining model fit, but there are several methodological issues with using this statistic as the sole indicator of model fit (Bollen 1989). Accordingly, we used multiple fit indices to evaluate each model, including chi-square, the root-mean-square error of approximation (RMSEA), the comparative fit index (CFI), goodness of fit index (GFI), and the incremental fit index (IFI). An adequate fit to the proposed model is indicated by a nonsignificant chi-square, values less than .08 for the RMSEA, and values greater than .90 for the CFI, GFI, and IFI (Jöreskog and Sörbom 1993).

Table 5 reports the fit indices for the four models. The chi-square statistic indicated a lack of fit for each model. The remaining fit indices further indicated that the null model (Model 1), the one-factor model (Model 2), and the two-factor model (Model 3) were a poor fit to the data. The hypothesized hierarchical model (Model 4) adequately fit the data, as indicated by the RMSEA, CFI, GFI, and IFI. These findings thus generally indicate acceptable structural validity of the BWBS in this sample and suggest that this measure may appropriate for use in more general populations. More important for the current study's purposes, this set of results allows any differential associations between the BWBS-HED and BWBS-EUD and the outcome measures of well-being to be confidently attributed to actual differences in associations between hedonic and eudaimonic dimensions of conceptions of well-being and experienced well-being.

Primary Analyses. Means, standard deviations, and scale intercorrelations are presented in Table 6. The BWBS-HED was positively associated with the SVS ($r = .20, p < .01$) but not associated with the SWB composite ($r = .07, p = ns$) or the MLQ-P ($r = .07, p = ns$). The BWBS-EUD was positively associated with the SWB composite ($r = .25, p < .01$), the SVS ($r = .32, p < .01$), and the MLQ-P ($r = .31, p < .01$).

As shown in Table 7, regression analyses again indicated that the BWBS-HED failed to significantly predict scores on the SWB composite ($\beta = .04, p = ns$), the SVS ($\beta = .08, p = ns$), and the MLQ-P ($\beta = -.10, p = ns$) when controlling for associations between the BWBS-EUD and each measure of well-being. However, the BWBS-EUD was positively associated with the SWB composite ($\beta = .24, p < .01$), the SVS ($\beta = .25, p < .01$), and the MLQ-P ($\beta = .37, p < .01$) when controlling for the BWBS-HED. No significant interactions of the BWBS-HED and the BWBS-EUD were found for any of the outcome measures of well-being.

Discussion

The results of Study 2 replicated the results of Study 1 and further support the prediction that eudaimonic dimensions of conceptions of well-being are more robustly associated with experienced well-being than hedonic dimensions. Prior to addressing this prediction, confirmatory factor analyses indicated that the proposed hierarchical structure of the BWBS adequately fit the data in this sample, supporting the structural validity of the BWBS and suggesting that this measure was appropriate for use in the current study. Correlational analyses indicated that both the hedonic and eudaimonic subscales of the BWBS were associated with well-being, with the eudaimonic subscale again indicating stronger and more numerous associations than the hedonic subscale. Regression analyses further indicated that the eudaimonic subscale was positively associated with each measure of well-being, but the hedonic subscale did not predict unique variance in well-being above and beyond that predicted by the eudaimonic subscale.

General Discussion

The present investigation found strong support for the prediction that eudaimonic dimensions of individual conceptions of well-being are more robustly associated with self-

reported well-being than hedonic dimensions. Findings were replicated in samples of undergraduates and non-student adults, providing support for the generalizability of these results. The present study is thus consistent with previous research indicating that eudaimonic approaches to well-being are potentially more important for positive psychological functioning than hedonic approaches (e.g., McMahan and Estes 2010; Park et al. 2009; Peterson et al. 2005; Steger et al. 2008).

It should be noted that our primary interest in the current study was the assessment of conceptions of well-being and their relation to positive psychological functioning, and we did not assess whether holding a relatively hedonic conception of well-being is associated with, for example, pleasure-focused behaviors, or whether holding a relatively eudaimonic conception of well-being is associated with behavior geared toward, for example, meaningful experiences and the cultivation of personal strengths. However, the results of the current study are remarkably similar to those found in previous research examining associations between self-reported well-being and general endorsements of eudaimonic and hedonic behaviors (Peterson et al. 2005) and daily reports of eudaimonic and hedonic behavior (Steger et al. 2008). It is likely that individual patterns in eudaimonic and hedonic behavior are consistent with individuals' conceptions of well-being, but due to a lack of data specifically addressing this point, this prediction remains tentative and will be a focus of future research on conceptions of well-being.

With the above caveat in mind, correlational analyses indicated that both hedonic and eudaimonic dimensions of conceptions of well-being were positively associated with self-reported well-being. However, stronger and more numerous associations were found between the eudaimonic dimension and well-being, relative to those found between hedonic dimension and well-being. It is interesting that the eudaimonic dimension was associated with the presence of

meaning in life, whereas no such association was found for the hedonic dimension in either of the current studies. This finding is consistent with previous theorizing and empirical research indicating that meaning in life is an important positive outcome of a eudaimonic, but not necessarily a hedonic, approach to well-being (e.g., Ryff 1989; Steger et al. 2008; Martin 2008). Perhaps defining well-being in eudaimonic terms more readily facilitates the organization of everyday experience into an ordered and coherent whole, an important component of the experience of meaning (Bauer et al. 2008; Heine et al. 2006; Steger 2009). For example, conceptualizing well-being in terms of self-development likely requires considering one's current level of functioning relative to how one has developed previously and how one wishes to develop in the future, providing a temporally organized sequence of events that define the nature of well-being. Conversely, hedonic approaches involve short-term emotional experiences of pleasure versus pain, and defining well-being in hedonic terms is thus not likely as facilitative of the experience of meaning (see also Steger et al. 2008). Additional research will have to address these possibilities by more specifically examining associations between hedonic and eudaimonic dimensions of conceptions of well-being and meaning in life.

Regression analyses indicated that the eudaimonic conception of well-being dimension continued to be positively associated with self-reported well-being when controlling for the effects of the hedonic dimension. However, the hedonic dimension failed to predict unique variance in well-being when controlling for the eudaimonic dimension. This finding is particularly provocative, as it strongly suggests that defining well-being in eudaimonic terms may represent a healthier conception of well-being than one defined in hedonic terms. This suggestion is consistent with previous theorizing on the hedonic paradox (e.g., Martin 2008; Mill 1989; Sidgwick 1907), where pursuing pleasure directly is considered futile because most

contributions to well-being come from pursuing meaningful endeavors for their own sake. Paralleling classical eudaimonic theorizing on well-being (e.g., Aristotle, trans. 2000), Belliotti (2004) further suggested that hedonic happiness is not a worthwhile goal, and that well-being is achieved through pursuing meaningful, valuable, and exemplary lives. The results of the current studies support these theoretical assertions by indicating that conceptualizing well-being in hedonic terms provides no additional benefit to well-being above and beyond that predicted by conceptualizing well-being in eudaimonic terms.

Many researchers suggest that humans' ability to experience pleasure is immutable and posit a genetically influenced set point of affectivity which we return to following positive and negative hedonic experiences (Brickman and Campbell 1971; Kahneman et al. 1999). This process, sometimes referred to as the 'hedonic treadmill', possibly explains why conceptualizing well-being in hedonic terms and pursuing pleasure is relatively ineffective at increasing well-being. In contrast, defining well-being in eudaimonic terms and engaging in activities that are personally-meaningful and contribute to self-development is likely under more deliberate control (Massimini and Delle Fave 2000; Peterson et al. 2005) and may represent a more adaptive approach to the experience of well-being. Counterintuitively, it is possible that the most direct path to happiness and well-being is not through seeking positive hedonic experiences, but rather through engaging in meaningful pursuits and the development of one's strengths. Perhaps a useful strategy to increasing well-being may therefore be to encourage individuals to conceptualize and think about well-being in eudaimonic, rather than hedonic terms.

Although not a primary objective of the current studies, it is notable that the structural validity of the BWBS was supported in the more diverse sample of Study 2. Scale validation is an ongoing process, however, and the results of the current study provide only initial evidence

that the BWBS has acceptable psychometric properties in general populations. Importantly, the sample of Study 2 was relatively small, and several other characteristics related to the psychometric properties of the BWBS must be assessed before concluding that this measure is appropriate for use in heterogeneous samples that include individuals with diverse demographic characteristics. Regardless, the current findings suggest that the BWBS was appropriate for use in current study, and future research will more specifically address the psychometric properties of the BWBS in larger samples.

Limitations

Several limitations of the current investigation should be addressed. One potentially problematic issue concerns the use of online sampling techniques and survey completion. A large majority of Americans use the internet, and the use of online sampling techniques and surveys provides an excellent way to efficiently recruit large and diverse samples (Birnbaum 2000, 2004). Although becoming more common in psychological research, some criticize the use of online techniques because of the special characteristics of respondents (e.g., must have access to a computer). However, the sample in Study 2 of the current investigation was quite diverse on a number of demographic indicators, and the use of online sampling techniques certainly provided a more heterogeneous sample than would have been feasible using only undergraduate populations.

Second, the current investigation relied solely on self-report measures of well-being as outcome indicators of positive psychological functioning, and future research should address the relationship between conceptions of well-being and positive psychological functioning using a diverse set of methodologies and outcome measures. To illustrate, the use of daily diaries and experience-based sampling methods (e.g., Csikszentmihalyi and LeFevre 1989; Wheeler and

Reis 1991) in short-term longitudinal designs would potentially provide support for the current findings by addressing whether eudaimonic conception of well-being dimensions, as compared to hedonic dimensions, are more robustly associated with daily, real-time reports of well-being. In addition, further research should use indicators of well-being that come from sources other than participants to avoid any of the potential biases associated with using self-report measures. For example, using a multi-method approach that incorporates both self-report measures of well-being and informant reports of participant well-being would allow researchers to control for any potential self-report biases.

Third, the current studies used a single self-report assessment of conceptions of well-being, which in addition to being subject to the same self-report biases described above, prevents issues of causality from being conclusively addressed. Although the current findings indicate that eudaimonic dimensions are more robustly associated with well-being than hedonic dimensions, the direction of this association is yet to be determined. The use of experimental methodologies would address this limitation, and future empirical work should therefore employ these methodologies to assess the causal nature of these relationships.

With respect to the above listed limitations, the current investigation provides strong support for the hypothesis that eudaimonic dimensions of individual conceptions of well-being are more robustly associated with self-reported well-being than hedonic dimensions. Research on conceptions of well-being is in its infancy, however, and a number of questions remain concerning this construct's role in the experience of well-being. Through further research on this topic, a more general and important question will be answered: Do differences in how people think about well-being systematically and predictably influence the actual experience of well-

being? The answer to this question will likely have large implications for our understanding of positive psychological functioning.

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Table 1. Conception of well-being dimensions measured by the BWBS

Higher-Order Dimension	First-Order Dimension	Example Item (BWBS)
1. Hedonic	a. Experience of Pleasure	“A great amount of pleasure”
	b. Avoidance of Negative Experience	“A lack of unpleasant experiences”
2. Eudaimonic	a. Self-Development	“Working to achieve one’s true potential”
	b. Contribution	“Living in ways that benefit others”

Table 2. Study 1: Descriptive statistics and bivariate correlation coefficients of higher-order BWBS dimensions and well-being variables, ($n = 115$)

	Mean	SD	1	2	3	4	5
1. BWBS-HED	5.06	.74	1				
2. BWBS-EUD	5.80	.69	.24**	1			
3. SWB Composite	0	2.65	.21*	.30**	1		
4. SVS	5.09	1.09	.23*	.34**	.75**	1	
5. MLQ-P	4.69	1.24	.01	.33**	.34**	.40**	1

note: * $p < .05$. ** $p < .01$.

Table 3. Study 1: Regression coefficients of higher-order BWBS dimensions and well-being variables, ($n = 115$)

	<i>Subjective Well-being</i> (β)	<i>Subjective Vitality</i> (β)	<i>Meaning in Life</i> (β)
<i>Step 1</i>			
Age	-.21*	-.13	-.03
Sex	-.01	.03	-.03
Ethnicity	.03	.10	.08
	$R^2 = .05$	$R^2 = .03$	$R^2 = .01$
<i>Step 2</i>			
BWBS-HED	.09	.13	-.09
BWBS-EUD	.28**	.32**	.37**
	$\Delta R^2 = .10^{**}$	$\Delta R^2 = .14^{**}$	$\Delta R^2 = .13^{**}$
<i>Step 3</i>			
BWBS-HED X -EUD	-.05	.04	-.02
	$\Delta R^2 = .00$	$\Delta R^2 = .00$	$\Delta R^2 = .00$

note: * $p < .05$. ** $p < .01$.

Table 4. Study 2: Demographic characteristics of sample

	Sample (<i>n</i> = 240)
Age (years)	
Mean	31.9
Standard Deviation	14.19
Range	18-82
Sex	
Female	63%
Male	37%
Ethnicity	
Caucasian	74%
African-American	13%
Hispanic	3%
Asian-American	4%
Native American	1%
Other	5%
Education Level	
Some High School	3%
GED	1%
High School Diploma	8%
Some College	51%
College Degree	21%
Technical Degree	6%
Some Graduate School	3%
Graduate Degree	7%
Income (per year)	
<\$10,000	14%
\$10,000-30,000	29%
\$30,000-50,000	24%
\$50,000-70,000	11%
\$70,000-90,000	6%
>\$90,000	16%
Marital Status	
Single	56%
Married	33%
Divorced	10%
Widowed	1%
Region (population)	
Rural	16%
Small City (<50,000)	26%
Medium City (50,000-100,000)	27%
Large City (100,000-500,000)	24%
Extra Large City (>500,000)	7%

Table 5. Study 2: Fit Indices for Null, One-Factor, Two-Factor, and Two-Factor Second-Order Models, ($n = 240$)

Model	Description	χ^2	df	χ^2/df	RMSEA	CFI	GFI	IFI
1	Null	1692.25**	120	14.10	.23	.00	.40	.00
2	1 Factor	923.96**	104	8.88	.18	.49	.62	.49
3	2 Factors	664.88**	103	6.46	.15	.65	.72	.65
4	2 Second-Order Factors	189.85**	100	1.90	.06	.94	.91	.95

note: ** $p < .001$.

Table 6. Study 2: Descriptive statistics and bivariate correlation coefficients of higher-order BWBS dimensions and well-being variables, ($n = 240$)

	Mean	SD	1	2	3	4	5
1. BWBS-HED	4.72	.77	1				
2. BWBS-EUD	5.53	.86	.33**	1			
3. SWB Composite	0	.91	.07	.25**	1		
4. SVS	4.88	1.01	.20**	.32**	.64**	1	
5. MLQ-P	4.88	1.22	.07	.31**	.64**	.58**	1

note: * $p < .05$. ** $p < .01$.

Table 7. Study 2: Regression coefficients of higher-order BWBS dimensions and well-being variables, ($n = 240$)

	<i>Subjective Well-being</i> (β)	<i>Subjective Vitality</i> (β)	<i>Meaning in Life</i> (β)
<i>Step 1</i>			
Age	.15*	-.02	.18*
Sex	-.05	.02	-.07
Ethnicity	-.09	-.15*	-.02
	$R^2 = .04$	$R^2 = .02$	$R^2 = .04$
<i>Step 2</i>			
BWBS-HED	.04	.08	-.10
BWBS-EUD	.24**	.25**	.37**
	$\Delta R^2 = .06^{**}$	$\Delta R^2 = .08^{**}$	$\Delta R^2 = .12^{**}$
<i>Step 3</i>			
BWBS-HED X -EUD	-.03	.08	.14
	$\Delta R^2 = .00$	$\Delta R^2 .01$	$\Delta R^2 = .02$

note: * $p < .05$. ** $p < .01$.