

Place Matters: Consensual Features and Regional Variation in American Well-Being and Self

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Consensual and regionally distinct features of well-being and self were examined in a nationally representative survey of midlife Americans (ages 25–75). Consistent with key American ideology, Study 1 found that a majority of Americans believe they have high levels of mastery, purpose, life satisfaction, overall health, family and work obligation, and partner and family support. Study 2 found distinct regional well-being profiles (e.g., New England reflected concern with not being constrained by others; Mountain showed concern with environmental mastery; West South Central with personal growth and feeling cheerful and happy; West North Central with feeling calm, peaceful, and satisfied; and East South Central with contributing to others' well-being). Study 3 found regional self profiles consistent with the well-being profiles.

Basically, I'm always satisfied to be invited, you know? We try to wipe our mouths after we eat, and keep our hands below the table, and speak when spoken to. But it's a good pattern too, in some ways, because of your own mental health you don't go around saying, "I should have had this, I should have had that," all signs of excellent mental health in New York City. In the Midwest, we say to ourselves, "Gee, I got this; I got that" and "Wow, they didn't have to give me anything" and I guess there is a group of people in the country, whether they are Midwesterners or middle class, or whatever their background is, whose parents tell them all their lives, "Just be happy you got anything." And it's not bad.

—Jane Smiley, as quoted by M. Pearlman, *Listen to Their Voices*

Ask people what it means to be well or to experience well-being, and their answers can be surprisingly diverse. The literature is also replete with different answers—health, education, money, the right physical environment, optimism, a sense of challenge or purpose or control (Diener, Suh, Smith, & Shao, 1995; Kahneman, Diener, & Schwartz, 1999; King & Napa, 1998; Kitayama & Markus, 2000; Lachman & Weaver, 1998; Ryff & Singer, 1998).

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Although there is some consensus across people, places, and time, it is increasingly evident that well-being can take a variety of forms and that it is often quite particular (Diener & Suh, 2000; Markus, Plaut, & Lachman, in press). In many respects, it is custom crafted and individually tailored, patterned according to social positioning and the dictates of distinct life contexts.

Even though it often appears that the United States is rapidly becoming a homogeneous culture, it is still the case that a move from one part of the country to another, especially at one's midlife, can give rise to the feeling that something is not quite right. As the opening quote suggests, in some regions well-being seems to be rooted in knowing what one wants and going for it, whereas in others it is linked to contentment with who one is or what one has. When it comes to what gives rise to the good life or a global sense of well-being and of self, place matters. The North and the South, and the East and the West, diverge from one another, just as the city does from the country and the mountains from the coasts. These places differ not only in their geography, or physical space, but also in their ideological landscape, or collective meaning space. And it is the lay of the land with respect to well-being and self that concerns us here.

We propose that although there is a considerable American consensus about what constitutes well-being, there is also considerable diversity in the ways that people come to represent well-being and self at midlife and that at least some of this diversity is attributable to the region of the country in which one lives. To examine this hypothesis, we first use a nationally representative survey of adults to determine some of the consensual features of well-being in the United States and then describe some points of regional variation. We suggest that both well-being and sense of self are importantly constituted by the cultural contexts with which people are engaged and that a regional analysis is one way to

illuminate this sociocultural construction. The first study identifies consensual features of American well-being, the second study analyzes regional variation in well-being, and the third study examines consensual features and regional variation in sense of self. The same large, nationally representative sample of adults is the basis of all three studies.

Our goal is not to find the factor that explains the most variance in well-being and self or even to compare factors for their contribution to well-being or self. Instead we engage in a sociocultural analysis, which involves a focus on what Kroeber and Kluckhohn (1963) described as explicit and implicit patterns of historically derived and selected ideas and their embodiment in institutions, practices, and artifacts. This analysis also takes into account the social composition and structure of a given context. Here, the approach is to examine how various configurations of ideas and practices about well-being and self in the United States as a whole and in different regions of the country may foster and maintain particular patterns of well-being and sense of self. In this examination, the technique is to link individuals' survey responses to the prevalent public meanings and ideas that are part of the collective meaning space as well as to the sociostructural characteristics of the individuals' local world.

The U.S. Bureau of the Census divides the United States into nine distinct regions, and this division has been the basis for regional comparisons in a variety of other studies (Kahle, 1986; Rubenstein, 1982). The present studies paint a portrait of well-being and self at midlife in the United States as a whole and in five—New England, Mountain, West North Central (WNC), West South Central (WSC), and East South Central (ESC)—of the nine census regions of the United States for which we developed some hypotheses about the nature of well-being and self.¹ For each of these regions, our hypotheses about patterns of well-being and self are based on census data characterizing the region, demographic data from our national sample, and a survey of the region's prevalent ideas about well-being.

The Cultural Shaping of Well-Being

In exploring regional variation in well-being, we use the framework of mutual constitution—the notion that psychology and culture, or person and community, “make each other up” (Shweder, 1990, p. 24; see also Berry, Poortinga, & Pandey, 1997; Cole, 1996; Fiske, Kitayama, Markus, & Nisbett, 1998; Triandis, 1995). According to this perspective, psychological tendencies require and are shaped by engagement with the culture-specific meanings, practices, artifacts, and institutions of particular cultural contexts, and these psychological tendencies serve to perpetuate these particular cultural contexts. Research in cultural psychology and cultural anthropology reveals that even such presumably basic processes as cognition, motivation, and emotion are culturally patterned (Fiske et al., 1998; Markus & Kitayama, 1991; Shweder, 1990).

Being a person is always contextually specific and requires the engagement of particular ideas and practices; it is not possible to “be” in a general way (e.g., see Asch, 1952; Cooley, 1902/1922; Geertz, 1975; Hallowsell, 1955; James, 1890; Mead, 1934). Being well is also a collective and context-specific project, and to be well depends on the incorporation of particular understandings and practices of wellness and being. Recent studies (Kitayama &

Markus, 2000; Suh, 2000) suggest, for example, that in a cultural context like the United States, in which independence and autonomy of the self are emphasized, wellness is likely to be associated with the pursuit of one's personal efficacy and control. In contexts like Japan, in which interdependence and relationality are focal, wellness is likely to be associated with self-reflection and with maintaining sympathy with close others.

A person's local worlds are saturated with meanings and implicit messages about what is real, what is good, what is proper, and what is the right way to be a person. These local meanings define what feels good, what feels right, and what it means to experience well-being. Each person lives within a variety of sociocultural contexts (gender, age, ethnicity, race, religion, social class, region, and country, to name but a few of the most significant). These contexts are each associated with some distinctive explicit and implicit ideas, images, messages, and social representations about how to be and how to be well as well as formal and informal social practices that promote and institute them. A sense of well-being requires some synthesis of these various meanings and practices, some of which may be at odds with each other (Markus, Mullally, & Kitayama, 1997; Oyserman & Markus, 1993). Different sociocultural environments (e.g., different regions of the United States, which differ in ecology, history, sociopolitical circumstances, economic position, and ethnic background of inhabitants) are associated with somewhat different distributions of ideas and practices about well-being and self. It is not difficult, therefore, to imagine that people in diverse regional contexts and backgrounds have understandings and representations of what is good, right, and moral that diverge from one another and that these differences are manifest in the nature of well-being and self.

The regional analysis we are pursuing here does not, of course, imply that two people in a given cultural context (e.g., a 45-year-old male engineer and 30-year-old female receptionist both living in Texas) have exactly the same understandings of well-being and self. People engage with context-specific meanings and ideas in ways that are selective and creative, including resisting and contesting these ideas. Moreover, each person is also influenced by and needs to integrate the practices and meanings associated with other cultural contexts, such as those of gender, age, and occupation. Yet we hypothesize that people's psychological responses

¹ Although all nine regions are included in the analyses, we have left out of explicit discussion the following regions: Mid-Atlantic, East North Central, South Atlantic, and Pacific. Our purpose in this research is to examine the possibility that there is systematic regional variation in well-being and self. Because our goal is to show that we can hypothesize differences in well-being on the basis of what we know of prevalent ideas and practices and evaluate these hypotheses, we have chosen to do this thoroughly for five regions. The same could be done for the four remaining regions, but the space constraints of a single journal article do not allow us to present a complete description and discussion of all nine regions. We considered collapsing regions into fewer units, but using empirically derived, finer-grained divisions such as the census divisions has proved more productive in other careful analyses on region (e.g., Kahle, 1986; Rubenstein, 1982; Vandello & Cohen, 1999). We have included all relevant data for the remaining four regions in Appendix A, and comparable hypothesis generation and analyses have been carried out for these regions and will be developed in a separate study. In Appendix B, we also provide brief summaries of findings for these four regions.

show some patterns that can be linked to regionally prevalent ideas and practices, just as the engineer also shows some similarities to other engineers or 45-year olds and the receptionist shows some similarities to other receptionists or women. These similarities are not essential or inherent but are attributable to the specific meanings and practices that are necessarily engaged in the course of being an appropriate person in the various contexts.

We use geographic region as a variable that can shape well-being and self. We ask whether well-being is valued and represented differently across regions in the United States. On the basis of the perspective of mutual constitution, which underlies our sociocultural analysis, and some limited empirical research on regional variation, we propose that how people describe themselves, how they see their roles in a community and in society, how much control they feel over their life, and even their physical and mental health all can be regionally patterned. These regional ways of being, in turn, serve to maintain and perpetuate the reality of regional differences. We also explore how these patterns of well-being can be related to other demographic information such as education and ethnicity as well as to U.S. Census data on various economic and social indicators of well-being.

The goal of our analysis, however, is not just to determine whether well-being varies by region. Our larger aim is to examine the ways culturally prevalent ideas and practices can constitute or become part of individual well-being. For the most part, well-being has been studied without explicit attention to the role of ideas and practices that constitute people's local worlds. With a better understanding of some of the cultural sources of well-being, it should be possible to develop more refined conceptualizations and measures of well-being.

Study 1: The American Well-Being Consensus

America—A National Culture

In pursuing a sociocultural analysis of well-being, we considered the prevalent ideas and practices that may contribute to a general consensus about well-being across regions. Table 1 presents two perspectives on the question of American homogeneity. If one looks first at the set of practices, institutions, and values listed in the left-hand column of Table 1 (the right-hand column is discussed in Study 2), the United States can appear fairly homogeneous, and it is reasonable to imagine that there could be a considerable consensus about the form of well-being. Many practices and institutions contribute to the uniformity of American culture (Andersen, Lustig, & Andersen, 1987). To begin with, there is a national language that is, for the most part, consistent across regions (Gastil, 1975). National economic forces, including national advertising, production, and consumption (e.g., the proliferation of the GAP and Starbucks), also contribute to the maintenance of a national culture (Kaplan, 1998; Weber, 1904/1958; Zelinsky, 1973/1992). The presence of a large middle class, national media, the growth of electronic commerce, national standards in school curricula, national holidays, and a shared political system (Gardner, 1998) also foster a substantial uniformity in American culture. Further, the assimilation of a variety of ethnic groups into the mainstream culture (Raitz, 1979) and intergroup and interregional marriage also contribute to a blurring of regional boundaries (Zelinsky, 1973/1992). It is notable that Americans do not stay put, and the United States has experienced unprecedented mobility of its population across regions (Zelinsky, 1973/1992).

Among the factors identified in Table 1, perhaps the most important for the sociocultural analysis of well-being and sense of

Table 1
Factors Fostering a Homogeneous Culture and Factors Promoting Regional Cultures

America—a homogeneous cultural context	Regions are cultural contexts too
National language	Maintenance of regional speech
National economic forces	Regional economic forces
Large middle class	Regional variation in what counts as middle-class
National media	Local media's filtering and re-presentation of information to the public
National standards in school curricula	Local control of school curricula
National holidays	Regional differences in importance attached to certain national holidays
U.S. political system	Distinct regional political cultures (state and local governments)
Assimilation to American culture	Assimilation of immigrants to local regional cultures
Interregional marriage	Intraregional marriage
Unprecedented mobility of the population	Migration patterns are primarily intraregional. Interregional mobility recreates and maintains regional differences.
American religious and ideological foundation (e.g., Protestant ethic and individualism)	Regional climate and terrain Regional systems of ideas (e.g., local religious communities and regional forms of individualism)

Note. See Andersen, Lustig, and Andersen (1987) for a review of forces promoting homogenization and regionalism.

Table 2
Some Key American Cultural Ideas

Idea	Description
Independence	Declaration of Independence: Inalienable individual right to life, liberty, and pursuit of happiness Self-reliance (e.g., Thomas Jefferson, Ralph Waldo Emerson)
Protestant ethic	Duty to pursue one's calling Moral superiority of industriousness and hard work "Early to bed, early to rise, makes a man healthy, wealthy, and wise" Can-do ideology Personal responsibility and control (e.g., Benjamin Franklin, Horatio Alger, Max Weber)
American Dream	Cornerstone of American individualism, combining success and self-interest—greatest good is to be as individually successful as possible Individual satisfaction, feeling good (Bellah et al., 1985; J. L. Hochschild, 1995)

self is the American religious and ideological foundation, which we elaborate in Table 2. These key American ideas, some of which were originally delineated in the writings of de Tocqueville (1840/1945) and Weber (1904/1958), have only recently been empirically analyzed within social science (e.g., Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; J. L. Hochschild, 1995; Quinn & Crocker, 1999; Sampson, 1988, 2000). This elaborate system of ideas animates much of the structure of American social life. Empirical research suggests that Americans are strongly oriented toward self-direction and self-reliance and generally assume an individualist stance on the world (Hofstede, 1980; Triandis, 1995), manifesting what Bellah et al. (1985) called expressive individualism. The sources of this American form of individualism are a matter of ongoing debate, but most observers agree that this cultural ethos involves a synthesis of three powerful and highly prevalent ideas. The first is independence, which can be found, for example, in the Declaration of Independence and in the Bill of Rights and is manifest in the desire for an autonomous self and need for independence from constraint by others and to protect the natural rights of each individual (Guisinger & Blatt, 1994; Hogan, 1975; Howe, 1997; Markus & Kitayama, 1994; Shweder, Mahapatra, & Miller, 1987). Independence is also rooted in the frontier and the importance of personal self-reliance and stamina to survive. The second key idea is the Protestant ethic, which involves a combination of a belief in salvation, a duty to pursue one's calling, and the moral superiority of industriousness and hard work. The voluminous research on concepts such as self-efficacy, intrinsic motivation, mastery, control, and competence (Bandura, 1997; Deci & Ryan, 1995; Heckhausen & Schulz, 1995; Peterson, 1999) suggests the importance in American society of can-do ideology—believing in personal control and efficacy in the world. These views are not equally pervasive in non-American cultural contexts (Diener & Suh, 2000; Ryff & Singer, 1998). The third key idea, perhaps the cornerstone of American individualism, combining success and self-interest, is the idea that the greatest good is to be as individually successful as possible (Bellah et al., 1985; Kitayama & Markus, 1999; Potter, 1963; Turner, 1920; Weber 1904/1958; Zelinsky, 1973/1992). The mentality that claims it is possible to get to the top and achieve almost anything if one works

hard enough and with direction and perseverance is often called the American Dream (J. L. Hochschild, 1995; Spindler & Spindler, 1990), and it plays a role of unparalleled significance in the shaping of the American psyche. Even though people may challenge the veracity of these ideas, they are still powerful in the sense that they are inscribed in and promoted by many American systems and institutions (e.g., the merit system).

Hypotheses

Given the repertoire of ideas and practices that are common to American mainstream experience as well as some recent empirical findings (Fiske et al., 1998; Herzog, Markus, Franks, & Holmberg, 1998; Iyengar & Lepper, 1999; Markus, Ryff, Curhan, & Palmerheim, in press; Quinn & Crocker, 1999), a number of predictions can be made about which understandings of well-being—operationalized here as psychological, physical, and social health—are likely to be commonly represented and endorsed.

We expect that constructs related to independence (e.g., autonomy and mastery) and the Protestant ethic and the American Dream (e.g., work obligation and purpose in life) compose a set of well-being constructs that most Americans endorse at high levels.

A related set of consensual well-being constructs should also emerge. These are constructs associated with the notion of satisfaction, as measured in this study by ratings of one's overall life and one's satisfaction with life. Individual satisfaction is an important component of the success ethic described above (Zelinsky, 1973/1992), and in the last 30 years, feeling good or satisfied with oneself has been a key American idea (Bellah et al., 1985). Wierzbicka (1994), who has analyzed the function of expressing good feelings in American culture, suggested that if a person appears to feel good, others can assume that such a person is competent and successful and has things under control. A large literature on positive illusions and unrealistic optimism provides support for the hypothesis that Americans in general report being satisfied with their lives. In American samples, most people report being happy and satisfied most of the time (Freedman, 1978; Herzog et al., 1998; Taylor & Brown, 1988). Moreover, most mainstream Americans believe that they are even happier and more satisfied than their friends and peers, a pattern that is not common in much of the rest of the world (Heine, Lehman, Markus, & Kitayama, 1999; Suh, 2000).

Because there is marked regional variation in socioeconomic status in our study (e.g., the regions in our study range from 16% to 35% in the number of respondents holding at least a bachelor's degree) and because socioeconomic status has been shown to be powerfully related to health (Argyle, 1994, 1999; Goldblatt, 1990), we did not anticipate that high levels of physical health would be part of the American well-being consensus. Finally, given the conflicted discourse over whether Americans are currently responsible and socially engaged (Putnam, 1995; Rossi, 2001b; Wuthnow, 1998), we hesitated to make any predictions regarding overall trends in Americans' social health.

Method

Sample

A national data set collected by the John D. and Catherine T. MacArthur Foundation Research Network on Successful Midlife Development was analyzed for this research. The Midlife in the United States Survey

(MIDUS) was based on a national probability sample of noninstitutionalized, English-speaking residents of the continental United States living in a household with telephone service. All respondents were initially contacted by phone by random-digit dialing procedure. Seventy percent of those contacted agreed to a 30-min telephone survey, after which they were asked to complete another survey that would be mailed to them. The telephone sample included 3,485 respondents. Ages ranged from 25 to 75 years ($M = 47.05$, $SD = 13.10$). Eighty-seven percent (3,032 respondents) returned the mail survey. The combined response rate was thus 61% ($.70 \times .87 = .61$).²

Well-Being Indicators

All measures were from the Midlife Development Inventory (MIDI; Brim & Featherman, 1998). The MIDI was structured to tap three broad dimensions of well-being—psychological health, physical health, and social health—hypothesized to be important for a comprehensive understanding of well-being. To map out both consensual American and regional ways of being well, we chose 27 indicators from the MIDI to reflect these important well-being constructs. Descriptions of these measures and their mean scores can be found in Table 3. The MIDI comprises a solid platform of measures, all of which were chosen from well-known and valid instruments and had high alphas. See Brim and Featherman (1998) for more information on the MIDI instrument.

A well-being variable described in Table 3 was classified as a *consensual* construct of well-being if it satisfied the following two criteria: It was highly endorsed, and there was no regional variation. We considered a variable to be highly endorsed if over 50% of the sample responded in the top 25% of the scale, which is equivalent to circling 4 on a 4-point scale. There was no regional variation if a one-way analysis of variance (ANOVA) of region for that variable did not yield a significant F statistic at the $p = .05$ level.

Results and Discussion

In Table 4, consensual well-being constructs are shown in boldface. Most elements that we hypothesized would be important in American well-being were indeed endorsed at the highest levels by more than 50% of Americans in the sample, although not all of them met the second criterion, which involved no regional variation. Consistent with our predictions, having a purpose is important to many mainstream midlife Americans. Fifty-two percent of Americans responded within the top 25% of the Purpose in Life scale, and there are no regional differences on this scale. Overall, Americans are also highly concerned with mastery. Sixty-six percent of Americans averaged a response to the four Mastery items that fell into the top 25% of the scale. We found no regional differences on mastery. In other words, Americans do not vary significantly by region in the extent to which they feel that they can do what they want and have set their mind to.

Despite the fact that health, education, and economic resources are not evenly distributed across regions, the portrait of the United States looks fairly homogeneous with respect to life satisfaction. No significant differences emerged between regions on responses to two separate life satisfaction ratings. It appears that being content with one's life in general resonates highly with Americans. In response to the question, "How would you rate your life overall these days?" 64% circled one of the three highest options on an 11-point scale. Americans are, for the most part, pretty satisfied with their lives. In response to the question, "At present, how satisfied are you with your life?" 59% gave the highest possible response (i.e., *a lot*) on a 4-point scale.

As expected, physical health is not a consensual aspect of well-being. However, the more global rating of overall health was

highly endorsed by 54% of respondents and met the criterion for regional invariance.

As predicted, Americans are very oriented toward work. Fifty-eight percent of Americans responded within the top 25% of the Work Obligation scale. However, a few variables fell unexpectedly into our consensus category. These include various social responsibility and social support constructs. This seems puzzling because the empirical literature suggests that Americans subordinate interpersonal responsibilities to individual justice concerns (J. G. Miller & Bersoff, 1992). And Rossi (2001b), who has recently chronicled political and social commentary about American trends in civil responsibility and activism, noted that it is difficult to find any literature suggesting that recent cohorts of Americans are socially responsible. Consistent with this claim, we found levels of reported altruism, or the degree of obligation felt in situations involving helping others at the expense of the self, to be relatively low. Only 35% of American midlife respondents circled, on average, one of the three highest response options on the eight-item, 11-point altruism scale, and there was no overall regional difference on altruism.

In retrospect, however, it makes sense that family obligation is a consensual aspect of well-being. Americans may not be broadly concerned with community or society, but they are very obligated to their nuclear families, and this may be a special case of social responsibility (Rossi, 2001b).³ Philosopher David Potter (1963) claimed that in American life, private values have always eclipsed public values, and in his description of this American privatism, he cited the old Yankee prayer, "God save me and my wife./My son John and his wife./Us four and no more." The presence of family obligation in the American consensus is paralleled by our finding that Americans across regions believe that they receive a lot of social support from their family (64% responded in the top 25% of

² The MIDUS data were compared with the nationally representative data in the October 1995 Current Population Survey (see Rossi, 2001a). According to Rossi (2001a) the MIDUS data are generally similar with respect to region, city size, sex, age, and marital status. With respect to race, 84.8% of the population is White, and 11.2% is Black, compared with 87.3% White and 6.1% Black in the unweighted MIDUS data. The biggest difference between the population and MIDUS is found in education: 47.8% of the population have more than 12 years of education, compared with 60% in the unweighted MIDUS data. The weighted MIDUS data set used in these analyses and in most published studies based on MIDUS data were corrected to 48.5% with more than 12 years of college education to account for this overrepresentation of the better educated. Further, in the population, 15.8% have fewer than 12 years of education, compared with 10% of the people in MIDUS. The overrepresentation of educated respondents may reflect the fact that the lengthy questionnaire required a fairly high degree of literacy. Those who completed the survey were also likely to believe in the importance of this type of research and to expect it to be of interest to them. On the basis of this comparison, we can assume that nonresponders are those who were likely to be less educated than responders and/or to be skeptical of a task that required a substantial investment of time.

³ Although we find family obligation to be a consensual aspect of well-being, concern with family may not be as extreme a concern as in some other cultural contexts. The high ratings on family obligation certainly indicate commitment to family, but the commitment is not necessarily a highly elaborated one, or not as broadly practiced, as it is in other cultures where family members are the preferred social connection (Fukuyama, 1995; J. G. Miller, 1997).

Table 3
Well-Being Indicators Used in Analyses

Dimension	Measure	Description	Example	M
Psychological health				
Psychological well-being	Psychological Well-Being	18-item scale ^a	See the six subscales below	5.51
	Autonomy	3-item scale ^a	I judge myself by what I think is important, not by the values of what others think is important.	5.50
	Environmental Mastery	3-item scale ^a	In general, I feel I am in charge of the situation in which I live.	5.33
	Self-Acceptance	3-item scale ^a	When I look at the story of my life, I am pleased with how things have turned out so far.	5.49
	Purpose in Life	3-item scale ^a	Some people wander aimlessly through life, but I am not one of them.	5.45
	Personal Growth	3-item scale ^a	For me, life has been a continuous process of learning, changing, and growth.	5.95
	Positive Relations	3-item scale ^a	Maintaining close relationships has been difficult and frustrating for me.	5.34
Control	Mastery	4-item scale ^a	I can do just about anything I really set my mind to.	5.84
	Constraint	8-item scale ^a	I have little control over the things that happen to me.	2.74
Satisfaction	Overall life now	1 item rating ^b	How would you rate your life overall these days?	7.65
	Satisfaction with life	1 item rating ^c	At present, how satisfied are you with your life?	2.49
Affect	Self-satisfaction	1 item rating ^c	Overall, how satisfied are you with your self?	2.51
	Positive Affect	6-item scale of ratings of positive feeling ^d	During the past 30 days, how much of the time did you feel . . . in good spirits?	3.36
	Negative Affect	6-item scale of ratings of negative feelings ^d	During the past 30 days, how much of the time did you feel . . . so sad nothing could cheer you up?	1.57
Mental and emotional health	Mental/emotional health rating	1 item rating ^e	What about your mental or emotional health—would you say it is . . .?	3.69
Physical health				
Health problems	Chronic conditions	yes/no to experience or treatment of 29 chronic conditions	In the past 12 months, have you experienced or been treated for any of the following . . . alcohol or drug problems?	2.56 (sum)
Subjective health	Overall health	1 item rating ^f	How would you rate your health these days?	7.35
	Physical health	1 item rating ^e	In general, would you say your physical health is . . .?	3.45
Social health				
Social responsibility	Contribution to welfare and well-being of others	1 item rating ^b	How would you rate your contribution to the welfare and well-being of other people these days?	6.59
	Family Obligation Scale	8-item scale of ratings of degree of obligation felt toward children, parents, spouse, friends ^g	How much obligation would you feel . . . to drop your plans when your children seem very troubled?	60.11 (sum)
	Work Obligation Scale	3-item scale of ratings of degree of obligation felt toward job ^g	To cancel plans to visit friends if you were asked, but not required, to work overtime?	22.81 (sum)
	Civic Obligation Scale	4-item scale of ratings of degree of obligation felt toward civic participation ^g	To vote in local and national elections?	30.75 (sum)
	Altruism Scale	4-item scale of ratings of degree of obligation felt in situations involving helping others at expense to self ^g	To pay more for your health care so that everyone had access to health care?	23.39 (sum)
Social support	Family support	4-item scales of ratings of supportive network interactions ^c	How much can you rely on them for help if you have a serious problem?	3.42
	Friend support			3.22
	Partner support			3.55
Social well-being	Social well-being	15-item scale of ratings of social well-being ^a	I feel close to other people in my community.	4.53

Note. Items have been reverse coded where necessary so that higher scores indicate higher values of a measure.

^a Scale ranged from 1 = *strongly agree* to 7 = *strongly disagree*. ^b Scale ranged from 0 = *worst* to 10 = *best*. ^c Scale ranged from 1 = *a lot* to 4 = *not at all*. ^d Scale ranged from 1 = *all the time* to 5 = *none of the time*. ^e Scale ranged from 1 = *poor* to 5 = *excellent*. ^f Scale ranged from 0 = *worst possible health* to 10 = *best possible health*. ^g Scale ranged from 0 = *none* to 10 = *very great*.

Table 4
*Well-Being Measures for Which Over 50% of Sample
 Responded in Top 25% of Scale (Equivalent to Circling 4 on
 4-Point Scale)*

Well-being dimension and scale	Measure	% endorsing highest option(s)	No across-region variation
Psychological health			
PWB	Autonomy	51.0	
	Self-acceptance	50.3	
	Purpose in life	51.7	✓
	Personal growth	69.6	
	Control	Mastery	65.8
Satisfaction	Overall life now	63.7	✓
	Satisfaction with life	59.3	✓
	Satisfied with yourself	58.2	
	(Lack of) negative affect	78.5	
Physical health	Overall health now	54.3	✓
Social health			
Responsibility	Family obligation	53.8	✓
	Work obligation	58.4	✓
	Civic obligation	59.3	
Social support	Partner support	74.7	✓
	Family support	63.9	✓

Note. Boldface indicates consensual well-being constructs. PWB = psychological well-being.

scale) and partner (75% responded in the top 25%). The high endorsement of partner support fits Adams's (2002) observation that, in contrast to cultural settings in many parts of the world, in American contexts, the adult man–woman couple is regarded as the most significant social relationship and the one that is essential for well-being. Finally, reflecting Bellah et al.'s (1985) claim that Americans seem more isolated than they actually are, another type of responsibility, civic obligation, was also highly endorsed. Over 50% of respondents endorsed the civic obligation items at the highest levels, but this variable did not meet the criterion for regional invariance.

These results indicate that the key American ideas outlined in Table 2 are reflected in consensual aspects of well-being, but they are not necessarily consensual human ideas. We assume that these ideas are consensual American ideas in that they have been shaped by a combination of historical, social, and cultural patterns specific to the United States. Although some of these ideas may exist in similar forms outside of American settings, a variety of studies reveal that they are not as pervasively distributed in all cultural contexts. For example, cross-cultural comparisons of the concepts of control and mastery reveal marked cultural variation in the centrality of these concepts (Gould, 1999; Kojima, 1984; Weisz, Rothbaum, & Blackburn, 1984).

Study 2: Regional Patterning of Well-Being

America—Regional Cultures

The forces that contribute to a portrait of America as a unified culture, outlined on the left side of Table 1, can simultaneously serve to create distinctive regional cultures, as outlined on the right side of Table 1. For instance, although English is the primary

language spoken, in many areas of the country regionally distinct speech has been maintained (Gastil, 1975). Although national economic forces are clearly important, local and regional economic forces (e.g., principal occupations) can also have an important impact on the culture of a region (Edgerton, 1971; Nisbett, 1993). Mass communication, a force that seems to promote Americanism, also plays a role in promoting regional distinctiveness. Despite the consistency of images presented by the national media, local television and radio stations, newspapers, and magazines filter and re-present this information in regionally appropriate ways. Marketers are highly aware of these regional differences and use demographic analyses to market to different geographic segments of the population on the basis of regional values and lifestyles (Kahle, 1986).

According to Zelinsky (1973/1992), regional consciousness persists, and “the sense of difference and affinity for particular places shows no sign of disappearing” (p. 32). This trend is reflected in the importance regions attach to certain national holidays. For instance, Martin Luther King, Jr., Day may have different connotations in the South than in the North, and Columbus Day feels different in Italian American parts of the Northeast than it does in regions with higher percentages of Native Americans. In addition, state and local governments and regional political beliefs have contributed to distinct regional political cultures (Gastil, 1975; Glenn & Simmons, 1967; Hurlbert, 1989; Kahle, 1986). Further, the popular notion of America as a melting pot may lead people to overestimate the extent to which immigrants assimilate to a broad national culture rather than to local regional cultures (Harris, 1979) and to underestimate the concentration of certain ethnic groups in certain regions and cities (Raitz, 1979; U.S. Census Bureau, 2000). Americans are indeed quite mobile, but migration patterns are primarily intraregional (Borchert, 1972). Further, mobility may actually serve to recreate and maintain regional differences rather than to erase them (Gastil, 1975; Rubenstein, 1982). People often select regions that are consistent with their lifestyle and values (Borchert, 1972; Zelinsky, 1973/1992). Regional differences are also created and maintained through local religious communities and attitudes (Garreau, 1981; Hurlbert, 1989; Raitz, 1979) and through environmental conditions such as climate and terrain (Anderson, 1987; Gastil, 1975; Trevor-Roper, 1972; Zelinsky, 1973/1992).

Despite some trends toward globalization and increasingly interconnected societies (see Hermans & Kempen, 1998), the important role of local developments in shaping psychological life cannot be ignored. Ideas and information depend heavily on particular practices and institutions that are grounded in and make up material culture (Bourdieu, 1977; Giddens, 1990; Harris, 1979). People occupy and are very much materially involved with their physical place in the world, a place that includes cultural participation in the local economy, politics, religious life, and other institutions. Through this participation, inhabitants of different regions undoubtedly make contact with local systems of ideas that may incorporate or diverge from foundational American ideas.

We hypothesize, therefore, that regional culture can have pervasive effects on the well-being of its inhabitants. We are not suggesting that regional affiliation is the sole, or even primary, predictor of psychological life but rather that regional culture should not be ignored as an important shaper of psychological functioning. For the most part, the existence and maintenance of

regional boundaries within the United States has been documented without a consistent classification scheme. Region researchers have drawn regional boundaries based on a wide set of characteristics, including topography, economics, political values, ethnic background, and religious affiliation of inhabitants (e.g., Garreau, 1981; Gastil, 1975; Nisbett, 1993; Zelinsky, 1973/1992). For our regional analysis, we use the regional classification scheme used by the U.S. Census Bureau (see Figure 1). Kahle (1986) has found values to be related to the nine Census Bureau regions but not to other regional classifications, such as Garreau's (1981) Nine Nations. For Kahle, the usefulness of the Census scheme lies in the fact that political boundaries tend to develop significance apart from other influences. In particular, shared history and shared loyalties contribute to regional consciousness, and people and the media tend to identify with their state and therefore perhaps with the collection of surrounding states.

Regional Variation

Demographic Data and Prevalent Ideas

In the following section, to carry out a sociocultural analysis of well-being, we develop hypotheses about the profiles of well-being for each of the five regions being analyzed. The hypotheses come from an integration of quantitative data drawn from demographic information available from the U.S. Bureau of the Census (1996) and our MIDUS survey. These provide an outline of the socio-structural features of these regions and are presented in Tables 5 and 6. Drawing on this demographic information and on research documenting a social class and psychological health gradient (Adler et al., 1994; Marmot et al., 1991), we were able to generate a number of hypotheses about regional variation in well-being.

Beyond the hypotheses that derive from variation in socioeconomic status, our goal was to draw together suggestions from historical, sociological, and cultural accounts and commentaries about regional differences to formulate a set of hypotheses about which ideas of well-being are likely to be prevalent (i.e., pervasively available and distributed) in a given region. The ideas that are prevalent in a given region—in discourse, in the media, in daily interpersonal conversations—should be directly or indirectly active in people's thinking and feeling about well-being, establishing a local frame of reference for well-being. For example, although not every person who lives in New Hampshire is likely to happily and self-consciously endorse the state motto "Live Free or Die," this motto is inscribed on the New Hampshire license plate and is a feature of almost everyone's daily environment—part of the collective meaning space. The motto is a widely dispersed idea about what is important for a good life and well-being. To the extent that this idea is fostered and reinforced by a variety of other messages and practices in New England, the well-being profile of this region, in comparison with other regions in which this sentiment is not as pervasive or institutionalized, is likely to reflect a concern with a certain type of autonomy. A summary of prevalent regional ideas and practices drawn from qualitative accounts forms the basis of our hypotheses of regional variation in well-being.

Well-Being Groupings

We analyzed the well-being measures in Table 3, including some from each of the three well-being dimensions.⁴ We re-

grouped these variables into six separate types of well-being (see Table 7) to reflect our hypotheses about the ways well-being is likely to vary by region. We did not include here variables that were in the American consensus because we were interested in highlighting regional variation. Altruism and friend support, two variables that showed regional invariance but were not highly endorsed, were also left out of these analyses. The first grouping, *health-focused well-being*, includes variables from the physical health dimension and examines whether a person thinks he or she is healthy. Three other groupings are composed of variables from the psychological health dimension. The second grouping, *autonomy-focused well-being*, represents those psychological well-being variables that have to do with taking charge and not letting others tell one what to do. The third grouping, *self-focused well-being*, involves being happy with oneself and challenging oneself to change and develop. Our fourth category, *emotion-focused well-being*, gauges people's day-to-day feelings. The last two well-being groupings come from both the psychological and the social health dimensions. The fifth grouping, *other-focused well-being*, captures a person's feelings of well-being in relation to other people and society in general. A sixth grouping, *social responsibility*, which we consider to be conceptually highly related to other-focused well-being, looks at conceptions of one's societal contribution.

Reporting Regional Variation

In the following sections, we compare each region with other regions on various aspects of well-being.⁵ We make regional comparisons only for variables that are significantly different by region according to an omnibus *F* test. All analyses are post hoc, using one-way ANOVAs with least significant difference-adjusted group comparisons. Figure 2 shows a profile of well-being for each region in terms of how much each region diverges from the national average (i.e., average of all nine regions) on each well-being measure for which we found regional variation. The bars are

⁴ The Ryff (1989) index of Psychological Well-Being (PWB; see also Ryff & Keyes, 1995) includes six subscales, each assessing a different dimension of well-being. For the purpose of our regional comparison, we found it useful to use each of these subscales as a separate measure. Therefore, we do not include the omnibus PWB Scale in our regional analyses. The regions do differ on this overall measure, however, with the Mountain region scoring highest (significantly higher than four of the other eight regions), followed by New England and WSC. WNC respondents reported average levels of psychological well-being, ranking fifth among regions on this measure. ESC had the lowest PWB mean, significantly lower than six other regions.

⁵ The MIDUS data enjoy both a distinct advantage and a distinct disadvantage when it comes to pursuing a regional analysis. The advantage rests with the fact that MIDUS is a nationally representative sample, so there are sufficient data to make these regional comparisons. The disadvantage is that the items prepared for these types of national sample studies are deliberately constructed to minimize variation that is not typically the focus of interest, like group differences such as region of the country, and to ensure that most of the questions have similar relevance to everyone who takes the test. We expect, therefore, that the regional differences we observe will necessarily be small but that systematic patterns of variation may suggest the value of studies specifically designed to assess regional sources of well-being and may underscore the value of a sociocultural analysis of well-being.

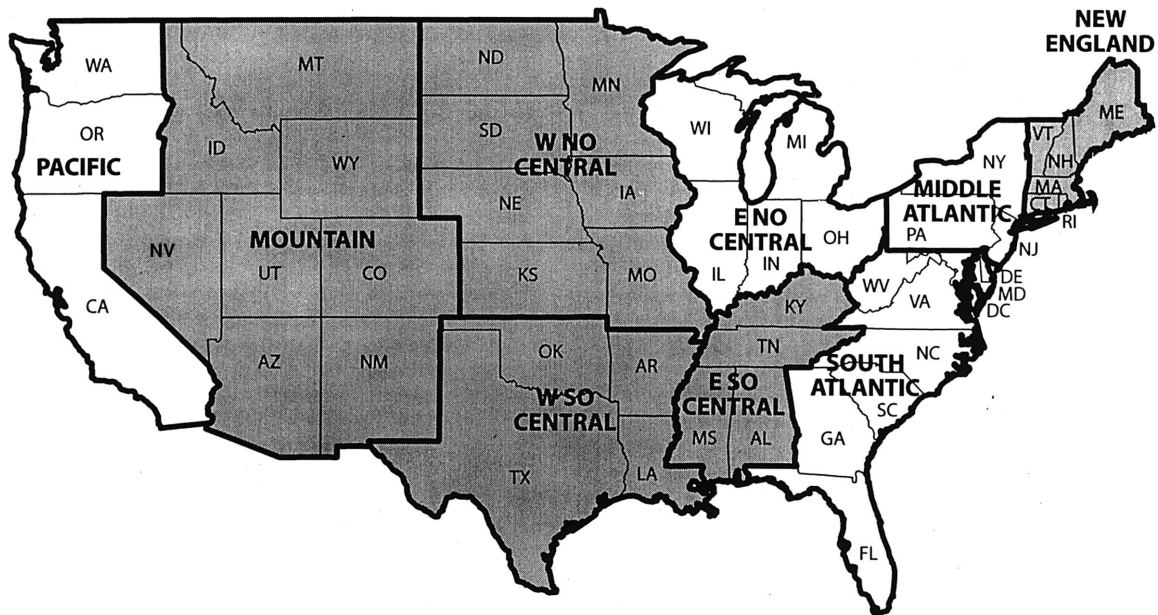


Figure 1. U.S. Census Bureau divisions and states (continental). The shaded areas represent the five regions discussed in this article. W NO = West North; E NO = East North; W SO = West South; E SO = East South.

organized according to the well-being groupings in Table 7. The metric used in these charts is a *z* score, or a standardized score, which allows us to compare variables that have different scales and indicates the standard deviation by which a particular regional score varies from the national mean. In reporting our results for each of the five regions selected for the present study, we use categories such as *high* and *low* to indicate a region's mean response relative to the other eight U.S. Census regions, on the basis of the post hoc analyses.

New England

Hypotheses

Demographics and census data. The New England region consists of Maine, New Hampshire, Vermont, Massachusetts,

Rhode Island, and Connecticut. New England has the highest per capita income in the country, high per capita health care expenditure, and a large ratio of colleges per resident (U.S. Bureau of the Census, 1996; see Table 5). Nearly 67% of the New England respondents in our study have completed some amount of higher education, with over one third holding a bachelor's degree and/or another advanced degree (see Table 6). On the basis of previous studies showing the strong relationship between social class and health, we can therefore predict that New England's well-being profile will reflect high health-focused well-being. A growing literature on the relationship between social class and health reveals that higher socioeconomic status groups have lower morbidity and mortality rates (Adler et al., 1994; Marmot et al., 1991). New England is also characterized by low to moderate unemployment, a low crime rate, an average urban/rural (metro/nonmetro

Table 5
Demographic Indicators of Each Region

Indicator	New England	Mid-Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Population									
Resident population	13,351	38,229	43,614	18,468	47,616	16,193	29,290	16,118	42,406
Metro/nonmetro population	5.3	10.4	3.9	1.4	3.8	1.4	3.3	2.6	10.8
Economy									
Unemployment (%)	4.8	5.9	4.5	3.7	5.6	5.5	5.5	5.3	6.8
Personal income per capita	28,633	27,959	24,470	23,448	23,636	20,095	21,144	21,735	24,909
Health									
Health care expenditure (\$1,000/person)	1.43	1.51	1.24	1.20	1.19	1.23	1.15	0.94	1.07
Social									
Colleges (per 100,000)	1.92	1.54	1.33	2.15	1.29	1.64	1.02	1.32	1.14
Divorce rate (per 1,000)	3.0	3.1	3.3	4.1	4.8	5.9	4.7	4.7	1.3
Crime rate (per 100,000)	4,091	4,212	4,831	4,562	6,134	4,601	5,738	6,357	5,981

Note. Data are from *Statistical Abstract of the United States* (U.S. Bureau of the Census, 1996).

Table 6
Demographics of Regional Samples

Demographic	New England	Mid-Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Sample size (<i>n</i>)	148	484	618	323	624	241	366	218	463
Gender (%)									
Male	54.7	48.6	46.1	51.4	47.3	46.9	48.6	51.4	55.3
Female	45.3	51.4	53.9	48.6	52.7	53.1	51.4	48.6	44.7
Education (%)									
< high school	6.8	11.6	10.2	8.7	13.0	17.8	13.9	6.9	6.9
High school	26.4	28.7	35.0	35.1	27.4	32.0	28.1	25.2	23.1
Some college	32.4	29.5	31.2	28.6	28.7	34.4	28.7	36.7	36.5
Bachelor's or higher	34.5	30.2	23.6	27.6	30.8	15.8	29.2	31.2	33.5
Household income (\$)	66,207	60,357	51,821	50,080	57,277	46,012	48,658	48,988	59,528
Race (%)									
White	92.9	85.4	93.3	94.6	82.5	90.1	80.4	91.0	86.1
Black ^a	3.2	8.2	4.7	2.2	14.7	7.9	10.0	1.1	2.3
Asian ^b	0.0	1.5	0.7	1.1	1.2	0.0	0.6	1.6	2.6
Native American ^c	0.0	0.7	0.0	0.4	0.4	1.0	1.9	2.7	0.8
Multiracial	1.6	0.7	0.2	0.4	0.4	0.5	1.0	0.5	2.3
Other	2.4	3.5	1.1	1.4	0.8	0.5	6.1	3.2	5.9

^a and/or African American. ^b or Pacific Islander. ^c or Aleutian Islander/Eskimo.

area) ratio, and an average to low divorce rate (U.S. Bureau of the Census, 1996). The sample is predominantly White.

Prevalent ideas. The region of New England is in part defined by a set of cultural ideas and practices that are pervasively distributed and are likely to be reflected in the characteristics of the respondents' well-being and self-descriptions. New England, for example, is known as the home of the Puritan settlers and the birthplace of the American Revolution. As America began in New England, it is reasonable to expect that some of the most significant and foundational American values, including freedom and independence, might be especially strongly endorsed and reflected in practice in this region. The notion of being free from the imposition of other people's ideas and styles of life so that it is possible to be one's own person may be particularly salient in the region of the country that has the largest number of independent voters and that is routinely cast as the home of the cranky Yankee or Puritan Heaven (Rubenstein, 1982). We therefore hypothesize

that New England respondents may be particularly high on some aspects of autonomy-focused well-being, expressing relatively high feelings of autonomy and low feelings of constraint.

The desire to be unconstrained, however, does not necessarily conflict with maintaining some kinds of social ties. As might be expected in the region that developed and fostered the institution of the town meeting, the notion of giving all ideas a fair hearing is widely distributed. Rubenstein (1982) found that people in New England knew their neighbors, made friends, and rated them positively. We expect to find this affiliative tendency in our analyses of well-being, in particular on measures of other-focused well-being. Rubenstein (1982) also characterized New Englanders as stoical because of their low ratings on both negative affect and positive affect. We expect to find a similar pattern of emotion-focused well-being in our data.

Results: Well-Being Profile

Health-focused well-being. According to various indicators in the survey, New England is doing very well with respect to physical health. Our analyses reveal that, as predicted, respondents from New England have the highest subjective ratings of physical health in the country (see Figure 2). In addition, New England respondents reported a low number of chronic conditions—the second lowest in country.

Autonomy-focused well-being. Consistent with our hypotheses, New England respondents reported the lowest levels of constraint (e.g., "I have little control over the things that happen to me"), significantly lower than six other regions. It scored second highest in autonomy (e.g., "I judge myself by what I think is important, not by the values of what others think is important") but only average on environmental mastery (e.g., "In general, I feel I am in charge of the situation in which I live"). These findings suggest that to the extent that autonomy-focused well-being is reported by this region's respondents, it revolves more around a feeling of being one's own person and not being constrained by

Table 7
Well-Being Groupings

Well-being grouping	Measure
Health-focused well-being	Fewer chronic conditions Physical health
Autonomy-focused well-being	Autonomy Environmental mastery Lower constraint
Self-focused well-being	Self-acceptance Self-satisfaction Personal growth
Emotion-focused well-being	Positive affect Lower negative affect Mental or emotional health
Other-focused well-being	Positive relations with others Social well-being
Social responsibility	Contribution to others' well-being Civic obligation

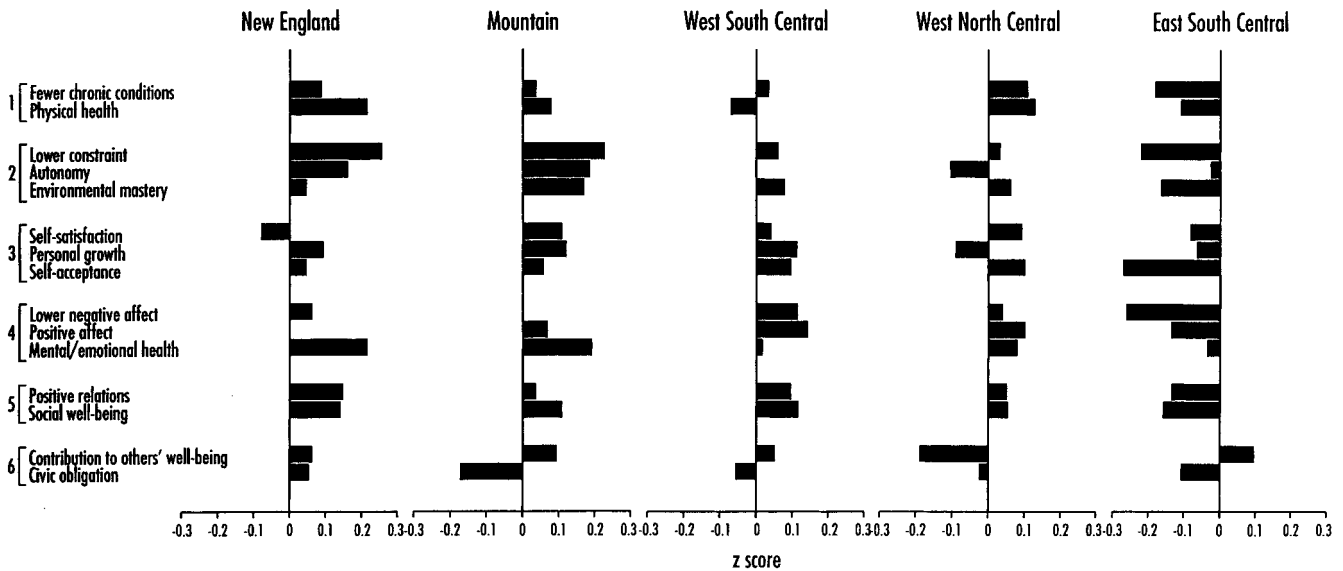


Figure 2. Well-being profile for each region. The figure shows z scores standardized on the full Midlife in the United States Survey sample.

others than around a feeling of being concerned with being in charge of one's situation.

Self-focused well-being. New England is not particularly high in self-focused well-being. It ranked third among regions in self-satisfaction and personal growth and fourth in self-acceptance but was not significantly higher than any region on these indices.

Emotion-focused well-being. As we expected, respondents from stoical New England reported only average positive affect in comparison with other regions. In addition, they reported lower negative affect than all regions except West South Central. New England respondents rated themselves highest in mental and emotional health.

Other-focused well-being. As predicted, the New England well-being profile reveals an emphasis on good relations with others. New England ranked highest in social well-being, and respondents also scored highest in the country on positive relations with others. They scored only just above average, however, on various measures of social responsibility, including civic obligation and a rating of their contribution to others' welfare and well-being.

Mountain

Hypotheses

Demographics and census data. The picture that the census statistics paint of the Mountain region, which includes Montana, Wyoming, Idaho, Colorado, Utah, Nevada, New Mexico, and Arizona, is not as positive as that of New England. The Mountain region has the highest crime rate and the lowest health care expenditure (U.S. Bureau of the Census, 1996). It has an average to high divorce rate and a low urban/rural ratio (U.S. Bureau of the Census, 1996). Although, according to census data, this region has low personal income, the respondents in our sample have relatively high levels of education, with two thirds of the respondents having

had some higher education. The relatively high education level of this region might suggest that well-being is characterized by high health-focused well-being; however, the low income and low health care expenditure may well mitigate this relationship. The sample is predominantly White, and it has the highest regional percentage of Native American respondents.

Prevalent ideas. Ideas associated with the Mountain region have always had a significant role in the American cultural imagination and in the world's imagination about America. This is the land of "Don't fence me in," Gary Cooper in *High Noon*, and the Marlboro man. Bellah et al. (1985) suggested that the cultural significance of the lone cowboy lies in his "unique, individual virtue and special skill" (p. 145). Novelists, journalists, social scientists, and casual observers alike routinely draw a connection between the barren terrain and harsh climate of this region and the psyches of the people who live there. As Farney (1999) claimed, "There is something about this sweeping, limitless landscape that tempts inhabitants to believe that here, history is a blank slate—that here, anything is possible" (p. A18). Cultural geographer Zelinsky (1973/1992) described the man of the frontier region as "the resourceful, isolated fighter against the wilderness, triumphantly carving out his own autonomous barony, the virile libertarian, jack-of-all-trades, and rough-and-ready paragon of all democratic virtues" (p. 42). Kaplan (1998), in his recent book about social and cultural trends in the West, *Empire Wilderness*, described Tuscon, for example, as follows:

[Although it] is becoming increasingly connected to the outside world thanks to immigration and the Internet, its people are increasingly isolated from one another: the houses further and further apart, the public spaces empty. To me, the city's terrain seemed to say 'Leave me alone.' (p. 168)

The idea that the Mountain region is concerned with autonomy and self and reflects a type of frontier mentality is supported by

some previous empirical work. Most recently, Vandello and Cohen (1999), who used a slightly different region classification system, found the Great Plains and Mountain West to be more individualist than were all other regions. We expect, therefore, that respondents of the Mountain region, to the extent they are engaging a frontier mentality, may have high scores on all aspects of autonomy-focused well-being. Further, Kahle's (1986) finding that people living in the Mountain region are more likely than people in any other region to value self-respect leads us to expect that Mountain respondents will score high on some aspects of self-focused well-being. Specifically, to the extent that the ecology of this region fosters a sense of limitless possibility, respondents may be higher on ratings of personal growth.

Results: Well-Being Profile

Health-focused well-being. The Mountain region did not score as high as did New England on health-focused well-being, but its subjective health ratings were moderately high in comparison with the rest of the country. Mountain respondents ranked third on a rating of physical health. The Mountain region ranked sixth in chronic conditions, reporting average to low levels of chronic conditions in comparison with other regions.

Autonomy-focused well-being. As predicted, autonomy-focused well-being characterizes the Mountain region. Respondents from this region reported the highest levels of autonomy and environmental mastery in the country—significantly higher than six and four other regions, respectively. The emphasis on autonomy-focused well-being also includes low feelings of constraint (significantly lower than six other regions); only New England was lower.

Self-focused well-being. Unlike New England, which is characterized primarily by some aspects of autonomy-focused well-being, the Mountain region is characterized by both autonomy- and self-focused well-being. In this region, levels of personal growth (e.g., "Life is a continuous process of learning, changing, and growth") are the highest in the country. Respondents from this region are also the most satisfied with themselves. In addition, they are relatively high on self-acceptance (e.g., "I am pleased with how my life has turned out so far"), although not as high as those in the WSC and WNC regions.

Emotion-focused well-being. Respondents from the Mountain region reported significantly higher mental and emotional health than did respondents from six other regions, and they were lower than only New England. The Mountain region fell within the top three in terms of positive affect and the lowest three in terms of negative affect.

Other-focused well-being. The picture with respect to other-focused well-being is mixed. The Mountain region was among the top three regions on social well-being and was significantly higher than two regions on this measure. With respect to social responsibility, Mountain respondents scored second highest on contribution to others' well-being. However, respondents from the Mountain region did not report high positive relations with others. Moreover, they were lowest of all regions on civic obligation. This relative lack of social responsibility is consistent with the Mountain region's emphasis on autonomy and on the importance of being left alone.

West South Central

Hypotheses

Demographics and census data. The West South Central (WSC) region, which includes Texas, Oklahoma, Arkansas, and Louisiana, is characterized by moderate crime, divorce, and unemployment rates and a low to moderate urban/rural ratio (U.S. Bureau of the Census, 1996). This region is relatively poor with respect to personal income, and it has the lowest number of colleges per 100,000 residents (U.S. Bureau of the Census, 1996). Census statistics also reveal that this region is moderate in health care expenditure, and, according to sample demographics, respondents are only moderately educated in comparison with other regions (58% have had some higher education). Therefore, we might expect WSC respondents to score relatively low on measures of health-focused well-being in comparison with respondents in New England, which has high income, education, and health care expenditure. WSC has the lowest regional percentage of White respondents, the second highest percentage of Native American respondents, and a large percentage indicating "other," probably reflecting the large Latino population, a category that was not a response option in the survey.

Prevalent ideas. The majority of what has been written about this region concerns Texas. Kaplan (1998) captured one common notion associated with this region, that well-being requires the sense of untrammelled freedom to be found only in wide open spaces. He wrote,

People accustomed to mountains and tree cover go crazy out here [Texas]. But I just hate trees and mountains. I went to Virginia once. I felt so fenced in by the landscape that I could scream. When I was in Chicago, the skyscrapers made me feel the same way. I can't imagine spending your life in a place where you can't see for miles in all directions. (p. 233)

Other accounts routinely note that many Texans like to believe that Texas is really a separate country, claiming that they are fundamentally different from the rest of America and intend to stay that way (Kaplan, 1998). This sentiment is well represented by bumper stickers and posters that proclaim "Don't mess with Texas." Texas is often described as extremely cheerful and explicitly self-aggrandizing and self-promoting (Garreau, 1981). Moreover, Rubenstein (1982) has dubbed this region the Go-Getting Gulf.

Garreau (1981) labeled this region the Anglo Plains, but it has also been historically characterized by a strong Hispanic and Mexican presence. The site of constant change and economic upheaval, the WSC region has also been labeled the Gulf Growth Sphere (Garreau, 1981). Some suspect that in the American Southwest, Mexican values and ways of being may soon be more prevalent than Anglo Saxon Protestant ones (Kaplan, 1998; Zelinsky, 1973/1992).

Given that the WSC region is so much in flux, relative to the other four we characterize here, and that it explicitly combines two cultures, it is somewhat difficult to predict what forms well-being will assume. Given the hypothesized strong impact of geography as well as the powerful myth of an independent, tough, and invincible Texas, it is likely that some aspects of autonomy- and self-focused well-being will be emphasized. Yet, given what we do

know about the presence of Hispanic culture in parts of this region, we might also expect to find conceptions of well-being that reflect some values and perspectives that are common in Mexican cultural contexts. For instance, in keeping with the finding that Hispanic and Latino cultures are more collectivist than are European American cultures (Hofstede, 1980; Triandis, Marin, Lisansky, & Betancourt, 1984), we expect that WSC respondents will report high levels of other-focused well-being. In other words, this region's conceptions of well-being and self may reflect a creolization of individualist and collectivist ideas and values. This combination may also result from the interaction of people with the environment. As with the Mountain region, virtually all observers of this region make some link between terrain and psyche. As Kaplan claimed, "Texas constitutes just another friendly desert culture . . . where great distances and an unforgiving, water-scarce environment weld people closely to one another at oases, while demanding a certain swaggering individualism out in the open—as well as religious conservatism" (p. 231).

Finally, given the influence of Hispanic or Mexican culture in this area (Zelinsky, 1973/1992), there might also be some greater emphasis on emotionality in reports of well-being (i.e., high emotion-focused well-being). Triandis et al. (1984), for example, reported that Mexicans are socialized to emphasize the expression of positive affect and deny the expression of negative affect. This is one element of the more general cultural script of *simpatia*—a pattern of social interaction involving respect toward others and a value of smooth, harmonious social relations.

Results: Well-Being Profile

Health-focused well-being. In contrast with New England, WSC did not score high on health-focused well-being. Respondents from this region reported the third lowest subjective ratings of physical health, significantly lower than New England and WNC. The region only ranked fourth on chronic conditions.

Autonomy-focused well-being. In contrast with the Mountain region, WSC did not score high on all aspects of autonomy-focused well-being. In fact, the WSC region mean on autonomy is significantly lower than the Mountain region mean. However, WSC did rank second on environmental mastery and third lowest on constraint. In comparison with the Mountain region, the autonomy-focused well-being that is salient in this region may be based more on being in charge of one's situation or not feeling out of control than on independent thinking.

Self-focused well-being. The WSC region ranked high on self-focused well-being. The region's well-being profile shows the second highest levels of personal growth (significantly higher than four other regions) and self-acceptance (significantly higher than two other regions).

Emotion-focused well-being. A focus on emotions characterizes the WSC region. The region reported the highest levels of positive affect and the lowest levels of negative affect. A look at the specific items in the Positive Affect and Negative Affect scales reveals that respondents reported the lowest levels of feeling nervous and restless and the highest levels of feeling cheerful and happy in the past 30 days. However, WSC respondents ranked fourth in subjective mental and emotional health, behind New England, Mountain, and WNC, and were actually significantly lower than the first two on this item.

Other-focused well-being. The WSC region can also be described as having high other-focused well-being. The well-being profile of this region reflects the second highest mean on social well-being, significantly higher than four other regions. In addition, positive relations with others seem to be an important part of this region's other-focused well-being. WSC scored second highest on positive relations with others (significantly higher than three regions). This region ranked third in the country on a rating of contribution to others' welfare and well-being and on feelings of civic obligation.

West North Central

Hypotheses

Demographics and census data. Minnesota, North Dakota, South Dakota, Nebraska, Iowa, Kansas, and Missouri compose the West North Central (WNC) region. This region has the highest proportion of colleges per inhabitant in the country, but our sample has moderate levels of education in comparison with other regions. The region's health care expenditure and personal income are also average compared with other regions (U.S. Bureau of the Census, 1996). From these average levels of income and education, we can reasonably predict average levels of health-focused well-being relative to other regions. The divorce rate in WNC is also moderate, and the region has the lowest urban/rural ratio (along with ESC). This region also has the lowest unemployment rate and a low to moderate crime rate. WNC respondents are predominantly White.

Prevalent ideas. The WNC region of the United States includes much of the area of the country identified as the all-American heartland or the stable core of America. Settled primarily by Scandinavians and Germans and with one of the lowest rates of recent immigration, this is the area that still most clearly reflects and fosters the White Anglo Saxon Protestant ideas and practices that were foundational for American culture (Gastil, 1975; Spindler & Spindler, 1990). This region is widely believed to most obviously express and demonstrate the American values of hard work, responsibility, helpfulness, and egalitarianism (Bellah et al., 1985; Kahle, 1986). Encompassing the central plains, the WNC region is often referred to as the breadbasket (Garreau, 1981) of the nation and is typically symbolized as the solid, stable, productive center of the country. Rubenstein (1982), in summarizing survey data on the WNC region, dubbed this area the "complacent plains," a place where many people seem "to prefer life on a simple, even keel" (p. 26).

A prevalent idea in journalistic, social, and political commentary on this part of the Midwest is the idea of averageness and the representation and cultivation of the importance of being average. This region includes the geographical as well as the statistical center of the country. Kaplan (1998), for example, said of St. Louis that it is the most average American city—"whether it's industry, unemployment, per capita growth rates, whatever, this is the mean level American metropolis" (p. 31). Averageness can connote boredom or a lack of excitement, but for insiders and more expert observers, averageness means being moderate and not too extreme and resisting self-preoccupation. Ideas of not wanting too much, of being satisfied with what one has, and of adjusting to the life one leads are more frequently expressed and publicly represented in

this region than in others (Tsai, Chentsova-Dutton, Freire-Bebau, & Przymus, 2002). Like the opening quote from novelist Jane Smiley, the radio humorist Garrison Keillor, in characterizing the fictional town of Lake Wobegon, Minnesota, repeatedly explains and celebrates the value of being solid and average, knowing what one has to do, and being content with one's position in life. "True happiness," he has claimed, "comes from just having to adjust to what you have, not from choosing. Like ice fishing in Minnesota, you have cold weather, so you make the best of it. Choice can make you miserable" (Keillor, 1997).

We expect, therefore, that the well-being profile of this region will be characterized by some elements of self-focused well-being, particularly self-acceptance and self-satisfaction, and will not be particularly characterized by attention to possibility or growth. Unlike New England or the Mountain region, the well-being profile of this region is unlikely to reflect much concern with autonomy-focused well-being. Further, given the seeming prominence of ideas about the importance of being content and cheerful and not complaining, we anticipate that the well-being profile should also reflect some elements of emotion-focused well-being, revealing relatively high positive affect and relatively low negative affect in this region.

Results: Well-Being Profile

Health-focused well-being. The inclination toward accepting one's life and its conditions manifests itself in the region's scores on health-focused well-being measures. The WNC region reported the lowest number of chronic conditions in the country, despite the fact that its health care expenditure and education are only average. In addition, it ranked second on a subjective rating of physical health—lower than only New England, and significantly higher than five other regions.

Autonomy-focused well-being. As hypothesized, the WNC region contrasts with New England and the Mountain region on most aspects of autonomy-focused well-being. The well-being profile of the WNC region shows the lowest ratings of autonomy and reports of feelings of constraint that lie just below the national average, significantly lower on autonomy and significantly higher on constraint than New England and the Mountain region. However, WNC ranked third on environmental mastery, indicating that to the extent that respondents of this region experience autonomy-focused well-being, they do so not as much in terms of independent thinking as in terms of being in charge of their everyday life.

Self-focused well-being. Also consistent with our hypotheses, WNC respondents scored particularly high on two of our three self-focused well-being measures. This region ranked highest on self-acceptance, which involves liking oneself and being pleased with one's life. Respondents from this region also ranked high on self-satisfaction, second only to the Mountain region. But for WNC respondents, self-focused well-being may be more about being pleased with one's current self than about seeking change and improvement. This region ranked the lowest on personal growth, in sharp (and significant) contrast with the WSC and Mountain regions.

Emotion-focused well-being. WNC respondents' tendency toward self-contentedness is further reflected in their scores on emotion-focused well-being. This region ranked third in mental or emotional health, second in positive affect, and just below the

national mean on negative affect. In particular, the WNC region reported the highest levels of feeling calm and peaceful (significantly higher than four other regions) and feeling satisfied (significantly higher than three other regions) in the past 30 days. Further, it ranked second lowest on feeling nervous and feeling restless in the past 30 days.

Other-focused well-being. Concern with others characterizes the WNC region well-being profile, but not quite as much as New England and WSC. WNC ranked third after these two regions on positive relations with others and differed significantly from two regions on this measure. WNC respondents ranked fourth on social well-being, behind the New England, WSC, and Mountain regions. With respect to social responsibility, the WNC well-being profile shows the highest score on family obligation and is near the national average on civic obligation; however, individuals from the region do not boast about their contribution—they were the lowest of the regions on contribution to the welfare and well-being of others.

East South Central

Hypotheses

Demographics and census data. The East South Central (ESC) region, consisting of Kentucky, Tennessee, Mississippi, and Alabama, according to census data, has the country's lowest personal income. ESC respondents in the MIDUS study are less educated than those from other parts of the country, with the lowest percentage of college-educated respondents (15.8%) and the highest percentage of respondents who did not complete high school (17.8%). Thus, although the region is average with respect to the number of colleges per 100,000 residents and health care expenditure, we can expect it to display low levels of physical health relative to regions with higher per capita incomes and higher levels of education. ESC has the highest divorce rate, average crime and unemployment rates, and the lowest urban/rural ratio (along with WNC) in comparison with the rest of the country (U.S. Bureau of the Census, 1996). This region's respondents are predominantly White, with 7.9% Black respondents.

Prevalent ideas. Like the West, the South holds a prominent place in the collective American imagination. As Nisbett and Cohen (1996) noted,

The U.S. South has long been viewed as place of romance, leisure, and gentility. Southerners have been credited with warmth, expressiveness, spontaneity, close family ties, a love of music and sport, and an appreciation for the things that make life worth living—from cuisine to love. (p. 1)

According to Garreau (1981, p. 129), "being a Southerner is the most fervent and time-honored regional distinction in North America," and ideas about what it means to be a good or proper southerner are plentiful and well-elaborated. This is Dixie, the land of charm, grace, and southern hospitality, but it is also, according to many theorists of this region, a place where remembering and honoring the past is a well-honed practice. William Faulkner wrote that "the past is alive in the South, in fact, it's not even past" (Faulkner, 1951, p. 92). And remembering the Civil War and coming to terms with the South's defeat is an especially significant feature of public discourse. The historian Ayers (1999) reported

that more has been written about the Civil War than about any other historical topic in North America. And many of these ideas about the meaning of the Civil War and what it means to be a southerner today are prominent features of everyday life and its interpretation in the South.

Previous regional analyses have found high levels of collectivism in the Deep South. Most recently, using somewhat different regional definitions than the census categories, Vandello and Cohen (1999) found significantly higher collectivism here than in the Mountain West and Great Plains, the Great Lakes and Midwest, or the Northeast. They found, for example, greater endorsement of items such as "It is better to be a cooperative person who works well with others." Vandello and Cohen posited that historical factors and institutional practices such as defeat in the Civil War, slavery, poverty, and the prominence of church life have helped shape the Deep South into a relatively collectivist region. The South is also a place of relative poverty and strict racial segregation, both of which are direct legacies of the Civil War. Other regional analyses have documented that the region's general quality of life is the lowest in the country, and, in comparison with other regions, accounts of this part of the South often describe a certain wariness and uncertainty or insecurity about the future (Rubenstein, 1982).

There is nothing in our survey of prevalent southern ideas about well-being to suggest that autonomy-focused or self-focused well-being, as measured in this study, is particularly distinctive in the well-being profile of this region. There is certainly a tradition of ideas and values emphasizing the importance of charm, warmth, and positive affect in ESC. In addition, ideas that focus on past historical injustices and current uncertainties are also widespread, so negative affect may also be relatively salient in the well-being profile. We anticipate that the well-being profile will reflect some elements of other-focused well-being, particularly positive relations with others, and also some elements of social responsibility, such as contribution to the welfare and well-being of others.

Results: Well-Being Profile

Health-focused well-being. As we expected, the ESC region fared worse than all other regions on measures of health. Respondents' ratings of physical health were the lowest in the country, significantly lower than three other regions. Moreover, ESC respondents reported the most chronic health conditions, significantly more than seven other regions.

Autonomy-focused well-being. As we predicted, ESC respondents displayed low levels of autonomy-focused well-being. They gave the highest ratings of feelings of constraint (significantly higher than six other regions) and the lowest ratings of environmental mastery.

Self-focused well-being. Similarly, this region's respondents scored lowest in self-acceptance (significantly lower than all other regions) and second lowest in self-satisfaction (significantly lower than three regions).

Emotion-focused well-being. ESC respondents also ranked lowest in positive affect (significantly lower than three regions) and highest in negative affect (significantly higher than three regions).

Other-focused well-being. Counter to our prediction, the ESC region did not rank high in other-focused well-being. In fact,

respondents from this region scored lowest on social well-being (significantly lower than three regions) and lowest in positive relations with others (significantly lower than four regions). We were surprised by these findings and hypothesize that perhaps these particular measures of other-focused well-being do not tap into the collectivism and focus on relationships that have been found in previous studies. With respect to social responsibility, in keeping with our prediction, ESC respondents did give the highest ratings of contribution to the welfare and well-being of others.

Discussion: Studies 1 and 2

Overall, our analyses of region profiles of well-being lead us to conclude both (a) that there is a strong consensus among Americans at midlife, wherever they live, about what is important for well-being and (b) that there is considerable diversity by region in how people come to represent and experience well-being at midlife. We have proposed that both the common and the regionally diverse well-being responses can be understood through an examination of some features of the various sociocultural contexts that people engage as they live their life. Thus, most Americans have some contact with media that are nationwide and with the ideas and practices of a common legal, political, and consumer culture. Further, they participate in educational systems that, although often diverse, do convey an overlapping set of historically constituted ideas and narratives about America and being American and that it is morally desirable to be this way. As a consequence of this pervasive network of ideas and practices, there is what can be called an American well-being profile. As indicated in Table 4, a majority (ranging from 51% to 78%, depending on the question) of a national sample of Americans, regardless of where they live in this country, believe with full certainty (e.g., 4 on a 4-point scale) that they are, overall, healthy, in control of their life such that they can do what they set their mind to, purposeful, very satisfied with their life, and obligated to their work and to their family and that their partner and family support them. A majority of Americans also believe with full certainty that they are autonomous, self-accepting, and satisfied with themselves; that they have the potential for growth and change; that they feel civic obligation; and that they do not experience negative feelings, although there is some regional variation in these latter tendencies.

The regional variation in well-being profiles derives from the fact that although Americans share some ideas and practices about well-being, well-being is also substantially patterned by a person's local worlds—worlds that are shaped by regionally distinct ideas of what is real, what is good, and what is the right way to be a person. In summary, we find the following:

(a) the New England well-being profile reveals high levels of physical well-being and is distinctive for its emphasis on the aspect of autonomy-focused well-being that concerns not being constrained. The profile of New England shows the highest levels of social well-being and positive relations with others.

(b) The Mountain region profile is somewhat different from that of New England. For example, physical health is not a salient feature of its well-being profile. It is distinctive for its emphasis on self-satisfaction and on all aspects of autonomy-focused well-being, including independent thinking, being in charge of one's situation, and not feeling constrained by others.

(c) The WSC profile is distinguished by self-focused well-being, particularly the possibility of personal growth, a finding consistent with exaggeration, hyperbole, and wild possibility, often features of the public representations of this part of the West. The WSC profile is also distinguished by high levels of emotion-focused well-being, revealing the lowest levels of feeling nervous and restless and the highest levels of feeling cheerful and happy. This region's profile is also high on other-focused well-being.

(d) The WNC region, unlike the New England, Mountain, or WSC regions, is not particularly distinguished by any aspect of autonomy. Instead, it is distinctive for its levels of self-focused well-being, particularly self-satisfaction and self-acceptance. It ranks lowest of all regions on personal growth, consistent with ideas of being content or satisfied with one's place that are prevalent in this area. Moreover, like the WSC, this region is notable for emotion-focused well-being, but instead of being high on feeling cheerful and happy, it ranks the highest on feeling calm, peaceful, and satisfied.

(e) The ESC region's well-being profile is the most distinctive of all. Except for social responsibility, for which it is highest on contribution to the welfare and well-being of others, this region's profile is distinguished by relatively low scores on all other aspects of well-being.

These regional comparisons suggest the existence of systematic variations on the consensual well-being themes. For example, although certain notions of control seem to play a prominent role in American well-being, they appear to be represented and enacted differently in different regions.⁶ However, before drawing conclusions on how consensual themes are regionally patterned, we examined the consensual and regionally distinct aspects of self.

Study 3: Consensual Features and Regional Variation in Self

Studies 1 and 2 suggest that the forms that well-being takes in American cultural settings are tied to the meanings and practices that prevail in those settings. Cultural ideas, institutions, and ways of life similarly contour and promote notions of how to be a self in particular settings. In fact, a significant amount of empirical research has revealed pervasive cross-cultural differences in conceptions of the self and personality (see Markus & Kitayama, 1998; Triandis, 1995). Past research also suggests that the personal attributes that are commonly reported in a cultural setting should be related to reports of well-being (Diener & Diener, 1996). To elaborate and inform our depictions of well-being in each region and present a more complete picture of the prevalent notions of how to be in the United States and across regions, we conducted Study 3, in which we aim to map consensual American and regional features of conceptions of self.

Hypotheses

Consensus

The pervasiveness of key American ideologies of personal control and responsibility, such as the Protestant ethic and the American Dream, as well as the findings from Study 1 that mastery, purpose in life, and work obligation are key features of American well-being, lead us to expect that personality attributes related to

control and self, such as *hardworking* and *responsible*, compose one set of consensual self constructs.

We also expect a set of consensual self constructs to emerge around the notion of niceness or friendliness. The idea that one is not a nice person can be deeply threatening to the average American (A. R. Hochschild, 1983; Wierzbicka, 1994). Friendship in America contributes to self-fulfillment and self-worth (Bellah et al., 1985). Various studies have found that Americans report large friendship networks. For instance, respondents from mainstream American settings report having more friends or social interaction partners than do respondents in similar Ghanaian, Hispanic American, Hong Kong Chinese, and European contexts (Adams, 2002; Dunkel-Schetter, Sagrestano, Feldman, & Killingsworth, 1996; Wheeler, Reis, & Bond, 1989; Wierzbicka, 1997). Although Americans report having more friends, their social relations may be relatively casual and transient (Bellah et al., 1985). Bellah et al., drawing from de Toqueville's (1840/1945) comment that "democracy does not create strong attachments . . . but it does put their ordinary relations on an easier footing" (quoted in Bellah et al., 1985, p. 117), proposed that friendliness has become a means of alleviating the difficulties of interacting with other autonomous individuals in the mobile and egalitarian American society. More recently, Wierzbicka (1994) has argued that American contexts are distinctive in that people are extremely friendly toward others, primarily because friendliness is thought to be a mark of good inner qualities, inspires confidence, and commands respect. Therefore, we expect that Americans will agree that attributes such as *friendly*, *helpful*, *sympathetic*, *warm*, *caring*, and *softhearted* describe them a lot.

Region

New England. New England respondents have high average levels of education (67% have some higher education) and the highest levels of income. Studies that have examined the relationship between class (for which level of education is a proxy) and differentiation or complexity of the self lead us to expect that respondents of New England will rate themselves highly on most positive self-attributes (Herzog et al., 1998; Kohn & Slomczynski, 2001; Herzog et al., 1998; Meyer, 1990; K. A. Miller, Kohn, & Schooler, 1986). New Englanders' high levels of education combined with the finding from Study 2 that they are concerned with lack of constraint suggests that they are likely to report personal attributes associated with openness to experience, such as *broad-minded* and *curious*. New England's well-being profile, which

⁶ We also examined variation in the representation and understanding of well-being by conducting a series of exploratory factor analyses. We performed these analyses separately for each region on the 15 well-being variables that were found to differ significantly by region. The varimax rotated factors with eigenvalues greater than 1 are shown in Appendix C. Regions differed in how many factors were extracted. The variables listed for each factor for each region are those with factor loadings greater than .6 or less than $-.6$. These analyses reveal some consistency in well-being structure across regions. In general, psychological health variables tend to hang together, as do physical health variables and social health variables. However, there is also marked variability across regions in the factor structure.

reflects high other-focused well-being, also leads us to expect high scores on extraversion traits such as *outgoing*.

Mountain. We expect that the self profile of the Mountain region will reflect a concern with the agentic self. Vandello and Cohen (1999) found the Great Plains and Mountain West to be more individualistic than were all other regions, and we found in Study 2 that Mountain region respondents had the highest scores of all regions on all aspects of autonomy-focused well-being. These findings suggest that Mountain region respondents will likely strongly endorse personal attributes associated with agency, particularly assertiveness and dominance.

West South Central. Following from the finding that people in this region report low stress (Rubenstein, 1982) and our finding that West South Central (WSC) respondents score high on emotion-focused well-being, we expect that the WSC self profile will contain low neuroticism. The WSC well-being profile also reflects a concern with other-focused well-being. This finding from Study 2, combined with Vandello and Cohen's (1999) finding that people in these southern states score high on collectivism, leads us to expect that WSC respondents will score high on attributes related to agreeableness and extraversion. The relational sentiment is also captured in Texas's state motto: "Friendship."

West North Central. On the basis of our findings in Study 2 that West North Central (WNC) respondents report feeling calm and peaceful and Rubenstein's (1982) characterization of people in this region as having relatively low stress and few negative feelings, we predict that WNC respondents will score low on attributes associated with neuroticism. WNC respondents' high scores in Study 2 on self-acceptance and self-satisfaction and their lack of autonomy-focused well-being lead us to expect that they will not score high on attributes related to openness to experience or agency.

East South Central. Other research suggests that respondents who are low in education should have less elaborated selves and should score low on positive attributes and high on negative attributes (Herzog et al., 1998). We expect, therefore, that East South Central (ESC) respondents, who scored low on autonomy- and emotion-focused well-being in Study 2, will score low on personal attributes related to agency and will score high on attributes related to neuroticism. However, on the basis of previous research showing that southerners are high in collectivism (Vandello & Cohen, 1999) and the finding in Study 2 that they report high contribution to the well-being and welfare of others, we expect that the self profile of the ESC region will be high in agreeableness attributes such as *softhearted* and *caring*.

Method

Sample

The sample for Study 3 is the same as the one in Studies 1 and 2.

Self-Indicators

To map out both consensual and regional senses of self, we used the attributes in the MIDI Personality Scales, which were compiled from adjective checklists and inventories (Bem, 1981; Goldberg, 1992; John, 1990; Trapnell & Wiggins, 1990) to represent the Big Five (see Lachman & Weaver, 1997), as indicators of self in our analyses. These attributes form the basis of six scales: Agreeableness, Agency, Conscientiousness, Openness to Experience, Neuroticism, and Extraversion (see Table 8).

Consensus

The criteria that were used to identify consensual self constructs are identical to those used in Study 1 to identify consensual features of well-being.

Region

The procedure for detecting regional variation is the same as that used in Study 2. Figure 3 shows a profile of self, or a set of personal attributes, for each region in terms of how much each region diverges from the national average on each attribute for which we found regional variation (i.e., a significant F at the $p = .05$ level). The bars are organized according to the scales listed in Table 8.

Results

Consensual Self Profile

Consensual self constructs are highlighted in bold in Table 9. We found that Americans were high on and did not differ regionally on two personality attributes that revolve around the notion of conscientiousness—*hardworking* (72% circled a lot) and *responsible* (72%). In fact, for every region, the two most highly endorsed attributes were *hardworking* and *responsible*.

We also found that Americans endorsed attributes that center on the idea of niceness or friendliness. *Friendly* was endorsed at the highest level by 64% of respondents, and it was the fourth most highly endorsed attribute in every region. In addition, attributes such as *helpful* (56%), *sympathetic* (55%), and *warm* (53%) were highly endorsed and did not vary by region.

Regional Self Profiles

In the following sections we compare each region with other regions on various self attributes (see Figure 3). Regional differences on the six scales are also reported if they met our significance criterion of .05 (see Appendix D).

New England. The self attribute ratings of New England respondents add to the picture that emerges from their well-being ratings. Consistent with their demographic profile, they rated themselves as significantly higher on openness to experience, particularly on *curious* and *broadminded*, and they rated them-

Table 8
Self Indicators Used in Consensual and Regional Analyses

Scale	Attributes	M (sum)
Agreeableness	Helpful, warm, caring, sympathetic, softhearted	17.42
Agency	Forceful, self-confident, assertive, outspoken, dominant	13.67
Conscientiousness	Organized, responsible, hardworking, (not) careless	13.63
Openness to Experience	Creative, imaginative, intelligent, curious, broad-minded, adventurous, sophisticated	21.29
Neuroticism	Worrying, nervous, moody, (not) calm	8.99
Extraversion	Outgoing, lively, friendly, active, talkative	16.01

Note. Judgments were made on 4-point scales (1 = *a lot* and 4 = *not at all*). Items have been reverse coded where necessary so that higher scores indicate higher values of a measure.

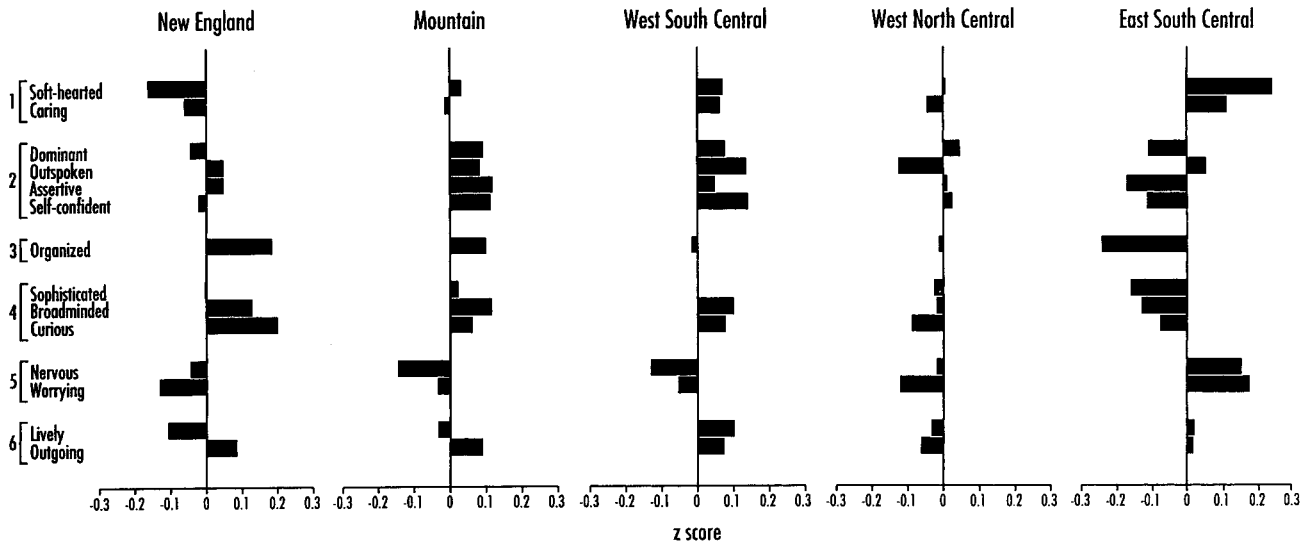


Figure 3. Self profile for each region. The figure shows z scores standardized on the full Midlife in the United States Survey sample.

selves as significantly lower than did respondents in the other regions on *worrying* and *softhearted*, attributes that are less likely to be endorsed by more educated samples (Markus, Ryff, Conner, Pudberry, & Barnett, 2001). Another distinguishing self-rating included the highest ratings of respondents in all regions on *organized*, an item from the Conscientiousness scale. The fact that New England respondents did not rate themselves particularly highly on agency attributes such as *assertive* and *dominant* suggests either that they are not as focused on autonomy as the well-being measures suggest or that these attributes do not capture the sense of autonomy desired or experienced in this region. Perhaps attributes associated with independence, individualism, achievement, or freedom of expression might be closer to the New Englander’s understanding of autonomy.

Mountain. The respondents of the Mountain region distinguish themselves from the respondents of other regions in their scores on the Agency scale. They scored highest of all the regions on *assertive* and *dominant* and second highest on *self-confident*, a profile that is consistent with their high levels of autonomy-focused well-being. These respondents look similar to those of

New England on most other attribute ratings. Mountain respondents, who are also fairly highly educated, with 68% having had some higher education, scored second highest in openness to experience, second lowest in neuroticism, and highest in *outgoing*.

West South Central. Consistent with their high emotion-focused well-being ratings, the respondents of West South Central (WSC) were significantly lower than the respondents of other regions on neuroticism, particularly on *nervous* and *worrying*. Moreover, in keeping with their high other-focused well-being ratings, they were highest in their ratings of *lively*, significantly higher than three other regions on *outgoing*, and second highest in their ratings of *caring* and *softhearted*. Although they were not consistently high on all aspects of autonomy-focused well-being, the respondents of the WSC rated themselves highest on the overall Agency scale, in particular on *outspoken* and *self-confident*. They also scored high on *dominant* and *assertive*.

West North Central. In keeping with the picture of West North Central (WNC) respondents as content and not likely to complain, these respondents are relatively easy on themselves and self-accepting; they scored relatively low on the Neuroticism scale. They were the second lowest region in worrying. Consistent with their tendency to feel self-satisfied, they scored relatively low on openness to experience. In particular, they rated themselves lowest on *curious*. WNC respondents’ low scores on autonomy-focused well-being are reflected in their relatively low scores on agency attributes. As noted by Smiley in the opening quote, these Midwesterners may display some tendency to “speak when spoken to.” In comparison with the respondents of the New England, Mountain, and WSC regions, these respondents reported the second lowest scores on *outspoken* and scored about average in their ratings of *assertive* and *dominant*. In addition, their rating on *outgoing* was the second lowest.

East South Central. As predicted, the southerners of the East South Central (ESC) region, who have the lowest levels of education, are distinguished by their relatively low ratings on most of the positive self attributes and high ratings on negative attributes.

Table 9
Attributes for Which Over 50% of Sample Responded in Top 25% of Scale (Equivalent to Circling 4 on 4-Point Scale)

Attribute	% endorsing highest option	No across-region variation
Hardworking	72.1	✓
Responsible	71.6	✓
Caring	67.9	
Friendly	63.9	✓
Helpful	56.4	✓
Sympathetic	54.9	✓
Softhearted	53.4	
Warm	52.7	✓

Note. Boldface indicates consensual self-constructs.

In fact, the respondents of this region rated themselves as significantly more neurotic than did the respondents of most other regions and, in particular, scored highest on *worrying* and *nervous*. Further, unlike respondents of the WSC and Mountain regions, they did not rate themselves as agentic and confident. ESC respondents were among the lowest in agency, scoring lowest on *assertive* and second lowest on *self-confident*. The ESC region's relatively depressed view of self changes only with respect to agreeableness attributes. With only 16% college-educated respondents, the ESC region scored highest of all the regions on *soft-hearted* and *caring*, whereas New England, with the highest percentage of college-educated respondents, scored lowest on *soft-hearted*. These ratings on agreeableness attributes appear to be consistent with ESC respondents' high scores on contribution to the welfare and well-being of others.

Discussion

In summary, in keeping with key American cultural ideas, the majority of Americans believe that they are hardworking and responsible. In addition, consistent with the cultural imperative to display one's positive personal attributes through friendliness, Americans also see themselves as friendly, helpful, sympathetic, and warm.

Regionally distinctive patterns supplement these consensual American ways of being a self. For instance, although Americans in general see themselves as nice and attuned to others, the ESC region shows a particularly strong concern with being softhearted and caring. Three regions—New England, Mountain, and WSC—scored high on *outgoing*, but only WSC was also high on *lively*. Although attributes such as *hardworking* and *responsible* seem to provide a foundation for the American self, New England specifically seizes on the notions of being broadminded, curious, and organized. The idea of personal control seems to pervade American culture, and the agentic self in the Mountain region distinguishes itself specifically with respect to being assertive and dominant, whereas the WSC region stands out more on *outspoken* and *self-confident*. WNC, in contrast, distinguishes itself by scores on *outspoken* and *curious* that are low in comparison with national standards.

This analysis of the regional patterning of self elaborates our depictions of each region by combining information on self and well-being. For example, an analysis of well-being in the ESC region reveals a focus on contributing to others. The self-descriptions of respondents from this region also tend to be more other focused, as demonstrated by high ratings of personality attributes such as *caring* and *softhearted*. A very different portrait emerges in the Mountain region, in which the dominant representation of well-being seems to focus on the self. In this region, personality descriptions are characterized by openness to experience and agency as well as a lack of other-focused attributes.

General Discussion

In this analysis we have characterized regions as sociocultural environments. Our perspective is that a region is not simply a physical space created by topography or survey lines; rather, it is also, as Morrissey (1997) stated, a "mental landscape . . . a series of settlements tied together by mental concepts" (p. 7–8). We have therefore assumed that the regional patterns documented here

reflect a composite of social structural differences in income, education, and ethnic, religious, and urban/rural composition that are accompanied by particular ideas and practices of how to be and how to be well. We assume that it is the combination of these social structural factors that produces a regional culture. Thus, ESC is a somewhat distinct region of the United States because of the ideas and practices about well-being and self that have been shaped by and have given shape to particular patterns of history, ethnicity, and economic circumstance.⁷

Overall, we have confirmed our hypothesis that well-being is constituted in part by the cultural contexts—in this case both the overall American context and the specific region—with which people are engaged. American well-being is characterized by reports of (a) being in control and being autonomous, (b) a sense of having purpose and being satisfied, and (c) an absence of negative feelings. These three key features derive from everyday exposure and engagement with highly prevalent American individualist ideas and practices. Being well in America reflects an incorporation—although in most cases probably not an explicit or conscious

⁷ Studies examining educational variation in well-being find that college-educated respondents differ systematically from those with only a high school education (Herzog et al., 1998; Markus, Ryff, Curhan, & Palmersheim, in press). The possibility of educational and income variation in well-being led us to examine the effects of education and income. Although four of the regions, which have distinctive well-being profiles, are quite similar in their distribution of education levels and three are similar in level of income, we sought to directly evaluate the contribution of education and income to the well-being and self profiles in the various regions. We found that when education and income were used as covariates in a series of analyses of covariance (ANCOVAs), the classification of well-being variables as consensual well-being constructs (Study 1) did not change. We also found that the regional effects reported in Study 2 were not diminished for any of the 15 well-being variables that showed regional variation (with the exception of personal growth) when education and income were used as covariates in ANCOVAs. Moreover, the classification of attributes as consensual (Study 3) did not change when education and income were used as covariates. Finally, most of the regional effects reported in Study 3 remain the same when education and income are taken into account, with the important exception of *curious*, *broad-minded*, and *worrying*. Regional differences for *caring* and *soft-hearted* were marginally significant when education and income were used as covariates.

To further examine the effects of education, we performed regional comparisons within each of two levels of education—high school graduation or less and 1–2 years of college or more. For those with some college or more, three quarters of the well-being indicators used in our analyses (see Table 3) varied significantly by region. It is notable that, among those with high school or fewer years of schooling, only about one tenth of the well-being indicators varied significantly by region. This could mean that people with less formal schooling are not as influenced by regionally specific ideas and practices. Or these results may lead us to conclude that the MIDUS instrument does a better job of assessing the well-being of relatively educated respondents than the well-being of less formally educated respondents. The fact that there were fewer regional differences in well-being among people with less formal education could mean that the regionally specific ways of being well described here are particularly likely to be highlighted and elaborated by education. Many well-being questions ask respondents to focus on themselves and the kind of person they are and would like to be. Perhaps if the MIDUS questionnaire included a greater diversity of measures of ways of being well, we would see more regional variation among people with less formal schooling.

incorporation—of American ideology, including independence, the Protestant ethic, and the American Dream.

Within this American well-being consensus, however, it is clear that place matters. Even this national survey instrument, which was designed to have reasonably similar relevance to all Americans, reveals important patterning by local worlds. The five regions of the United States that we have examined here vary not only in their geography but also in the topology of ideas and practices about well-being. Some attention to the prevalent ideas and practices in these regions available from the surveys and relevant ethnographies allowed us to make a variety of accurate predictions about the salient features of the well-being profile in each region. The differences we have described here are, for the most part, small in magnitude, but they are highly consistent.

Each of the key features of American well-being is given somewhat different meaning and substance in particular regions. For example, being in control and being autonomous are important features of American well-being. The Mountain region is perhaps the prototype for autonomy-focused well-being (i.e., high levels of independent thinking and being in charge of one's situation and low feelings of constraint), and these respondents' ratings on *assertive* and *dominant* are the highest in the country. In New England, however, autonomy-focused well-being seems to take shape primarily as a concern with not being constrained, reflective perhaps of the regionally popular notion that one should "live free or die." But, in contrast with the Mountain region, New England's self-profile is not high on agentic attributes such as *assertive* and *dominant*. With respect to autonomy-focused well-being, the WSC region is not particularly concerned with independent thinking but does include a sense of self as outspoken and self-confident.

Similarly, feeling purposeful, in the sense of having direction, and feeling self-satisfied and self-accepting are highly endorsed aspects of American well-being, but as with autonomy-focused well-being, this self-focused well-being is manifest differently in different regions. For self-focused well-being (i.e., seeing life as a process of change and growth and being satisfied with and accepting oneself), the Mountain region is again a prototype. Self-focused well-being takes almost the same form in the WSC region. In WNC, however, self-focused well-being revolves around self-acceptance and self-satisfaction rather than personal growth. And in the WNC, sense of self does not involve openness to experience (e.g., it is the lowest region in curiosity). New England, although it is not distinctive on any aspects of self-focused well-being as measured here, shows high endorsement of attributes such as *curious* and *broadminded*, perhaps indicating a regionally specific understanding of growth and change.

Downplaying negative feelings is a third important aspect of the American well-being profile, and it also takes distinctive forms in the different regions. There is no one region that is the prototype for emotion-focused well-being. The WSC stands out in terms of both positive affect and lack of negative affect. Positive affect also characterizes the WNC, yet here the prevalent emotion is feeling calm and satisfied, reflecting a sense of contentment that is consistent with novelist Jane Smiley's view that one should be "satisfied to be invited." In contrast, in the WSC, the salient emotion is feeling cheerful and happy. It is notable that the two regions—New England and Mountain—that reported the highest levels of mental or emotional health are not the regions that reported particularly high affect, a finding that may indicate different regional

understandings of mental and emotional health. In addition, the region with the highest affect (WSC) reported only average mental or emotional health. These findings suggest that some refinement may be required of the suggestion that humans are predisposed to feel predominantly pleasant affect (Brickman & Campbell, 1971). At the very least, the relationship between intensity of positive affect and overall health and well-being may not be a straightforward one (Diener, 2000).

These findings shed light on the recent controversy (see Oyserman, Coon, & Kemmelmeier, 2002) surrounding whether the United States can be globally characterized as an individualist or independent cultural context. The relatively high levels of mastery, purpose, and autonomy found to characterize most Americans in these studies do suggest a thoroughgoing engagement of individualist ideology and practices. At the same time, although Americans at midlife do not show a pervasive concern with altruism, contributing to the welfare and well-being of others, or commitment to their community, they do show relatively high levels of family obligation and partner and family support, suggesting a type of relationality or interdependence with at least some others. This American style of interdependence reveals a concern with others, but a concern that clearly diverges from the continual, specific interpersonal adjustment that is characteristic of interdependence in East Asian cultural contexts (Heine et al., 1999).

These studies suggest the substantial promise of research that systematically assesses the prevalent meanings and practices in these regions and that links exposure to them to various aspects of well-being and self. For example, future studies could analyze more objective cultural artifacts, such as the content of bumper stickers, billboards, or other material artifacts, across different regions and use the outcomes as predictors of well-being (Adams, 2000). Future research could also easily include items constructed to directly assess regional variation in the meanings and practices of well-being. For example, studies by Nisbett and Cohen (1996) found that maintaining one's honor is a key factor at least for men in the South, and thus protecting one's reputation for strength and toughness could well be a key feature of well-being in the South. Items keyed to such important regional differences would provide a more nuanced picture of well-being, an important goal in its own right. Other research might explore how features of the collective meaning space (i.e., ideas, values, and media images) and the sociostructural characteristics of a given context (e.g., practices of schooling, religion, and politics) foster and maintain particular patterns of well-being and sense of self.

Finally, as researchers pursue the evolution and sources of happiness and optimal human functioning (Seligman & Csikszentmihalyi, 2000), it is increasingly evident that well-being requires and is shaped by engagement with culture-specific ways of how to be and how to be well. This line of research may eventually serve to illuminate the fundamental ways well-being involves a dynamic, finely tailored attunement to the ideas and practices of one's various sociocultural contexts. In sum, an essential element of well-being is its sociocultural particularity, such that well-being necessarily assumes a diversity of forms.

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Appendix A

Table A1
Z Scores for Well-Being Measures for Four Remaining Regions

Measure	Mid-Atlantic	East North Central	South Atlantic	Pacific
Fewer chronic conditions	.069	.003	-.006	-.129
Physical health	.043	-.074	-.012	-.016
Lower constraint	.030	-.081	.000	-.071
Autonomy	-.003	-.043	.029	-.024
Environmental mastery	.006	-.032	-.041	-.026
Self-satisfaction	-.042	-.014	.066	-.111
Personal growth	.047	-.081	-.031	.021
Self-acceptance	.016	-.071	.039	-.027
Lower negative affect	.056	-.003	.000	-.061
Positive affect	-.010	-.054	-.004	-.063
Mental/emotional health	-.045	-.080	-.008	-.051
Positive relations	.037	-.041	.007	-.104
Social well-being	-.038	-.034	.014	-.083
Contribution to others' well-being	-.015	-.013	.037	-.041
Civic obligation	.062	.007	-.024	.139

Note. Z scores were standardized on entire Midlife in the United States Survey sample.

Table A2
Z Scores for Self Attributes for Four Remaining Regions

Measure	Mid-Atlantic	East North Central	South Atlantic	Pacific
Caring	.043	.017	.036	-.158
Softhearted	-.046	.021	.017	-.137
Self-confident	-.021	-.137	.064	-.004
Assertive	-.003	-.132	.081	.029
Outspoken	.040	-.190	.087	.004
Dominant	-.050	-.116	.044	.074
Organized	.087	-.057	.015	-.009
Curious	.027	-.082	-.031	.066
Broadminded	-.032	-.044	-.061	.068
Sophisticated	.135	-.169	.083	.065
Worrying	.045	.065	.019	-.047
Nervous	.093	.049	-.017	-.007
Outgoing	-.013	-.114	.080	-.031
Lively	.025	-.116	.091	-.003

Note. Z scores were standardized on entire Midlife in the United States Survey sample.

Appendix B

Results Summaries for Four Remaining Regions

Well-being	Self
East North Central	
Health-focused well-being Second lowest in physical health	Agency (lowest) Lowest in <i>self-confident, outspoken, dominant</i>
Autonomy-focused well-being Second lowest in autonomy Second highest in constraint	Second lowest in <i>assertive</i> Conscientiousness Second lowest in <i>organized</i>
Self-focused well-being Second lowest in personal growth and self-acceptance	Openness to experience (lowest) Lowest in <i>sophisticated</i>
Emotion-focused well-being Lowest in mental/emotional health	Second lowest in <i>curious</i> Neuroticism (second highest) Second highest in <i>worrying</i> Third highest in <i>nervous</i>
	Extraversion Lowest in <i>outgoing and lively</i>
Pacific	
Health-focused well-being Second highest reported chronic health conditions	Agreeableness Lowest in <i>caring</i>
Autonomy-focused well-being Third highest in constraint	Second lowest in <i>softhearted</i>
Self-focused well-being Lowest in self-satisfaction	Openness to experience (third highest) Third highest in <i>curious and sophisticated</i>
Emotion-focused well-being Second lowest in positive affect and mental/emotional health	
Other-focused well-being Second lowest in social well-being and positive relations	
Social responsibility Highest in civic obligation	
South Atlantic	
Self-focused well-being Third highest in self-satisfaction	Agency (third highest) Second highest in <i>assertive and outspoken</i>
	Openness to experience Second highest in <i>sophisticated</i> Second lowest in <i>broad-minded</i>
	Extraversion Second highest in <i>lively</i> Third highest in <i>outgoing</i>
Mid-Atlantic	
Health-focused well-being Third lowest reported chronic health conditions	Conscientiousness Third highest in <i>organized</i>
Emotion-focused well-being Third lowest in mental/emotional health	Openness to experience Highest in <i>sophisticated</i>
Social responsibility Second highest in civic obligation	Neuroticism (third highest) Second highest in <i>nervous</i> Third highest in <i>worrying</i>

Note. East North Central = Wisconsin, Michigan, Illinois, Indiana, Ohio; Pacific = Washington, Oregon, California; South Atlantic = Delaware, Maryland, Washington, DC, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida; Mid-Atlantic = New York, New Jersey, Pennsylvania.

(Appendixes continue)

Appendix C

Well-Being Variables With Factor Loadings Greater Than .6 or Less Than $-.6$ From Principle-Components Analyses
With Varimax Rotation for Each Region

Factor	New England	West North Central	East South Central	West South Central	Mountain
1	Negative affect Positive affect Self-acceptance Constraint Environ. mastery Self-satisfaction Chronic conditions	Social well-being Contribut. to others Personal growth Positive relations	Self-acceptance Environ. mastery Negative affect Self-satisfaction Positive relations	Environ. mastery Autonomy Self-acceptance Constraint	Negative affect Positive affect Self-acceptance Constraint Environ. mastery Positive relations Self-satisfaction
2	Personal growth Autonomy	Physical health Mental/emot. health	Physical health Chronic conditions Mental/emot. health	Physical health Mental/emot. health Chronic conditions	Physical health Chronic conditions
3	Physical health Mental/emot. health		Contribut. to others	Contribut. to others Social well-being Positive relations	Contribut. to others
4	Contribut. to others		Civic obligation		

Note. Environ. = environmental; Contribut. = contribution; emot. = emotional.

Appendix D

Z Scores for Personality Scales That Showed Regional Variation

Scale	New England	Mid-Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Openness to Experience	.132	.050	-.125	-.089	.010	-.117	.039	.121	.101
Neuroticism	-.046	.061	.074	-.048	-.020	.174	-.121	-.120	-.025
Agency	.060	.005	-.187	-.027	.092	-.098	.128	.097	.036

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