



RESEARCH BRIEF #120

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Differences in Happiness and Perceived Meaning in Life between U.S. Working-Age Adults with versus without a Self-Care Disability

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KEY FINDINGS

- U.S. working-age (18-64) adults with a self-care disability reported lower subjective wellbeing (SWB) in two domains (happiness and meaning in life) than those without limitations.
- Adults with a self-care disability were less likely to report receiving social support than those without limitations.
- Social support is associated with having better SWB among both adults with and without a self-care disability but may be less beneficial for those with a self-care disability.
- Policy changes are needed to improve the SWB of adults with a self-care disability, such as removing barriers to moving for work and education and promoting disability awareness in social networks.

Subjective wellbeing (SWB) - being happy or perceiving one's life has meaning, is critical to good physical health.¹ People who are happier and who report that their lives have meaning are healthier and live longer.^{1,2} In general, individuals with disabilities have worse SWB compared to those without disabilities.³ These disparities are at least partly attributed to the various socioeconomic disadvantages that this subpopulation experiences.^{3,4} Disabled people tend to have lower levels of education, higher unemployment rates, and lower annual household income compared to their non-disabled peers.⁴ Living with a disability also involves continual confrontation of ableist barriers to participating in social and cultural activities due to the lack of environmental accessibility (e.g., limited access to transportation).^{4,5} These disadvantages may lead to mental distress, and as a result, lower SWB.⁶

People with limitations in Activities of Daily Living (ADL), also known as self-care disabilities, have difficulty with mobility and performing personal care, such as eating, using the toilet, and dressing without assistance.⁷ People without social support may experience even more difficulties adjusting to their social and physical environments, which may increase psychological distress and reduce happiness and sense of meaning in life.⁶ Conversely, receiving adequate social support may reduce the negative effects of barriers and discrimination among working-age adults with a self-care disability, thereby increasing their SWB.⁸

This brief summarizes findings from our recently [published study](#) using data collected in early-2021 to examine differences in happiness and perceived meaning in life between working-age adults (ages 18-64) with versus without a self-care disability and the role social support plays in improving happiness and meaning in life between these groups.

Disparities between Adults with versus without a Self-Care Disability Were Larger for Meaning in Life than Happiness and Varied by the Degree of ADL Limitation

Figure 1 shows differences in happiness and life meaning among adults aged 18-64 with a self-care disability by the level of ADL limitations: no, some, and a lot. Compared with adults with no limitations, adults with some ADL limitations were significantly less likely to report being happy by four percentage points. Although the prevalence of those who reported being happy was five percentage points lower among those with a lot of ADL limitations than among those with no limitations, these differences were not statistically significant. People with some or a lot of ADL limitations were significantly less likely to perceive their life as meaningful compared to those without limitations, by twelve and twenty-one percentage points, respectively.

The differences between the three ADL disability status groups were greater for meaning in life than for happiness. These results should not be surprising, as happiness reflects feeling and mood, while meaning in life reflects a cognitive aspect of SWB, which is more related to the ability to succeed in life. People with a self-care disability, especially those with a lot of ADL limitations, may shift their priorities to activities (e.g., spending time with loved ones) they can still perform to obtain emotionally positive experiences. In contrast, meaning in life stems from accomplishments, such as achieving certain desired outcomes, maintaining autonomy, and pursuing personal growth and life goals.⁹ In this context, barriers and discrimination may block the ability to perform these competencies, pushing adults with ADL limitations to the margins of social life.¹⁰

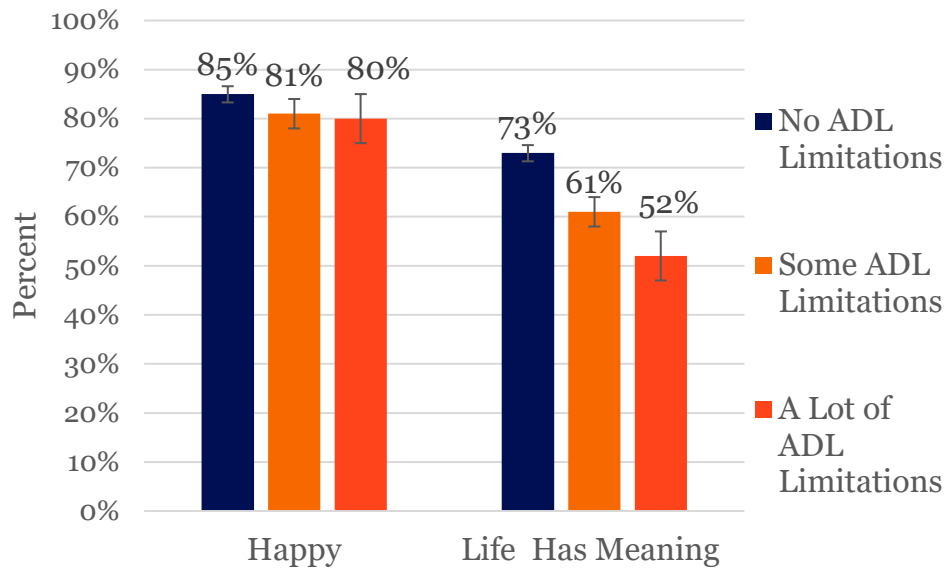


Figure 1: Percentage of Respondents Aged 18-64 Who Reported Being Happy and Perceiving Their Life as Meaningful by ADL Disability Status, 2021

Data Source: National Wellbeing Survey, 2021. N=3,775. The models controlled for: sex, race-ethnicity, age, marital status, metropolitan status, education, employment, annual household income in 2019, number of people in the household, smoking status, morbidity status, obesity/overweight status, perceived social support, and overall COVID-19 impact.

High Social Support Eliminated Differences in Happiness, but Self-Care Disability Disparities in Meaning of Life Persisted

We examined the role of two types of social support on happiness and meaning in life – instrumental and emotional support. Instrumental support refers to the provision of assistance or goods (e.g., financial support or transportation). Emotional support refers to empathy and encouragement to others when they are facing stressful situations. We found that people with a self-care disability were less likely to report having both forms of social support compared to those without ADL limitations. Specifically, 77.1% of adults with no limitations reported having a great deal of or some emotional support compared to 61.3% of adults with some limitations and 62.9% of adults with a lot of limitations. Likewise, 73.4% of adults without ADL limitations reported having high instrumental support compared to 59% of adults with some limitations and 52.7% of adults with a lot of limitations.

However, regardless of self-care disability status, having high levels of instrumental and emotional support was equally beneficial for happiness. Similarly, regardless of level of ADL limitation, having high levels of instrumental support was equally beneficial for meaning in life. However, while having high emotional support was associated with a greater likelihood of having meaning in life among those with no and some ADL limitations, the benefit of emotional support on meaning in life was smaller among those with some ADL limitations (Figure 2). High emotional support was not beneficial for meaning in life of those with a lot of ADL limitations (Figure 2).

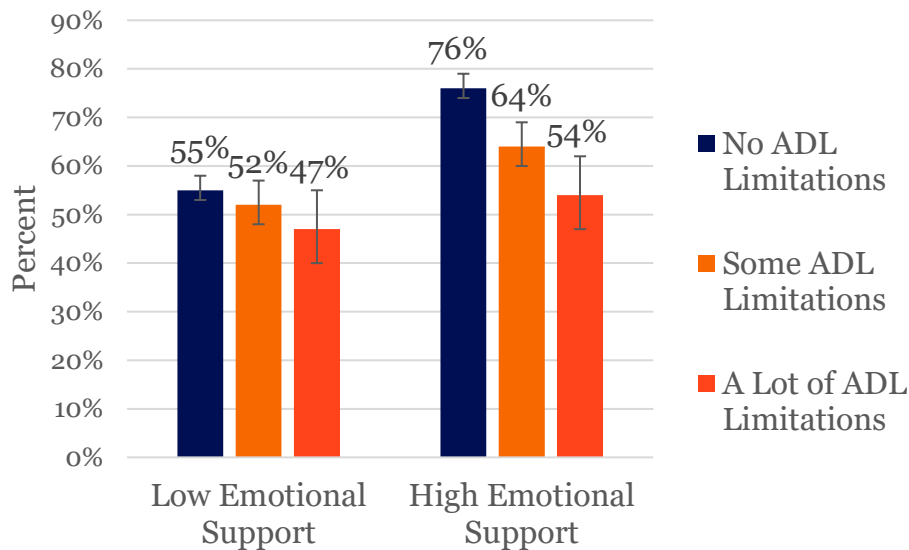


Figure 2: Percentage of Respondents Aged 18-64 Who Perceived Their Life as Meaningful by ADL Disability Status and Levels of Emotional Support, 2021

Data Source: National Wellbeing Survey, 2021. N=3,775.

Improving Subjective Wellbeing among Individuals with Self-Care Disabilities Requires Policy Changes

Findings show that working-age adults with a self-care disability are less likely to be happy and are less likely to report that their life has meaning compared to those without such limitations. Receiving instrumental and emotional support from friends and family appears to improve happiness across all ADL disability status groups. Instrumental support also appears to improve meaning in life across all three groups regardless of ADL disability status. Similarly, emotional support may have positive effects on meaning in life of those with no and some ADL limitations, though the benefits may be slightly smaller for those with some ADL limitations. However, the study provides no evidence that high emotional support improves meaning in life among adults with a lot of ADL limitations.

Policy changes are necessary to enhance SWB for working-age adults with a self-care disability. Both federal and state governments should implement policies aimed at promoting autonomy and reducing disability discrimination. For example, adults with ADL limitations have high support needs and require personal care assistance (PCA) services provided through Medicaid. As Medicaid is a joint federal and state program, the range of services, eligibility criteria, and quality of PCA can vary from state to state. This variation in Medicaid programs may hinder the ability of working-age adults with ADL limitations to move across states, presenting significant obstacles to pursuing better educational and employment opportunities.¹¹ These barriers may impede individuals' ability to pursue their personal goals, ultimately having a negative impact on their SWB.¹¹ Therefore, guidelines are required to ensure a seamless process for cross-state movement of PCA users, including those with a self-care disability.

The study also points to the need to raise awareness about disabilities among the social networks of adults with a self-care disability. Adults with a self-care disability may experience frustration due to limited resources and lack of autonomy. Due to a lack of understanding about disabilities, friends and family members may use inappropriate

communication strategies (e.g., being overly protective) to provide emotional support to individuals with a self-care disability. It is critical to provide friends and family with information and effective strategies to address the emotional needs of those with a self-care disability.

Data and Methods

This study used the 2021 National Wellbeing Survey (NWS) – a national survey of U.S. working-age adults aged 18-64 (N=3,775). The 2021 NWS measured ADL limitation by asking respondents if they have “no,” “some,” or a “lot of” difficulty with any of five activities: (1) Eating, such as cutting up your food; (2) Using the toilet, including getting up and down; (3) Bathing or showering; (4) Getting out of bed or up from a chair; and (5) Dressing, including putting on shoes and socks. In the study, respondents were coded as having ADL limitations if they reported difficulty in at least one domain. Happiness was measured with the question: “Taking all things together, would you say you are:” with a 4-point response scale, ranging from “very happy” to “not at all happy. The scale was dichotomized as “happy” (1) and “not happy” (0). Meaning in life was measured with the question: “I feel like my life has meaning” with a 5-point scale of “strongly disagree,” “somewhat disagree,” “neither agree nor disagree,” “somewhat agree,” and “strongly agree.” Respondents who strongly and somewhat agreed were coded as 1 and all others as 0. Emotional support was measured with the question: “How much are friends and relatives willing to listen when you need to talk about your worries or problems?” Respondents who reported “a great deal” or “some” were coded as 1 and those who reported “a little” or “not at all” were coded as 0. Instrumental support was measured with two questions: “Is there someone you could count on if you needed a loan for \$200?” and “Is there someone you could count on if you needed a place to live?” Results in Figure 1 are based on logistic regression models. Results in Figure 2 are based on a logistic regression model with interaction terms between ADL limitations and emotional support. Additional methodological details can be found in the [published paper](#).

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